

The Links between Kakuma Refugee Camp HIV/AIDs Education Programmes and the Programmes in Regular Schools in the Surrounding Host Community in North-Western Kenya

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Abstract

The aim of this paper is to assess the links between HIV/AIDS education programmes offered at Kakuma Refugee Camp (KRC) in North-Western Kenya and the programmes offered in regular schools in the surrounding communities. This is based on a qualitative case study on factors that influence the teaching and learning of HIV/AIDS education in refugee schools. A total of 3 primary schools from KRC and 3 from the host community (HC) participated in the study. A sample of 617 respondents of diverse nationalities, including 356 male and 160 female pupils, as well as headteachers, teachers, community members and NGO staff was used. The study utilized semi-structured interviews, observation, FGDs, documentary analysis and drawings to generate data. The study established that schools at KRC and HC shared the same MoE curriculum that integrated HIV/AIDS education. KRC schools had an added advantage of teaching HIV/AIDS and reproductive health as an independent subject using a curriculum developed and implemented by the National Council of Churches of Kenya (NCCCK). There was also a strong NGO support for HIV/AIDS education programmes at KRC schools which resulted in better HIV/AIDS awareness among pupils at the camp as compared to HC. However, many teachers from KRC were moving from KRC transferring knowledge and skills in HIV/AIDS education to the HC schools. The various NGOs supporting HIV/AIDS Education programmes at KRC had also extended their programmes to the HC. The study concluded that refugee pupils who left KRC to seek education in the host community schools may have lost considerably in terms of HIV/AIDS education. From the study findings, it was recommended that the government of Kenya should consider regular workshops for teachers in HC schools so as to bring them at the same level with their counterparts at the refugee camp.

Keywords: links, kakuma refugee camp, HIV/AIDS education programmes, regular schools, host community

INTRODUCTION

In the context of global and regional development of HIV/AIDS education, it is noteworthy that in the year 2004, Kenya developed the Education Sector Policy on HIV/AIDS, which formalises the rights and responsibilities for every person involved with HIV/AIDS in the education sector. This was approximately twenty years after the first case of AIDS was diagnosed in the country. This policy not only focuses on HIV/AIDS prevention, but also emphasizes on care and support for all, workplace issues and management of response and advocacy. In view of this, the policy is not only sensitive to affected pupils but also to the affected teachers. The sector policy also advocates for the promotion of HIV/AIDS education in schools and other institutions of learning. Among the pioneer learning institutions in Kenya to develop institutional policies on HIV/AIDS were Mombasa Polytechnic, High Ridge Teachers' College, and the University of Nairobi (Nzioka & Ramos, 2008). Other schools, colleges and universities eventually emulated these examples.

According to Nzioka and Ramos (2008), the MoE introduced an AIDS Control Unit (ACU) to provide proactive leadership and ensure that HIV/AIDS

prevention and control priorities were integrated into mainstream ministry functions. The ACU within the MoE portrayed proactiveness, effective management with permanent staff and ensured the inclusion of HIV/AIDS in the 23 investment programmes under the Kenya Education Sector Support Programme (KESSP 2005-2010) (RoK, 2005 b). By the year 2008, HIV/AIDS had a budget line and the ACU was able to support HIV/AIDS initiatives in the Education sector (Nzioka & Ramos, 2008). However, the policy remained unclear on how the different ACUs were going to benefit teachers working under special circumstances, such as those at refugee camp primary schools.

The UNHCR policy on education encouraged the adoption of the MoE curriculum used by the host country with mutual consent whenever there was considerable camp settlement by refugees (UNHCR, 1995). Hence, the general school curriculum used in Kenyan schools also applied in refugee schools. Considering that the Kenya Education Sector Policy on HIV/AIDS states the need for the curriculum to be sensitive to cultural and religious beliefs, and to be appropriate to age, gender, language, special needs and content on HIV/AIDS, it was important to find

out the links between HIV/AIDS education programmes offered at KRC and the programmes offered in host community schools. This is arguably a strong expression of government commitment, as policy implementation requires mobilization of local community leaders, religious groups and leaders, parents, caregivers and guardians as well as schools, to support and ensure success of the HIV/AIDS prevention programme within learning institutions.

The extent to which refugee pupils and teachers were to benefit from the Education Sector Policy on HIV/AIDS remains unclear. This is more so, considering that even the Kenya MoE seems silent on this issue in its Sessional Paper No. 1 of 2005 (RoK, 2005), which is a policy framework for education, training and research. Similar silence is noted in the KESSP 2005-2010 and the Education Sector Policy on HIV/AIDS. Notably, refugees were also left out in the 'poverty reduction strategy paper' of the year 2005 prepared by Kenya for international donors. This paper contents that refugees form a 'special needs' category of people that require specific focus in important documents without necessarily being considered an insignificant part of other groups. Generally, there has been a tendency to group refugee children together with other children that may have different learning needs, without taking into account the specific nature of complexities of refugee related issues in the context of HIV/AIDS.

