

Effects of External Circumstances on the Implementation of the Education Sector Policy on HIV and AIDS in Public Secondary Schools in Kajiado County

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Abstract

The effectiveness of an organization is reflected in its ability to not only formulate policy but also execute such policies. The Ministry of Education Science and Technology (MoEST) developed the Education Sector Policy on HIV and AIDS in 2004 and tasked school managers amongst other stakeholders with implementation. Care and support of learners made vulnerable by HIV and AIDS in academic institutions has been advanced by the government following realization that there is need to ensure that their academic journeys are not interrupted. This study investigated the effects of external circumstances on the implementation of the Education Sector Policy on HIV and AIDS and on provision of care and support to orphaned and vulnerable learners (OVLs). The study was carried out in Kajiado County. The study employed descriptive research design. The study targeted public secondary schools in the County. Simple random sampling was used to sample twenty four schools across the five sub counties of Kajiado County. Purposive sampling was used thereafter to select head teachers, deputy head teachers, class teachers and guidance and counselling teachers in the sampled schools and who were the respondents in this study. To collect data, questionnaires and interviews were used. Descriptive statistics was used to analyze data. The study findings indicated that external circumstances influence implementation of the Education Sector Policy on HIV and AIDS and on provision of care and support to OVLs. The study recommended that there was need to facilitate further training of respondents in counselling and on HIV and AIDS in schools. The study further recommended that school managers rally the support of local authorities in implementation of the policy and that teachers be given incentives to attract them to willingly participate in HIV and AIDS related programs and activities in schools.

Key Words: *HIV and AIDS, Education Sector Policy, Secondary Schools*

INTRODUCTION

The first AIDS case was identified in Kenya in 1984 (Forsythe, Rau, and Aoko, 1996). On 25th November 1999, the then president, Moi declared AIDS a national disaster. On the same day, he ordered the immediate setting up of the National AIDS Control Council (NACC) to coordinate the fight against the disease. The Government of Kenya first established a National AIDS Control Council (NACC) in 1999, and has a National Strategic Framework for HIV/AIDS for 2005-2010 (World Bank, 2011).

In 2000, the World Education Forum was held in Dakar Senegal. The International Education Community, of which Kenya is part, adopted the Dakar Framework for Action for Education For All (EFA). It was however evident that attaining EFA goals would be threatened by HIV and AIDS hence the forum also drew attention to the need to combat HIV and AIDS. The United Nations General Assembly Special Session on HIV and AIDS (UNGASS) was held in 2001. A Declaration of commitment called on governments to develop by 2004 and implement by 2005, national policies and strategies to provide a supportive environment for orphans and children affected and infected by HIV and AIDS. In Kenya, the ministry of Education responded by formulating the Education Sector Policy on HIV and AIDS. This policy prepares learning institutions on the impact of HIV and AIDS as teachers, learners, non-academic staff and parents are infected or affected. It provides an agreed framework on which action is based. It confirms the rights, roles and responsibilities of all those involved in the education sector and gives guidelines on how HIV and AIDS need to be handled in schools. Institutions managers are on their part expected to demonstrate their commitment to fighting HIV and AIDS and mitigate its impact on the education sector. In support, the Sessional Paper No. 1 of 2005 being operationalized through the Kenya Education Sector Support Programme (KESSP) prioritized implementation of this policy (RoK, 2005). At the secondary school level, it is the responsibility of the school management to ensure that this policy is implemented through the school curriculum (RoK, 2004).

Gunn (1978, in Hunter, 2002) identified 10 reasons why implementation is so difficult. He argues that the

circumstances external to the implementing agency may impose crippling constraints. Adequate time and sufficient resources may also not be made available to the program or policy or the required combination of resources might not be available. Concurrently the policy to be implemented may not be based on a valid theory of cause and effect or the relationship between cause and effect may be indirect with multiple intervening links. Multiple dependency relationships could also complicate implementation. At the same time poor understanding of, and disagreement on, objectives or tasks not being fully specified in correct sequence, imperfect communication and co-ordination may leave those in authority unable to demand or obtain perfect or total compliance.

