THE CHALLENGES OF HIV AND AIDS EDUCATION: THE CASE OF KENYA

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ABSTRACT

The goal of this study is to assess the effectiveness of the HIV/AIDS education in Kenya and the challenges of designing and implementing the required HIV/AIDS curriculum for the primary and secondary schools. The paper evaluated the effectiveness of the programs of some the ongoing Kenyan initiatives, including the Primary School Action for Better Health; and the Secondary School Action for Better Health. Methodologically, the study adopted the dialogue format. The study concluded that there are HIV/AIDS prevention interventions targeting the Kenyan youth, but also communication, curriculum, and socioeconomic challenges that keep many students, teachers, and communities still struggling to address the topic. It recommended amongst others that, the community organizations and the government of Kenya should further their efforts for prevention of HIV/AIDS amongst the youth.

Keywords: HIV/AIDS, Education, Kenya, PSABH, SSABH

1. INTRODUCTION

Kenya is a country that has faced serious challenges due to the Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) epidemic, but has also made significant efforts in developing effective HIV/AIDS policies and programmes to control it. According to UNAIDS\(^1\) there were approximately 1.6 million people living with HIV in 2012 (UNAIDS, 2014). Moreover, the NACC\(^2\) and the NASCOP\(^3\) (2012) report that the adult HIV prevalence was 6.2% in 2010, with heterosexual transmission as the main cause and 58% of prevalence occurring amongst women (NACC and NASCOP 2012). The latter fact affects the transmission to newborns, which in 2011 indicated that about 12,894 children were newly infected with the epidemic. This is despite the fact that the NACC reported a high 69% of HIV-positive pregnant women taking antiretroviral drugs for the same year (NACC and NASCOP 2012). Furthermore, according to UNAIDS, 2014, there are about 200,000 children (age 0-14) living with HIV in Kenya (UNAIDS, 2014).

With this in mind it is important to consider two facts, first the population of Kenya is growing faster than the average world population growth rate with an estimated 2.11% growth

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\(^1\) Joint United Nations Programme on HIV/AIDS.  
\(^2\) Kenya National AIDS Control Council.  
\(^3\) National AIDS and STI Control Programme.
in Kenya compared to 1.1% growth in the world (CIA, 2014). Second, Kenya also has a very young population with 43% of its population under the age of fifteen in 2010 (NACC and NASCOP 2012). The latter is a significant fact, if we consider that this large percentage of Kenyans is in school. Therefore school aged Kenyans are an important target group for behavior change programmes and prevention against HIV. With regards to the school system, Kenya consists of pre-primary, primary, secondary, and tertiary education (UNICEF, 2000). The importance of assessing how the epidemic has affected the educational system, and whether current programs are effective or not, has to do with the notion that this group is best to target because they are easier to find than other vulnerable groups, possibly resulting in higher chances of success for prevention programs (NACC and NASCOP 2012).

The topic of HIV/AIDS in the context of Kenya is significant for the 10 — 24 year old age group because of the high percentages within this age group who are living with HIV/AIDS (Kiragu 2007; Njue, Nzioka, Ahlberg, Pertet, Voeten, 2009; Kiragu and McLaughlin, 2011; Belita, Kulane and Ahlberg, 2011). Consequently, it is necessary to study the efforts that are in place to prevent risky behaviours considered that the studies presented here have recurrently discussed the shortcomings in the HIV/AIDS school curriculum.

In 1987, three years after the first case was reported in Kenya, the NASCOP was established. At the height of the epidemic – there was a 30% prevalence of HIV in some populations, which led the government to declare a state of national disaster in 1999 (NASCOP, 2014). This assertion began a complex process for structural changes that would work at the national level to provide an effective response to the epidemic (NACC and NASCOP 2012).