DEVELOPMENTS IN HIV/AIDS EDUCATION AS A SCHOOL-BASED STRATEGY IN KENYA *HIV/AIDS Education in the Formal School Curriculum*

In Kenya, a weekly compulsory HIV/AIDS education lesson was included in all primary and secondary school curricula since the year 2000, four years before the formulation of the Education Sector Policy on HIV/AIDS of the year 2004 (RoK, MoEST, 2004; Boler *et al.*, 2003). The Kenya Institute of Education (KIE) HIV/AIDS education curriculum came at a time when the 8.4.4 system of education was already coming under increased scrutiny due to curriculum overloading. According to Mulama (2003), many teachers and parents were advocating for major revision of the primary and secondary school syllabus which was considered broad and examination oriented. Consequently, children required extra tuition in order to cover the syllabus and many hours of private studies to ensure they passed exams. Yet this was after the subjects had already been reduced from 13 to 8 in primary schools, and from 12 to 7 in secondary schools.

Hence, curriculum overloading made it difficult to lobby for allocation of specific time for HIV/AIDS education in the timetable. In this connection, it is important to note that Kenyan schools were, at some point, left at liberty to handle the subject as they

deemed fit (Advisory Board Company and Kaiser Family Foundation, 2008). On realising that some schools were either not taking HIV/AIDS education seriously or even not teaching it at all, the MoE, through KIE, decided to integrate the subject into the entire primary and secondary school curriculum (RoK, 2006).

A review of primary school KIE approved text books reveals that science integrates HIV/AIDS education in a more detailed and structured way compared to any other subject. For example, the science text books introduce HIV/AIDS in Standard Four by defining it and mentioning its causes. In Standard Five, topics such as signs and symptoms of HIV/AIDS, modes of HIV transmission, stages of HIV Infection and prevention are introduced. HIV testing and counselling as well as effects of HIV/AIDS on individuals, families and nations are discussed in Standard Six. In Standard Seven, pupils are taught the myths and misconceptions about HIV/AIDS and the care and support of PLWHAS. Finally, control measures for HIV/AIDS are discussed in Standard Eight. This level of detail and structure reflects considerable thought in integrating HIV/AIDS education formally in the curriculum.

Social Studies textbooks approved by KIE have also integrated HIV/AIDS education in a notable way. The subject, whose major theme is 'living together', focuses on interrelationships between people and how their individual lives affect those of others around them (RoK, 2006). Social Studies draws examples from HIV/AIDS while discussing topics and sub-topics such as disadvantages of immorality, the role of the school in fighting diseases, factors leading to slow population growth, responsibilities of children, functions of communication, importance of marriage and elements of good citizenship. All other subjects integrate HIV/AIDS education in relatively lower and varying degrees that leave the teachers at liberty, even as they are advised to underscore it as much as possible. This means that the decision and choice to integrate remains with the teacher.

Integration of HIV/AIDS education into examinable and timetabled subjects has been seen as a strategy for ensuring that the subject is taught. For example, studies by UNICEF ESARO and UNAIDS (2002); Boler *et al.*, (2003) and Ruto, Chege and Wawire (2008) demonstrate that many Kenyan schools have gone the infusion and integration way, with science often being mentioned by both teachers and pupils as the subject in which HIV/AIDS issues are taught and learned. It is important to acknowledge that in Kenya, there exist other HIV/AIDS education initiatives besides the compulsory MoE curricular. A good example is the Primary School Action for Better Health (PSABH) by the Centre for British Teachers (CfBT). This programme began in Nyanza in the year

2001 and was later delivered in five other regions of the country with an aim of equipping teachers with appropriate knowledge and skills in delivering HIV/AIDS education in upper primary school. According to Maticka-Tyndale, Mungwete and Jayeoba (2013), PSABH has demonstrated 'positive gains in Knowledge, self-efficacy related to changes in sexual behaviours and condom use, acceptance of HIV + students, endorsement of HIV testing and behaviours to post-pone sexual debut or decrease sexual activity', hence it is worth rolling out countrywide.

The Life Skills versus Fact-Based Approach in HIV/AIDS Education

HIV/AIDS education in Kenya is designed within a 'life skills (LS) approach' (Boler & Aggleton, 2005). This endeavour focuses on relationship issues and the social side of HIV infections. It helps the learners acquire abilities for adaptive and empowering behaviour that enables individuals to deal effectively with issues related to HIV/AIDS in daily life. The Kenyan LS approach, as is the case elsewhere in Africa, is also aimed at equipping the learner with psychosocial competencies and interpersonal skills that would help him/her make informed decisions about risky actions that may expose a person to HIV infection, engage in problem solving, think critically and creatively in relation to HIV/AIDS, communicate effectively, build healthy relationships, empathize with those in need and manage his/her life in a healthy and productive manner (RoK, 2008).

