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Teachers' Attitude towards Implementation of HIV and Aids Education in Secondary Schools of Hamisi Sub-County in Kenya

[1]David Likunda Nganyi, [2]Dr. Jason Esiokhunjila Nganyi, and [3]Josephine Anangwe

[1]Emmukunzi High school, Ministry of Education, Science and Technology
[2]Masinde Muliro University of Science and Technology
[3]Vokoli High school, Ministry of Education, Science and Technology
Email: jasonnganyi@yahoo.com, davidnganyi@yahoo.com

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ABSTRACT

Education empowers individuals with appropriate skills, knowledge and attitudes that can fight HIV and AIDS. In regard to HIV and AIDS, many Kenyans are re-examining their long –held cultural beliefs, attitudes and sexual practices. Though billions of shillings have gone into prevention programmes and research, HIV and AIDS has continued to kill people at their most productive age, leaving in its wake helpless children, many of whom have now assumed parental responsibilities over younger siblings. Specifically, this study focused on the effect of teachers' attitudes on the implementation of HIV and AIDS education in Kenya. Descriptive survey research design was used in this study. The sample of the study was 19 principals and 122 teachers in 19 schools. The sample was selected through stratified and purposive sampling techniques. Data was collected by use of questionnaires and interview schedules. Data from questionnaire was analyzed using descriptive statistics where frequencies and percentages were used. The findings revealed that most teachers felt that HIV and AIDS education should be given a lesson on the timetable for effective teaching. Infusion strategy was used widely in the teaching of HIV and AIDS education. Among the challenges faced by teachers included: negative attitudes from students, weak guidance and counseling programmes in schools and too much examination oriented curriculum hence having little time for HIV and AIDS education. It is recommended that there is need for HIV and AIDS content to be enhanced. HIV and AIDS should also be made an examinable subject so as to enhance teachers' attitude towards teaching of the subject.

1.0 Introduction

Attitude has a key role to play in preventing HIV /AIDS and in mitigating its effects on individuals, families, communities and society. Children and the youth have been disproportionately affected by the epidemic. Levels of infection are at peak in the 15 to 24

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years age group and the impact on families, households and communities is often even harder in young people. In Kenya, the pandemic is a major challenge and that is why it was declared a national disaster in 1999. The pandemic has impacted adversely on the education sector and affects quality, access, equity, supply and demand for education services (Republic of Kenya, 2004).

Some 2.4 million pupils have become victims of HIV and AIDS and are orphaned after their parents die of the disease. Most of those orphaned are now tasked with taking care of their homes and some have dropped out of school due to challenges they face including stigma, discrimination and poverty. A high number of girls and women are the most affected due to HIV and AIDS pandemic and unless quick measures are taken most of them would quit schools because of the responsibility of taking care of their siblings. A report compiled by Ministry of Education spells gloom for orphaned children. The study "HIV and AIDS Impact on Education Sector In Kenya" noted that quality service delivery in schools is affected by mortality and high rate of teacher absenteeism and reduced morale due to stigma (Daily Nation; 2012).

Hamisi Sub-County has one of the highest HIV and AIDS prevalence rate at 10.5 percent. The high prevalence puts the secondary school students at greater risk of infection, since they are sexually active and fall within the most vulnerable group, which is age 15 – 49 years. The teachers are supposed to implement HIV and AIDS education in schools, yet policy makers are not sure of their attitudes, which is critical in implementation of the same. Positive teachers' attitudes are likely to influence positive behavior change among the learners hence reducing further spread of HIV and AIDS. Negative attitudes are likely to increase the spread of HIV and AIDS. No study has been done in Hamisi Sub-County on this issue. Teachers' attitudes are very crucial in implementing HIV and AIDS education in secondary schools, hence the need for the study (NAAC, 2007).