The country’s primary educational sector was one of the first to be included in the new reforms due to a realization of the risk that young adults were exposed to without adequate awareness of HIV/AIDS. Thus, in 1999, the Department for International Development partnered with the CfBT, a UK charity, to plan and implement a programme that would focus on behaviour change in the primary schools of the Nyanza region, which had a high rate of HIV/AIDS (CfBT, 2013). The programme was called the Primary School Action for Better Health Kenya (PSABH) and it began its work in Nyanza in October of 2001 (PSABH, 2008). The success of the first phase led to its expansion to the Rift Valley region in July of 2002, all of Kenya in 2007, and it became part of the Ministry of Education (MoE) in December of 2007 (PSABH, 2008). The framework of the programme trains, one head teacher, one senior teacher, and two community representatives (PSABH, 2008). Two additional teachers are trained after one term of implementation (PSABH, 2008).

After the positive implementation of PSABH, the CfBT (working for MoE) and the United States Agency for International Development (USAID) partnered to broaden the educational prevention of HIV/AIDS. The partnership resulted in the implementation of Secondary School Action for Better Health (SSABH) to target secondary school students in the Mombasa-Busia highway in Coast, Eastern, Nairobi, Central and Rift Valley provinces (SSABH, 2006). The training framework for this programme prepares one guidance and counseling teacher, one games teacher, and eight students as peer educators (SSABH, 2006). The inclusion of the students as peer mentors aims to give agency to student leaders. As seen in a study conducted in South Africa, peer influence can be key to foster healthy behaviour in young adults as this age group often seeks information from peers (Rogan et al., 2010). Therefore, preparing peer mentors represents a significant potential if we consider that the results regarding peer influence (of the South African case) could apply to communities in Kenya.

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4 Centre for British Teachers.
1.1 The Role of Primary School Action for Better Health Kenya (PSABH)

The Kenyan government has made significant efforts in executing a commitment to HIV/AIDS education within primary and secondary schools. A recent study by Maticka-Tyndale, Mungwete and Jayeoba (2013) discussed a study that looked at the effect of expanding PSABH to different Kenyan regions. The study conducted in Nairobi, Urban Coast, Mount Kenya, Nyanza and the Western province, shows that teachers who took part in the training included in the PSABH reported favorable views towards the curriculum and their skills to teach about HIV/AIDS (Maticka-Tyndale et al., 2013). The challenges were found in the control group in which teachers had reported lack of training leading to fewer lessons on HIV/AIDS (Maticka-Tyndale et al., 2013).

Similarly, Maticka-Tyndale (2010) focused on secondary school students who had PSABH in primary school to evaluate the effectiveness of PSABH. Maticka-Tyndale (2010) focused on secondary school students in five Kenyan regions (Rift Valley, Central, Coast, Eastern and Nairobi Province); about half had PSABH education while in primary school (Maticka-Tyndale, 2010). The research was based on the Demographic and Health Survey, which showed that students who had PSABH have a different “profile” when their answers are compared to youth who did not have a PSABH background (Maticka-Tyndale, 2010). The results of the study concluded that students with a PSABH background were more knowledgeable about HIV preventive measures, HIV testing, had reported less sexual encounters, and more self-reported condom use (although there were no statistically significant indicators regarding their views towards condom use) (Maticka-Tyndale, 2010). These results demonstrate the positive impact of introducing sex education at an early age, regardless of the limitations mentioned in other studies (Kiragu, 2007). Moreover, positive results that show at least a trend towards healthier behaviour can also be a good indicator for replicating the project elsewhere. Likewise, if the PSABH provides more resources for the teachers to be effective, then there will be less youth reporting unanswered questions regarding sexuality or HIV/AIDS. For example, the research by Belita et al. (2011) studied how youth viewed sexuality and HIV/AIDS and found that the participants (age 11-16) had many unanswered questions about the topics. In their study, the authors stressed the need for stronger communication between the children and adults (parents and teachers) due to the self-reported lack of information (Belita et al., 2011). The authors explained that the cultural context is not conducive to conversations about sexuality because the topic is a taboo and so there is a lack of clarification, which results in confusion and misinformation about HIV/AIDS (Belita et al., 2011). Nevertheless, this kind of challenge could be progressively reduced with the positive results that PSABH is having in Kenyan schools. The effectiveness of PSABH is also significant in light of the research that has concluded that lack of teacher training is a major challenge in the educational system.