In comparison, the fact-based approach is used to supplement the LS approach by focusing on the scientific side of HIV/AIDS. For instance, it helps learners understand the structure of the virus, the modes of transmission and what happens to the blood and the body after it has been infected by HIV. The approach also discusses medical-related topics such as the treatment of HIV/AIDS by use of ART. According to AVERT (2009), effective HIV/AIDS education encompasses both scientific and social aspects of HIV/AIDS. Knowledge of the basic science of HIV/AIDS is important for understanding among other issues, how the virus is passed on and how it affects the body. But HIV/AIDS education that deals only with medical and biological facts, while ignoring the real life situations that young people find themselves in, does not provide them with adequate AIDS awareness. Developing life skills and discussing matters such as relationships, sexuality and drug use, are fundamental to AIDS education (Pattman & Chege, 2003). The proper negotiation and use of prophylactics such as condoms is a life-skill that ought to be imparted (UNICEF ESARO, 2002).

Although the Kenyan curriculum is mainly designed within the LS approach, teachers could also infuse LS

within HIV/AIDS education, depending on the examples they decide to use in their lessons and the out of class activities they choose for teaching HIV/AIDS education (UNICEF ESARO, 2002). Even with the strengthening of the LS Approach in HIV/AIDS education, as elsewhere in Africa, Boler *et al.* (2003) observe that the school-based HIV/AIDS education in Kenya still faces numerous challenges. These challenges include resistance from communities which still believed that HIV/AIDS education would make learners experiment with sex at an early age (Boler *et al.*, 2003) as well as communities which still preserved socio-cultural practices that expose individuals to infection. These include, for instance, wife inheritance in Nyanza, polygamy in Western Kenya and FGM in Eastern Kenya. Resistance has also been faced from religious organizations that actively campaigned against the teaching of 'safe sex', as well as those which tended to stigmatize PLWHAS (UNICEF & UNAIDS, 2002). These challenges considerably contribute to the difficulties of implementing the LS Approach to HIV/AIDS education in schools.

Teacher Preparedness and HIV/AIDS Education in Kenya

In Kenya, the primary TTCs' syllabus was revised in the year 2004 to integrate HIV/AIDS education as a cross-cutting issue. However, many of the institutions are yet to implement it (Onyango, 2009). In fact, some tutors at the TTCs are yet to come to terms with HIV/AIDS issues, and there is still some degree of silence and little teaching about HIV/AIDS education. A study by Ruto, Chege and Wawire (2009) illustrates that although the Kenyan MoE in partnership with Center for British Teaching (CfBT) conducted training for tutors in HIV/AIDS education, most of the tutors had not received such training as they had not been systematic. Furthermore, those trained were administrators who did not teach in class but mostly waited for invitation from the ministry to conduct in-service workshops for primary school teachers (Onyango, 2009).

A study by the Advisory Board Company and Kaiser Family Foundation (2008) found that many Kenyan teachers taught HIV/AIDS in a factual and academic fashion rather than addressing the topic in a practical and realistic way that was relevant to the social realities of young peoples' lives. With school education in Kenya focusing on examinations, teachers were accustomed to inundating students with facts and figures, whereas HIV/AIDS education required that teachers engage pupils in active and critical learning sessions (RoK, MoEST, 2004). This situation in regular schools aroused interest in examining the situation outside the norms of a regular school such as the refugee schools.

Kenyan Refugee Situation and HIV/AIDS Education

According to Riungu (1999), the year 1991 and 1992 saw many refugees moving to Kenya from Somalia. This immigration necessitated the creation of Daadab Refugee Camp approximately 100 kilometres from the Kenya-Somalia boarder into the Kenyan side to facilitate accommodation of the Somali refugees. Additionally, the camp also caters for refugees from other countries such as Uganda, Eritrea, Democratic Republic of Congo, Ethiopia, Sudan and Burundi (UNHCR, 2005). As more refugees streamed into Kenya from Southern Sudan, it became inevitable for a second camp to be opened in the North Western Part of Kenya, namely Kakuma Refugee Camp (KRC). Among the first Sudanese to arrive at KRC were 10,000 boys and girls mainly aged between 8 and 18 years, who survived the tough journey that took lives of more than 20,000 of their peers (UNHCR, 2006). This group of children are mainly referred to as 'lost boys', a title that raises gender concerns because it blacks out the girls, who were also represented in the group, albeit in small numbers. Although the largest percentage (78.55%) of the refugees at KRC are Sudanese, the camp also has Somalis (16.61%), Ethiopians (3.25%), Rwandese, Burundians, Congolese, Eritreans and Central Africans, altogether forming 1.59% of the refugee population (UNHCR, 2006). According to Riungu (1999), there were other urban based refugee camps, six along the coastal region and one in Thika about 70 kilometres north of Nairobi, which were closed in February 1999, and the refugees transferred to either Daadab Refugee Camp or KRC. By the year 2006, Daadab Refugee Camp hosted approximately 140,000 refugees while KRC had around 90,000 refugees (UNHCR, 2005). Thousands of other refugees, some of whom are unregistered, remain in Kenya's major towns and cities.