Attitudes are positive or negative orientations towards a target. Attitudes are based on beliefs about the target and the person's evaluation of these beliefs (Santrock, 2004). Because attitudes constitute behaviour, the study was based on Social Cognitive Theory postulated by Bandura and the Theory of Planned Behaviour proposed by Ajzen and Fishbein. Albert Bandura's Social Cognitive Theory states that social cognitive factors as well as behaviour play important roles in learning. Cognitive factors might involve the student's expectations for success; social factors include students' observing their parents' achievement behaviour. According to Bandura, when students learn, they can cognitively represent or transform their experiences (Santrock, 2004). Bandura developed a reciprocal determinism model that consists of three main factors: behaviour, cognitive factors and environment. The three factors interact to influence learning: environmental factors influence behaviour, behaviour affects the environment and cognitive factors influence behaviour.

Santrock, (2004) outlines cognitive factors to include expectations, beliefs, attitudes, strategies, thinking and intelligence. All these factors can be used to bring positive change in management

and control of HIV and AIDS. In Bandura's learning model, he has also emphasized self efficacy; the belief that one can master a situation and produce positive outcomes. Self efficiency has a powerful influence on behaviour. For example, a student who has low self-efficacy might not try to understand the importance of behaviour change with regard to HIV and AIDS. Bandura also emphasized observational learning, also called imitation or modeling. This is where learning occurs when a person observes and imitates someone else's behaviour.

Skinner (2003) is of the view that attitudes are changed by school experiences. They can be changed by the influence of a particular teacher, another child, the peer group or a series of extracurricular events. To this extent, teachers should provide deliberate effort which will provide experiences that are likely to aid in the development of desirable attitudes. It is therefore important to note that attitudinal change is very crucial in dealing with HIV/AIDS problem in society. The teacher's role is therefore important because through HIV/AIDS education, the youth will be provided with knowledge, skills and attitudes, which will enable them to remain free of HIV/AIDS infection and also communicate effectively with their peers on issues related to HIV/AIDS (KIE 1999).

Objectives of the study

The specific objectives that guided the study were: -

i) To establish factors that affect teachers' attitudes
ii) To establish factors that affect provision of HIV and AIDS education.
iii) To determine the teachers' attitudes in the provision of HIV and AIDS education.

Methodology

The study used descriptive survey design. Descriptive research studies are designed to obtain pertinent and precise information concerning the current status of phenomena and whenever possible to draw valid general conclusions from the facts discovered (Kothari; 2003; Kerlinger, 2004, Lokesh, 2004). Descriptive survey design was appropriate because it led to collection of data on teachers' level of training, challenges they faced and their attitude in implementing HIV and AIDS education in secondary school curriculum.

The study was conducted in secondary schools of Hamisi Sub-County. The target population was 35 principals and 349 teachers in 35 secondary schools of Hamisi Sub-County. The schools were placed into three strata: 6 girls' schools, 3 boys' schools and 26 mixed schools. Stratified and purposive sampling techniques were used in the selection of the sample. Schools that took part in the study were sampled through stratified random sampling. A total of 122 teachers (34%) were sampled by simple random sampling for each school that took part in the study. Nineteen schools and principals representing 54 per cent of the population were selected to participate in the study. The schools were placed into three strata: 4 girls' schools, 3 boys' schools and 12 mixed schools. The sample size was based on Fraenkel and Wallen (2009) recommendations of a minimum of 100 respondents to be used for descriptive studies involving less than 1 000 study population. Purposive sampling was used to select 19 principals

from the schools that took part in the study. The representative sample was calculated based on the percentages of teachers in each category out of the total number of teachers. The study used questionnaires and interview schedule as data collection instruments.

Pearson Product-Moment Correlation Coefficient(r) was used to test reliability of the questionnaire, as it is the most often used and most precise. The computation gave co-efficient of correlation(r) as 0.82. This correlation coefficient (r) of halves was correlated by Spearman-Brown Prophecy formula. The total reliability for the teachers' questionnaire was therefore 0.90.This was high and within the acceptable standards and therefore the teachers' questionnaire on their attitude and preferred practices on the teaching of HIV and AIDS education in secondary schools became a reliable instrument to use.