The national HIV estimates from the National AIDS Control Council put the number of AIDS orphans at 2.4 million by 2006 (NACC, 2005). Saoko, Mutemi, and Blair (1996) established that only 5% of AIDS orphans complete form four. Applied to the over 2.4 million orphans in Kenya, this translates to a significant number, which is a cause for great concern. The implication is that a great majority will be uneducated, poor, un-socialized and in some cases, homeless. Policy responses can however mitigate the impact of HIV and AIDS on OVLs. According to UNICEF, response to the OVC crisis is increasing but lacks the necessary urgency and remains unfocussed and limited in scope (UNICEF, 2004). The problem then arises as to whether Kenyan secondary schools are implementing the Education Sector Policy on HIV and AIDS and in providing care and support to OVLs.

Though Gunn (1978, in Hunter, 2002) identified ten challenges and barriers that impose constraints to policy implementation, this study investigated the challenge posed by circumstances external to the implementing agency. The study investigated the effects of external circumstances on the implementation of the Education Sector Policy on HIV and AIDS particularly in providing care and support to OVLs in Secondary schools in Kajiado County.

MATERIALS AND METHODS

This is a descriptive survey. Descriptive research describes characteristics of a particular individual or group (Kothari, 2004). The study employed ex post facto approach. This is a systematic empirical enquiry in which the researcher does not have direct control of independent variables because their manifestations have already occurred (Kerlinger, 1983). This study was carried out in Kajiado County of the Rift Valley region, Kenya. The study targeted public secondary schools in the county. Simple random sampling was used to select twenty four public secondary schools across the five sub counties of Kajiado County. Purposive sampling was used thereafter to select head teachers, deputy head teachers, class teachers and guidance and counselling teachers in those schools and who were the respondents in the study. Self-administered questionnaires and an interview schedule were used to collect data. The questionnaire was designed for the head teachers, deputy head teachers, class teachers and guidance and counselling teachers. An interview schedule was developed for head teachers. The total sample size of this study was ninety six respondents ($24 \times 4 = 96$ respondents).

The questionnaires and interviews were used to collect data to establish the effects of external circumstances on the implementation of the Education Sector Policy on HIV and AIDS particularly in provision of care and support to OVLs. The researcher developed both the questionnaire and interview schedule. The researcher personally visited the schools and administered the questionnaires. The face to face interviews with the head teachers provided clarification and in depth understanding of the issues addressed.

RESULTS AND FINDINGS

Descriptive statistics was used to analyze data. Percentages and means were determined. Gunn (1978, in Hunter 2002) Identified circumstances external to the implementing agency as a crippling challenge to policy implementation. The main components of external circumstances include social, cultural, legal and economic conditions that affect the implementation of policy. According to Economist Intelligence Unit (2010) the effectiveness of an organization is not only reflected in its ability to formulate policy, but also in its ability to execute such policies effectively. However there are circumstances outside the control of the implementing agency that may hinder successful implementation. Chillag et al. (2002) illustrate that, socio-cultural, and individual client factors both facilitate and act as barriers to delivery of HIV prevention services.

A major characteristic of external circumstances are values and beliefs about sexuality. Learners at the secondary school level are at the adolescent stage and consequently, the most vulnerable in relation to sex and consequently to HIV. The policy requires that all learning institutions address HIV and AIDS through education by developing skills and values, and changing attitudes to promote positive behaviour that combat the scourge. Respondents were asked if they felt comfortable when discussing sex and sexual relationships. Findings indicated that 84.3% of them were not comfortable openly discussing matters of sex and sexual relationships with learners. Previous studies support this finding that adolescents are more comfortable discussing matters of sex and sexuality with peers than with adults. Adolescents are more likely to discuss openly sexual practices with their peers than with adults whom they regard as authority figures (Visser, Schoeman, & Perold 2004). Adolescents share their knowledge and experiences in a language understandable to young people because they share a common reality of teenage sexuality and are more likely to change their behaviour if they observe liked and trusted peers changing their behaviour (Daiute & Fine, 2003).

