

## **Pedagogic Discourse: A Review of the HIV and AIDS Secondary Schools Curriculum in Kenya**

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### **Abstract**

*HIV and AIDS is an epidemic that has remained a serious health concern across the globe for more than a quarter of a century since it was first diagnosed in 1981. This is in spite of a myriad of health education and prevention programs that have been developed and are in use. Current studies in Kenya concur that information on HIV and AIDS prevention is readily available. Focus is now on quality and policies that guide implementation of prevention education programs. This paper therefore attempts to give a detailed analysis of the HIV and AIDS curriculum that is used in Secondary Schools in Kenya. This is achieved by using Basil Bernstein's model of Pedagogic discourse. This model entails a set of concepts and criteria which are invaluable in studying the curriculum. The classroom texts and class readers are critically analyzed using this model so as to illuminate on this curriculum.*

### **1. Introduction**

In Kenya, as in many other parts of the world and especially the developing world, HIV and AIDS has continued to greatly affect the young adolescents. This is in spite of a myriad of health education and prevention programs that have been developed and are in use. There is in addition to these, the life prolonging drugs that are used in managing its spread and which are easily accessible to all in most countries. This paper focuses on health education and in particular, the HIV and AIDS curriculum for secondary schools in Kenya. It gives a review of this curriculum as it is used in secondary schools in Kenya with a reflection on Basil Bernstein's concepts of Pedagogic discourse.

### **2. HIV and AIDS: Prevention Education in Secondary schools in Kenya**

It has been documented that in 2007, the estimated number of people worldwide living with HIV and AIDS was 33.2 million (GOK, 2009) and 95% of these were living in the developing countries. WHO (2009) also state that the total number of people living with the HIV virus in 2008 was more than 20% higher than was the case in 2000. They further note that the prevalence had roughly grown threefold higher than it was in 1990. Since the beginning of the epidemic, UNAIDS (2008) report that 60 million people have been infected and that over 25 million have died. This happened in spite of more than twenty years of prevention programmes being used. In Kenya, the estimated number of infections in 2008/2009 according to the Kenya Demographic Health Survey was an estimated 1.49 million infections (GOK, 2013, a).

Currently, available data in Kenya, pegs the prevalence rates of HIV/AIDS at 5.6 percent for 2012 which is an improvement from that of 2007 which was 7.2 percent (GOK, 2013, b). This may underpin the shortcoming in the prevention interventions being applied. This is an indication that they may not be adequately making use of existing evidence to inform the construction of their education and information messaging.

UNAIDS is on record having cautioned against interpretation of results of a study carried out by the KDHS to mean that Kenya's magnitude of the epidemic had in the past been over estimated. This was after the release of results that showed that infection rates were at 6.7% as opposed to that given by UNAIDS of 9.4% ([www.thebody.com/content/art26857.html](http://www.thebody.com/content/art26857.html) last accessed, 04/10/2013). It was a controversial decision but was upheld and forms the basis under which ongoing intervention programs are being evaluated on.

Studies in the area of HIV/AIDS show that there is a great level of awareness amongst the Kenyan population as to what HIV/AIDS is and how it is spread. A study by the ministry of health, Kenya (GoK, 2001), came out with the findings that 99 percent of everyone they interviewed had heard of HIV/AIDS and knew that it was transmitted by a virus through sexual intercourse.

According to the above study, awareness is not a problem in Kenya's HIV/AIDS problem but rather, areas such as behavior change which need further targeting in any subsequent interventions. Why then do people engage in risky sexual behavior even when they know of the consequences of their actions? This may indicate a shortcoming in the existing HIV/AIDS education and information programs in existence.

## **2.1 Illustrations of Bernstein's Concepts of Pedagogic discourse in the Secondary Schools HIV and AIDS Curriculum in Kenya.**

The principle of classification according to Bernstein, decides what is to be transmitted (Bernstein, 1971). This principle is invaluable in examining the content of the HIV and AIDS syllabus to establish if some important information that ought to be transmitted to the students to help them change their behavior, may be missing. For instance, is the need for behavior change not being addressed adequately in the secondary Schools HIV and AIDS Syllabus?