In spite of the efforts of the Kenyan government and international organizations to implement successful programs for children and young adults, there are still some challenges that make the programs less effective. This review will explore the factors that have affected PSABH and SSABH in some of the Kenyan provinces as several studies have been conducted to explore the perceptions and the success of both programs and the factors that make them more or less effective. With regards to how the epidemic has affected the educational system, it is important to point out that children were not the only ones affected and poor health is not the only factor that affects the children’s performance in school. This review will address how communication can be a challenge to HIV/AIDS prevention programs within the primary and secondary educational sector in some Kenyan provinces as well as how teachers and parents are reacting to the school curriculum on HIV/AIDS. In addition, this review will shed light on how the HIV/AIDS epidemic can affect school attendance, retention, and the most recurrent criticisms of the current sexual health education programs.
2. MATERIALS AND METHOD

This is a systematic review of peer-reviewed journal articles, websites of the organizations involved with HIV/AIDS education in Kenya as well as websites that provide statistics and information about the status of the epidemic in the country. No data were collected in the field. The journals were found in various web-based databases, primarily Ohio University’s library database, in addition to PubMed, Ebsco Host, and Google scholar. The following key words were used in every search: “Primary School Action for Better Health and Kenya”, “PSABH and HIV/AIDS”, “Secondary School Action for Better Health and Kenya”, “SSABH and Kenya”, “PSABH, SSABH and evaluation”, “HIV/AIDS and youth in Kenya”, “Kenya and HIV/AIDS education”, “HIV/AIDS education and Eastern Africa”, “youth and perceptions of HIV/AIDS”.

The information from the peer-reviewed journal articles was summarized in terms of historical context and information about HIV/AIDS education. Special attention was given to the reports found on the websites of PSABH, SSABH, and UNAIDS, which provided the latest statistics and information about the HIV/AIDS status in Kenya and the educational curriculum that pertains to HIV/AIDS. The material is organized into the following sections: discussion, (which includes curriculum, challenges, dialogue for healthy behavior, and participatory approach to education), recommendations (for community organizations and the Kenyan government), conclusion, and limitations to the study.

3. DISCUSSION

A significant factor to consider when studying the effects of HIV/AIDS education in Kenya is that information about the epidemic given in schools or other educational programmes may not always result in behavioral change (Hardre, et. al, 2012). It is important to recognize that even if sex education programmes in schools have the most potential to be sustainable, reach the largest number of youth, and are cost efficient. However, the school programmes are not the only sustainable way to enact behaviour change (Kivela, et. al, 2013). As the following sections illustrate, the main challenges have been seen in the school curriculum and the main interventions focus on the use of dialogue for healthy behavior and increasing the participation of the students.

3.1 Curriculum Challenges

One of the barriers in HIV/AIDS education is the insufficient time and materials for teachers to cover the sexual health education curriculum. Although there have been positive interventions that speak to HIV/AIDS education, there are still important challenges to be addressed as seen within these articles. A study conducted by Njue et al (2009) used qualitative data to evaluate the curriculum that has been used as the researchers found a lack of HIV/AIDS material. The setting for the research was Meru South district in the Eastern Kenyan Province and Kajiado district in the Rift Valley province; they interviewed both students and teachers (Njue et al., 2009). An interesting fact is that the two districts have very different prevalence rates of the epidemic, with 38% in Meru South and just 7% in Kajiado (Njue et al., 2009). The latter is significant because the curriculum is similar and shows the same challenges regardless of a strong or less perceived presence of the epidemic.

