United Nations
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mitigating the impact

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Research papers IIEP

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List of abbreviations

AAU	Association of African Universities
ADEA	Association for the Development of Education in Africa
AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
ACU	AIDS control unit
BoG	Board of Governors
CBO	Community-based organization
CDF	Constituency Development Fund
CfBT	Centre for British Teachers
CHE	Commission for Higher Education
CIDA	Canadian International Development Agency
DEMIS	District educational management information system
DFID	Department for International Development
ECDE	Early Childhood Development Education
EFA	Education for All
EMIS	Educational management information system
FBO	Faith-based organization
FGD	Focus group discussion
G&C	Guidance and counselling
HASP	Highridge HIV and AIDS Sensitization Programme
HIV	Human immunodeficiency virus
ICT	Information and communication technology
IEC	Information, education and communication
IIEP	International Institute for Educational Planning
KCSE	Kenya Certificate of Secondary Education
KENEPOTE	Kenya National Association of Positive Teachers
KESSP	Kenya Education Sector Support Programme
KIE	Kenya Institute of Education
KNEC	Kenya National Examinations Council
KNUT	Kenya National Union of Teachers
KUPPET	Kenya Union of Post-Primary Teachers
MDG	Millennium Development Goals
MoE	Ministry of Education
NACC	National AIDS Control Council
NASCOP	National AIDS and STDs Control Programme
NARC	National Rainbow Coalition
NGO	Non-governmental organization

PEFA	Pentecostal Evangelism for Africa
PLWH	People living with HIV
PASBH	Primary School Action for Better Health
RAPP	Rural AIDS Prevention Programme
STD	Sexually transmitted disease
SUPKEM	Supreme Council of Kenya Muslims
TIVET	Technical Institutes for Vocational and Education Training
ToR	Terms of reference
ToT	Training of trainers
TSC	Teachers Service Commission
TTC	Teacher training college
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children Fund
UPE	Universal primary education
VCT	Voluntary counselling and testing
WGHE	Working Group on Higher Education

Executive summary

Objectives of the study

The aim of this study is to document the ways in which primary teacher training colleges respond to the impact of HIV and AIDS and organize their responses to the epidemic. Specifically, the study attempts to identify the impact of HIV and AIDS on staff and trainees in the selected teacher training colleges; identify the existence of institutional policies, structures, action plans, programmes and strategies for addressing HIV and AIDS within the colleges; examine the extent to which these strategies are implemented and the obstacles encountered; document the role of different types of management and institutional leadership in organizing strategies for responding to the challenges of HIV and AIDS; and make recommendations on strategies that would help the colleges mitigate the impact of the epidemic and enhance HIV and AIDS awareness among staff and teacher trainees.

Study methods

Three teacher training colleges (TTCs) were selected for this study: Migori TTC in Nyanza Province, Highridge TTC in Nairobi Province, and Shanzu TTC in Coast Province. The study was organized in three phases. In phase 1, data were obtained through a review of existing documents and/or literature on HIV and AIDS in TTCs. Key informant interviews were also conducted with senior Ministry of Education (MoE) officials at the Ministry Headquarters who were mainly primary decision-makers and/or officials in charge of policy direction and planning within the Ministry. In phase 2, multiple methods of data collection including in-depth interviews, focus group discussions (FGDs), document reviews and direct observation were used to obtain data at the college level. Fifteen key informants were interviewed, among which were college administrators, teaching and non-teaching staff. A total of 13 FGDs were conducted with college trainees: six in Migori TTC, four in Shanzu TTC, and three in Highridge TTC. The data from these FGDs were subsequently analyzed manually.

Key findings

Magnitude of the problem of HIV and AIDS in the colleges

The results of this study indicate that HIV and AIDS may be a major problem in TTCs. While the actual magnitude of HIV prevalence in TTCs was not easy to establish due to lack of adequate surveillance and testing systems in these colleges, there was anecdotal evidence to suggest that HIV-related diseases are a major cause of morbidity and mortality among both college staff and trainees. Statistically, trainees and non-teaching staff are the most affected, but the most notable impact of HIV and AIDS is on the teaching staff. This is mainly because HIV-related illnesses or death of teaching staff result in lack of efficiency on the part of affected staff or loss of particular skills and talents which are not easily replaceable.

Risk factors

Accurate data on the magnitude of HIV and AIDS on both staff and students in TTCs is missing owing largely to the social stigma attached to it. There are also no mechanisms in place to keep

track of HIV in the TTCs. However, there is anecdotal evidence that HIV-related morbidity and mortality is on the increase among both college staff and trainees. Factors accounting for high HIV infection among staff and trainees were varied between and among colleges. Data show that female trainees are much more vulnerable to the risk of HIV infection compared to their male counterparts largely because of increased pressure for sex, and their inability to negotiate safer sex even when risks of infections are apparent. Non-teaching staff are also equally vulnerable due to their limited knowledge of HIV and AIDS and because most of these staff live in low-income areas where commercial sex work and drug abuse are common. Teaching staff, especially male tutors, find themselves at risk of HIV infection due to their relatively higher incomes and an elevated status which gives them easy access to multiple sexual relations both within and outside the college campuses. Lack of money for fees and personal upkeep, peer pressure, a sudden new-found personal freedom, and the persistence of a culture of multiple sexual partnerships place many teacher trainees at risk of HIV infection. Other predisposing factors include: inadequate information on HIV and AIDS; drug and substance abuse; and a lack of easy access to condoms.

Impact of HIV and AIDS on TTCs

Staff illness and death create increased workloads for other members of staff and divert resources from academic programmes to supporting the sick and bereaved members of the college community. AIDS-related deaths also reduce the morale of healthy tutors as they empathize with the sick. Tutors' deaths further lead to a loss of highly trained specialized manpower. HIV and AIDS among trainees and siblings lead to difficulties in paying fees, diversion of college resources to support people living with HIV (PLWH) and the affected members of institutions, as well as high costs of treatment and provision of a special diet for the infected. Socially, HIV and AIDS lead to tensions, discrimination and stigma, as well as fear and suspicion in social relationships.

Education sector response to HIV and AIDS

In Kenya, HIV and AIDS have long been identified as a major public health challenge. In 1999, the government declared HIV/AIDS a national disaster, and through Sessional Paper No. 7 on HIV and AIDS in Kenya established the National AIDS Control Council to co-ordinate the national response to the epidemic. In September 2004, the Government of Kenya, with assistance from UNESCO, launched the Education Sector Policy on HIV and AIDS. Since 1999, the MoE has implemented a range of school-based HIV education and behaviour-change interventions through the Primary School Action for Better Health (PSABH). The MoE has an AIDS control unit (ACU), which provides proactive leadership and ensures that HIV and AIDS prevention and control priorities become integrated into mainstream Ministry functions.

TTCs' response to HIV and AIDS

Except for one college (Highridge) which has a college policy on HIV and AIDS, the other colleges use the wider education sector policy. However, ACUs have been established in each college to plan and co-ordinate the implementation of response initiatives in the colleges. Other response structures include trainee and staff peer education and counselling groups, and linkages with other organizations. Through the college ACUs, various strategies and programmes have been put in place, the results of which have been varied, with some failures and some successes. Preventive education, which encompasses training of staff and trainees on HIV and AIDS through seminars and workshops, has been given priority. The colleges have embarked on awareness and sensitization activities, which include clubs and societies, creative arts, dissemination of materials

on HIV and AIDS in the colleges, use of external speakers or personnel, use of video and film, educational talks during parades, information/suggestion boxes, and setting aside days for HIV and AIDS awareness and sensitization in the colleges. Community outreach programmes on HIV and AIDS have been established, which include using creative arts to disseminate information, infusion of information into religious messages, inviting communities to college functions with an HIV and AIDS theme, and visits and talks to neighbouring schools. All the colleges have incorporated HIV and AIDS counselling into their guidance and counselling services. Training of trainees and staff as peer counsellors and peer educators is strengthening this initiative. HIV and AIDS content has been infused into most of the subjects taught at the colleges and tutors have also received some training in handling HIV and AIDS teaching.

There are efforts to provide HIV- and AIDS-related services. College health facilities are trying to manage opportunistic infections and STIs among the trainees. Nutrition programmes to support the infected are also in place but lack resources. There are also efforts to provide mobile voluntary counselling and testing (VCT) services in the colleges, but these are very irregular. An endeavour to make condoms accessible in the colleges is hampered by lack of a clear policy on distribution. However, antiretroviral (ARV) therapy is not available in the colleges for the trainees or staff, but colleges are trying to seek assistance from health institutions in providing the ARVs.

Major challenges

The major challenges facing the TTCs in their response to HIV and AIDS include lack of financial resources, inadequate training on the part of teaching staff in the area of life skills, inadequate learning and teaching materials, administrative problems hampering resource mobilization and utilization, time constraints due to the overloaded curriculum, lack of adequate health facilities and trained health personnel, lack of a clear policy on condom distribution in the colleges, and confidentiality and stigma, which still characterize the epidemic.

Policy and programmatic recommendations

- Where no college-specific policies on HIV and AIDS exist, colleges should be given technical and financial support to customize and implement the wide education sector policy on HIV and AIDS, while colleges with policies in place should be supported in implementing them.
- The MoE should assist colleges in developing nationwide objective indicators for monitoring and evaluating their HIV and AIDS programmes. While the colleges could be encouraged to make their own internal evaluations, the MoE should also conduct periodic external monitoring and evaluation of each college's HIV and AIDS programmes with a view to teasing out good lessons and practices which can then be shared among colleges.
- The MoE needs to allocate more resources to support HIV- and AIDS-related initiatives in TTCs while also encouraging TTCs to mobilize resources from other sources through developing proposals and fundraising activities.
- The managerial skills of HIV and AIDS programme co-ordinators in colleges should be enhanced and strengthened, and at the same time all college teaching staff should be taught skills on how to integrate education on HIV and AIDS into the college curricula.
- The MoE should consider making AIDS education an integral part of the core college curricula and also an examinable subject so that both staff and trainees take the teaching and learning of HIV and AIDS more seriously.
- TTCs need to be supplied with adequate information, education and communication (IEC) materials on HIV and AIDS and also be encouraged to be innovative and develop their own.

Colleges could also be encouraged to develop relevant creative art activities on HIV and AIDS, such as skits, plays, games, art and songs to reinforce the existing IEC materials.

- Since most TTC trainees are adults, the MoE should give an explicit policy direction on condom distribution in TTCs. This will ensure that trainees have easy access to quality condoms if and when they wish to use them.
- While it is understood that TTC trainees are adults, there is still a need for vigilance in enforcing the professional code of ethics so as to minimize the occurrence of tutor-trainee sexual relationships. Appropriate disciplinary measures need to be meted out to both staff and students engaging in such relationships.
- College HIV and AIDS response structures should adopt a representative and participatory approach to ensure optimal involvement of both staff and trainees in HIV- and AIDS-related activities and programmes.
- More interactive ways of teaching on HIV and AIDS, including the use of creative arts and the Internet, need to be explored.
- Guidance and counselling should be strengthened and professionalized in all TTCs so as to adequately address an array of problems such as drug and substance abuse as well as HIV and AIDS. Peer counselling among trainees should also be encouraged so as to promote positive health norms among trainees.
- College health clinics should be equipped with qualified staff and also be encouraged to enter into more stable relationships with other health referral systems around the college which could offer regular voluntary counselling and testing (VCT) services for both staff and students on a visiting basis.
- The college diet should be improved so that those infected and taking ARVs can benefit from better nutrition.

Recommendations for further research

- Research needs to be conducted to assess the effectiveness of teaching on HIV and AIDS in primary schools by graduate teachers. Data from such research would provide feedback on HIV and AIDS training to the TTCs.

1 Background

1.1 The education system in Kenya

The foundation for modern education in Kenya was laid by missionaries who introduced reading to spread Christianity. These early educational activities began around the mid 1800s along the coastal region. The missionaries established the first school in 1846, marking the beginning of formal education in Kenya (Mukundi, 2004), which was then a British Colony. Educational activities later expanded in the interior of the country following the construction of the Kenya-Uganda railway. By 1910, 35 missionary schools had been founded. The ensuing education system was three-tiered with separate schools for Europeans, Asians and Africans. This followed the recommendations of the *Frazer Report of 1909,* a study sponsored by the British Government to provide direction for the education system in East Africa. In 1924 came the establishment of separate advisory committees for the three ethnic groups in the colony, which formalized the way in which the colonialists shaped the education systems (Anderson, 1970). The education system developed skills for white-collar jobs for the Europeans and Asians, with a majority of Africans being taught skills for blue-collar jobs. As a consequence, when Kenya attained political independence in 1963, there was still a huge shortage of Africans trained for middle-level and upper-level government service and for the commercial and industrial sectors of the economy. The most immediate challenge to the independent government was therefore to restructure the secondary and higher education sectors in the country to redress this imbalance.

The Kenya Education Commission was, therefore, set up in 1964 to promote social equality and national unity. This Commission proceeded to recommend that educational facilities be located in underprivileged regions while also respecting and safeguarding the religious convictions of all people. The latter recommendation was aimed at curbing the evangelical activities of the Christian missionary schools that the government had inherited from the colonial administration. The Commission also recommended expansion of educational facilities to those districts and provinces that had been educationally disadvantaged in terms of numbers of schools and enrolments so that they could catch up. Since then, the education system in Kenya has undergone many reforms. The key elements of these reforms have been to ensure increased access to education for all Kenyans while also ensuring quality and relevance.

The current structure of education in Kenya includes early childhood development and education (ECDE), primary education, secondary education, technical and vocational education and training (TVET), middle-level colleges, and university education. ECDE prepares children for primary education, which constitutes eight years. The primary grades, commonly called ‘standards’, give instruction in language, mathematics, history, geography, science, arts and crafts and religion. Secondary education constitutes four years, each year representing a ‘form’. Each form emphasizes academic subjects, especially science and vocational subjects at the upper secondary level. University education is of four years’ duration. From one university in 1970, the number has increased to six public universities, one public university college and 17 private universities. This particular system of education is commonly referred to as ‘8-4-4’ (eight years of primary school, four years of secondary school, and four years of university education).