The refugee populations in Kenya keep fluctuating due to the transient nature of the refugee life (Riungu, 1999). This makes it impossible at times to keep correct records of all the refugees at a particular time. The fact that civil conflicts in the neighbouring countries have never been fully resolved continues to contribute to the fluidity of refugee populations. In 2006, for example, an influx of Somali refugees forced Kenya to officially close its borders with Somalia in April 2007 (World Refugee Survey, 2009). Despite the seemingly closed border with Somalia, statistics illustrate that Daadab Refugee Camp continued to receive an average of 7,000 refugees per month due to the continued violence and conflict in Somalia (UNHCR, 2009). By the year 2008, Daadab Refugee Camp which was designed to cater for 90,000 refugees housed 275,000 mainly Somalis (Nyakairu, 2009).

While KRC was doing more of repatriation than reception of refugees since the 17th December 2005 launch of organized voluntary repatriation in Kenya, there was concern that the camp would be affected by the influx of refugees at Daadab Refugee Camp (UNHCR, 2006). This is due to the fact that refugees were often transferred from Daadab Refugee Camp to KRC whenever there were problems related to large population and insecurity emanating from inter-ethnic conflicts within the former (Riungu, 1999). Also in spite of the voluntary repatriation of refugees at KRC, the camp continued receiving new waves of arrivals. In 2006, for example, UNHCR Sub-Office Kakuma (SOK) received 3,500 new arrivals from Southern Sudan who were attracted by the 'good' education at KRC (UNHCR SOK Briefing kit, 2006). This trend indicated that there was no likelihood of KRC being closed yet. The camp's HIV/AIDS education programmes would therefore continue impacting on lives of refugees and refugee children in need of this education.

To any host community, refugees may be viewed as foreigners on transit who are only temporarily vulnerable in terms of food, shelter and education (UNHCR, 2005). However, UNHCR (2009) records indicate that some refugees had stayed in Kenya for over fifteen years and without hope of leaving the country. This meant that in the course of their stay, these refugees were likely to interact among themselves and with the local host communities (UNHCR, 2005), forging relationships within and across the ethnicities and sexes. The interaction could lead to positive cultural exchange as well as sexual intimacy. According to Nkam (2001), sexual intimacy could in turn expand the scope of sexually transmitted diseases including HIV/AIDS from one group to the other. The fact that most of the HIV infections in Kenya are linked to sexual intercourse, it is imperative that health and education concerns with this regard be extended to not just the Kenyan hosts but also the refugees they interact with culturally and sexually as well.

The Kenyan MoE curriculum which integrated HIV/AIDS education in all subjects was also used at the refugee camps' primary schools (UNHCR, 2005). The camp schools taught HIV/AIDS education through subjects such as science, social studies, religious education, English, Kiswahili and mathematics, as well as extracurricular activities such as clubs and games activities. In addition to the MoE curriculum, schools at refugee camps taught HIV/AIDS and reproductive health education as a separate subject using a curriculum designed and implemented by NCKK. The NCKK curriculum was broad and illustrated the link between HIV/AIDS and reproductive health in a more detailed manner. It also discussed infection and prevention of HIV/AIDS not just in relation to sex, but also as it relates to delivery,

prenatal and postnatal care, contraceptives and abortion. Cultural practices related to refugee populations such as FGM were also discussed in the context of HIV/AIDS (NCCK, undated). In the MoE curriculum, this content was discussed in a less detailed manner and left to the teacher to clarify. Research that analyses the link between the NCCK HIV/AIDS education curriculum and the MoE curriculum and how the two were implemented in refugee schools was lacking. Notably, the first large scale research that focused on matters of HIV/AIDS prevalence and awareness among refugee camps in Kenya was carried out in the year 2004 by UNHCR and Great Lakes Initiative on AIDS (GLIA). The study mainly focused on the general refugee population in a quantitative way without going into qualitative details of school-based HIV/AIDS education. As a result, there was an apparent knowledge gap related to curriculum and policy response of school-based HIV/AIDS education in refugee camp schools.

LIMITATIONS OF THE STUDY

The study was successfully completed despite the fact that some limitations were experienced. There were difficulties in finding parents to participate in the study. At KRC, there were cases of Sudanese parents having been repatriated back to Sudan in early 2008, leaving their children to continue with schooling at KRC schools which were comparatively well developed than those in Southern Sudan. In the surrounding host community, male parents were often absent from their homes because they were either out in the field tending to their animals or participating in other social and economic activities. Consequently, more female than male parents from the host community were available hence were selected.

Some female teachers and pupils from the Somali community were shy and often kept quiet or covered their faces during Focus Group Discussions (FGDs). This called for a lot of patience on the part of the author who had to apply a variety of tactics such as playing games with girls and walking around school compounds with teachers so as to establish rapport with these groups to enable them feel free to discuss matters of HIV/AIDS education, sexuality and gender.

The greatest challenge encountered was that of gaining research access to KRC within a pre-scheduled timeframe. The KRC is a UNHCR protected area, which requires the researcher to go through lengthy process of seeking clearance from various authorities including the Ministry of Education, Department of Refugee Affairs, UNHCR and LWF among others. Requirements for clearance by some of these authorities included the author's health insurance, attachment to a hosting NGO

working at KRC as well as the Ministry of Education permit. The issue of personal security, for 'an outsider' in refugee camps, is a matter of great concern for UNHCR, hence the reason they control entry. These challenges among others contribute to reasons Kenyan researchers avoid conducting research in refugee camps.