One of the challenges that the researchers pointed out is the coverage of the programmes (Njue et al., 2009). While most children in primary school had HIV/AIDS education, the secondary school students had less access to HIV/AIDS education because the subject is included in the curriculum of biology, which is not a mandatory subject (Njue et al.,
Although it is important for students to learn about the human reproductive system, the focus on biological changes is not the same as sexual health education. Adequate HIV/AIDS education can create awareness on prevention and healthy behavior.

Furthermore, some of the recurrent challenges in the same study include the lack of training that the teachers have with respect to HIV/AIDS; the insufficient time that they have to teach about the disease (as they have to squeeze the curriculum into other subjects); and cultural and social constraints that fall on the teachers (Njue et al., 2009). The students also noticed and reported these challenges, consequently, even if different activities have been organized to teach in settings outside of the classroom (extracurricular activities or using resources like the media) the students reported little participation of the teachers and the teachers reported a lack of resources for initiatives related to media usage, especially in rural areas (Njue et al., 2009).

Likewise, research conducted in countries like South Africa and Nigeria also point out to similar challenges in the schools. The study by Wood and Webb (2008) used interviews with the principals of schools in Keiskammahoek district and areas of the Nelson Mandela metropolis. Wood and Webb (2008) reported that many principals did not consider HIV/AIDS education to be a responsibility of the schools. The principals also acknowledged the lack of training and resources they have to include the curriculum and objectives of the Ministry of Education into their classrooms (Wood and Webb, 2008). Similarly, the research by Kayode, Adewole and Ogungbenro (2007) conducted in the Osun State of Nigeria had focused on the understanding of secondary school teachers who (like in the Kenyan case) were in a context in which HIV/AIDS education is not included in the curriculum (Kayode et al., 2007). The study found that an important percentage of teachers had knowledge about the mode of transmission of HIV/AIDS (60%) but also the majority (over 70%) never had formal HIV/AIDS training and so they taught students informally (Kayode et al., 2007). These findings are significant to consider and compare because the challenges indicate the same issues related to lack of resources and training. It is also important to acknowledge that there is room for improvement once the curriculum is in place, as in the case of Kenya.

### 3.2 Dialogue for Healthy Behavior

If we consider other approaches to the challenges of HIV/AIDS education, we can consider how lack of communication can also hinder the youth. The difficulties arise when there is a perpetuation of the stigma associated with the discussion about HIV/AIDS. If the questions of the youth are kept unanswered they may be more likely to engage in risky sexual behavior. The research by Kiragu and McLaughlin (2011) explored introducing more dialogue in a community by focusing on parents and teachers as a way to strengthen the support system in which the children were expected to have healthy behavior (Kiragu and McLaughlin, 2011). The researchers facilitated the dialogue and the results shed light on many aspects of the curriculum, which is significant to consider when studying the gaps in the HIV/AIDS educational programmes in Kenyan schools (Kiragu and McLaughlin, 2011). For example, the researchers reported parents and teachers felt that it was inappropriate to talk about sexuality with the youth (Kiragu and McLaughlin, 2011). This fact opens a door into what may be a disconnect between what the teachers are given to teach, versus how they feel about it, which may make them less likely to cover certain topics in the classroom.

Moreover, Kiragu and McLaughlin (2011) also reported that some teachers relied on the science teachers to cover sex education. Paradoxically, the science teachers opposed teaching about the subject of reproduction because they considered it a “dirty topic” (Kiragu and McLaughlin, 2011:426). This of course is very detrimental to the youth because the personal beliefs of the teachers prevents them from learning about reproduction and may even put them at risk of unsafe sexual practices. This study highlights the need for teacher training to
emphasize that sexual health education goes beyond learning about the biology of the human body, as it can also be instrumental to teach healthy sex practices like the use of condoms.