Those who do not qualify for university may join the TVET and middle-level colleges. Currently, the TVET and middle-level colleges comprise four national polytechnics, 17 institutes of technology, one technical teacher training college, 30 primary TTCs, 21 technical training institutes and over 600 youth polytechnics distributed throughout the country.

Education and training has been financed through partnerships between the government, the private sector, NGOs, communities, households and development partners. The average public spending on education and training has ranged between 5 and 7 per cent of the gross domestic product over the last four years. The recurrent education budget has risen from 35 per cent of the total government recurrent budget in 2001 to 39 per cent in 2004 (Republic of Kenya, 2005*c*).

1.2 Universal primary education and demand for teachers

At the 1990 Education for All conference in Jomtien, Thailand, the international community committed itself to the task of providing universal primary education (UPE) and achieving gender parity. The targets adopted at Jomtien were later reaffirmed at the World Education Forum held in Dakar in 2000. As part of the ambitious plans by world leaders aimed at poverty reduction, the provision of UPE was adopted by the UN in September 2000 as part of the Millennium Development Goals (MDGs). The MDGs require that countries provide a complete primary education for all children by 2015, reduce adult illiteracy and achieve gender parity at all levels of education by 2015.

In January 2003, the newly elected National Rainbow Coalition (NARC) Government of Kenya took a step towards the achievement of the MDGs by eliminating fees in all public primary schools in the country, an obstacle to education for many impoverished families. As a consequence, almost 1.3 million new pupils enrolled in primary schools in January 2003. Government spending on primary education soared by over 360 per cent in 2003, and overall spending on education and training reached an estimated $420 million – nearly 30 per cent of all government outlays that year. Spending on primary education doubled again in 2004 and increased by 19 per cent in 2005. This expansion brought an increased demand for teachers, books and classrooms, although due to budgetary constraints, teacher recruitment did not increase to meet this demand.

1.3 Primary teacher training in Kenya

Training a large number of teachers is necessary to expand access to primary education and also to ensure that students receive quality education. Current estimates show that 1.6 million more teachers are needed in order to achieve UPE by 2015 in sub-Saharan Africa (DFID, 2006). Primary teacher training colleges seek to produce qualified teachers to serve in the basic education sector. In 1990 there were 15 primary (public) teacher training colleges, but the number has since risen to 21 colleges, resulting in a large pool of trained teachers. By 1998, 96.6 per cent of the teaching force in primary schools was qualified as per the national standards (UNESCO, 2000). Currently, there are 30 primary teacher training colleges in Kenya, 21 public and nine private. All trainees admitted to teacher training colleges must have completed four years of secondary education and hold the Kenya Certificate of Secondary Education (KCSE). The teacher training course lasts two years, at the end of which trainees are awarded a P1, P2 or P3 Certificate, depending on their success in centrally set examinations. In 2005, the total enrolment in public primary teacher training colleges was 17,404, while that in private colleges was 2,796 (see *Table 1.1*).

The selection of entrants into public TTCs is co-ordinated nationally to ensure both gender and regional equity. For private TTCs, applications are processed by the respective colleges, but besides certain specific college requirements, all successful applicants must meet the basic national academic qualifications. The placement of teachers is also done nationally, although there is

occasionally pressure to place teachers on the basis of their regions of origin (Galabawa, 2003). All TTCs, both public and private, are boarding colleges. The total cost of boarding and tuition in a public TTC is about Ksh.50,000 (US$695).

Table 1.1 Enrolment in teacher training

Public primary teachers	2001		2002		2003		2004		2005*	
	M	F	M	F	M	F	M	F	M	F
1st year	4,358	4,018	4,269	4,122	4,316	4,210	3,931	4,508	4,589	4,334
2nd year	3,952	3,381	3,871	3,468	3,963	4,305	4,449	4,730	3,951	4,530
Sub-total	8,310	7,399	8,140	7,590	8,279	8,515	8,380	9,238	8,540	8,864
Private primary teachers	1,243	1,268	1,089	1,133	1,044	1,178	1,117	1,213	1,340	1,456
Total	9,553	8,667	9,229	8,723	9,323	9,693	9,497	10,451	9,880	10,320

* Provisional.

Source: Ministry of Education records, Kenya, 2005

Public TTCs are headed by principals who report to the college board of governors (BoG). Despite a measure of centralized control, for example in admissions and determining the level of fees charged, the BoG has considerable latitude in making the most of the other decisions. Both the principals and the BoG are signatory to expenditures, tendering, receipts and budgeting (Galabawa, 2003). Privately-owned TTCs have more autonomy than public ones.

Primary school teaching offers no opportunities for career progression, is one of the most poorly remunerated professions, and is therefore not a preferred career choice for a majority of trainees. Unlike in the recent past when trained primary teachers graduates were guaranteed immediate employment by government, most of them now have to compete for the few available teaching opportunities. This applies to graduates from both private and public teacher training colleges. Despite the lack of any assurance of a job opportunity on graduation, the relatively low fees charged in these colleges compared to other middle-level colleges make primary TTCs an attractive option for poor parents to enrol their children. It is therefore understandable that most trainees, especially in public TTCs, are children from deprived socio-economic backgrounds. Primary TTCs are also the only institutions in Kenya which charge a fixed and modest fee because they are fully funded by the government.

1.4 Education and HIV and AIDS

The HIV epidemic has emerged as a major threat to the achievement of the Education for All (EFA) and the Millennium Development Goals (MDGs). Striking primarily young adults, who drive economic growth and raise subsequent generations, AIDS is revoking hard-won development gains, with a crippling effect on future prospects. The epidemic continues to threaten the delivery of sustainable quality education and the achievement of EFA. Education has, however, a critical role to play both in preventing the spread of HIV and mitigating the effects of HIV and AIDS on individuals, families, communities and nations. Experience demonstrates that in order for the education sector to be a full partner in the national response to HIV and AIDS, its strategy must be embedded in a sector-wide approach covering content, curriculum and learning materials, educator training and support, policy management and systems, and ensuring quality and the full utilization of approaches and entry points, both formal and non-formal. The Dakar Framework for Action for EFA, adopted by the international education community during the world Education Forum in Dakar, Senegal in April

2000, emphasized the need for rapid and drastic response to HIV and AIDS as one of the key strategies to achieve the EFA goals.

The United Nations General Assembly Special Session on HIV and AIDS' (UNGASS) Declaration of Commitment on HIV and AIDS (July 2002) also set the target of reducing HIV prevalence by 25 per cent among 15 to 24-year-olds by 2010 globally (IIEP-UNESCO, 2002). Worldwide, an estimated 10 million people aged 15-24 are living with HIV and half of all new HIV infections (more than 6,000 daily) occur among young people (UNAIDS, 2004). These young people are the most threatened by the epidemic, and yet they offer the greatest hope for turning the tide against AIDS. Teacher training institutions deal mainly with young people in the 15-24-year-old category, most of whom are sexually active.

The UNGASS Declaration calls for expanded access to information and education, especially youth-specific education on HIV and AIDS necessary to develop the life skills required to reduce risk and vulnerability to HIV infection. HIV and AIDS are reducing demand for and access to education by undermining institutional capacities, reducing the availability of financial resources for education and compromising the quality of education. Education, however, is also one of the best 'social vaccines' against HIV because it equips young people with invaluable tools to increase their self-confidence, social and negotiation skills, improve earning capacity and family well being, fight poverty and promote social progress.

For AIDS education to be effective, teachers need to be adequately informed and trained. In this respect, teacher training institutions, as change agents, have a critical role to play in reversing the high incidence of HIV infection among young people. Their role includes enhancing HIV and AIDS awareness, effecting positive behaviour change among college staff and teacher trainees, strengthening the capacity of teachers to deliver the HIV and AIDS curriculum, and acting as role models.

1.5 Objectives of the study

The broad objective of this study was to document the experiences of teacher training institutions in dealing with HIV and AIDS in Kenya. More specifically, the study sought to:

- identify the impact of HIV and AIDS on staff and trainees in the selected teacher training colleges;
- identify the existence of institutional policies, structures, action plans, programmes and strategies for addressing HIV and AIDS within the selected teacher training colleges;
- monitor the extent to which these strategies are implemented and the obstacles encountered;
- document the role of different types of management and institutional leadership in organizing different strategies for responding to the challenges of HIV and AIDS;
- make recommendations on strategies that would help the colleges to mitigate the impact of the epidemic and enhance HIV and AIDS awareness among staff and teacher trainees.

The study results should facilitate the development of policies and training programmes for teacher training institutions to respond more effectively to the challenges presented by the epidemic.

1.6 Study methodology

Country of study and rationale

The study was carried out by means of various case studies. Kenya was selected for the following reasons:

- It had a high HIV prevalence rate of 6.1 per cent in 2005 (see UNAIDS, 2006);
- It has a national HIV and AIDS policy (see Republic of Kenya, 1997) and a national HIV and AIDS strategic plan 2000-2005 (see NACC, 2000);
- It has an HIV and AIDS institutional framework as espoused in the national HIV and AIDS education sector policy document (see also Republic of Kenya, 2004);
- The training needs in TTCs were previously identified in a 2004 IIEP-supported assessment (see Mbwika, Syokau and Thuita, 2004).

Kenya, therefore, emerges as one sub-Saharan African country where serious efforts have been made to tackle HIV and AIDS in the education sector, and whose experiences can be tapped for the benefit of other countries in the region.

Selection criteria for the colleges

The study covered three purposively sampled primary TTCs in Kenya. These were; Migori TTC in Nyanza Province, Highridge TTC in Nairobi Province and Shanzu TTC in Coast Province. The selection of the colleges took account of the country's wide and diverse geographical characteristics, which include the rural-urban dichotomy, variations in social, economic and cultural lifestyles, and variations in HIV and AIDS incidence and prevalence rates. There are notably huge regional variations in HIV prevalence rates in Kenya. Migori Teacher Training College in Nyanza Province represents a rural area with high HIV prevalence and persistent strong cultural norms/traditions such as widow inheritance, which is conducive to the spread of HIV. Shanzu Teachers Training College in the Coast Province represents a cosmopolitan urban area with high HIV prevalence heavily impacted by external factors such as tourism, but also an area with a strong Islamic influence. Highridge Teachers College in Nairobi Province represents a training college with a formal HIV and AIDS policy (Highridge TTC, 2003) in a high HIV-prevalence urban area that is also a melting pot of multiple cultures (see also Commission for Higher Education, 2004).

In selecting the 3 colleges to be studied, there was an implicit assumption that the known or perceived HIV prevalence rates in the precincts of a particular TTC was likely to influence the nature and type of TTCs responses to HIV and AIDS. It is recognized that the three colleges are in no way representative of all teacher training institutions, but they were selected to offer an insight into how TTCs in Kenya are dealing with the challenges of HIV and AIDS.

1.7 Methods of data collection

This study used multiple methods of data collection (triangulation) with the aim of enriching the quality of data and therefore enhancing the validity and reliability of the findings of the study. Intra-method and inter-method triangulation also ensured that the strengths of one method of data collection complemented the strengths of any other method(s). The specific methods of data collection included document review and interviews at the central level, observations, in-depth interviews at college level, and focus group discussions. These methods were arranged in a particular order so that the strengths of each method complemented the strengths of the other(s).

Data collection at central level

Phase I of this study consisted in a review of existing documents and other literature on HIV and AIDS in TTCs. The review constituted a perusal of all studies previously conducted on HIV and AIDS and teacher training institutions in sub-Saharan Africa in general and in Kenya in particular. These included publications and/or reports by the Kenyan MoE, the Association of African Universities (AAU), the Association for the Development of Education in Africa (ADEA) and the UNESCO Regional Cluster Office. Other materials were obtained through Internet searches on institutional web sites, online databases and clearinghouses (e.g. the HIV/AIDS Impact on Education Clearinghouse of IIEP, UNESCO, and other relevant web sites), college policies on HIV and AIDS, action and/or strategic plans, institution-based surveys, reports, education management information systems (EMIS), and other relevant documents. The initial exercise assisted in identifying gaps that this study sought to fill. While the document review exercise in Paris sought to provide inventory information, the document review in Kenya sought to enrich the information obtained in the initial phase, and the exercise continued through the study as more literature became available.

During the reconnaissance mission in Nairobi, Kenya, interviews were held with senior MoE officials at the Ministry Headquarters. The officials interviewed were key decision-makers and more specifically senior officials in charge of policy direction and planning within the Ministry. Other key informants interviewed during this mission were the UNICEF Child Protection Officer and the UNESCO focal point for HIV and AIDS.

These preliminary interviews elicited information on: MoE's policy on HIV and AIDS, availability of HIV and AIDS statistics in educational institutions, including colleges (if any), institutional policy guidelines, current programmes/activities, practices and responses to HIV and AIDS. Other issues included obstacles to effective response, as well as the ways in which the MoE is assisting in circumventing these obstacles. The information and data obtained shed light on contemporary HIV and AIDS issues in teacher training institutions in the country and also reaffirmed others obtained through the document review carried out earlier in the study.

Data collection at college level

In-depth interviews

In phase 2, in-depth interviews with key informants were conducted. The key informants were persons who deal on a day-to-day basis with key operational decisions in the teacher training institutions. They included the principals, deputy principals, heads of departments, selected academic staff, counsellors, focal points for HIV and AIDS, nurses, selected trainees and support staff.

The issues covered in these interviews included, among others, the presence of policies or policy guidelines on HIV and AIDS in the TTCs, whether the Ministry has an EMIS for monitoring HIV and AIDS in TTCs, the known or perceived impact of HIV and AIDS on staff and trainees in teacher colleges, the ways in which education on HIV and AIDS is organized and managed in TTCs, the content of the HIV and AIDS training curriculum in TTCs, the selection of tutors who teach it in TTCs, and the known or perceived impact of HIV and AIDS training on trainees, including on their sexual attitudes and behaviour.

A total of 36 key informants were interviewed. The advantage of the in-depth interviews was their flexibility, which permitted the interviewer to ask questions that were pertinent to the interviewee. The in-depth interviews unveiled individual subjective experiences and observations on the institutional responses to HIV and AIDS, which would otherwise not be easily captured in a group setting.