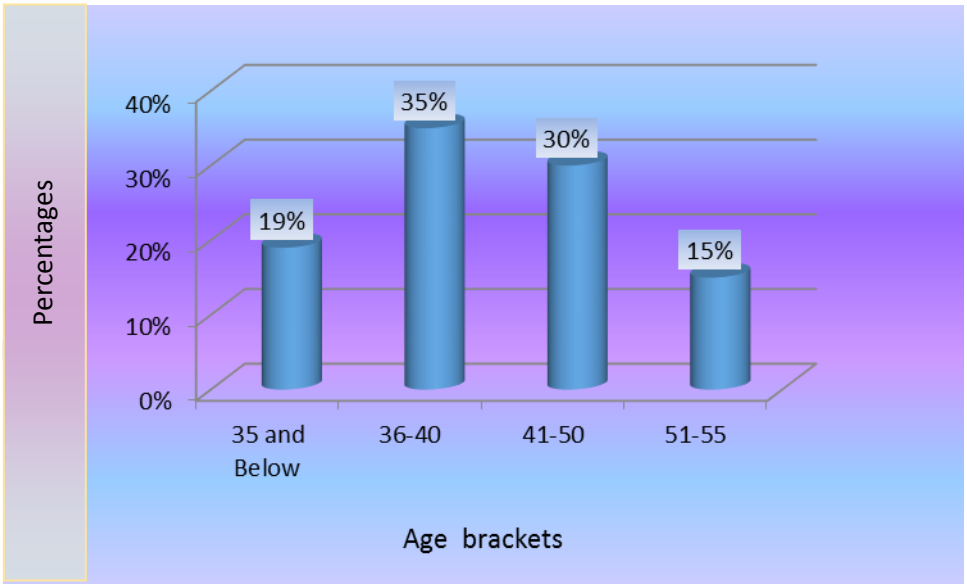
Data analysis techniques are statistical methods used to analyze data so that it can be interpreted (Kerlinger, 2004). The researcher broke down data into constituent parts of the obtained answers based on research questions, coded, entered in both hard and soft copies. For easy analysis of data, Statistical Package for Social Sciences (SPSS) version 21 was used. The data analysis techniques were used in the study were frequencies and percentages. The data was presented in tables and graphs.

Findings and discussion

The findings and discussions thereof are presented in this section.

Age of the respondents

The study investigated the age of the respondents. The rating of age in years was given as follows: - 35 years and below, 36 – 40, 41 – 50 and 51 – 55. The summarized responses are given in Figure 1 below.



Source: Field Data (2009)

Figure 1: Age of respondents

From Figure 1 it is evident that majority of the teachers were aged between ages 36-50, representing 65%, those below 35 years and above 51 years taking 19% and 15% respectively. It is hoped that most of the teachers will be able to provide positive attitudes aimed at successful implementation of HIV and AIDS education in secondary schools. It is always assumed that teachers are counselors and role models and their influence on students is critical and is hoped will translate into behaviour changes aimed at reducing the spread of HIV and AIDS among the youth.

Number of Years Served as a Principal

The study also investigated the number of years served as a principal. The summarized responses are indicated in Figure 2 below.