A different research by Susan Wanjiru Kiragu (2007) also sheds light on the importance of teachers in HIV/AIDS education. These teachers implemented a participatory approach that would develop confidence to teach about sexual health. The author was very cognizant of how the cultural beliefs of the community are determinant factors in power relations and gender (Kiragu, 2007). In this case, cultural beliefs can further complicate the interventions that use models like Abstinence, Be faithful, and condom use (also known as the ABC approach) (Kiragu, 2007). In this study, the challenges reported held that teachers believed the students were too young to learn about sexuality. Teachers were unsure about what language to use to discuss such matters, the relationship with the students is more of a fear than trust, there is little support from the parents because they expect teachers to cover sexuality topics, and they see a gap in the official curriculum (Kiragu, 2007). The complexity of how to approach the topic of sexual health education goes beyond just the school setting because it also involves the household and the community in which the youth develops. Thus, it is important to consider the interventions that aim to increase participation of the parents, teachers, and most importantly, the students themselves.

3.3 Participatory Approach to Education

As seen above, Kiragu (2007) brought up many communication issues while Kiragu and McLaughlin (2011) (being in favor of dialogue) highlighted the importance of capacity building among the parents in order to ensure behavior change among the youth. However, this section will address the important role of student participation as research shows the importance of including the youth in their education. The study conducted by Onyango-Ouma, Aagaard-Hansen, and Jensen (2004) describes an intervention for health education in the Bondo district of Western Kenya for the development of leadership and ownership through active participation, which is a method that involves the students in the development of the curriculum (Ouma et al., 2004). The researchers first attempted to get a better understanding regarding what the children know about concepts like health and illness by using interviews and illustrations (Ouma et al., 2004). Before the intervention the illustrations of the children depicted external factor as the cause of the illness, for example, falling or being hurt by an object in other words “things outside ones own control” (Ouma et al., 2004, 335). After the intervention, it is argued that they had become cognizant about the role of their behavior, thus; they depicted internal factors – unsafe behavior – as the cause of an illness (Ouma et al., 2004). Although this study focused on primary school children who were learning about diarrhea and malaria, which can have a different connotation when compared to teaching about HIV/AIDS, we can still see the positive results derived from including the children and learning from them before directing information at them.

Similarly, the literature that discusses how to approach HIV/AIDS education with the direct inclusion of the children and the teachers in the development of educational policy argues that interventions can yield better results if they are participatory. The study conducted by Bosire Monari Mwebi (2012) in Western Kenya, used a child-to-child approach to test a new methodology with four standard primary school children. The framework used in this study is derived from the work of Hawes (1988) who identifies three approaches: “a) education is more effective if linked to things which matter to children, families and community; b) education in and out of the school should be linked as closely as possible so that learning becomes part of life; and c) children have the will, the skill and the motivation to help educate each other and can be trusted to do so” (as cited in Mwebi 2012, 120). With this basis the researcher worked with the teacher to create a community in the classroom, which would foster communication.
They introduced “field notebooks” for the children to gather information in their community about HIV/AIDS knowledge, and the teacher changed her methodology so the children would open up for discussion (Mwebi, 2012). The interesting end result was that the children decided to go and talk about HIV/AIDS to an eighth standard class in what the author describes as “upward peer teaching” (Mwebi, 2012). Although the results of this study may or may not be applicable in other contexts within Kenya or other countries that have an HIV/AIDS school curriculum, it is important to highlight the results that were developed by enabling the children to take part in their own education. The fact that they were able to discuss these topics with older children as well as their community and family (for the field notebook) shows how this approach unfolded to cover many of the challenges with communication that exist with the HIV/AIDS curriculum. Therefore, through a participatory intervention, the children increased dialogue about HIV/AIDS across generations and in their communities.