According to Solomon and Tsatsaroni in Morais and Neves (2001), Bernstein's concept of recontextualization refers to the rules or procedures by which educational knowledge is moved from one educational site to another. In other words the change in meaning of texts and signs and the purpose for which its communication is being made. This change in meaning may be hierarchical in nature for instance the national level to the field or local level. They note that this process of movement of curricular knowledge opens a space for changes in power and control relations and thereby a change in ideological meaning.

Bernstein (2000) gives two types of fields concerning recontextualisation. These are the Official recontextualising field (ORF) and the pedagogic recontextualising field (PRF). Through the ORF, the government legitimizes its construction of what is termed the official pedagogic discourse. This further recontextualized through the PRF. Here, policy is interpreted and implemented by teachers. The teachers use the officially recommended text books and syllabus for teaching the subject. Hence the teachers are supposed to be well prepared and able to interpret and implement policy lest they be liable in contributing to the ineffectiveness of the HIV and AIDS curriculum in secondary schools.

The pedagogic discourse is further recontextualised when it is 'learnt' by the student. These concepts further help us understand the problems that have been witnessed in the implementation of the HIV and AIDS policy in Kenyan secondary schools. Some of these problems are mentioned below.

There are reports that the education sector policy on HIV/AIDS was poorly communicated with leadership in many schools not even well versed with the policy. The Centre for British teachers (CfBT, 2006) commissioned study which notes that some institution head teachers did not have a copy of the policy. Thereby leading to the question as to how they would effectively implement this policy if they did not have a copy.

There has been a lot of criticism leveled on the HIV/AIDS policy as far as teaching of the curriculum is concerned (Duflo, et al., 2007; Onyango, 2009). The gravest issue is the preparation of the teachers to teach this

curriculum. The inability of teachers to master the content, impacts negatively on their delivery of the same. There are also other issues e.g. cultural taboos on dealing with sexual matters in public, especially children. The study by Onyango (2009) mainly focused on primary level teacher training colleges while investigating teacher preparedness and competence in carrying out the HIV/AIDS curriculum for schools. Duflo et al. (2007) on the other hand, focused on children between the ages of 5-14 years and noted according to Kelly (2000) and Bundy (2002) that such children offer the window of hope due to their low sexual awareness or inactivity. Hence, if targeted, it was assumed that a breakthrough would be made in reducing the new infections of HIV/AIDS in the country. They came out with the findings that even though the HIV/AIDS curriculum had been running for two years, there was little impact on the children's knowledge on the target area. A study by Ongunya et al.(2009), did bring into question the inability of HIV/AIDS education preventive programs to result in substantial behavior change amongst the youth even after they had been put through these programs. The study found that there was a gap between the set objectives of these programs and the delivery of the content.

### **3. The Education Intervention in the Prevention and Control of HIV and AIDS**

The role that education plays in human development cannot be over emphasized. This manifests itself in its ability to empower people in their quest for self-improvement, personal well-being and in national building. Right from independence from colonial rule in 1963, the new political leadership showed that it recognized this potential. It made a promise to tirelessly wage a war against ignorance, poverty and disease through education (Nabwire, 1998).

This was done by way of appointing a national commission on education to explore ways and possibilities of restructuring the education system to reflect the changes that had occurred in the political and social front (GOK, 1964). This commission came up with the national goals of education which according to the Kenya Institute of education reflect the role that education plays in Kenya (KIE, 1999; KIE 2002b).

The importance of looking at the goals of education in Kenya cannot be overemphasized because they help to give an insight into how the government views education and its usefulness to the society. This then guides according to Bernstein (2000), how educational texts and signs and their meanings are thereafter formulated as earlier indicated. In this breadth, its inclusion here helps to show the important link that HIV and AIDS education has to national development. It is the government's desire that the HIV and AIDS epidemic does not affect its national development plans (GOK, 2009).

### **4. The national goals of Education in Kenya**

#### **4.1 National Unity**

It is stated that education must foster national unity amongst the 42 different tribes, races and religions living in Kenya. The division of the country into regions as counties has been done along tribal residential areas or areas of origin. They number an almost equal figure of the tribes of Kenya at 47 counties to 42 tribes, races or religions. These groupings of people must be able to live and interact as Kenyans. Education therefore should enable young Kenyans to acquire a sense of nationhood and tolerance for each other. It should also promote positive attitudes of mutual respect and thereby enable them to live in harmony and foster patriotism in order to make a positive contribution to national development.