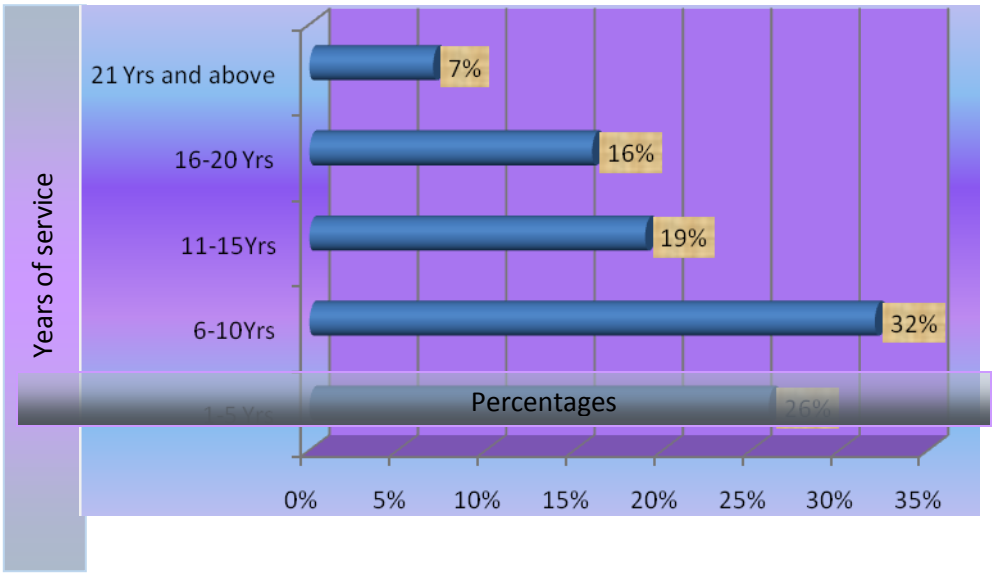


Figure 2: Number of years served as a principal

As indicated in Figure 2, 32% of the head teachers had taken 6-10 years, 26% had taken 1-5 years, 19% had taken 11-15years, 16% had 16-20years in service while only 7% had taken 21 years and above.

From the research findings, it is evident that most of the principals were promoted to their positions within the time frame when HIV and AIDS education was introduced in the school curriculum or earlier than that. It is therefore hoped that most of them had developed mechanisms aimed at implementing HIV and AIDS education. Their teaching experience should also have developed positive attitudes required for effective implementation of HIV and AIDS education.

Sponsorship of Schools in Hamisi Sub-County

The principals were further asked to state the sponsors of their schools. This was critical to the study because every school is linked to a given religious group as a sponsor. Summarized responses are indicated in Figure 3 below.