MATERIALS AND METHODS

The study adopted a case study design, which was implemented within the qualitative research paradigm. The case study was appropriate in establishing a broad and in-depth understanding of how a number of factors influenced HIV/AIDS education at primary schools within and around KRC. Kakuma Refugee Camp is located in the Kakuma administrative division of Turkana South, which by the year 2008 formed part of the larger Turkana district. The latter has since been divided into North and South Turkana districts of Turkana County, Kenya. The larger Turkana District is one of the remotest semi-arid parts of the Rift Valley Province of Kenya. KRC is administratively divided into three sub-camps: Kakuma 1, Kakuma 2 and Kakuma 3. Each sub-camp is divided into 6 zones/phases, which are further divided into blocks made up of households (UNHCR, 2006).

According to Mburu (2002), there were 23 primary schools, 3 secondary schools and 5 pre-schools in KRC. However, the number of schools and pupils decreased after the repatriation of Sudanese refugees in early 2008. By February 2008, during data collection, KRC had only 10 primary schools with a total enrolment of 10,302 pupils; 6,761 were male and 3,541 were female. The Sudanese, who formed the majority, comprised 76% of the primary school pupils' population, followed by the Somalis with 17%.

Stratified random sampling and purposive sampling were employed in the selection of the primary schools which participated in this study. Stratified random sampling in the study involved dividing the population into homogeneous sub-groups and then taking a simple random sample in each sub-group (Kombo & Tromp, 2006). A total of 9 of the 10 KRC schools were categorised by the sex composition of the pupil population, namely same-sex versus co-educational schools. The 10th KRC school was left out because it had been used for purposes of piloting the study. This resulted in 3 categories of KRC schools, namely 1 girls' school, 1 boys' school and 7 co-educational schools. Since there was only 1 girls' school and 1 boys' school at KRC, the 2 automatically qualified to participate in the study. In the third category comprising 7 co-educational schools, the name of each school was written on a piece of paper, which was then folded and placed in a lottery bowl. The bowl was shaken and only 1 school

was randomly picked. Hence, the KRC school sample consisted of 3 schools; 1 girls', 1 boys' and 1 co-educational school. The host community schools were all co-educational. Purposive sampling was used to select 3 schools in this category. In purposive sampling, a subject or element is selected because it is considered either a typical or outstanding example of the variables with which the research is concerned (Peil, 1995).

The 3 host community schools chosen were selected based on religion. The first school was purely Islamic, the second was Catholic while the third was Protestant. The Islamic school mainly consisted of pupils from the Somali community residing at KRC and the surrounding host community. The 2 host community schools with Christian backgrounds mainly consisted of Turkanas from the local community and refugees of Sudanese nationality. While the pupil population of the HC Islamic school was mainly Muslim, the Catholic and Protestant schools' population was mainly Christian from mixed denominations that did not necessarily reflect the religious background of the school. All the 3 host community schools were co-educational and were given pseudonyms just like the KRC schools. The inclusion of the surrounding host community schools in the study helped provide insights on links between the HIV/AIDS education program at KRC schools and the schools in the host community.

All Standard 7 pupils from each of the 6 schools sampled were purposively selected, yielding a total of 516 pupils (356 boys and 160 girls) who participated in drawing. Of this total, there were 300 Sudanese, 91 Kenyans, 77 Somalis, 21 Ethiopians, 11 Congolese, 6 Ugandans, 5 Rwandese, 3 Burundians and 2 Eritreans. A total of 16 Standard 7 pupils (8 boys and 8 girls) were selected from each co-educational school to participate in the FGDs. Similarly, 8 Standard 7 pupils were selected from each of the girls' and boys' schools for the same purpose. Teachers were purposively selected for FGDs in order to include all nationalities represented, as well as all subjects, since HIV/AIDS education had been infused and integrated across the curriculum. The NCKK HIV/AIDS and reproductive health education teachers were also included in the sample. As a result, a total of 48 teachers were selected. Out of this number, 39 were male and 9 were female. All 6 head teachers (all male) of the participating schools took part in this study. Being in leadership positions, head teachers were expected to offer insights, through interviews, about what happened in their schools each day in relation to HIV/AIDS education. They were also in a position to explain some of the cultural and religious factors that were 'external' to the school, but influenced the teaching and learning of HIV/AIDS education in relation to gender.

Community members who were also parents in participating primary schools were purposively selected to take part in this study, regardless of whether their sons and daughters had been selected in the sample or not. The head teachers assisted in the selection of parents who showed an interest in school activities. The initial plan was to select 8 male and 8 female community members from the different communities represented in each school, so as to give a total of 96 parents. However, only 39 parents, 23 of whom were male and 16 female managed to participate in this study through FGDs. A total of 4 male religious leaders, 1 Catholic, 1 Protestant and 2 Muslims, were purposively selected for interview purposes. In the same way, 2 female religious leaders, 1 catholic and 1 protestant were selected, giving a total of 6 religious leaders who participated in this study. Notably, there was no female Islamic religious leader within and around KRC to participate in this study. Only those religious leaders who worked closely with primary school pupils and other community members on matters of HIV/AIDS education at KRC and the host community were selected.