Focus group discussions (FGDs)

Also in this phase FGDs were conducted with teacher trainees. All the participants in the discussion had to be of the same gender, more or less of the same age, and be in the same year of training in the college. The interviewers were also of the same sex as the members of the group in order to encourage free and uninhibited personal expression. The participants were also allowed to express themselves either in English (the official language) or Kiswahili (the *lingua franca*) or a mixture of both languages. The FGDs were very dynamic, generating informed debates and bringing out divergent opinions and different perspectives on the vulnerabilities of the college and its response to HIV and AIDS.

The number and composition of FGDs was largely determined by the prevailing circumstances in each of the colleges. Six FGDs were conducted in Migori, four in Shanzu and three in Highridge. There were fewer FGDs in the latter because the college did not have first year trainees due to the expected closure of the college and its subsequent conversion into the Kenya Education Staff Institute (KESI). Effective July 1, 2005, the facilities of Highridge TTC facilities were converted into the Kenya Education Staff Institute (KESI) – an institute now meant to train education managers (see Republic of Kenya, 2005c). Shanzu TTC was also very busy with external teaching practice assessment, making it logistically difficult to conduct six FGDs as was initially planned. As a consequence, a total of 13 FGDs were conducted in the three colleges.

Each FGD was composed of 12 participants randomly selected from class lists provided by the college. In Migori, two FGDs were arranged for the first year classes (one male group, one female group) and two groups for the second year class (one male, one female). In addition, we had two other FGDs, one comprising a mixture of first and second year male trainees and the other first and second year female trainees. In Highridge, two FGDs were conducted with male trainees and one with female trainees. In Shanzu, there were two FGDs with participants from the first year class (one male, one female) and two from the second year class (one male, one female). In total, therefore, 156 trainees participated in the FGDs. On average each FGD lasted between 60 and 120 minutes.

The issues covered during the FGDs included trying to understand from the teacher trainees their perception of the magnitude of HIV and AIDS as well as key populations at higher risk in their respective colleges, factors that pre-dispose trainees and staff to HIV infection, the type of HIV and AIDS training they receive, how such training is offered (orally, through videos, books, pamphlets…), teacher trainees' perceptions and evaluations of how such training is offered, whether trainees perceive their tutors as adequately prepared to teach on HIV and AIDS, whether the training has caused the trainees to change their own sexual behaviours, whether trainees have experienced problems in understanding and internalizing the contents of the training they receive, what the trainees perceive as the major strengths and weaknesses in the teaching they receive on HIV and AIDS, as well as their recommendations on ways to improve it.

Observations

The direct observation method was used to gather data throughout the entire period of the study. It was used mostly during institutional visits to gain a visual appreciation of the institution *vis-à-vis* operations and made it possible to observe, for example, the location of a college with regard to other institutions or towns, trainees' residence, availability of prevention posters, condom dispensers and other visually verifiable indicators of institutional response to HIV and AIDS. Other factors observed include the types of leisure activities in the college that allow the researchers to understand better how the physical, social and cultural environments influence the rhythm of life in the college.

These observations permitted a contextualized holistic appreciation and understanding of existing institutional responses. Observation as a method of data collection has the advantage of taking account of events which are not verbalized, but which are critical in understanding institutional responses to HIV and AIDS.

1.8 Methods of data analysis

The data generated by this study is mainly qualitative in nature. Qualitative data from the preliminary interviews, in-depth interviews and FGDs was tape recorded and then transcribed and recorded in paper form. The responses were categorized according to key words and concepts that emerged and then analyzed manually. Excerpts of verbatim texts from the data were lifted and placed according to their specific themes. Data obtained through observation was recorded in notebooks or captured using photographic devices and incorporated into the analysis. Data from the desk/ document review was analyzed manually for content. Data analysis took place simultaneously with the data collection.

1.9 Limitations of the study

There are three easily discernible weaknesses in this study. First, this was a 'diagnostic' study which only covered one seventh (3 out of the 21) of public TTCs in Kenya. This limits claims of representativeness, but it needs to be specified that it was not the intention of this study to assemble representative data; rather, its aim was to assemble data which would shed light on how particular TTCs have responded to HIV and AIDS and draw lessons on what works and what does not work. Second, no data were obtained from private TTCs and this omission deprives this study of data on how the private TTCs have organized their responses to HIV and AIDS. Finally, due to time constraints, data obtained in this study were analyzed manually rather than through the QSR NUDIST software package.

2 Education sector response to HIV and AIDS in TTCs

The following section will look at the strategies adopted by the Kenya Government to deal with HIV and AIDS, and how Kenya's education sector response to HIV and AIDS has evolved and influenced individual TTCs responses.

2.1 Policy response

National policy on HIV and AIDS

Kenya's policy response to AIDS has gone through a number of phases since the first case was diagnosed in 1984. Denial and a general feeling that HIV was an epidemic of the West and especially of the gay community characterized the period 1984-1987. In 1985, a National AIDS Committee was created, but it lacked resources and only met in 1987, which is also when the National AIDS and STDs Control Programme (NASCOP) was created under the Ministry of Health. At the same time, HIV and AIDS awareness campaigns were launched with the support of national and international non-governmental organizations (NGOs).

In 1997, the government formulated a comprehensive national policy on HIV and AIDS, Sessional Paper No. 4 of 1997 entitled *HIV/AIDS in Kenya* (Republic of Kenya, 1997). This policy envisioned the formation of a National AIDS Control Council (NACC) to spearhead a multi-sectoral and participatory approach to tackling the spread of HIV in the country. In 1999, the government declared HIV and AIDS a national disaster and proceeded to establish the National AIDS Control Council to co-ordinate the national response to the epidemic (Republic of Kenya, 1997).

The NACC has since developed a National HIV and AIDS Strategic Plan for the period 2000-2005, which not only provides a sound policy and institutional framework, but also integrates HIV/AIDS into all core processes of the government in Kenya (NACC, 2000).

The strategic plan has three key targets:

- To reduce HIV prevalence by 20-30 per cent by the year 2005.
- To increase access to care and support for people infected and affected by HIV and AIDS.
- To strengthen institutional capacity and co-ordination to respond to HIV and AIDS at all levels.

Within government, each ministry has formed an AIDS Control Unit (ACU) to co-ordinate the implementation of the Strategic Plan. The ACUs provide proactive leadership and advocate NACC policies to ensure that HIV and AIDS prevention and control priorities become integrated into mainstream ministry functions.

Other key players in the fight against the spread of the pandemic include over 1,000 NGOs and community-based organizations (CBOs) nationwide. A Cabinet Sub-Committee on HIV and AIDS, chaired by the President, was formed in early 2003 to demonstrate government commitment to responding to the HIV epidemic.

Education sector policy

The MoE has since realized that HIV and AIDS have adverse consequences on the education sector and that they undermine the quality of, access to, equity in, supply of and demand for education services. Without any vaccine for HIV, an effective response appears to lie in behavioural change and management practices that can be secured effectively through education.

In September 2004, the Government of Kenya, with assistance from UNESCO, launched the Education Sector Policy on HIV and AIDS. This policy formalizes, *inter alia*, the rights and responsibilities of every person involved, directly or indirectly, in the education sector in relation to HIV and AIDS, including learners, parents, caregivers, educators, managers, administrators and support staff in all public and private, formal and non-formal learning institutions at all levels of the education system in the country (Republic of Kenya, 2004).

Seen in its totality, the Education Sector Policy on HIV and AIDS is guided by four main goals:

- Prevention: creating an environment in which all learners are free from HIV infection;
- Care and support: having an education sector in which care and support is available for all, particularly orphans, vulnerable children and those with special needs;
- Workplace issues: developing non-discriminatory labour practices, terms and conditions of service frameworks that are sensitive and responsive to the impact of HIV and AIDS;
- Management of response and advocacy: creating management structures and programmes at all levels of the education sector to ensure and sustain quality education in the context of HIV and AIDS.

2.2 Ministry of Education HIV and AIDS structures

The MoE has an ACU which provides proactive leadership and ensures that HIV and AIDS prevention and control priorities become integrated into mainstream Ministry functions. The ACU is staffed by six people: a senior assistant director of education; an assistant director of education; two education officers; two secretaries; and one clerk.

The ACU in the Ministry of Education also works alongside the ACU in the Teachers Service Commission (TSC), which is the principal employer of teachers in public institutions, and the ACU in the Commission for Higher Education (CHE), which is in charge of tertiary institutions such as universities. The ACU and the MoE Headquarters also work closely with the Kenya National Union of Teachers (KNUT) and the Kenya Union of Post-Primary Teachers (KUPPET). These are the main teacher unions in the country. In addition, the ACU works closely with the Kenya National Association of Positive Teachers (KENEPOTE), which is an association that represents the welfare and interest of all teachers who are HIV-positive.

The MoE has developed an EMIS which annually collects data and information on enrolment by gender, age, class, drop-out, repetition and orphans. The Ministry is, however, developing a district educational management information system (DEMIS) which is HIV and AIDS-sensitive. This system will be able to look into such critical issues as teacher/pupil illness, deaths and absenteeism. However, the MoE appreciates the difficulties of capturing accurate data on HIV and AIDS.

> "It is not very easy to collect data on HIV and AIDS. The critical challenge we have been having is how to develop clear and acceptable indicators on HIV and AIDS. It is easy to get indicative data on teacher morbidity and mortality, or even teacher trainee school attendance and absenteeism, but how can you isolate effects of HIV and AIDS from a

> plethora of other variables such as poverty or other diseases? This is where the challenge lies at present" (Senior economist/statistician).

The HIV and AIDS sensitive DEMIS being developed has been piloted in the four districts of Kisumu, Suba, Vihiga and Kisumu Municipality. Once its feasibility is established, it is expected that this DEMIS will then be rolled out into other districts in the country.

2.3 Training teachers in HIV and AIDS

HIV and AIDS have been identified as one of the 23 national investment programmes under the Kenya Education Sector Support Programme (KESSP) 2005-2010 (see Republic of Kenya, 2005*a*). This follows the realization that although HIV and AIDS have been recognized as major problems in the education sector for the last 10-15 years, the bulk of the teachers in service may have completed their pre-service training in the TTCs before the HIV epidemic was recognized as a problem, and, therefore, have little or no knowledge of HIV or AIDS. In response to this, the MoE has decided to organize both pre-service and in-service training for teachers.

Concerning teacher training in HIV and AIDS, the MoE Education Sector Policy on HIV and AIDS observes that:

> "Teacher education curriculum (pre-service and in-service) must prepare educators to respond to HIV and AIDS within their own lives and as professionals to build positive attitudes and skills for HIV and AIDS prevention and control among all their learners" (Republic of Kenya, 2004: 15).

Pre-service and in-service training

Pre-service training caters for teachers who are joining the teaching service, while in-service training caters for teachers already in service. Pre-service training in HIV and AIDS is offered as part of the training programmes in both private and public TTCs in the country, while in-service training is mounted during school holidays so as not to interfere with the normal school teaching programme.

At present, there are about 240,000 teachers in Kenya, of which 170,000 teach in about 21,000 primary schools and the remaining 70,000 teach in 4,280 secondary schools. Much of the in-service training for primary school teachers in Kenya is organized by the MoE with the assistance of the Centre for British Teachers (CfBT) through the Primary School Action for Better Health (PSABH) programme. The PSABH is a school-based intervention that trains teachers, community leaders and peer educators in delivering HIV/AIDS education in schools in Kenya. Since 1999, the MoE has implemented a range of school-based HIV education and behaviour change interventions through the PSABH. About 2,000 schools were reached in the pilot phases of the intervention, and 5,000 more schools were targeted for the period July 2004 to June 2005. This intervention strategy has also involved TTCs and to some degree a small number of secondary schools (Republic of Kenya, 2005*b*). The MoE has already provided training on HIV and AIDS to all principals and deputy principals of both private and public TTCs in the country.

HIV and AIDS curricula

Since all TTCs – especially primary TTCs, both private and public – follow one national curriculum, it has been easy to provide teacher trainees with standard information (Republic of Kenya, 1999). The Kenya Institute of Education (KIE)/MoE has also developed a national AIDS education syllabus for schools and colleges (Republic of Kenya, 1999). The syllabus was developed through a

participatory approach and brought together a wide spectrum of stakeholders including staff of the KIE, UNICEF, the National AIDS Control Programme (NASCOP), members of the Supreme Council of Kenya Muslims (SUPKEM), the Kenya Catholic Secretariat, the Christian Churches Education Association and the Hindu Council, among others. The syllabus targets primary schools, secondary schools and TTCs. The envisioned purpose of the HIV and AIDS education is to generate "behaviour development and change that is appropriate to the youth's stage of development that will help in HIV and AIDS education prevention and control" (see Republic of Kenya, 1999: vii). Following this, HIV and AIDS have now been infused and integrated into the TTCs' curriculum. Carrier subjects have been identified, such as biology, social education and ethics, Christian religious education and home science, among others.

Guidance and counselling

In March 2006, the MoE organized training in HIV and AIDS for guidance and counselling co-ordinators and counsellors in TTCs. Those trained were mainly heads of the counselling departments and their deputies, or at least one other tutor in each of all the private and public TTCs. A total of 65 participants – mainly tutors from TTCs and a few teachers from some national schools – attended this training (see *Appendix II* for the contents of the training programme). After the training, these heads of counselling departments were encouraged to develop programmes or action plans for their respective colleges, which would provide actual details of what HIV and AIDS activities each college seeks to undertake. Such capacity-building activities include peer education, development of communication materials for education and behaviour change, outreach programmes, use of music, plays and drama, purchase of materials, films and videos, and field visits. The MoE will review each of the proposals presented and provide funding to each of the colleges of up to Ksh.300,000 per annum. The MoE Headquarters will continue to monitor, supervise, and provide support services to the colleges.

The MoE is also planning to strengthen and institutionalize guidance and counselling services in all learning institutions as well as throughout the Ministry. In the terms of reference appearing in an advertisement seeking the services of a consultant to lead a baseline survey on guidance and counselling (G&C) services in the country, the MoE specified that the key purpose of the study would be to:

> "Identify the various individuals, groups, and organizations involved in the provision of G&C services, establish how G&C services are conducted in the learning institutions; identify the benefits of G&C activities in the learning institutions; identify the challenges facing G&C services providers in learning institutions; give recommendations that will inform development of policy framework; identify areas in G&C that require further research and investigate the capacity of the MoE to establish counselling units at the workplace" (Daily Nation, March 6, 2006).