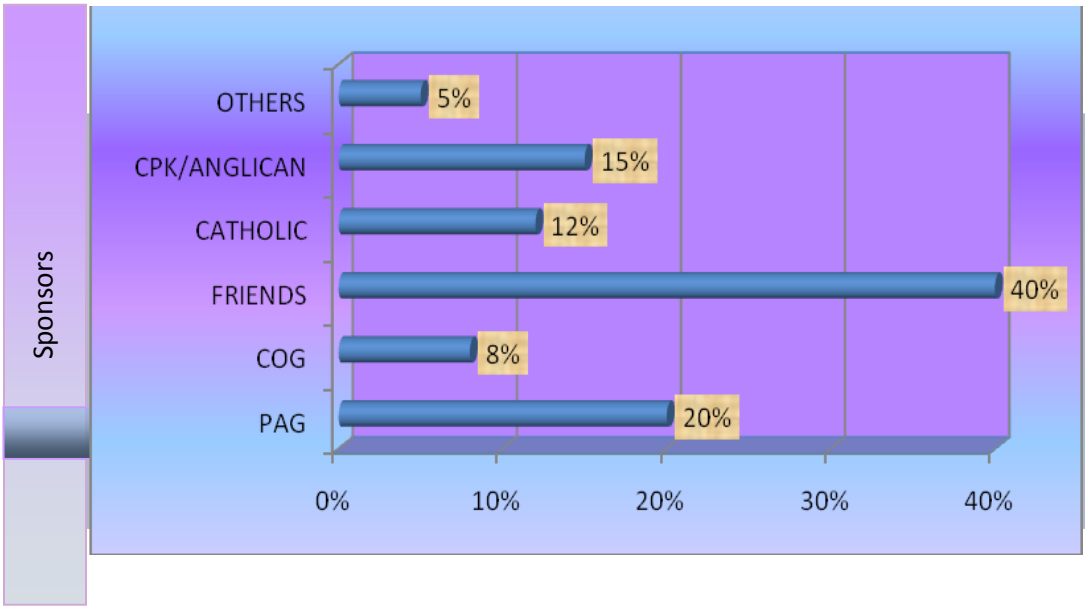


Figure 3: Sponsorship of Schools

School sponsors play a vital role in mitigating against the effects of HIV and AIDS. Religious groups are supposed to provide moral and spiritual aspects to the society at large. In line with this, every religious group aimed at providing moral and spiritual nourishment to the young people. It is hoped that chaplains brought with them the desired attitudes aimed at behaviour change, hence reducing the impact and spread of HIV and AIDS. The sponsors provided complimentary services in implementing the teaching of HIV and AIDS education in secondary schools. Majority of the schools were sponsored by Friends Church (40%), followed by Pentecostal Assembly (20%), Anglican (15%), Catholic (12%), Church of God (8%) and others (5%). However, most churches advocate abstinence as a preventive tool/ measure in HIV and AIDS control.

Gender of the Respondents

The 122 respondents were selected using stratified sampling technique which ensured equal representation from the sub-groups in the population. In this regard, 12 mixed schools, 3 boys' schools and 4 girls' schools were sampled for the study.

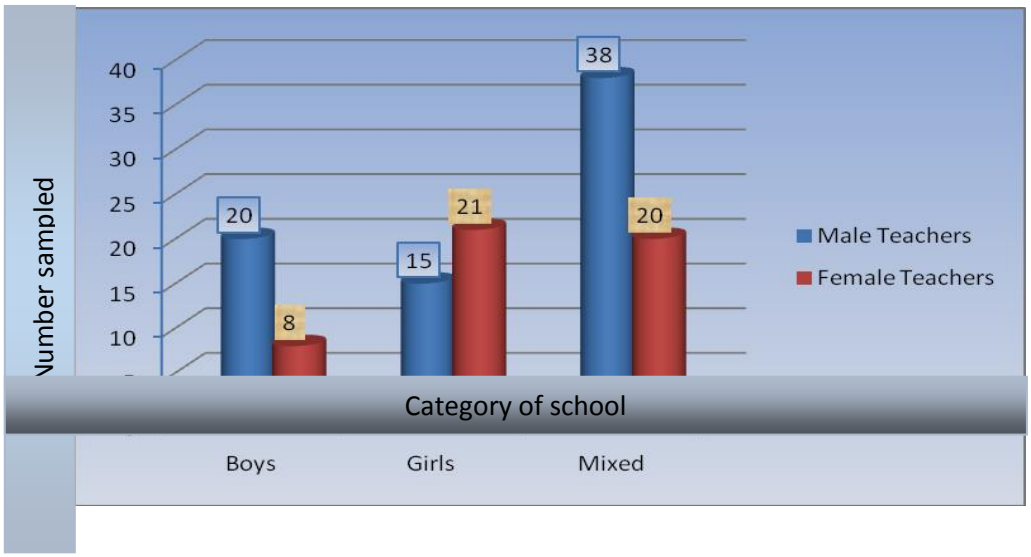


Figure 4: Gender of the Respondents in Various Schools

From the research findings indicated in Figure 4 above, most of the teachers in boys' schools, were males. In girls' schools, female teachers were more than the males. In mixed schools, male teachers were also more than the female that is 38 (31%) against 20 (16%). Boys' schools had more male teachers than the female ones, that is 20 (16%) against 8 (7.6%). There is need to balance the teaching force especially in mixed and girls' schools. The dynamics of such schools require a planned guidance from both gender. The teachers are supposed to provide the desired attitude which will translate into behaviour change amongst the students, hence reduce the spread of HIV and AIDS.