NGO staff were purposively selected for interview purposes. The sample composed of 1 female NCKK officer who was in the leadership position. The NCKK was explicitly and practically involved in HIV/AIDS and Reproductive Health education in schools and communities within and around KRC. One male officer was also selected from International Rescue Committee (IRC), the organization that coordinated all health related matters, including issues of HIV/AIDS on behalf of UNHCR within KRC. The selected officers gave information on the activities of their organization related to HIV/AIDS education.

In total, 617 individuals, comprising 422 males and 195 females, were involved in this study. Of this total, there were 330 Sudanese, 130 Kenyans, 85 Somalis, 33 Ethiopians, 17 Congolese, 8 Ugandans, 8 Rwandese, 4 Burundians and 2 Eritreans. Hence, the majority of respondents, a total of 487 out of 617, were refugees, and only 130 were Kenyans from KRC and the host community. Similarly, 516 out of 617 were primary school pupils comprising 356 boys and 160 girls. The sample consisted of more boys than girls because the KRC and HC school populations were male-dominated.

The study utilized qualitative methods of data collection. These included observation, semi-structured interviews, drawings, documentary analysis and FGDs. The use of the various methods of data collection allowed for triangulation for validation of information. They also helped to provide comprehensive in-depth information about the respondents' experiences and perceptions of the

interactive nature and influence of gender, culture and religion on HIV/AIDS education. Cassel and Symon (1994) argue that triangulation of data by use of a multi-method approach is essential to answering many important questions involving complex processes engaging a number of actors.

Since data collected from the study were largely qualitative, they required qualitative analysis. The actual data analysis was an ongoing process throughout the study culminating in deeper analysis after fieldwork. The author carried out preliminary analysis during the pilot phase and fieldwork.

According to Miles and Huberman (1994), qualitative data analysis is complex and does not always form a distinct stage in the research process. This allows analysis to guide data collection and also enables the researcher to control the processes involved in data collection. Chege (2001) underscores the value of ongoing analysis, arguing that the procedure enhances efficiency and flexibility in pursuing emergent and relevant information in the process of research. It additionally allows for adjustment and modification of research instruments and the style of approach to fieldwork.

Voice-recordings of interviews and FGDs were transcribed to generate text data. The transcribed data were then coded manually using a coding frame prepared by use of the various themes that had already been identified. After coding the transcribed data, reflections and remarks from participants were recorded as well as actions, potentials and barriers, as described by Miles and Huberman (1994) and Bernard (2000). Data was sorted and sifted through to identify differences and similarities between themes. Further, identification and isolation of data patterns was done to establish commonalities and differences. This enabled elaboration on findings and their discussion based on the existing body of knowledge. Analysis yielded emerging themes pegged onto the initial study themes.

RESULTS AND DISCUSSION

While it is clear that UNHCR has laid down restrictions on the interaction between refugees and the local community, refugees at KRC interacted considerably with members of the host community (UNHCR, 2006). This study felt it was impossible to control movement of refugees, in their tens of thousands, in and out of KRC. The camp is a vast area of around 25square kilometres without walls around it, making refugee interaction with locals inevitable. In this context, it is believed among the local authorities and teachers that an unknown number of refugee children from KRC were enrolled in the host community (HC) schools. Some of the respondents commented thus:

We have so many refugee children from the camp schooling here. In fact our pupil population is made up of more refugees than locals. Say around 90% are refugees (Mr. Walunywa, HC Prudence Muslim Academy).

Quite a number of refugees come to this school, although their numbers have significantly reduced due to the recent repatriation of Sudanese refugees where we had some of our pupils going back to their country. Of course others remained and they even stay here in school (Headteacher- HC Charity co-educational school).

The researcher established that the percentages of refugee pupils varied with schools in the host community from less than 10% to more than 90% due to diverse reasons. For instance, some refugee parents felt that the religious needs of their children would be recognized better in schools with religious affiliations such as the HC Prudence Muslim Academy where pupils got both secular and religious education. In addition, some parents believed that host community schools offered better quality education than KRC schools. Earlier studies exemplified by Aukot (2003) argue that some refugees enrol their children in host community schools due to the belief that education standards are better outside the camp, a view that has been proven wrong by this study as far as HIV/AIDS education is considered. Notably, the UNHCR was also opening up opportunities for children from the host community to learn at the KRC schools. As such, approximately 10% of the pupil population in KRC schools were locals.