This would help in the fight against ignorance, poverty and disease. With regard to current and emerging issues like the current onslaught of HIV and AIDS, the relevance of this would be seen in education's ability to lessen

or eliminate stigma against the infected persons. This will go a long way in reducing the potential for conflict as discrimination and hatred against the infected will be minimized if not eliminated altogether.

## **4.2 National Development**

Education plays a key role if the nation is to realize its social and economic needs for national development. Through education, the young people are equipped in order to have a meaningful role in the country's day to day national life. The two needs under national life are Economic needs and Social needs.

### **4.2.1 Economic Needs**

The education system in Kenya is structured and organized to produce citizens who possess skills, knowledge, expertise and personal qualities that are needed for the growth of the economy. There is an inherent danger here with the advent of HIV and AIDS. Current trends of the epidemic show that the most economically productive population in the age bracket 15-49 years are ravaged by infections (Gachuhi, 1999; UNDP, 2011) the country therefore faces a possible danger of being unable to meet her economic needs if this trend is not reversed.

### **4.2.2 Social needs**

Education in Kenya is also geared towards preparing children for change in attitude and for building meaningful and useful relationships. These are needed to facilitate a rapidly modernizing economy. Within, there is bound to be a silent growing social revolution in the face of rapid modernization.

Due to this, there is an emergence of a society whereby the old ways of doing things is giving way to a permissive societal setup (Mbiti, 1975). In this new setting, the old values are seen by the young people as being old fashioned and of little consequence for today's world. Casual sex is easily accepted and engaged in amongst the young people. This is with little regard to protective measures being put in place or abstinence being accepted (Hope et al., 2004; Iriyama et al., 2007)

It is therefore expected that education should play a role in assisting in the adoption of knowledge, skills, beliefs and positive attitudes that will help in the HIV and AIDS prevention strategies being used nationally.

## **4.3 Individual Development and Self Fulfilment**

Education should provide opportunities for the fullest development of individual talents and personality. It should help children to develop their potential, interests and abilities. Of paramount importance in self-development is that of character building amongst the young people. This is due to the fact that flawed character may disposition them to activities like sex and drug injecting, that may make them to be infected with HIV and AIDS (Villarruel et al., 1998).

## **4.4 Promote Sound Moral and Religious Values**

Education should provide for the development of knowledge, skills, and attitudes that enhance the acquisition of sound moral values and help young people to grow up as well disciplined, self-reliant and integrated citizens. With this in hindsight, the HIV and AIDS education syllabus was developed embracing these principles. This in fact, is in tandem with Bernstein (2000) pedagogic device which he notes legitimizes emergent discourses

and shapes the relationships among them. In this case, it is the emerging discourse on HIV and AIDS in secondary schools.

#### **4.5 Promote positive attitudes towards good health and environmental protection**

Education should inculcate in the youth the value for good health in order to avoid indulging in activities that will lead to physical or mental ill health. This goal makes for the provision of HIV and AIDS education in schools as being an important and necessary component in the various education curricula. It is also noted that education should foster positive attitudes towards environmental development and conservation. It should lead the youth to appreciate the need for a healthy environment.

The above goals have a significant role in the functions of education in the society. These goals are achievable in a healthy and thriving society. As earlier stated, the main aim of education in Kenya is targeted at eradicating ignorance, poverty and disease. These aims are realized by carefully addressing the lack of education in order to achieve social justice, human dignity and economic welfare for all (GOK, 1965). If the HIV and AIDS pandemic is not adequately addressed, these good intentioned aims of education in Kenya may not be achieved. It is against this backdrop that Kenya's ministry of education launched the HIV and AIDS education syllabus (KIE, 1999), as the education sector intervention against HIV and AIDS. This syllabus aims at combating HIV and AIDS challenges through transmission of knowledge, enhancement of skills, emphasis on behavior development and change.