While neither HIV nor AIDS were mentioned explicitly in this advertisement, discussions with a senior assistant director of education attached to the ACU at the Ministry Headquarters indicated that the MoE was considering developing a policy on guidance and counselling because of the increasing problems of truancy, drug and substance abuse, riots and violence as well as HIV and AIDS in learning institutions.

> "The strengthening of guidance and counselling in all educational institutions would to a great degree help solve a myriad of problems. With the weakening of the nuclear family due to the single parent phenomenon or the increased pressure on parents placed by labour demands outside the family, the child has been left without guidance

> or counselling. This has led to riots, lack of discipline, truancy, substance and drug abuse – all of which undermine what educational institutions stand for" (Senior Deputy Director of Education).

It is expected that the strengthening of guidance and counselling, as well as the provision of life skills education, will play a key role in strengthening the capacities of learning institutions to deal more effectively with HIV and AIDS.

2.4 Development of HIV and AIDS materials

The Kenya Institute of Education (KIE) has developed an AIDS education curriculum and a series of textbooks on HIV and AIDS and life skills, and teachers have been inducted in their use in classrooms. The HIV and AIDS materials developed cater for primary and secondary schools as well as for youth outside school. They have been made to be user friendly by using simple language and illustrations. The materials are also targeted at different levels of readership. The primary school segment has been split into three clusters, each with its own distinct material in the following order:

- *Lets Talk About AIDS Book I* for standards 1, 2 and 3;
- *Lets Talk About AIDS Book II* for standards 4 and 5;
- *Lets Talk About AIDS Book III* for standards 6,7 and 8.

There is a separate booklet for secondary schools. The issues covered in this booklet include youth and sexuality, responsible behaviour, management of leisure time, facts on sexually transmitted diseases and HIV/AIDS, prevention and control of STDs/HIV and AIDS, the body's defence system, religious and cultural beliefs related to HIV, communication skills, as well as the effects of HIV.

- *Bloom or Doom* (secondary)

This is a magazine which contains general and specific facts about STDs and AIDS.

- *Good Health Magazine*

This magazine is targeted at out-of-school youth. The subjects covered in this magazine include explanations of what are AIDS/STDs are, what causes them, how they present themselves, how they are transmitted, how to manage and care for people infected with HIV and suffering from AIDS, and how to protect oneself from HIV and AIDS. There is also a teacher/facilitator's manual or guidebook.

- *AIDS Education Facilitator's Handbook*

This manual contains facts about STDs, HIV and AIDS, modes of HIV transmission, practices that promote the spread of HIV, the social and economic consequences of HIV and AIDS, methods of teaching AIDS education, and ways of mobilizing community response to HIV and AIDS.

2.5 Life skills education

The MoE, with assistance from UNICEF, has been promoting life skills education in schools. UNICEF Nairobi observes that young people have information on HIV and AIDS, but the critical missing link between information and behaviour change is lack of life skills. With life skills, young people are more able to easily translate the information they have into actual behaviour change.

> "It is good to know what risky behaviour is, but of more importance is that young people need skills on how to protect themselves. They need to learn how to be assertive, how to negotiate for safer sex, how to be creative and critical in difficult circumstances, skills

> on self awareness and skills on risk assessment. For example, a girl needs to be able to know how to resist sexual advances from a man who gives her a lift in his car without necessarily offending the man. Girls and boys also need self-awareness, to know their own strengths and weaknesses, to know when they are likely to be vulnerable and take precautions. For example, if they are going out, what type of activities they are likely to be involved in, and what type of dressing they need. These are simple things, but they are important in terms of risk management" (UNICEF's Senior Child Protection Officer).

According to this officer, implementation of the life skills programme in the MoE is hampered by a lack of a clear policy on the matter. The MoE has to make a decision whether it wants life skills to be taught as a separate subject or whether it should be incorporated into the school curricula. According to the officer, life skills education is already being taught as a separate subject in Ethiopia, Malawi and Zimbabwe, and there are plans to have senior MoE officials from Kenya travel to Zimbabwe to learn how this is done. At present, UNICEF has produced some 40,000 of the following sets of life skills books:

- *Life Skills Education for Lower Primary*;
- *Life Skills Education for Upper Youth*;
- *Life Skills Education for Youth*;
- *Life Skills Education Facilitator's Handbook*.

The booklets have been approved by the KIE which is charged with the responsibility of approving school curricula in Kenya. The distribution of these life skills materials has, however, not been effected because the materials are still inadequate for all schools in the country. UNICEF and the MoE are trying to secure donor support to produce sufficient copies for all schools in the country. The MoE and UNICEF are also organizing in-service training for teachers so as to induct them in the use of these life skills education training materials in schools.

3 HIV and AIDS among teacher trainees in TTCs

This section will discuss the magnitude of the problem of HIV and AIDS in TTCs and key factors that propel HIV infection among teacher trainees.

3.1 Description of selected teacher training colleges

Migori TTC is located in Nyanza province of Kenya, 20 kilometres (km) from the border with Tanzania. It has a total of 900 trainees, 60 academic staff and 40 non-academic staff.

Highridge TTC is located in Nairobi, the capital city of Kenya, about 5 km from the city centre. It has a total of 239 trainees, all of whom are in second year because the college is being closed. Of these, 141 are female and 98 are male. The college has a total of 53 academic staff and 38 non-academic staff.

Shanzu TTC is located about 20 km from Mombasa City, Coast Province of Kenya. It has a total of 700 trainees, 400 male and 300 female. It has 66 academic staff, of whom 37 are male and 29 are female. In addition, it has 57 non-teaching staff.

The three colleges offer a residential two-year certificate programme in primary teacher education designed by KIE and evaluated by the Kenya National Examination Council (KNEC). On average, the age of the teacher trainees ranges from 18-36 years, 80 per cent of which are between 18-25 years old. The tutors are employed by government through the TSC, while the support staff and some instructors, for example in ICT, are employed by their respective BoG.

3.2 Magnitude of HIV and AIDS in TTCs

The findings of this study indicate that HIV and AIDS are a major problem in the colleges. However, the magnitude of the problem cannot easily be quantified due to lack of confidentiality and the stigma associated with HIV and AIDS, which constrain the reporting of HIV infections in educational institutions. It was observed that very few trainees and staff, if any, had publicly declared their status for fear of stigma and discrimination. The view of a senior administrator in Shanzu TTC, which appeared to be shared by many other administrators interviewed in the colleges, was that:

> "We do not have cases of clearly identified victims as to cause alarm. But given the large population of trainees in the college and the risky environment here, there must be some who are infected and those who have died of the disease. The problem is that we have not openly gone out for testing to talk confidently about known cases. At the very best, it's rumoured or suspected if there are overt clinical signs on the victim" (Dean of Students, Shanzu TTC).

In all the colleges, even though no proper statistics exist to support this, there were reported cases of deaths suspected to be HIV-related among both trainees and staff. In Migori TTC, where the problem seemed to be more acute, at least four members of staff were reported to have died of HIV-related diseases in 2005-06. Within the same period, two trainees suspected to be infected disappeared from college, while two members of the non-teaching staff passed away in 2006 and two others were currently ailing during the time of the study. In Highridge TTC, where 52 per cent of absenteeism among trainees was due to illness (Commission for Higher Education,

2004), suspected AIDS-related deaths among trainees were reported to be one or two per year. In Shanzu TTC, a female tutor noted that they had lost three trainees suspected to be HIV positive in recent years, while others thought to be positive had dropped out of college. Also, the following observations were made in Shanzu:

> "I cannot talk about cases among tutors but at least two non-teaching staff have died of HIV and AIDS, one in 2002 and another in 2005" (Dean of Students, Shanzu TTC).
>
> "We have lost at least three non-teaching staff between 2002and 2003" (female tutor, Shanzu TTC).

It was clear from the study that whereas trainees were considered to be at greater risk of infection, more than half of the deceased reported by respondents were non-teaching staff. This would imply that more HIV-related deaths have been observed among the non-teaching staff than among the teaching staff and trainees. This is understandable given that the teacher training course is of two years, and therefore even in the event that they are infected in college they may live long after they have left the college. Deaths may be more visible among the staff because they have been there for a longer period of time than the trainees. There was a general consensus among the college administrators and tutors that the non-teaching staff is more affected by HIV and AIDS, as is demonstrated in the following accounts:

> "About three years ago things were bad here. We lost members of staff and trainees suspected to have been ailing from AIDS. A number of trainees were also reported to have died upon leaving college. It is not that bad now" (Tutor, Highridge TTC).
>
> "The number of non-teaching staff has declined because of deaths. We are burying them every term" (Administrator, Migori TTC).
>
> "I know we have lost trainees, teaching and non-teaching staff. The number of non-teaching staff may be more because they come from the neighboring community where people are dying in large numbers" (Dean of Curriculum, Shanzu TTC).

The study found increasing evidence of poor health of staff and trainees as observed from frequency of visits to institutional clinics and manifestation of visible signs and symptoms of HIV and AIDS. It was reported that several trainees visited college clinics with STDs and other suspected opportunistic infections. It was also argued that many trainees might be seeking medical attention in health facilities outside their colleges for fear of disclosure.

> "We get many cases of STDs here at the dispensary. However, in most cases trainees shy away from coming here and would rather go elsewhere for treatment. The cases we receive here may not show the true picture" (college nurse, Shanzu TTC).

The study also found that trainees believed to be HIV-positive drop out of colleges and die without the knowledge of the colleges. This was the case in Shanzu TTC, where it was reported that at least two trainees who were thought to be HIV-positive left college mysteriously never to come back. Indeed, revelations from more than two thirds of the college administrators and tutors interviewed showed that some trainees may be dying either after graduation or after dropping out, as is expressed in the following citations:

> "It's difficult to say the actual magnitude of the problem because of the stigma. We have lost about three trainees at different times. Others suspected to be positive just disappear never to reappear" (female tutor, Shanzu TTC).

> "There are two cases of trainees who left college and were later reported to have died. Their frequent hospital visits were worrying but never caused alarm. They were suspected to be positive" (Dean of Students, Shanzu TTC).

There is an increased number of trainees who have been orphaned by AIDS or whose parents and guardians may be ailing. In Migori TTC where the problem was acute, reports indicated that the number of AIDS orphans is so large that this has created problems in payment of fees. Trainees from Nyanza province were most affected because of the high rates of infection in the province. However, there were no statistics to support this claim. This phenomenon was also observed in the other colleges where a number of trainees were reported to be caregivers to infected family members.

It is therefore very clear from the findings above that HIV and AIDS are major problems in the colleges but their magnitude cannot easily be quantified.

3.3 Factors fuelling HIV infection among trainees

The study established that trainees are the most at risk of HIV infection owing to the fact that they are very sexually active and rarely take precautionary measures. Among the major factors reported to increase their risk of infection are those set out below.

Scarcity of resources

Scarcity of resources was singled out as a major factor contributing to the risk of HIV infection among trainees. We did find that the majority of trainees who join TTCs are from poor families because of the relatively low fees charged by public TTCs in Kenya compared to other middle-level colleges. Many trainees are, therefore, sent to college by their parents with the bare minimum of resources to meet their basic needs. However, the desire for a good life coupled with peer pressure pushes some of these trainees to engage in unprotected sexual practices. As observed in all the colleges, the most vulnerable socio-sexual category largely tends to be female trainees. Some of these female trainees either willingly engage in illicit sex for money or are enticed by liaisons with men who have money. In one of the colleges in Mombasa, it was reported that male trainees are also attracted to or are enticed into unprotected sexual relations in the quest for money. This one college is located in an area frequented by tourists – including sex tourists, some of whom are interested in having sexual relations with other men. Due to this demand, poor male trainees are likely to find themselves in homosexual relationships principally for money. The excerpts below have been extracted from discussions on this problem.

> "There is a very big problem with trainees in terms of finances. The age of trainees is going down meaning that most of them are still being taken care of by parents and other guardians. In such circumstances, the female trainees in particular are very vulnerable" (Co-ordinator of HIV activities, Shanzu TTC).
>
> "Our female trainees go out with taxi drivers in town. So I think they go out for money because if it was love, they would look for us" (male trainee, second year, Migori TTC).
>
> "Many of our female colleagues have many basic needs which are different from ours. Such trainees are bound to use all means to cater for their needs including getting money and other favours in exchange for sex. It is not easy for one to really police them however much the effort" (male trainee, second year, Highridge TTC).
>
> "As a man or woman, you may find yourself without money on weekends. At the beach, there are very many white men who seem to be generous to you yet there is something

> they are after. They may be after infecting you. You may not care much because you want money" (Female trainee, second year, Shanzu TTC).

Thus, scarcity of resources is directly linked to risk of infection as poor trainees may engage in dangerous sexual lifestyles in order to obtain upkeep money in college. Female trainees are more vulnerable to infection due to powerlessness to negotiate condom use during sexual encounters.

It was also observed that trainees from well-to-do families have resources which they may use to engage in carefree lifestyles, thus exposing themselves to risk of infection. Nonetheless, only a small proportion of respondents – about a quarter of key informants and 4 in 12 of the trainee respondents – made this observation. Therefore, the question of access to resources is double edged, where trainees who lack resources may engage in unprotected sex to access them, while those with resources use them to engage in unprotected sex. However, lack of access to resources is the overriding factor in contributing to the risk of HIV infection among trainees.

Physical location of colleges

All three TTCs are located in different geographical regions, but more importantly their physical locations do place teacher trainees in different positions *vis-à-vis* the possible risks of HIV infection. For example, Highridge TTC is located within the City of Nairobi, about 5 kilometres from the city centre. The city environment provides trainees with anonymity and exposure to lifestyles which could possibly lead to reckless and risky behaviour. Furthermore, next to the college is an administration police camp where the presidential guards reside. These elite guards are well remunerated and have a history of luring female trainees from the college into sexual activities by enticing them with money. The college is also located within an affluent neighbourhood, where most of the inhabitants are wealthy people who often take advantage of these young college girls by enticing them with money and the prospect of a glamorous lifestyle. Most of the key informants and trainees interviewed, both male and female, agreed that the actual location of the college presents a number of factors which do in part contribute to the risk of HIV infection among trainees.