This study established that while both KRC and HC schools followed the Kenya MoE curriculum that integrated HIV/AIDS education in all the subjects, KRC schools had an additional HIV/AIDS and reproductive health curriculum developed and supported by NCKK. Documentary analysis revealed that the NCKK curriculum, which was taught by specifically trained educators allocated to the various schools, was broad. It illustrated the link between HIV/AIDS and reproductive health in a more detailed manner. It also discussed infection and prevention of HIV/AIDS not just in relation to sex, but also as it relates to delivery, prenatal and postnatal care, contraception and abortion. Cultural practices related to refugee populations such as FGM were also discussed in the context of HIV/AIDS (NCKK, undated). Some of this important content was not discussed in the MoE curriculum, which the host community schools entirely relied on hence making them disadvantaged as compared to their KRC

counterparts. Clearly, HIV/AIDS education was relatively more vibrant at the KRC than the HC schools, not only due to the extra curriculum from NCKK, but also as a result of the strong NGO support and the multi-organizational approach that the KRC schools had adopted. Kakuma News Reflector (Kanere, 2008) identified a number of organizations that not only focus on humanitarian aid and governance in KRC but also provide their own share of contribution in the fight against HIV through supporting HIV/AIDS education programmes both directly and indirectly. These organizations included UNHCR, World Food Programme (WFP), International Organization for Migration (IOM), Lutheran World Federation (LWF), International Rescue Committee (IRC), Jesuit Refugee Services (JRS), National Council of Churches of Kenya (NCKK), Windle Trust Kenya (WTK), Film Aid International and Salesians of Don Bosco Kenya among others. This is arguably a strong team that, if well coordinated, can easily turn the HIV tide through the school community couple.

In some cases, certain seemingly obvious information regarding the nature and effects of HIV/AIDS remained unclear to the HC schools' boys and girls. However, the HC pupils who clearly lacked sufficient information on HIV/AIDS were found to freely and actively raise questions. These questions were effectively discussed by other pupils in the classrooms as well as in FGDs. At the HC Joy Co-educational School, one of the girls asked the following question:

Now that we are told the condom is not a hundred per cent effective, will it be wise for someone to use two or more condoms concurrently to get better protection against HIV? (Phanice, Girls' FGD, HC Joy Co-educational School).

The above question was openly discussed by other girls in the same FGD. A different girl from the HC Charity Co-educational School sought to understand from her Kiswahili teacher why her (girls') parents who 'slept together' (had sex) everyday had never been infected by HIV, when sexual intercourse was said to be the major cause of the condition. A similar case was observed in a science lesson at the HC Prudence Muslim Academy, where a Muslim Somali boy sought to understand whether polythene bags could be safely used to replace condoms. The teachers, who happened to be male in both cases, reacted to the questions confidently and provided correct answers regarding the role of HIV in transmitting infection and the inappropriateness of polythene bags, respectively.

Additionally, it was noted that unlike the KRC girls, who seemed to understand myths and misconceptions related to AIDS, some HC girls demonstrated little

understanding in this area of HIV/AIDS education. In a classroom observation at the HC Charity Co-educational School, an apparently confident Turkana girl explained how a combination of donkey and dog meat could be prepared and the soup used as a cure for AIDS. Whereas 30% of the pupils in the classroom raised their hands to support the argument, some 40% believed that even though the soup could not cure AIDS, it could work in some way as an ART.

At the HC Prudence Muslim Academy, Kenyan Christian teachers expressed concern that the level of HIV/AIDS awareness was very low due to administrative restrictions on discussions of matters of sexuality. Mr. Wanyonyi, a Protestant Kenyan teacher, expressed his views thus:

Recently we had a topic in Class 7 about HIV/AIDS and I knew that issues of sexuality and HIV/AIDS are not supposed to be discussed openly in a Muslim school. However, I tried to approach the lesson in a different way by asking some questions so as to arouse their interest. I discovered that the pupils did not know much. They even told me that you can contract HIV by shaking somebody's hand (Teacher FGD, HC Prudence Muslim Academy).

From the arguments presented above, one could reasonably argue that pupils in KRC schools were more advantaged education-wise than their counterparts in HC schools. Consequently, the HIV/AIDS awareness among male and female pupils at the KRC schools was comparatively higher than what was observed at HC schools. UNHCR/GLIA (2004) had also revealed good levels of HIV awareness among the general refugee population at KRC outside the school setting.

Despite the differences in levels of AIDS awareness between pupils at the KRC schools and their counterparts at the HC schools, both groups of pupils expressed a strong belief that they had a responsibility to create AIDS awareness among community members. This indicated that pupils at both KRC and HC schools were gaining a positive attitude towards HIV/AIDS education.

Different stakeholders ranging from community members, teachers, pupils, NGO staff and religious organizations jointly and singly played a role in the fight against HIV/AIDS through education at KRC schools. Some of the HC head teachers described the teaching capacity for HIV/AIDS education in their schools as comparably inadequate. The following interview excerpts help concretise this perception:

Ok, the schools at the refugee camp teach the same curriculum as we do, that is the Ministry of Education curriculum, where we do infusion and integration of HIV/AIDS. However, we cannot be compared to them because they have gone a step higher. They have all the experts in HIV/AIDS education working there and they even teach it as a subject on its own through NCKK. They also have regular video shows from FilmAid International and so many other advantages that we do not have (Head teacher, HC Charity Co-educational School).