The study further sought to establish the factors that cause constraints in discussion of sex and sexual relationships. Findings indicated that 44.9% felt that age constrained to very large extent, 37.1% to a large extent. Therefore a majority (82%) felt that age did cause a constraint in discussion of sex and sexual relationships. The study further revealed that 71.9% of the respondents agreed that gender differences caused constraint to some extent, and 53.9% felt that gender similarities constrained to some extent. However, 43.8% stated that gender similarities caused constraint to a large extent. The study also revealed that 69.7% agreed that religion caused constraint to a large extent. However, 58.4% felt that parental status did not cause any constraint while 52.8% supported that social status caused constraint to little extent with 47.2% to no extent. According to Nduati and Kiai (1996) due to the myriad religious and cultural differences in Kenya, the curricula ought to be well thought out and sensitive to the passionate feelings of various religious groups in the teaching of sex and sexuality in schools.

Other than values and beliefs about sexuality, perceptions of risk of HIV and social and cultural restraints in discussing HIV and AIDS and stigmatization are other major characteristics of external circumstances as a challenge to policy implementation. The study sought to establish the inhibitors to provision of HIV and AIDS education and provision of care and support of OVLs in public secondary schools in Kenya.

The analysis indicated that majority of the respondents were in agreement that negative attitudes of the teachers was an inhibitor in provision of HIV and AIDS education and in provision of care and support of OVLs (mean 2.3); implying that majority of the respondents coalesced around the same response without differing to a great extent across all the 89 respondents. This implied that negative attitudes contributed to poor provision of HIV and AIDS education and to provision of care and support of OVLs in the county. Further analysis indicated that attitudes about drug users and marginalized groups (mean ~2.5), stigmatization (mean ~2.5) and negative cultural practices (mean ~2.4), respectively were also inhibitors in provision of HIV and AIDS education and in provision of care and support of OVLs. In addition and, secretiveness about sexuality (mean ~2.3) and poor social networks (mean ~2.45) respectively were cited as some of the inhibitors of provision of education on HIV and AIDS education and in provision of care and support of OVLs in Kajiado County. However, majority of the respondents agreed that legal issues pertaining to confidentiality did not hinder provision of HIV and AIDS education and provision of care and support of OVLs (mean ~4.4). According to Gordon and Turner (2003) policy is not made for policy's sake. Policies need to be disseminated, implemented and enforced. This depends, ultimately, on whether the policies are understood by, are of practical value, and are made accessible to those that can implement them. Different individuals or groups implement policies differently, depending on how they engage with their practice, what they regard as important and meaningful, and what ideas and values shape their actions and judgments. In schools, for instance, teachers' perceptions of the constraints of the context in which they operate could impact on how they put policy into practice. Johnson, Vergnani, and Chopra (2002) identified cultural issues as one of the factors that hamper the implementation of programs. Boler, Ibrahim, Adoss, and Shaw (2003) also identified social and cultural restraints in discussing HIV and AIDS as a major constraint. They claim that attempts to deliver HIV and AIDS education in schools are severely constrained by a wider crisis in education, and more specifically by social and cultural restraints in discussing HIV and AIDS, sexual relations and power inequalities.

In addition to values and beliefs, perceptions of risk to HIV and AIDS, social and cultural restraints to discussing HIV and AIDS and stigmatization is the attitude of authority figures including local

authorities. This study used District Education Boards (DEB) as local authorities. Results indicated that 52.8% of the respondents agreed that local authorities imposed constraints in the teaching of HIV and AIDS to a very little extent. This implied that local authorities did not have much negative influence on teaching of HIV and AIDS in the schools. Glatter and Kydd (2003) observed that practice occurs at many levels within educational organizations. It occurs at individual, group and organizational levels; beyond them at district and national education ministry level. These _macro_ and _micro_ levels are increasingly intertwined and the provision experienced by learners is the result of a complex mix of policy, leadership and management activity at all the levels. The frequent tendency is to see policy in a top down way where the government makes it and its bureaucracies implement it. This kind of model assumes that once policy is made by the government, it is adopted as it is and implemented by those it is made for. Fulcher (1989) however differs with this perception of what policy is and says that policy is made at different levels, with the various players adjusting or reformulating it to suit their individual needs. According to UNAIDS & UNICEF (2004) local leaders including traditional and religious leaders, administrators, women groups, prominent citizens, teachers and others need to be sensitized on the impact of HIV and AIDS and to the circumstances of OVC.