4. CONCLUSION

This paper has demonstrated that although there are many initiatives to move forward in the education of the youth in Kenya with regards to HIV/AIDS prevention, there are also challenges that keep many students, teachers, and communities still struggling to address the topic. As this paper shows, there are four recurrent topics, that indicate where the challenges to HIV/AIDS education are. First, the limitations that teachers report in the school setting in which the lack of training and materials are barriers to include sexual health education in the rural and urban settings (Njue et al., 2009; Kayode et al., 2007). Second, the limitations in the communication between parents, teachers, and the youth further the stigma around the conversations related to sexual health or culturally sensitive topics like HIV/AIDS (Kiragu and McLaughlin, 2001; Kiragu, 2007).

Some factors that deter communication in the community include lack of training to address the topic or negative perceptions about addressing sexuality with the youth. A third recurrent topic involves the differences between the rural and urban setting. The students and the teachers from urban settings may have easier access to some resources that can help the HIV/AIDS curriculum. As Njue et al. (2009) reported many rural schools did not have much access to electricity. For these populations, it would be challenging to use audiovisual equipment or any technology that depends on electricity. However, using technology could be an important asset and a new resource to teach about HIV/AIDS. The use of technology could take away some of the “talk” from the teachers who may or may not be comfortable discussing the disease. Lastly, a different perspective on the shortcomings with communication about HIV/AIDS uses a participatory approach so the youth is involved in their own learning. The participatory approach is highlighted here due to the benefits and skills that students can derive from peer education (Ouma et al., 2004; Mwebi, 2012). It is relevant to stress the efforts to include the students in their own learning about HIV/AIDS with a participatory approach that may yield good results if tailored to the local culture and traditions.

Although many of the challenges presented in this review had to do with the curriculum itself, there are many steps and interventions taking place across Kenya, which speak to the commitment of the authorities and partners in the country. This fact is encouraging considering the challenging and complex issues that perpetuate the HIV/AIDS epidemic across the world. The recommendations for addressing the challenges to sexual health education and HIV/AIDS in particular, are presented in the next section. These recommendations aim to be practical, and adaptable to different settings within Kenya. There is a focus to strengthen partnerships between the government and local organizations as well as including the experiences and thoughts from the youth in order to provide interventions that can lead to health behavior.
This review hopes to be a contribution for the research concerning HIV/AIDS education. Most research focusing on the perceptions of students about sexual health education, interventions that give the agency the youth, and partnerships, are recommended to further the efforts that are already in place in Kenya. The efforts to include HIV/AIDS education in Kenya aim to be sustainable and effective. This speaks to the commitment of the authorities to protect generations of young Kenyans by working towards more effective responses.

5. RECOMMENDATIONS

Different segments of the society have a responsibility to address the menace of HIV and AIDS as follows:

5.1 Community Organizations

In light of the numerous efforts by NGOs and other institutions, one can recommend that community organizations address one of the main challenges reported in the literature – the words that can be used to teach HIV/AIDS. Community organizations or larger NGOs may have expert staff and resources to collect qualitative data that can show effective approaches to promote communication. For example, workshops could be conducted for parents and teachers in order to foster communication with the children. These activities would have to keep culture and community participation at its core – as the topic of sexuality is generally a taboo – in order to be sustainable and practical for parents to use at home. Another important point is the fact that teachers may be parents as well, thus, it is important for any training to recognize that teachers can be peer educators in their role as parents in the community if they are given more training on how to talk about HIV/AIDS or sexual health in general.

Some studies reviewed here, reported that a very salient challenge is communication. Both teachers and parents often feel unsure and uncomfortable explaining sexual health to the youth (Kiragu, 2007; Belita et al., 2011; Kiragu and McLaughlin, 2011). For this challenge it is recommended that institutions continue to promote and acknowledge peer educators. The website for the Secondary Schools Action for Better Health highlights that “trained peer educators” have credibility with their peers because they can relate and use language that is age appropriate and common for that age group (SSABH, 2006). Moreover, peers can set good examples for healthy and safe behavior, which people from other age groups may not necessarily accomplish.