You cannot compare HIV/AIDS education at Kakuma Refugee Camp with what happens here. That is where they have all the resources in terms of experts on matters of HIV/AIDS, Information and Communication material like T-Shirts and Billboards, I hope you have seen some of them, and they are doing very well in regard to HIV/AIDS awareness. Here we are only trying but we do not have even the financial capacity to reach those standards (Head teacher, HC Joy Co-educational School).

Even with the expressed differences in the levels of AIDS awareness between the KRC and HC schools, it was observed that organizations working at KRC were beginning to make efforts to extend some of their HIV/AIDS programmes to the HC schools thus, becoming more inclusive in their educational strategies. At the HC Charity Co-educational School, pupils and teachers confirmed that they received video shows and films from FilmAid International at least twice a month. They added that the video shows had created a notable impact in the war against HIV/AIDS through increasing the level of AIDS awareness among pupils. At the HC's Prudence Muslim Academy where video services were not extended, teachers and pupils were quick to point out that they benefited from the video and films within the community around the camp.

The availability of IEC materials facilitated by NCKK and LWF for the KRC schools and community tended to spill over to the host community and its schools. For example, it was revealed thus:

Most of these billboards you see around here on AIDS have been drawn by pupils themselves. Boys are particularly very good at that because you know, they are talented in

drawing. In fact, last year we had very good Sudanese boys who could draw very excellent pictures for billboards but most of them have now been repatriated back to Sudan (Headteacher, KRC Liberty Boys School).

Sometimes we use our own pupils at KRC to draw for billboards. What we do is that we come up with a theme on which drawings should be made and we hold drawing competitions. Some of the best drawings are then put on billboards (Female NCKK Officer).

Observation data showed that some of the billboards prepared by the KRC pupils under the leadership of NCKK and LWF were not only displayed within KRC, but also in the host community where all community members including pupils could see them. Also possessed by the HC pupils, teachers and parents were the NCKK T-shirts and caps bearing messages on HIV/AIDS. A parent was quoted saying:

The billboard you saw at the corner over there (pointing towards the direction) was put by NGO officers from the camp. Sometimes those ladies from NCKK also walk around the community and discuss with us a lot of things regarding HIV and AIDS. Then sometimes they leave us with T-Shirts with those messages. So we can say that we actually benefit from the camp when it comes to learning things to do with AIDS (Mr. Epur-Turkana Parent, HC Prudence Muslim Academy).

Another useful link noted between the HIV/AIDS education programmes at the KRC and HC schools dealt with the teaching staff. Ever since the government of Kenya froze the employment of fresh graduates from TTCs and universities in the late 1990s, some of the trained teachers were getting jobs at the KRC primary schools as they awaited the government's employment. Notably, the teachers later on kept leaving KRC schools as they took up government appointments in the HC schools. In this connection, the study findings noted that many of the teachers at the HC schools had at one point taught at KRC primary schools. According to the teachers, having worked at KRC schools had benefited them in the area of HIV/AIDS education. They claimed to be able to apply the same knowledge and skills in teaching the subject of HIV/AIDS education at the HC schools. Some of the teachers commented thus:

Most of the songs and dances we use in teaching HIV/AIDS education here, we learnt them while teaching at the KRC

schools. Like for myself, I taught at a KRC school for two years before getting the TSC appointment to teach in this school (Mr. Njoroge, HC Joy Co-educational School).

You know some of us in this school taught at schools within the camp before coming here. That gave us a chance to learn quite a lot of things from their HIV/AIDS education programmes, which we are now applying in our teaching here (Mr. Oloo, HC Charity Co-educational School).

In view of the comments above, the high rate of turnover in the teaching staff that was seen as a disadvantage to KRC schools was in the real sense benefiting the HIV/AIDS education programme at the HC schools.

CONCLUSION

Although high HIV/AIDS education teacher turnover rates at KRC schools seemed a disadvantage to the camp, the teachers who left the camp for repatriation, resettlement and government jobs at the HC could contribute a lot in fighting HIV/AIDS both locally and globally using the knowledge and skills they acquired while working at KRC. The situation provided an opportunity for the work of the NGOs at KRC in HIV/AIDS education to make a global impact in the fight against HIV/AIDS.

Lastly, refugee pupils who left KRC to seek admission at the HC schools may have lost considerably in terms of HIV/AIDS education. This is because the HIV/AIDS education programme at the KRC schools was much more vibrant than that at HC schools due to the strong NGO support at the camp.

RECOMMENDATIONS

From the study findings, it was recommended that organizations working with refugees should extend more HIV/AIDS Education services to the host community schools which are more disadvantaged in HIV/AIDS education. This could be done through training of teachers in HIV/AIDS education and provision of IEC material. Economic empowerment of the host community members could also help reduce sex for money and food, hence reduce cases of new HIV infection.

The government of Kenya should also consider regular workshops for teachers in host community schools so as to bring them at the same level with their counterparts at the refugee camp. On the other hand, refugee pupils interested in gaining good quality HIV/AIDS education should be advised to remain at the camp schools rather than transfer to host community schools.

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