The study further sought to determine the extent to which local authorities imposed constraints to HIV and AIDS. Results analysis showed that 53.9% agreed that local authorities' influenced teaching of contraceptives use to a large extent while 46.1% agreed that it influenced to very large extent. Therefore all the respondents agreed that local authorities imposed constrain in the teaching of contraceptive use. Also 57.3% agreed that they influence contraceptive distribution to large extent while 42.7% agreed that they influence to very large extent. Therefore all the respondents agreed that local authorities imposed constrain in contraceptive distribution. However, 53.9% agreed that local authorities influenced provision of care and support of orphaned and vulnerable learners to little extent. There is a growing gap between HIV and AIDS planning and resources that exist at the national level, and the human resources and capacity available at the local government and community levels. For example the findings drawn from the responses of the key stakeholders at a data-gathering workshop in Kenya revealed that consultations about policy formulation and implementation had only been held at National, provincial and district levels rather than at grassroots levels, leading to a lack of ownership and support by the ultimate implementers and beneficiaries of the policy (Ndambuki, Maccrutton, Rider, Gichuru, & Wildish, 2006). By using the ACU structure, the process had excluded other structures and departments who are key to the formulation, dissemination, interpretation and implementation of the HIV and AIDS policy.

DISCUSSION AND FINDINGS

Results revealed that majority of the respondents were not comfortable discussing matters of sex and sexuality in schools. The reasons why they did not discuss sex and sexuality were because of their age and gender differences. Religion too did impose constraints in discussing sex and sexuality between teachers and learners. However, parental status and social status did not impose any constraints. The results also showed that the factors hindering implementation of provision of HIV and AIDS education and provision of care and support to OVLs were negative attitudes from teachers in discussing sex and sexuality, negative attitudes about drugs and marginalized groups, stigmatization, negative cultural practices in the society, secretiveness about sexuality and poor social networks. It was also found that the local authorities' influenced teaching of contraceptives use and distribution but did not influence the provision of care and support of OVLs in the County. Therefore, circumstances external to schools hindered successful implementation of policy. These findings are in agreement with Gunn (1978, in Hunter, 2002) who argues that circumstances external to the implementing agency could cause crippling constraints to implementation. These circumstances include social, cultural, legal and economic circumstances. In the same vein, Chillag et al. (2002) posit that socio- cultural factors both facilitate and act as barriers to delivery of HIV preventive services. In agreement, Steinbech (2009) notes that socio-economic conditions cannot be ignored policy implementation

CONCLUSION

In conclusion external circumstances affect implementation of the Education Sector Policy on HIV and AIDS. Teachers are not comfortable discussing matters of sex and sexuality because of issues like age and gender differences and religion. Factors inhibiting implementation include negative attitudes from teachers on sex and sexuality, negative attitudes about drugs and marginalized groups, stigmatization,

negative cultural practices, secretiveness about sexuality and poor social networks. In addition, local authorities' influence teaching of contraceptives and their use.

RECOMMENDATIONS

The results indicate that the respondents were not willing to discuss sex and sexuality openly, this calls for the schools to devise methods of lessening the tension of the subject by introducing media such as watching films, plays and drama or even debates that seek to break the constrain posed by culture, religion, secretiveness, social networks, stigmatization, marginalization or any other society norms to facilitate forums of interaction. The school managers should seek to change the teachers' attitude by facilitating further training in counselling and on HIV and AIDS. Incentives too need to be provided for teachers to willingly participate in HIV and AIDS related programs and activities. School managers should also rally to win the support of local authority on the implementation of the education policy on HIV and AIDS.

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BIO-DATA

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