### **5. The following constitute the main objectives of the HIV and AIDS Syllabus**

#### **5.1 The learner should be able:**

1. To acquire the necessary knowledge and skills about HIV and AIDS
2. To appreciate facts and issues related to HIV and AIDS
3. To develop life skills that will lead to AIDS free life
4. To identify appropriate sources of information on HIV and AIDS and related issues
5. To make decisions about personal and social behavior that reduce the risk of HIV infection
6. To show compassion towards and concern for those infected and affected by HIV and AIDS
7. To be actively involved in school and out of school activities aimed at prevention and control of HIV and AIDS infections
8. To communicate effectively with peers and others on issues and concerns related to HIV and AIDS

Since 1999, when this syllabus was launched, there has been a shift in how HIV and AIDS education is taught in schools. It has been infused into existing subjects and is not taught as a standalone subject as discussed below. The Kenya Institute of Education first developed a syllabus for schools in 1999 when it specifically targeted the primary section of the education system (KIE, 1999). As part of the implementation of the national policy on HIV and AIDS, the institute came up with a curriculum whose content was structured with the sole aim of transmitting HIV and AIDS information and various prevention messages to the students. It is worthy to note though that no actual teaching did take place until much later in 2005

For the secondary section, the syllabus was developed in 2002 but had to be infused into the CRE syllabus (KIE, 2002, b). Due to the differences amongst stakeholders as earlier mentioned, teaching of this sensitive subject was only made possible when taught as being part of Christian approaches to human sexuality, marriage and the Family. From Bernstein's pedagogic device, we note that those who own the device own the means of

perpetuating their power through discursive means and establishing, or attempting to establish, their own ideological representations. This perhaps explains the above scenario on the tussle among stakeholders in the education sector.

From this perspective, it was placed under irresponsible sexual behavior (Gichaga et al., 2010). It is therefore taught as being a consequence of irresponsible sexual behavior. The problems posed by this arrangement with regard to effective delivery of the intended information, is discussed below.

The teaching of HIV and AIDS in Secondary schools is comprehensively taught in form four which is the final year in this sub sector of Kenya's education system. The reason for this that can be advanced is that the same content is taught in upper Primary School. That is from class four through to class eight. It is infused into the subject of science as taught at this stage. It appears under the section dealing with the human body and more specifically, health education (K.I.E, 2002, a).

The major resources that have been developed and approved for teaching about HIV and AIDS in secondary schools include:

1. Secondary Education Syllabus: Vol. 3: CRE
2. Secondary, Christian Religious Education Students Book Four
3. Bloom or Doom-your choice

These resource materials are used in conjunction with others by teachers, students and facilitators. The two set books above treat the topic on HIV and AIDS in a similar way hence we shall examine only one of them, number two above.

## **6. The Presentation of the syllabus Content**

The concept of distribution rules is an important factor when it comes to the presentation of the syllabus content. The Distribution rules, shares out varying forms of knowledge to different social groupings. Thereby, determining the accessibility of that knowledge and the conditions under which this happens. Distribution rules also define the limits of the thinkable and unthinkable knowledge and therefore, the limits of legitimate discourse (Bernstein, 2000; Maton and Muller, 2007) In other words, who can say what to whom and under what circumstances. It enables the distribution of different forms of knowledge to different social groups.

AIDS education in Kenya's secondary education sub-sector has been presented by way of integration and infusion into the current curriculum which is in existence. KIE (1997) defines Infusion as the process of incorporating content of AIDS education into existing subjects. On the other hand, integration has been defined as including messages about AIDS in co-curricular and other activities within and from outside the institution. For infusion to take place, a basic requirement for the teacher is that they have a copy of the AIDS education syllabus. Then the teacher has to make a decision as to the point where to add in AIDS messages with ease and without making any interruption to the logical flow of the lesson. This point of insertion can be referred to as the plug in point. It is also imperative that the teacher is adequately knowledgeable on the HIV and AIDS epidemic. The teacher must also have at their disposal current resource and reference materials.