Teachers' Attitude towards HIV and AIDS Education

The work in Section 4.3 addresses objective 1 of the study. Using a five point Likert Scale (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree) the teachers were required to indicate their opinion on fifteen (15) attitude statements. The findings are summarized in Table 1, interpreted and discussed.

International Journal of Academic Research in Business and Social Sciences
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Table 1 Teachers' opinion on Some Aspects of HIV and AIDS Education (Percentages are in brackets).

Attitude Statement	Statement Scale				
	SA	A	UD	D	SD
Teachers are qualified to teach HIV and AIDS education	60 (49.18)	40 (32.79)	2 (1.64)	5 (4.1)	15 (12.3)
HIV and AIDS education in secondary schools is a waste of time.	5 (4.1)	7 (5.74)	7 (5.74)	23 (18.85)	80 (65.57)
HIV and AIDS education is useful to teachers and students.	90 (73.77)	32 (26.23)	0 0 (0.0)	0 0 (0.0)	0 0 (0.0)
HIV and AIDS syllabus is adequate.	15 (12.30)	37 (30.33)	3 (2.46)	50 (40.98)	17 (13.93)
Teaching and learning materials are easily available.	17 (13.93)	33 (27.05)	1 (0.82)	21 (17.21)	50 (40.98)
HIV and AIDS education should have a lesson on the timetable.	75 (61.48)	20 (16.39)	7 (5.74)	15 (12.3)	5 (4.1)
HIV and AIDS education should be left to Ministry of Health and NGO's.	5 (4.1)	17 (13.93)	5 (4.1)	30 (24.59)	65 (53.28)
HIV and AIDS education is crucial in managing HIV and AIDS pandemic in the country.	80 (65.57)	42 (34.43)	0 0 (0.0)	0 0 (0.0)	0 0 (0.0)
The time used in teaching HIV and AIDS should be given to other subjects to improve school mean score.	20 (16.39)	25 (20.49)	0 0 (0.0)	12 (9.84)	65 (53.28)

International Journal of Academic Research in Business and Social Sciences
April 2015, Vol. 5, No. 4
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HIV and AIDS education can lead to behaviour change.	105 (86.07)	17 (13.93)	0 0 (0.0)	0 0 (0.0)	0 0 (0.0)
The HIV and AIDS syllabus addresses the needs of special needs education adequately	0 0 (0.0)	12 (9.84)	10 (8.2)	15 (12.3)	85 (69.67)
Apart from HIV and AIDS education, sex education should be introduced.	80 (65.57)	15 (12.3)	0 0 (0.0)	7 (5.74)	20 (16.39)
Students should be encouraged to use condoms.	30 (24.59)	5 (4.1)	5 (4.1)	7 (5.74)	75 (61.48)
Voluntary Testing & Counseling should be made compulsory to teachers and students.	0 0 (0.0)	7 (5.74)	5 (4.1)	15 (12.3)	95 (77.87)
The Ministry of Education and TSC have done enough in implementing HIV and AIDS education.	48 (39.34)	30 (24.59)	4 (3.28)	25 (20.49)	15 (12.3)

The responses indicating teachers' attitude on various aspects of HIV and AIDS education indicated in Table 1 were: whether teachers were qualified to handle HIV and AIDS education 60 (49.18%) strongly agreed, 40 (32.79%) agreed, 2 (1.64%) were undecided, 5 (4.1%) disagreed and 15 (12.3%) strongly disagreed with the statement. The responses on whether HIV and AIDS education was a waste of time was rated as follows: - 80 (65.58%) strongly disagreed, 23 (18.85%) disagreed, 7 (5.74%) were undecided, 7 (5.74%) agreed and 5 (4.1%) strongly agreed with the statement. On whether HIV and AIDS education was useful to teachers and students, 90 (73.77%) teachers strongly agreed with the statements, 32 (26.23%) agreed while there were no responses for undecided, disagree or strongly disagree.