By focusing on communication we could breach a gap that is persistent in the literature but which in reality is keeping the youth fearful of speaking up, asking questions, and perpetuating a barrier between the youth and the adults in the community. Accordingly, the existent community organizations can work in partnership with NGO/INGO and develop lesson plans with easy vocabulary in a language that is less scientific and clearer about the risks, is culturally appropriate, and has the potential to deter the stigma associated with HIV/AIDS. Although stigma is a topic that goes beyond the scope of this paper, when discussing HIV/AIDS and communication it is important to acknowledge that many people may be afraid to speak up or ask questions because of the stigma of HIV/AIDS. This can be minimized if there is more conversation and discussion about HIV/AIDS in each community, which is why the recommendations presented here focus on the potential of communication.

5.2 Government Efforts

The literature review presented above sheds light on clear steps that can be recommended to the government of Kenya to address specific issues that students and teachers are reporting as challenges to learn and teach about HIV/AIDS. First, the government of Kenya could reconsider the
usage of the ABC in the school curriculum and could promote other interventions in light of the increasing numbers of adults living with HIV in the country since 2009 (UNAIDS, 2014).

A review of the evaluations available in the PSAHB and SSABH websites showed that although many children who are part of the program have a commitment to abstain from sexual relations, there are still students in secondary education that may be sexually active (PSABH, 2008; SSABH, 2006). Thus, to provide knowledge about safe sexual practices to the students who may be sexually active, the ABC can be reconsidered to integrate information about safe behavior. Similarly, it is recommended that the government of Kenya continues to publish evaluations of the effectiveness and perceptions of students regarding the curriculum of PSAHB and SABH as the few that were found available online.

Some recommendations to include HIV/AIDS prevention messages in the curriculum is the use of sports as a way to teach healthy behavior and targeting schools in health campaigns that have clear and concise messages. The use of sports for health education has potential because it can promote gender equality, and it can develop leadership and communication skills. In addition the messages can talk about more than just HIV/AIDS as it can include all the components of wellness. Nevertheless, it is important that physical education teachers also receive training or receive support from the government or NGOs, which focus on health education in order for them to integrate the information about HIV/AIDS. The example of the health campaign is inspired by US college campus health campaigns which tend to be concise, graphic, and found across the campus. A similar effort could be used –if is not in place already – in the schools setting in Kenya with the hope that the audiovisual material will reach both urban and rural settings. These posters would move away from the current material that focuses on the biology of the human body, supplementing education about biological changes with sexual health education.

Lastly, it is recommended that the Ministry of Education update its curriculum to give more guidance to educators about how to implement the material. As seen in the literature review, it was difficult to include HIV/AIDS education in subjects that had a lot of material to cover and not enough time (Njue et al., 2009). Another challenge had to do with the fact that subjects that cover HIV/AIDS may not be mandatory in high schools, which reduces the number of students who receive HIV/AIDS education (Njue et al., 2009). Therefore, it would be preferable to determine in which subjects, HIV/AIDS can be included so all students have some hours or perhaps considering to include part of the curriculum in other subjects like sports as it was mentioned above. Giving more guidance or training to the teachers is essential for a good school environment and for them to feel more confident about a topic that educators may or may not be knowledgeable about. Even providing more resources like documentaries or educational videos can be resources that support the work of the teachers in the classrooms.

6. LIMITATIONS TO THE STUDY

The main limitation of this review is that it only used academic sources to develop recommendations. No data were collected in the field, thus there could be work of community organizations or new government efforts that are not acknowledged or presented here. In addition, this review relied on self-reported published material, which may or may not represent the true perceptions of research participants. It is important to credit the work of researchers, but also recognize that the interviews are only a glimpse of the perceptions of students, teachers and parents about the HIV/AIDS curriculum or lack thereof. Lastly, it is important to mention that only some Kenyan provinces were mentioned in this review, therefore, we cannot generalize that all sectors of Kenyan society have had the experiences presented here.
REFERENCES


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