> "Trainees are bound to engage in sexual activities due to the carefree lifestyle they find in the city. The college is just a few minutes drive to the city centre, and trainees, especially the females, have many contacts within the city and every time they are seeking permission to go out. Our suspicion is that many engage in sexual activities" (Dean of Students, Highridge TTC).
>
> "This college is right next to the presidential guard camp. We have had many problems in the past with the police officers in the camp because our female trainees easily fall prey to their sexual advances" (Tutor, Highridge TTC).

Shanzu TTC is located next to coastal beaches and other tourist attractions. The area around the college, especially Mtwapa, which is less than one kilometre away from the college, has a very high number of commercial sex workers and sex tourists. Next to the college is Shanzu market, notorious for drug and alcohol consumption and prostitution. Hotel workers as well as beach boys and girls mainly inhabit the market. Rates of HIV infection in the community around the college are reported to be very high because of the kind of lifestyles people live. The rates of HIV infection are particularly high among youth because of high rates of school drop-out. All respondents were concerned that the location of the college poses a great risk to the trainees, as is reflected in the following observations:

> "Our trainees are at great risk because of the tourist attractions around here. Just a walking distance from here is Mtwapa where at least seven out of ten women are

> prostitutes. The area is full with sex tourists some of whom are old white men and women retirees who have built villas and settled in the area" (Dean of Students, Shanzu TTC).
>
> "This place is very bad. In the evenings the place comes to life and you will see people of all ages, some almost naked heading towards the beaches and other tourist attractions. Our students could easily emulate this kind of life" (female tutor, Shanzu TTC).
>
> "Cases of HIV and AIDS here are alarming. I came to this college in 1994 and most of the people I used to see around the college are all dead. When our trainees are free, they go to the same members of the community. It is that bad. Right next to the gate here all manner of dirty things are taking place. The place is the headquarters of hard drugs like cocaine and heroine. Most of the people around this place are drug addicts. The situation is so bad that you can easily tell when a new consignment has arrived. People will sell anything including cars to buy drugs when the supply goes down. When a new consignment arrives prices go down" (Co-ordinator, HIV and AIDS , Shanzu TTC).

Migori TTC is situated in Migori town centre in Nyanza Province, about 20 km from the border with Tanzania. According to the deputy principal, HIV infection rates in the local areas are estimated at 23 per cent – ranking among the highest in the country. Evidence shows that given that this is a small town in a typical rural area, social and sexual contacts with the local community are bound to exist. Trainees easily get involved in sexual activities in this small urban centre in a rural setting as well as in cross-border sex, both of which increase the risk of HIV infection. On average, this opinion was expressed by at least 10 out of every 12 participants in group discussions and was reaffirmed by administrators. Below are some excerpts from such discussions.

> "Tanzanian women are said to be very good at it. This makes some of us to engage in cross border sex" (male second year trainee, Migori TTC).
>
> "This college is placed near a border town, and there are lots of people crossing the border daily such as truck drivers, fishermen and matatu (touts) people. These are the people who entice our poor college girls into sex" (Deputy Principal, Migori TTC).

Therefore, the locations of all three colleges are associated with high levels of unprotected sex and might predispose trainees to HIV infection due to the unique lifestyles associated with them.

Peer influence

The risk of HIV infection among trainees in the colleges was also attributed to negative peer influence. The majority of the trainees admitted in the colleges are young and most come from rural areas, and therefore are unexposed to urban behavioural tendencies. Some of these trainees may be influenced through peer pressure to engage in risky behavioural practices such as alcoholism, drug abuse and promiscuity. More than two thirds of respondents argued that trainees from rural areas have problems adjusting to urban life, making it easy for them to be influenced by their peers who have urban tendencies. However, about one eighth of the respondents felt that peer pressure alone was not enough to force a trainee to engage in sexual activities. They considered an individual's social background to be important in determining whether one would be influenced by peers or not. Nonetheless, the relationship between peer pressure and risk of HIV infection is illustrated clearly by the following excerpts from the respondents:

> "Some people come here (college) when innocent. By the time they leave this place, many have become alcoholic and engage in sexual immorality, all because of influence from friends. When a friend has many boyfriends or girlfriends, you also want to be like them" (female trainee second year, Highridge TTC).

> "Some of us come from the bush, when we get here, we find some people from very rich families with very many boyfriends. When we socialize with them, they encourage us to have sugar daddies like them. They may give us one or two so that we can be sharing the same thing in common" (female trainee, second year, Migori TTC).

The findings show that peer pressure has the potential to heighten the risk of HIV infection among trainees.

Pressure to find the 'right' marriage partner in college

The desire to acquire a marriage partner in college was said to contribute to sexual promiscuity among the trainees. Such a desire was said to be much stronger among second year female trainees who feel 'old' and fear that they may not easily get a marriage partner on graduation. The intensity of this fear, it was said, pushes these trainees to court many potential 'marriage' partners and to yield easily to their sexual demands in an effort to 'net' them. This view was supported by female trainees, but it was mentioned by the male trainees as one of the factors predisposing both male and female trainees to the possible risks of HIV infection.

> "When the first year girls arrive, we are all interested in them. So, we all book ours. But if a female trainee gets into second year without a steady partner, she can really become desperate. In this state, she may try to befriend whoever is available so as to get married to him later. Most of those desperate will most probably be those who have had a child out of wedlock or those who will have been dumped by their second year boyfriend" (male trainee, second year, Shanzu TTC).
>
> "When girls get into their final year, they start slowly losing market. As such, they will try by all means to pin themselves onto a man. Some will even decide to have sex with you so that you impregnate them. They will then make sure they get posted to a school near your home areas. After that you are as good as married. These are pretty dangerous girls and could even infect you when they are looking for a partner" (male trainee, first year, Migori TTC).

Sexual experimentation in search of the 'right' partner was also mentioned as a risk factor for HIV infection. Male trainees in particular observed that it is not feasible to have only one sexual partner and end up marrying her; rather, young men need to 'try out' a number of female friends and have sex with them so as to be able eventually to chose the most 'appropriate' marriage partner. This phenomenon is reflected in the statement of a male trainee below.

> "Most of us come here with different objectives. Apart from education we also look for partners. Before you take that vehicle home (wife or husband) you take it for road test and before you find one which is good it may be after several attempts, may be seven several vehicles" (male trainee, first year, Shanzu TTC).

As seen above, some male trainees want to assure themselves that their prospective marriage partner is 'good enough' and suitable for them. Male trainees argued that they could well err in their choice of marriage partner if the latter were not put to the test sexually.

> "The qualities you look for are like the alphabet. A for age, b for beauty, c for character, d for denomination ... up to s for sex. If you do not do that, you will end up divorcing soon. I tell you, it is very important to try out your partner before marriage" (male trainee, second year, Migori TTC).

Engaging in sexual relations in the course of considering a partner for marriage inevitably places both male and female trainees at the risk of HIV infection. Those interviewed agreed that this phenomenon exists but is not very common.

Sexual relationships between female trainees and male tutors

It was also alleged that academically weak female trainees are particularly at risk of HIV infection. These trainees, it was reported, often seek favours such as better grades from male teaching staff in exchange for sex. An overwhelming majority (about 10 in 12) of male trainee respondents in the colleges lamented what they referred to as *sexually generated grades* or *marks* given to female trainees. This was said to be common in the teaching practice because tutors have greater influence on the final grade in teaching practice assessment as opposed to other subjects, which are externally examined. A slightly smaller number (8 in 12) of female trainee respondents expressed this view. There was also concurrence among female tutors that this practice is common among male teaching staff, as is demonstrated in the below citations.

> "The tutors here take our girls and give them marks for sex. During teaching practice their work is approved immediately. For a male trainee, work is not easily approved" (male trainee, second year, Highridge TTC).
>
> "Most of our female colleagues are exploited by tutors. When you take your scheme of work, the tutors want to seduce you before approving the work" (female trainee, second year, Migori TTC).

In other instances, male teaching staff use their monetary power to win sexual favours from female trainees.

> "I heard a story about a tutor who bought red shoes for a trainee during Valentine. What do you expect from that?" (male trainee, first year, Shanzu TTC).
>
> "When girls come to college, they want to start living nicely. They want mobile phones, airtime, good meals, and nice dresses. Most of our tutors can afford what these girls want so it's not surprising they end up getting these girls" (male trainee, second year, Migori TTC).
>
> "I think I agree there could be liaisons between students and tutors. Most tutors have a minimum of a Master's degree, so they are well paid. These young girls want to be associated with men of status and money, just like any other woman anywhere else. Most women clamour for class and status. It is therefore understandable when these young girls get hooked on to our male colleagues" (female tutor, Highridge TTC).

Generally, it was observed that transactional sexual relations between male tutors and female trainees were common in the colleges. The discussion showed that the reasons for the persistence of these relationships range from coercion, material exchange, admiration, to mutual consent. The tutors' code of ethics and the colleges' rules and regulations do not permit the existence of such sexual relations. However, flouting this regulation appeared to be the norm in virtually all the colleges. There was only one reported instance in one TTC where in the past a male tutor was sanctioned and a female trainee suspended. This came about when the two persons concerned failed to report back to the college after a sports event in a neighbouring institute, and subsequent investigations revealed that the two had spent the night together. Trainees and/or tutors also reported being reluctant to report sexual relationships for fear of having a colleague sanctioned or a trainee suspended from the college. In any event, it was observed that college trainees are "adults who have a right to or not to consent". In fact, it did emerge that there was a silent understanding

among both trainees and staff that these relationships, "unless it can be proved that the female student had been coerced", is a consenting relationship.

Age differences among trainees

In Shanzu TTC, some respondents noted that age differences between trainees might in fact contribute to the risk of HIV infection.

> "The age differences among trainees here are too big. You have on one-hand young and sexually inexperienced trainees while on the other hand, you have the older experienced ones including the married. These older ones initiate the younger ones into risky sexual activities" (female trainee, second year, Shanzu TTC).

However, this was not considered to be a serious problem in the college. Only a very minor proportion of trainees regarded age difference as a key factor in HIV infection. Those who subscribed to this view held that older trainees can goad the young and innocent ones into sexual relationships, thereby exposing them to possible risks of HIV infection. This phenomenon, it was observed, could occur among both male and female trainees. About half of the trainee respondents, however, felt that younger trainees, especially females, may find it difficult to refuse sexual advances by older male trainees. It was noted that female trainees may also have little or no capacity to negotiate condom use, since older men have the upper hand on whether or not to use condoms.

Misconceptions about HIV and AIDS

Many misconceptions and wrong assumptions about HIV and AIDS still persist among trainees in the colleges. This was given as another contributing factor to the spread of HIV among the trainees. In Migori TTC, about half of the respondents observed that some trainees continue to subscribe to the long-held belief among the Luo (local community) that HIV and AIDS are *chira* (a curse) rather than a medical phenomenon, which affects anyone who breaks a taboo or offends the customs of ancestors. In the Luo tradition, someone who has *chira* is supposed to experience mysterious illnesses that may eventually lead to death. In all the colleges, a few trainee respondents (about 1 in 12) appeared to construe antiretroviral therapy as "medicine for AIDS". To that degree, to them HIV and AIDS are nothing short of a 'normal' disease, hence there is no need for adopting protective behaviour. The following were typical responses from the colleges:

> "I recall there is a time I and my friends were discussing about AIDS. I pointed out that if I got AIDS now I would be very stressed. One of my friends said, AIDS is a very nice disease because it is not like leprosy and it is not air borne. You will stay for long if you eat well and therefore it does not matter if you get AIDS" (female trainee, second year, Migori TTC).
>
> "I met someone in this college saying that AIDS is just like any other disease e.g. malaria. Therefore, death is for every person and we are all going to die" (male trainee, second year, Highridge TTC).

Such misconceptions are bound to influence the perception of the risk factor and heighten resistance among the trainees to adopt appropriate preventive behaviour.

Drug and alcohol abuse

Exposure to alcohol and drugs while in college was said to increase trainees' predisposition to HIV infection. However, the perversity of such behaviour among trainees within colleges could not be established. The three colleges are certainly located in areas where trainees can easily access

alcohol and drugs. In Shanzu trainees are perhaps much more exposed to the risk of contracting HIV because, as reported by both staff and students, drug traffickers openly operate in Shanzu town right at the gate of the college. In Migori TTC, the commonly observed problem is that of alcohol abuse. Staff observed that a few trainees sneak out of college and go into slum areas of the town for cheap alcoholic beverages. In Highridge TTC, despite various reports of alcohol and drug abuse, and given that there is a slum not too far from the college where the sale of illegal alcohol is common, the consumption of such substances was not reported as being a prominent problem.

> "Trainees sneak out of college and end up in a slum area of the town by the name Padipieri that is notorious for *bhang* and *changaa* (illicit brew). Here they smoke *bhang* and take *changa'aa*, practice that puts them at the risk of infection" (male tutor, Migori TTC).
>
> "Just out here there are all kinds of drugs. This is likely to influence our trainees into sexual activities hence increasing their risk of HIV and AIDS infection" (Dean of Curriculum, Shanzu TTC).
>
> "Being next to the city centre and close to some slum areas of the city, we have had cases of alcohol consumption among our trainees. We believe this can expose them to HIV infection because of irresponsible sexual activities" (Dean of Students, Highridge TTC).

Drug and alcohol abuse lead some trainees to partake in high-risk sexual behaviour, such as frequenting multiple sexual partners and having unprotected sex, which could subsequently lead to HIV infection. Such behaviour is particularly salient among male trainees, but is also limited in scale in the colleges because drugs and alcohol are expensive and unaffordable for most trainees.