On HIV and AIDS education syllabus, 15 (12.30%) strongly agreed that the syllabus was adequate, 37 (30.33%) agreed, 3 (2.46%) were undecided, 50 (40.98%) disagreed while 17 (13.93%) strongly disagreed with the statement. On availability of teaching and learning materials, 50 (40.98%) strongly disagreed that the materials were easily available, 21 (17.21%) disagreed, 1 (0.82%) were undecided, 33 (27.05%) agreed with the statement while 17 (13.93%) strongly agreed that the materials were easily available.

The findings are in agreement with Malambo (2000), who carried out a study in Zambia aimed at finding out how the teachers were equipped in handling HIV and AIDS education. The study

found out that it was difficult for the teachers to teach HIV and AIDS education because of insufficient learning and teaching materials.

The above findings are in agreement with Bunyi (2000) who carried out a study in East and Southern African Region (ESAR) on the rationale for the introduction of HIV and AIDS education in school curriculum. Bunyi's study (2000) and the current study both observe that HIV and AIDS education curriculum is important to the students because they are either infected or affected and that HIV and AIDS education must be geared towards enabling the students acquire life skills that could help them cope with challenges caused by HIV and AIDS. Other studies that have shown similar findings include Kelly (2000), Hyde, et al (2001) and Boler, et al (2003).

On whether HIV and AIDS education should have a lesson on the timetable, the following were the responses: 75 (61.48%) strongly agreed, 20 (16.39%) agreed, 7 (5.74%) were undecided, 15 (12.3%) disagreed while 5 (4.1%) strongly disagreed that there was no need to have a lesson on the timetable. On whether HIV and AIDS education should be left to Ministry of Health and NGOS 65 (53.28%) strongly disagreed, 30 (24.59%) disagreed, 5 (4.1%) were undecided, 17 (13.93%) agreed and 5 (4.1%) strongly agreed that HIV and AIDS education should be left to Ministry of Health and NGO's. On whether HIV and AIDS education plays a crucial role in its management 80 (65.57%) of the teachers strongly agreed, 42 (34.43%) teachers agreed with the statement.

On whether the time used in teaching HIV and AIDS should be given to other subjects to improve mean score, teachers responses were as follows: - 65 (53.28%) strongly disagreed with the statement, 12 (9.84%) disagreed, 25 (20.49%) agreed while 20 (16.39%) strongly agreed with the statement. On whether HIV and AIDS education could lead to behaviour change 105 (86.07%) teachers strongly agreed that HIV and AIDS education could lead to behaviour change while 17 (13.93%) agreed with the same statement.

On whether sex education should be introduced, teachers' responses were as follows: 80 (65.58%) teachers strongly agreed with the statement, 15 (12.3%) agreed, 7 (5.74%) disagreed, while 20 (16.39) strongly disagreed with the statement. On condom use by students, 75 (61.48%) teachers strongly disagreed, 7 (5.74%) disagreed, 5 (4.1%) were undecided, 5 (4.1%) agreed while 30 (24.59%) strongly agreed that students should be encouraged to use condoms. On voluntary testing and counseling, 95 (77.88%) of the teachers strongly disagreed that voluntary counseling and testing should be made compulsory to both teachers and students, 15 (12.3%) disagreed, 5 (4.1%) were undecided while 7 (5.74%) agreed with the statement.

On whether Ministry of Education and Teachers Service Commission had done enough in implementing HIV and AIDS education, 48 (39.34%) teachers strongly agreed with the statement, 30 (24.59%) agreed, 4 (3.28%) were undecided, 25 (20.49%) disagreed while 15 (12.3%) strongly disagreed with the statement.

International Journal of Academic Research in Business and Social Sciences
April 2015, Vol. 5, No. 4
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From the findings above, teachers' attitude towards the teaching of HIV and AIDS education was positive. These findings are in agreement with views of Mumah (2003) on the relationship between knowledge and attitudes in the teaching of HIV and AIDS education in schools. Higher levels of HIV and AIDS knowledge and positive attitude were very crucial in implementation of HIV and AIDS education in secondary school curriculum.