This provides another area for analysis using Bernstein's concepts of the pedagogic device. Here we explore the applicability of the recognition and the realization rules concerning infusion and integration of HIV and AIDS into existing curricular as well as extracurricular activities. The recognition rules enable the recognition of legitimate text. Realization rules on the other hand, determine how meanings are put together and how these are made public. These rules are necessary in the production of legitimate text. (Bernstein, 1996)

Infusion may be possible outside of carrier subjects like CRE and Biology. The teacher can make use of other subjects which at a glance may not seem suitable for this purpose. For instance a teacher can use a subject like

English. Through this subject, use of composition writing can be used to determine the student's level of knowledge on HIV and AIDS. The teacher may structure the task in such a way that they use leading questions in order to write the composition.

1. This may take a form as may be seen below:
2. What does the abbreviation HIV/AIDS stand for?
3. How is one infected?
4. What are the signs and symptoms of AIDS?
5. How can one tell if they are infected?
6. What stages does the disease take?
7. Does it have a cure?

This kind of composition writing envisioned to give the teacher an opportunity to talk more on the subject of AIDS and therefore delivering to the students the messages that they may need on the epidemic. Similarly, a mathematics teacher may use his subject to teach students about the effects of AIDS on society. This may be done through a discussion of AIDS statistics analyzed by way of pie charts and bar graphs. In this way, the teacher will have taught the students about pie charts and bar graphs, while at the same time will have discussed the effects of AIDS on the community.

The use of integration implies that one needs to incorporate HIV and AIDS messages into co-curricular activities. These activities can be conducted during school open days, school assemblies, during church services on Sundays or Clubs and Societies time. These activities may include: painting, drama, debates and writing composition competitions

The use of these two methods ie, integration and infusion, have come to be favored because of the various advantages that they afford to the teachers and the school set up. They do not require a revision of existing structures in the curriculum. Neither do they require a re-allocation of teaching time amongst teachers. So it can be deduced that these approaches are more feasible to use because technically and administratively they are simpler effect.

The flipside to this approach includes the fact that teachers may not feel compelled to teach what has been allocated to them as they do not constitute the core of what they are supposed to be teaching. There is also no specified time that is allocated and subsequently, no formal assessment of learning outcomes takes place. They are neither defined nor imposed, with an overcrowded curricular as is the case in Kenya's education system, the topic on AIDS can very easily be left out of teaching.

Teacher re-training for infusion is an expensive undertaking that needs to be fully implemented. It is worthy to note though that this is currently happening across the country albeit at a very slow pace. New teachers though are already equipped to this end. The approach of teaching HIV and AIDS in secondary schools by way of infusion and integration is best understood through analysis of how HIV and AIDS as a subject in secondary schools is taught. Bernstein's ideas of classification and framing provide a good framework for achieving this. As noted above, the principle of classification decides what is to be transmitted, Classification (power) can be seen in how categories are bounded e.g. subjects in schools or different categories of groups or agents, e.g. teachers and students. These power relations can either be strong or weak. Strong classification can be seen in a case where there exists a rigid time table whose subjects are clearly separated. Weak classification on the other hand entails weak boundaries between subjects where we have cross referencing to other subjects. This can be seen in the teaching of HIV and AIDS in secondary schools where it is infused or integrated into other subjects. According to Bernstein's concepts this can be considered as a case of a weak classification.

Framing (control) on the other hand refers to the control over communications in pedagogic relations for instance the communication between teachers and students' .This is regarded as the message system of pedagogy. Bernstein (1977, p.88) notes that "the degree of control teacher and learner posses over the selection,

sequencing, pacing and evaluation of knowledge transmitted and received in the pedagogical relationship”

As in the case for classification above, framing can be strong or weak. Bernstein regards strict teacher control concerning what is taught to be strong framing in selection. Weak framing on the other hand is where learners have options on what to learn according to their needs and when that learning will take place. Hence framing can also be said to include the teachers and students control on manner and character.

## 7. Conclusion

It is therefore with the forgoing that his paper concludes that the HIV and AIDS curriculum for secondary schools in Kenya borrows greatly from Basil Bernstein’s concepts of pedagogic discourse. Various aspects in the construction and content of what is taught in the schools can be rightly said to follow these concepts. The delivery too of the content of this curriculum as examined in this paper, is determined to a great extent by the education sector stakeholders comprising mainly of the Government of Kenya, the Church or Religious Organizations, the local communities and the parents. This ensures that they are in charge of what is taught and how it is taught to the young adolescent children in secondary schools in Kenya.

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