Freedom and exposure

The vast majority of respondents (about two thirds of the key informants and at least 10 in 12 trainees) said that college life comes with freedom and exposure, which can also be abused by trainees. In Shanzu TTC for example, it was reported that the exposure that trainees, particularly the younger ones from upcountry, are submitted to when they enter the college heightens the risk of HIV infection. This draws largely from popular perceptions publicized by the mass media tourism promotion campaigns, which depict Mombasa and its environs as "the place of fun". Trainees, especially from upcountry, therefore come to Mombasa with heightened expectations. Many are adventurous and seek out opportunities to visit the city's hot spots and also sample some of what is on offer. Also, Highridge TTC is located near the capital city, which has numerous hot spots that may attract students. Migori TTC is located in a smaller urban area, but whatever the case, it is very clear from the interviews that for most trainees the chance to go to a TTC represents the first major step towards personal freedom. Often trainees have had a strict upbringing by their parents and possibly later attended very strict secondary schools. They eventually find personal freedom in college, and in the first few months, as they internalize this new-found freedom, are likely to engage in adventurous sexual acts which could place them at risk of contracting HIV. Peer pressure for sexual adventures was also reported to be common in the colleges.

> "Some of us come from upcountry and have the mentality that Mombasa is 'raha' (fun). When they get here there are beaches, hotels, white men, and tourists on the beaches so we always try out different spices" (male trainee, first year, Shanzu TTC).
>
> "Some people come here from environments where there are many restrictions. When they get here, they find a lot of freedom and they can do anything they want. This newly

> acquired freedom can put a trainee at great risk of getting HIV" (male trainee, second year, Migori TTC).
>
> "In this college, our trainees, most of whom come from rural areas, get exposed too much and have freedom which may put them at risk of HIV infection" (Dean of Students, Highridge TTC).

It is therefore apparent that trainees are exposed to a myriad of factors that make them vulnerable to the risk of HIV infection. One or a combination of these factors increases their likelihood of infection. This is especially so because many trainees may not protect themselves.

4 HIV and AIDS among teaching and non-teaching staff

This section will discuss factors that contribute to HIV infection among both teaching and non-teaching college staff as well as notions and perceptions of personal risk of contracting HIV among teacher trainees in the visited colleges.

4.1 Factors influencing the rapid spread of HIV among teaching and non-teaching staff

Scarcity of resources among non-teaching staff

Lack of resources was found to be a major contributing factor to HIV infection among the non-teaching staff members, who incidentally are also the most affected. Most of the non-teaching staff in Shanzu and Migori TTCs come from areas around the colleges where poverty and HIV infection levels are very high. In Migori, apart from the cross-border sex in the region, women in the fish business are enticed into sexual activity in exchange for fish by fishermen around the lake and may contract HIV in the process. They in turn infect their husbands, thus setting a spiral chain of infections in the local area. Almost all the key informants confirmed that such acts occur.

> "Women who sell fish in this area are greatly affected by HIV and AIDS because in order for them to buy fish from the fishermen, they are forced to have sex with them. They in turn bring the disease back home to their husbands" (female tutor, Migori TTC).
>
> "These people come from around and most of them are poor. One can therefore see that they are at risk because this area is bad" (Dean of Students, Shanzu TTC).

Poverty mainly affects the non-teaching staff because they are poorly remunerated compared to the teaching staff. Most of the non-teaching staff are employed by the Board of Governors (BoG) and are largely drawn from the local areas where poverty is endemic. This is especially the case in Migori and Shanzu TTCs.

Availability of resources and elevated social status among teaching staff

Unlike the non-teaching staff who were found to be vulnerable to HIV infection because of lack of resources, it was observed that the teaching staff in the colleges were vulnerable because of their relatively high incomes as compared to other people in their areas of work, as well as their relatively privileged high status in society. The high incomes of college staff provide them (males in particular) with facilitated access to sex (in this case, from female students and other female non-teaching staff). In Shanzu and Migori TTCs, which are mainly surrounded by small towns, it is the teaching staff in these colleges who patronize most of the social places. As a consequence, they have easy access to sex from women in the college precincts and local commercial sex workers.

> "You know all the tutors here are graduates. Most of them even have Master's degrees, so their pay is good. Since they are the only people with high regular incomes, they become easy prey for local women. Even some of our female students will try to woo the male tutors into relationships with them. This puts them at risk of HIV infection" (male tutor, Migori TTC).
>
> "We are very few tutors in this college, and we all converge during our leisure time in Shanzu. This is a relatively small town and so the local community easily gets to know

you. Because our tutors easily stand out, they become easy targets for women around" (male tutor, Shanzu TTC).

"Shanzu is not like Mombasa or Nairobi where people do not know you. Here, because it's almost a rural area, you get to be known by the local community as soon as you arrive. Tutors are also respected in the local community and this gives them easy access to women in the area" (Dean of Students, Shanzu TTC).

"Lecturers have resources and easily entice female trainees with chips and chicken and the trainees give in to their sexual demands" (female trainee, first year, Migori TTC).

"Sometimes the lecturers can even buy female trainees mobile phones and give them money for airtime. These are not things a male student can provide. So, it's easy for lecturers to befriend our female colleagues" (male trainee, second year, Shanzu TTC).

What appeared rather interesting was that female tutors were less likely to be exposed to HIV infection because they were revered by the local communities, and this tended to keep local men away from them. On the contrary, the elevated social status of male tutors appeared to put them much more at risk because they "were a darling to many local women", including college trainees.

Cultural values and practices

Cultural values and practices were reported to be a major problem, especially among the non-teaching staff in Migori TTC, since they are drawn from the locality (Nyanza province) where wife inheritance is a common cultural practice. Many of these staff members still practice wife inheritance, which is a major conduit for HIV infection. Also in Highridge TTC, the main factors identified as contributing to the risk of infection among non-teaching staff included ignorance and lack of information, cultural practices and alcoholism.

In Shanzu, those in lower cadres of employment were reported to engage in risky practices such as consumption of *chang'aa* (illicit brew) and *mnazi* (a local coastal brew tapped from the coconut tree and fermented). Others intermingle with other community members and engage in activities that take place on the beaches and in other tourist spots. The following comments were made regarding non-teaching staff:

"Our non-teaching staff mainly comes from within this district which has very many cases of HIV and AIDS. Because of this, many are exposed to infection" (Senior administrator, Migori TTC).

"Some of our support staff is ignorant about HIV and AIDS issues. Many of them live away from their spouses and others engage in consumption of alcohol. All this puts them at risk of infection" (College administrator, Migori TTC).

"Our non-teaching staff, especially those in support roles is ignorant about HIV and AIDS issues. Many of them live away from their spouses and others engage in consumption of alcohol. Still, others practice harmful cultural practices such as wife inheritance. All these put them at risk of infection" (College administrator, Highridge TTC).

It was noted that low levels of education contribute to the high prevalence of cultural practices and ignorance among non-teaching staff. This is worsened by misconceptions about HIV and AIDS.

Sexual relations with female college trainees

Information from all colleges indicate that sexual relations, especially between male tutors and female trainees, are common and that such practices make both parties susceptible to HIV infection.

The desire of male tutors to have sexual relations with young female trainees may contribute to inter- and intra-generational infections. At least half of the key informants shared the view that such sexual relations may be a conduit for HIV infection. The older infected male tutors may infect the young female trainees, who in turn may infect their regular boyfriends. Equally, an infected young trainee may infect a male tutor, who may in turn infect his wife or wives. This might be the case especially in Migori, since polygamy is relatively common in the area.

> "Although the code of ethics requires strict tutor-trainee relationship, college life is more liberal and allows tutor-trainee interaction which may lead to sexual relations. Trainee visits to tutors are not an offence but what we do with trainees is the problem, and this is difficult to prove" (tutor, Migori TTC).
>
> "One infected tutor or trainee can set in motion a chain of infections – from tutor to trainee to spouse and vice versa. It is important to aspire for high moral standards – not just for the sake of it, but for the sake of protecting each other. The college community is very small, and an infection could easily spread within" (tutor, Migori TTC).
>
> "Every year, the college receives new trainees and the lecturers are always looking for the beautiful girls. It is possible these ones could be infected" (female trainee, first year, Migori TTC).

In Shanzu and Highridge TTCs, 9 in 12 trainee respondents were of the following opinion with regard to tutor-trainee sexual relationships:

> "Sexual encounters exist but not within the college. A teacher can call you for a cup of tea in Ngara or a walk at the museum. After you are called, the rest of the trainees will never know whether it's a real museum or museum in quotes" (male trainee, second year, Highridge).
>
> "Tutor-trainee relationships are common but they are not open" (female trainee, first year, Shanzu TTC).

The above findings clearly show that tutor-trainee sexual relationships can be a conduit for HIV transmission in the colleges. This is especially the case where it is common to have multiple sexual partners.

Widowhood or separation from spouse

Some members of the teaching staff were found to be vulnerable to infection largely because they do not live with their spouses in the college or are widowed. These two categories of staff are particularly prone to engage in sexual relations with female trainees or girls outside the college. These particular observations were mainly reported by trainees in Migori TTC.

> "Male tutors can easily contract AIDS because they have left their wives at home and are sexually involved with college female trainees whose backgrounds and past relationships they do not know" (female trainee, second year, Migori TTC).
>
> "For some of the tutors, their wives passed away and they are seen to be very busy working out relationships around. We do not know whether they are behind marriage or just moving with them to pass time" (male trainee, first year, Shanzu TTC).

The affected tutors find female trainees particularly easy targets because they have more influence over them. College female trainees are considered young, attractive, and relatively safe sexual partners by male tutors. In one case in Shanzu, it was reported that a tutor had even married one of the female trainees after she graduated from the college.

4.2 Populations at higher risk of exposure to HIV infection

Trainees

The vast majority of trainees in the three colleges (over 90 per cent of those interviewed) and key informants felt that trainees were more vulnerable to infection than staff members. Views such as below were characteristic of responses on this subject.

> "Although we are all aware that anyone can contract HIV, the trainees here are more vulnerable because they are the most sexually active, and are mostly doing it without using protection" (male trainee, second year, Highridge TTC).
>
> "Trainees are definitely more at risk than the staff because majority are young and at the exploratory age which makes them more vulnerable" (male tutor, Shanzu TTC).

Female trainees

Respondents were asked whether there were certain categories of trainees who were more vulnerable to infection than others. Responses to this question were varied and at times contradictory. There was consensus that all trainees were at risk of infection, but that female trainees were at much greater risk, which is justified on account that the female trainees have more needs than men. This then becomes a 'push' factor for them to engage in sexual activities so as to obtain the means to pay for these needs. Female trainees were also described as desirous of glamorous lifestyles, hence the propensity to live beyond their own means. This puts them in competition with one another for men who can provide a better lifestyle, including good clothes, shoes and phones. In pursuit of all this, many could engage in sexual activities. Also, as already mentioned, the vulnerability of female trainees to HIV infection is often enhanced by their inability to negotiate for safer sex. Male respondents in particular were more vocal on this subject, as can be seen in the following excerpts:

> "Female trainees are at risk because during boma (time when all students are allowed to go out of college on weekends) leave, they go out looking for men to give them money. They have very few boyfriends in college, but outside you find one having even seven" (male trainee, second year, Migori TTC).
>
> "The girls can easily get the disease more than the male because they are easily seduced by men for very small favors. Tutors may sleep with them to approve their schemes of service" (male trainee, first year, Migori TTC).
>
> "Female trainees are more at risk because most of them want high standards, so if I meet a man who is financially stable and he requests to go with me to have sex, I will give in because I want to have that money so that I can look like other female trainees" (female trainee, second year, Shanzu TTC).
>
> "Female students are more at risk because as a man I find it easy to spend a week with only 50 bob or even without but a lady cannot do even with Ksh.200, so sometimes they have to look for money from men" (male trainee, second year, Highridge).

Still, female trainees' inability to negotiate sexual encounters, especially condom use, was cited by at least 8 in 12 male trainee respondents and 6 in 12 female trainee respondents as a factor that greatly increases the risk of HIV infection.

> "Women are at a greater risk because in my culture when a woman says 'no' she mean 'yes' and therefore you have to knock her down" (male trainee, first year, Migori TTC).

> "Female trainees are more at risk because in most cases a man can decide to use a condom and a lady is at the mercy of the man and most are not able to argue at that particular time. Also, most men are the ones who provide for this lady and can dictate that since they are the ones providing, they have the right to have nyama kwa nyama (flesh to flesh/sex without a condom)" (male trainee, second year, Highridge TTC).

The above findings show that the contexts in which most sexual encounters take place do not allow for negotiation on condom use, thus putting female trainees at a disadvantage and subjecting them to the risk of contracting HIV.

Female trainees from poor families and male trainees from rich families

The study examined the risk in relation to the economic background of the trainees. On this subject, there was consensus that female trainees from poor families and male trainees from rich families were at greater risk of infection than other trainees. Some rich male trainees were said to use their resources to lure girls from inside and outside the college into having sex. Others can afford entertainment such as dance, alcohol and drugs, which increases the chances of engaging in risky behaviour, thus heightening the risk of HIV infection.

> "Among the well-to-do trainees, the males are particularly vulnerable compared to the women. They are very outgoing and more likely to engage in sexual promiscuity" (female tutor, Highridge TTC).
>
> "Girls from poor families are more at risk because of the need to obtain basic needs while male trainees from rich families are more vulnerable than female trainees because they engage in carefree lifestyle" (Muslim trainee leader, Migori TTC).
>
> "Poor male trainees will be satisfied with the little they have but the rich want to show off and can hold three or four girls. They say; I can take one to Casuarina (popular local tourist pub) on Sunday and will take another to Florida just to show off. This will lead to transmission of the disease" (male trainee, first year, Shanzu TTC).

Few cases were cited in which female trainees from rich families might also be at risk because of their desire to maintain high economic status while in college. In the event that they do not have enough pocket money, they may at times go out in search for men who can provide for them.

However, the responses were not quite conclusive. For example, there were counter arguments that male trainees from poor families also attached themselves to 'sugar mummies', while others engage in homosexual activities for money. Equally, it was also argued that some poor male trainees also take cheap illicit drinks such as *chang'aa* in the slum areas around the colleges, and this could be a recipe for high sexual activity, often without protection.