Although reactions from the teachers to the introduction of HIV and AIDS prevention at school are generally positive, it is perceived as challenging: it represents an additional task in an already crowded curriculum, teachers feel ill-prepared to deliver such a sensitive topic. Teachers are exposed to critics from parents and the community and often lack support from school authorities. There are also opinions in some communities that teachers should not teach subjects related to sexuality. Lack of commitment from teachers, since HIV and AIDS education is not mandatory has also been mentioned as an additional barrier.

Since HIV and AIDS education is not an examinable subject, teachers felt that they were not obligated to teach it and preferred to concentrate on those subjects that they would be assessed. Neither curriculum developers nor teacher trainers seemed to be aware of various international technical resources available to assist them in their work.

This finding is in agreement with views of Bennel, et al (2002) on assessing the impact of HIV and AIDS on sexual behaviour of primary and secondary students. The major findings of Bennel et al (2002) was that school based HIV and AIDS and life skill education, had a major impact on students' sexual behaviour in those countries where the study was carried; that is Uganda, Malawi and Botswana. It also emerged that 105 (86.07%) teachers felt that HIV and AIDS education could lead to behavior change among the students. This is a powerful message from the teachers and hence there is need to up-scale the teaching of HIV and AIDS education.

"How can we change behaviors?" has been a recurrent question asked by the participants during the study, and is indeed crucial. At the moment, in most schools the approach is still mainly knowledge oriented. The approach of life skills education is not sufficiently conceptualized and integrated into HIV and AIDS education. Life skills education needs to be developed and better understood in terms of its pedagogical implications, such as classroom management, teaching methods, teacher training, and the development of renewed teaching and learning materials. Most of the time, respondents decried that HIV and AIDS education is added to an already crowded curriculum, within one or several other subjects. It is not timetabled as such and is rarely included in core (examinable) subjects formal.

It seems necessary to clarify the concepts of infusion, cross-curricular approaches and how they translate in the actual curricula and syllabi. In addition, HIV and AIDS education is mentioned by several schools to be included in life skills education. Coverage and quality are difficult to evaluate, but given all barriers and limitations to effective curriculum implementation that have been mentioned by the participants, it may be expected that it varies across schools and is in

several cases insufficient. These findings are in agreement with the views of Bennel, et al (2002) who assessed the impact of HIV and AIDS on primary and secondary schools. One of the major findings was that teachers lacked both the competence and commitment in teaching HIV and AIDS education in an already overcrowded and examination driven curriculum.

The study has also revealed that 50 (40.98%) teachers strongly disagreed that teaching and learning materials on HIV and AIDS were easily available. These findings are in agreement with views of Jepkorir (2005) on the readability of HIV and AIDS printed materials used by students and teachers in secondary schools of Nairobi Province. The two studies are in agreement because they have found out that most of the printed materials lacked current information and most teachers lacked the syllabus to guide them on the topics to cover and the materials to use.

Conclusion and recommendations

It can be concluded that:

i. Most teachers agreed that the teaching of HIV and AIDS education was quite useful both to the teachers and students.
ii. The teachers felt that the teaching and learning materials on HIV and AIDS education were not easily available. The syllabus content of the same materials were inadequate.
iii. Teachers were of the view that the teaching of HIV and AIDS education should be allocated time on the timetable for effective delivery of the content.
iv. Teachers had not embraced the teaching of HIV and AIDS education like other examinable subjects.

It is recommended that

i. There is need to improve on the content of HIV and AIDS education syllabus. This could be done by providing learning and teaching materials and that the materials needed to be updated to provide current trends.
ii. Since the current information on HIV and AIDS education was lacking in most schools there was need for the content to be enhanced.
iii. HIV and AIDS should be made examinable subject so as to enhance teachers' attitude towards teaching of the subject.
iv. There should be special attention on children with special needs when discussing HIV and AIDS education.

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