First-year trainees

There was a general view that both first and second year trainees are likely to be exposed to HIV. This is because HIV infection is considered to be a cycle where second year trainees may infect first years, who in turn infect the incoming trainees the following year. On the other hand, the incoming first years may infect second year trainees. Nonetheless, the majority felt that first year female trainees are more vulnerable because both male trainees and tutors take advantage of them. Further, for the first year trainees, college offers them a lot of freedom, which they abuse. The need of incoming first year female trainees to be protected from molestation by male trainees also pressures them into sexual relations with male trainees whom they befriend as a means of

protection. The below citations support the opinion that first year trainees are perceived to be more at risk of infection than second years trainees.

> "First years are more at risk because when they come here, they find themselves in a free environment and they start moving with men" (Male second year, Migori TTC).
>
> "In the first year there is a bit of bullying by the second years. Some first year girls must befriend a second year male so as to secure protection in exchange of sex" (male trainee, second year, Migori TTC).
>
> "Both first year and second year trainees are at risk of infection. But the first years are more vulnerable because most are new in town and its lifestyles. The women in particular are targets of tutors and male trainees. When first years join the college, men from outside frequent the college" (male trainee, second year, Highridge TTC).
>
> "As we approach second year, people are looking forward to new girls who will join the college. Thus, first years are more in danger because they have many predators. When they come here, they don't know anything so when someone tells them I will take you to the beach, they easily give in" (male trainee, first year, Shanzu TTC).
>
> "First year female trainees are more at risk because the second years take advantage of them because they are still innocent. When they come, they capture them, they mess around with them and then dump them" (female trainee, second year, Shanzu TTC).

Married female trainees

It was reported that married female trainees have a tendency to be sexually promiscuous compared to those that are unmarried. Such perceptions are given below and were common in all three colleges.

> "Marriages break up here. Married female trainees are freer in doing sex than others. Most do sex for monetary gain" (Dean of Students, Shanzu TTC).
>
> "Some of the married female trainees drop their rings and become singles once they reach the college" (female tutor, Shanzu TTC).
>
> "Married trainees are used to having sex and when they come to college, they try to get someone either in college or outside so that they can continue to have sex" (female trainee, first year, Migori TTC).
>
> "Married women are unfaithful, they have love affairs in college and some have friends outside of the college" (male trainee, second year, Highridge TTC).

At another level, a different view holds that married women may possibly also be at risk because of irresponsible husbands whom they leave at home when they enter the college. This strengthens opinions among male trainees that having a married girlfriend could also be conducive to HIV infection. This would certainly be the case if the husband of this 'girlfriend' had extra-marital relations during his wife's absence from home.

5 Impact of HIV and AIDS on college functions and operations

This study also sought to investigate the quantitative impact of HIV and AIDS on the TTCs. The study found that the colleges did not keep or have any statistics on trainee and staff infection, AIDS-related deaths among staff and trainees, infections among family members, drop-out rates due to HIV, or even institutional activities possibly affected by HIV and AIDS. It was therefore difficult to quantify the actual social, economic or academic impact of HIV and AIDS on the institutions. Nevertheless, anecdotal evidence suggests that the colleges have been affected immensely.

5.1 Impact on academic programmes

It was generally observed that most of the respondents who shared their opinions on this subject talked in generalities without providing specific details of how HIV and AIDS may have affected them academically. This was understood given the sensitive nature of the topic and the fact that only very few of those who were infected or affected were willing to be open about their status to the college administration. This left everything to speculation. However, the study established that HIV and AIDS have had an impact on the academic aspects of the colleges, as discussed below.

Quality of training

The academic impact of HIV on the colleges can be seen in light of the reported cases of absenteeism among trainees and staff due to prolonged illness. There were several reported incidences of trainees missing classes to seek treatment for what were suspected to be opportunistic infections and a few cases of tutors not attending classes due to illness.

In addition, the colleges reported that some trainees also care for their ailing family members and therefore keep going home from time to time. Trainees and staff also frequently seek permission to attend funerals of family or relatives, some of whom die of AIDS. Although such claims were made by over half of the key informants, there were no available statistics to confirm this. But it was noted that cases of absenteeism were on the increase.

> “Many trainees come here during class time so that I can write them letters of referral to coast general hospital. Many of them have health problems that they are reluctant to disclose” (college nurse, Shanzu TTC).
>
> “Although cases of absenteeism due to illness have gone down, we still have to give trainees permission to go out for treatment for various ailments. Many trainees are also attending to sick relatives and family members. Others are attending funerals of dead relatives. Surely this reduces their time to attend to studies” (Dean of Students, Highridge TTC).
>
> “If we were to make follow up on cases of trainees who perform poorly here, it would not be surprising to find that some would be dead by now. Remember that, they may come here negative and leave positive. Poor performance may be because of ailing” (tutor, Migori TTC).

Therefore, HIV and AIDS may probably impact negatively on performance and academic achievements and quality of the graduating trainees because course content, acquisition of knowledge and skills, attitudes and values emphasized by the college might be lost during the period of absence.

Increased workload for staff

Migori TTC reported a few cases of increased workload among staff members due to absenteeism and deaths related to HIV and AIDS. This means that trainees miss classes when their tutors are absent and the college has to arrange catch-up classes to cover the missed work when the tutor comes back. This affects their schedule of other activities including private studies. When there is prolonged absenteeism, other members of staff have to take up the courses taught by those who are absent, and this increases their teaching burden. Moreover, sick tutors who can still teach are given less work and the rest of their responsibilities are passed on to other tutors. This problem is worsened by the fact that the BoG is restricted to hiring instructors for non-examinable subjects only and the TSC, which is the main employer of the tutors, cannot replace ailing or deceased tutors due to a freeze on employment by the government.

> "Right now about three lecturers are suffering from HIV and AIDS and their productivity is not as when they were still healthy. You will find that they may be in and out of hospital for as long as three months. The courses they teach may not be well covered" (Deputy Principal, Migori TTC).

Shanzu and Highridge TTCs also reported cases of absenteeism due to illnesses, but to a lesser extent than Migori TTC. In Highridge, it was reported that the absenteeism of staff has not had a major impact on academics in the college. This is what the Dean of Students in the college had to say:

> "At the moment the absenteeism of tutors is not a big problem because we have surplus of tutors as the college has fewer trainees because it is closing down. The challenge is reorganizing work assignments" (Dean of Students, Highridge TTC).

In fully operational colleges, there was a general feeling that HIV and AIDS are worsening the current problem of overloaded teaching curriculum in the colleges, where tutors are already calling for a reduction in their teaching workload.

Diversion of resources and time

There was a general impression among trainees and staff that the need for HIV and AIDS training and related activities has affected education programmes in the colleges. We observed that, although the time spent on HIV and AIDS training and other activities may not amount to even an hour a day on average, the fact that HIV and AIDS as a subject is not examinable makes both trainees and tutors feel that such time is wasted; they feel that they would rather spend it teaching and studying for examinable subjects or private study. On the same note, trainees felt that a lot of resources meant for academic programmes are diverted to HIV and AIDS activities. A few trainees (5 in 12) considered this to be a major problem at Highridge TTC, which runs many HIV- and AIDS-related activities, while Migori TTC reported fewer cases – about 3 in 12. In Shanzu TTC, the effect was found to be negligible because the college is just beginning to implement HIV- and AIDS-related programmes.

> "The college has very many HIV and AIDS activities which affect our learning. The time allocated to teaching core subjects in the college is eaten up by HIV and AIDS related activities" (female trainee, Highridge TTC).

> "Trainees started to get fatigued with AIDS activities in the college and took messages as normal and not react to them. Some felt that it takes their time off from studies. Due to this the trainees are now actively involved in the facilitation of activities to reduce boredom" (female tutor, Highridge TTC).

Although HIV and AIDS may not take up a considerable amount of time from the academic curriculum, there is general feeling that since it is not examinable, trainees would rather use that time for private studies or to cover other parts of the syllabus. This may be an indication that if education on HIV and AIDS was made examinable, it would not be perceived as a waste of time.

Psychological trauma and reduced morale

The study established that trainees who are suspected to be HIV-positive are affected psychologically and that due to stigma they are not able to concentrate on their studies. Some trainees are also affected psychologically because they are orphaned or they have to take care of sick relatives. Although there is no evidence to support this, isolated cases were reported. This, as explained in Shanzu TTC, is suspected to have led to drop-out and poor performance.

> "Those trainees infected or those who have sick relatives are always withdrawn and cannot concentrate during class lessons" (tutor, Shanzu TTC).
>
> "After contracting and knowing very well that you have the virus, you will now begin counting your days and give up on everything because soon you will be past tense (dead). This will affect your performance" (male trainee, first year, Shanzu TTC).

Similar sentiments were expressed in Migori TTC:

> "When one is infected, they lose concentration and do not perform well in class. That person will only be thinking about dying" (female trainee, first year, Migori TTC).
>
> "Basing on last years' performance, there are those who performed poorly. When the college went out to find why this was the case, they were found to have already died. We can conclude that it is because of AIDS that they performed poorly" (female student leader, Migori TTC).

In Highridge TTC, this was not considered to be a major problem because it was argued by both staff and trainees that the college has made a lot of progress in fighting discrimination and stigma related to HIV and AIDS.

Loss of highly trained and specialized manpower

None of the three colleges had any statistics on the number of staff lost due to HIV and AIDS or AIDS-related complications, but they nonetheless reported experiencing such losses. The principals in particular observed that the failure by the TSC to immediately replace dead or ailing staff despite having a surplus of trained teachers often made the continued teaching of particular specialized courses taught by the affected tutors difficult. Quite often, other less qualified tutors are pressured into teaching courses in which they are not subject specialists. This means that their teaching might be of lower quality. Other tutors may also not be enthusiastic about teaching other tutors' classes because they see this as an extra workload. Migori TTC, for example, was experiencing difficulties in the teaching of science and mathematics due to the fact the concerned tutors were ailing while others had passed away.

> "We lack tutors in expert areas such as science who cannot be hired because of freeze in employment" (senior administrator, Migori TTC).

> "We are lacking mathematics teachers because some are sickly" (Deputy Principal, Migori TTC).

This was not reported to be a major problem in Highridge and Shanzu colleges, where fewer cases of sickness or death among the teaching staff were reported.

5.2 Economic impact

Difficulties in payment of fees

The colleges' administration reported that the number of trainees who cannot afford to pay their college fees is on the increase, and that this is largely attributable to death or sickness of the trainees' parents or guardians. This inability to pay fees is negatively impacting on college activities by reducing the college's resource base. For instance, Migori TTC has in excess of 2.5 million Kenyan shillings in fees arrears and has to request students to seek assistance from their Constituency Development Fund (CDF) to offset these balances. In one FGD in Migori, it was observed that disclosure of positive HIV status by a trainee to his or her parents might lead to non-payment of fees by the parents on the pretext that "the trainee is going to die soon anyway". Many members of staff and trainees felt that HIV and AIDS lead to problems in the payment of college fees, as shown by the following excerpts:

> "Those trainees who inform parents of their status, the parents refuse to pay fees because they wonder 'why am I paying fees if my child is going to die very soon'" (female trainee, second year, Migori TTC).
>
> "I am aware of about 10 trainees who have lost either both or one of their parents to HIV and AIDS. Such trainees are unable to raise fees" (tutor, Highridge TTC).
>
> "Trainee orphans are many among the trainees. I know of at least two. There must be many more. They really have difficulties in paying fees" (tutor, Shanzu TTC).
>
> "Some of our colleagues have sick parents while others have lost parents. In this way they find it difficult to raise college fees" (male trainee, second year, Shanzu TTC).
>
> "HIV and AIDS have really affected me economically because my in-law and the wife died and my husband and I were left with their four children to educate. I came to college very late because he had to also look after those children" (female trainee, first year, Shanzu TTC).

The general observation is that majority of the teacher trainees come from poor economic backgrounds. Therefore, HIV and AIDS are increasing the already heavy burden of paying fees on the trainees, their guardians and their families.

College financial support for PLWH and funerals

It was noted that colleges make frequent financial contributions towards support of PLWH. This problem was reported to be more acute in Migori TTC where the college is under pressure to support relatives of sick staff, especially non-teaching staff. For example, wives of sick employees may camp at the college to solicit support, or family members may put pressure on the college to have relatives of victims employed. More than two thirds of the key informants in Migori concurred with the assessment that the college gives financial support to members who are either affected or infected. One tutor at the college said:

> "Sometimes the wives of the deceased come and camp at the college. They start demanding for financial assistance or even for employment in the college arguing that

> the deceased was their sole breadwinner. At times, the college is forced to employ them but at other times, it cannot because they are not qualified" (tutor, Migori TTC).

Trainees and staff at Migori TTC are also forced to contribute money towards the upkeep of bereaved families, which they find an extra burden. Tutors contribute at least Ksh.1,000 towards funeral expenses for each tutor who dies, and Ksh.100 for every trainee who dies. As a safeguard to ethnic polarization in the college, the administration had initially banned culturally/ethnic-based groups, but due to HIV and AIDS, the college has had to allow their operations since they serve as safety nets for sick or bereaved trainees. These groups now provide much needed psychosocial and financial support to 'any of their own' who are either infected or affected by HIV and/or AIDS.

Migori TTC also provides transport to hospital for sick trainees or staff and, through the BoG, donates money toward staff, but not trainee, funerals. Staff and trainees are, however, encouraged to make financial contributions to sick or bereaved trainees. The office of the dean of students is involved in organizing fundraising meetings for bereaved trainees or members of the non-teaching staff. Expressing the magnitude of the problem, an administrator observed;

> "The college has an ad hoc budget for HIV and AIDS. We are at times forced to come in and buy coffins for dead members of staff. Sometimes we may be called in to buy iron sheets for construction of houses for bereaved" (senior administrator, Migori TTC).

At Highridge, the college community is forced to financially support those infected and affected by HIV and AIDS. This may be through providing treatment, transport to funerals or paying fees. The college has a work programme meant to assist those who cannot raise fees. Such trainees work during the school holiday, and their compensation goes towards fees payment. Members of staff, through the office of the dean of students, also make some financial contributions towards assisting those affected in the college. Trainees are also encouraged to apply for CDF funds to support their studies.

Increased expenditure on treatment of opportunistic infections

The colleges reported increased cases of STIs and what are considered to be opportunistic infections. The college health facilities, which are ill equipped to handle basic health issues among trainees and staff, were reported to be overstretched. Views such as below were characteristic of more than half of the responses on this subject in all the colleges.

> "It is very expensive for the college to treat suspected HIV and AIDS related ailments including TB and STIs. The college cannot easily improve health provisions for STIs, therefore there is unsatisfactory health service delivery and health interventions" (college nurse, Highridge TTC).
>
> "There is no medicine in the dispensary. When we go there suffering from e.g. malaria even the nurse complains, 'Now what will I give you, if the college has failed to provide piritons which cost only Ksh.50, how can I get septrins of Ksh.500?'" (male trainee, second year, Migori TTC).

College nurses reported that that the health clinics had a shortage of drugs. Due to this, some trainees are forced to spend money that is meant for their upkeep on further treatment and medicinal drugs. Nonetheless, this was a minority view that could not be substantiated.

> "Some trainees have to buy medication for themselves using their pocket money" (female trainee, first year, Shanzu).

This shows that HIV and AIDS increase college expenditure on health services. Currently, colleges have very small budgetary allocations to health services, which may not be adequate if the colleges have to sufficiently attend to HIV- and AIDS-related health needs.

Increase in number of trainees in need of special meals

All the colleges reported an increase in the number of trainees that doctors recommend for special meals. Some of the affected trainees are poor, and the need to have a special diet affects them financially. Although it is difficult to ascertain that trainees on a special diet are HIV-positive, the majority of the respondents felt that the increase in the number of those in need of special meals is a result of HIV infection. College staff reported that the cost of providing special meals recommended for trainees has increased substantially. The following excerpts reflect the sentiments of the majority of the respondents:

> "Those affected have to buy special food because ordinary college food makes them weak, so they are affected financially" (female trainee, second year, Migori TTC).
>
> "Of late the number of trainees who require special diet is high. One may not exactly know what their health problems are, but some are suspected to be HIV-positive. Such diet is very expensive on the part of the college" (Dean of Students, Highridge TTC).
>
> "We have some trainees who have been recommended by doctors to eat special meals and the college tries to provide that even when we cannot entirely afford it. Sometimes, these trainees buy their own food" (tutor, Shanzu TTC).

Migori and Highridge TTCs reported that they have been forced to source for external financial support to improve the nutritional programme. However, the support has not been adequate. Because of this, the colleges are forced to divert funds from other areas to the nutritional programme.

College financial resources diverted to HIV and AIDS activities

All colleges spend a lot of financial resources organizing seminars, workshops and public meetings to sensitize, inform, and educate staff and trainees on HIV and AIDS. In response to HIV and AIDS, colleges were expected to customize the education sector workplace policy on HIV and AIDS and use it to come up with intervention measures. The study noted that colleges are engaged in many HIV and AIDS activities without adequate funding from the MoE or other donors. In Highridge, where a college policy is in place, a lot of resources are being used to implement it. Since the development of the college policy on HIV and AIDS and its subsequent implementation, the college has managed to mobilize resources for HIV and AIDS activities. However, such resources are not adequate and the college is forced to use funds meant for academic programmes to support such activities.

> "The college uses a lot of funds to support AIDS activities by buying relevant materials, conducting workshops and seminars as well as other awareness activities in the college. The amount of money set aside for such activities is never enough" (female tutor, Highridge TTC).

Migori and Shanzu TTCs expressed fear that they may not be able to develop college policies or respond adequately to HIV and AIDS in their colleges due to the financial costs, which make interventions unsustainable.

5.3 Social impact

Except for Migori TTC, where HIV and AIDS are more visible, Shanzu and Highridge TTCs did not report many confirmed or suspected cases of HIV and AIDS among trainees or staff. Owing to

this, it is not easy to gauge the effect of HIV and AIDS on social relationships. In Highridge TTC, respondents observed that there is no significant noticeable social impact of HIV and AIDS on the college. The majority of the trainees observed that they have gone through weeks of training on guidance and counselling on HIV and AIDS with the help of some of their tutors, who try as much as possible to fight discrimination and stigmatization of people who are either ailing or thought to be ailing from HIV-related diseases. Therefore, whether there are trainees who are positive or not, this has not had any significant effect on the way they relate to one another. The HIV and AIDS Committee Chairperson also noted that the college policy on HIV and AIDS does not allow them to speculate about whether someone is ailing or not. According to one of the trainees,

> "When we came as freshers we thought that someone who is positive should not share anything but on arriving we were given a lot of information on living positively and also how to live with someone who is positive. So we see it like any other disease such as malaria. We are also not sure whether anyone is positive because the tests are very personal" (Female second year, Highridge TTC).

On the whole, the results of this study seem to indicate that HIV and AIDS have a social impact on the colleges. This was easily discernible in Migori TTC due to higher visibility of the epidemic in the college.

Discrimination and stigma

In Migori TTC, respondents noted that there was some discrimination against those suspected to be infected. The more mature trainees were reported to be more tolerant and understanding of the problem and did not exhibit such discriminatory attitudes and practices as the younger trainees did. Discrimination was also reported in both Shanzu and Highridge, although to a lesser extent due to the fact that the epidemic is less visible in these two colleges.

> "We have tried to deal with stigma and discrimination to an extent but it is still there. However, you realize that the college does not have trainees and staff who have openly owned up to being infected" (tutor, Highridge TTC).
>
> "Our trainees are a bit understanding. They are mature and sympathetic to members who are infected. However, the stigma is not easy to deal with" (tutor, Migori TTC).
>
> "Stigma and discrimination must be there. Those suspected to be infected are stigmatized and they may be discriminated against in one way or the other. But we do not have clear evidence of who is affected and who is not" (Dean of Students, Shanzu TTC).

Self-discrimination was reported among those suspected to be infected in Migori TTC. Some of the respondents said the following:

> "They are very harsh and unapproachable. For example, if you ask them 'Do you have my pen?' the answer will be 'Did you give me any?'" (female trainee, first year, Migori TTC).
>
> "Besides being discriminated against by healthy trainees, they also discriminate against themselves. For example, when discussing a topic on AIDS in class, they always feel that other trainees are talking about them" (female trainee, first year, Migori TTC).

This finding shows that HIV and AIDS affect social relationships, especially in colleges where the epidemic is more visible, as witnessed in Migori TTC.

Speculation and gossip about suspected HIV-positive trainees or staff

Since the infected do not easily disclose their status, observable changes in the physical health status of a trainee or staff often provoke much speculation. Those who experience weight loss, persistent coughs or have persistent visible dermatological disorders attract ridicule. These changes often result in tension between staff members, staff and trainees, and even amongst trainees. Tutors and trainees suspected to be infected or known to have sexual relations with infected persons are often jibed, taunted, and occasionally ridiculed by trainees, who call them by nicknames like 'Mr. Full-Blown', 'No Network' (meaning one will soon die) and 'Madam AIDS'. Such attitudes often breed tension and adversely affect social interaction. The following statement of a female trainee reflects the views of a majority of the other respondents in Migori TTC:

> "If a trainee is called out of class by a teacher who is suspected to be positive, a member of the class may remark that she is being called by 'Mr. Full-Blown'. As the trainee goes out she is mentally tortured because she wonders why she is being called" (female trainee, first year, Migori TTC).

The effect that HIV and AIDS have on social interaction may affect the productivity of staff and the academic performance of teacher trainees in the colleges.

In Migori TTC, isolated cases of mockery of suspected infected trainees by tutors were also reported.

> "When correcting the work of a female lady suspected to be positive, a tutor was overheard saying 'So, you are the one, I can see. But your work does not show it at all.'" (female trainee, second year, Migori TTC).

The general view appears to be that HIV and AIDS might have adversely affected social relations in the colleges, but that disruption is minimal because very few people, if any, disclose their HIV status.

Social relations characterized by fear

Evidence shows that at times, those suspected to be infected might instill fear in other members of the college community, especially those who have no previous experience with PLWH. Although not perceived as a major problem, a few respondents did report that it actually affects the social relations with other tutors and trainees. This was especially the case in Migori (see below).

> "Some of us fear a tutor who is infected. We feel that when he comes to teach us at night and a black out occurs, he might take one of us to a dark corner and spread the disease" (female trainee, first year, Migori TTC).
>
> "When you see someone who is infected, you don't see her as a human being, you see her as a ghost. You therefore don't like to associate with them" (female trainee, first year, Migori TTC).

In the other two colleges, this was not considered to be a major problem because HIV and AIDS are not as visible as in Migori TTC.

6 TTC responses to HIV and AIDS

As intimated at the beginning of this report, teachers constitute a critical segment in society and a key pillar in the fight against HIV and AIDS. Other than family members, it is with teachers that young people interact on a daily basis. Teachers are not just a critical source of information in the era of AIDS, but at times they are the only source of information, especially in resource-poor settings. Teachers are also the only knowledgeable professionals on HIV and AIDS easily accessible to young people. But as much as teachers are useful to others, they too need to know how to protect themselves from HIV. They should also be aware of their influence as role models and not put their students at risk through showing inappropriate behaviour. "Teachers can function as role models, advocates for healthy school environments, guides for students in need of services, resources for accurate information, mentors, and effective instructors. But to meet these expectations in the AIDS era, teachers need skills and knowledge as well as support from the educational system and broader community" (James-Traore, Finger, Ruland and Savariaud, 2004: 3). In the following section, attempts are made to discuss the pragmatic strategies that have been put in place to combat HIV and AIDS in the colleges.

6.1 Creation of college HIV and AIDS structures

Among the three colleges, only Highridge TTC has a college policy, launched in 2003 and currently being implemented. The launch of the policy has given more impetus to HIV and AIDS response activities in the college compared to the other two. However, all three colleges have put in place HIV and AIDS response structures. They have set up AIDS control units (ACUs) following a request in 1999 by TSC to designate one teacher to spearhead HIV and AIDS activities in each primary TTC in Kenya. Highridge TTC set up an ACU in 2003, Migori in 2004 and Shanzu in 2005. The ACUs are headed by co-coordinators/chairpersons appointed by the college principals, and their members include college administrators, teaching staff, non-teaching staff and trainees. They establish plans of action and co-ordinate HIV and AIDS activities in the colleges.

The ACUs are very active, especially in Migori and Highridge TTCs. In Shanzu TTC, where the ACU was only launched in September 2005, activities are being organized but on a small-scale basis. In Highridge, where the ACU is more vibrant, the college's plan of action is widely disseminated through notice boards, special meetings, induction courses and training sessions. The unit monitors the impact of the policy and regularly reviews it in light of internal monitoring and external information about the epidemic. Efforts are made by members of the control unit to sensitize trainees and staff on the salient features of the college's policy on HIV and AIDS. The unit engages in HIV and AIDS awareness activities through the Highridge HIV and AIDS Sensitization Programme (HASP), which provides opportunity for tutors, non-teaching staff and trainees to share information and experiences on HIV and AIDS.

The study revealed that the ACUs are faced with a lot of challenges, including lack of financial resources, lack of commitment from some members, time constraints in implementing programmes, inadequate training and exposure of the membership; and stigma related to the epidemic. Shanzu teachers' college seemed to be more affected in this regard than the other two institutions where meaningful initiatives have been put in place. Our findings revealed that in Shanzu TTC, some members' commitment to the committee is based on perceived financial benefit from it.

> "The problem is that people only show seriousness when there is monetary gain at the end of the day" (Co-ordinator of HIV and AIDS activities, Shanzu TTC).

Despite the challenges, the establishment of the ACUs has improved response to HIV and AIDS in the colleges. The ACUs have initiated some preventive care and support programmes in the colleges.

6.2 Developing a policy on HIV and AIDS

It was established that only Highridge teachers' college has an elaborate policy on HIV and AIDS, which was launched in 2003. In 2002, the Association for the Development of Education in Africa (ADEA)/Working Group on Higher Education (WGHE) gave US$10,000 towards the development of the policy. As part of the policy development process, the college undertook a baseline survey targeting trainees and staff to establish the extent of the problem of HIV and AIDS in the college, assess their knowledge of, attitudes towards and practices to deal with HIV and AIDS and to gauge the management's commitment to the process. The survey results formed the basis for the development of the policy. In addition, the policy-making process and stakeholders' forum held at the end to review the draft policy provided an opportunity to collect and share additional information and knowledge about the problem.

The core objectives of the policy are listed as offering an example to the community in general on how to manage HIV and AIDS; showing how the institution would like to promote policies that are fair and supportive of PLWH; raising awareness and understanding of HIV- and AIDS-related issues through the institution's education programme; and provide informed direction, development and implementation of strategies that are conducive to changing behaviour; and providing care and support for those infected and/or affected by HIV and/or AIDS. The college is currently integrating outputs of the policy into ongoing programmes and its implementation has enabled the college to strengthen many activities that it was already undertaking. Through the policy framework, the college has increased awareness of HIV and AIDS and their possible impact on the institution as compared to Shanzu and Migori colleges. Financial constraints were cited as the greatest hindrance to the success of HIV and AIDS initiatives. We also learnt that the imminent closure of the college has weakened the commitment of the college administration to implement the policy. Other major problems cited included time constraints and inadequate training of the tutors involved in the policy implementation.

The Highridge college policy on HIV and AIDS draws heavily from the education sector workplace policy for TTCs which, among other issues, emphasizes no HIV screening for employees, confidentiality regarding HIV status, inability to dismiss PLWH, provision of adequate information on preventive measures and facilities, access to information and education programmes, counselling and referral, and protection from stigmatization and discrimination by colleagues. Since they have no college policy on HIV and AIDS, Shanzu and Migori TTCs rely on this education sector policy to organize their interventions.

6.3 Policy implementation and related practices

While Shanzu and Migori TTCs are currently using the education sector workplace policy for TTCs, Highridge is currently implementing its own policy.

The following practices related to the policy framework were observed in the colleges.

Voluntary HIV screening

In all the colleges, trainees and staff are encouraged to go for voluntary counselling and testing (VCT), although testing is not obligatory. No incidences of forced screening for HIV were reported in the colleges. In both Migori and Highridge, efforts have been made to provide mobile VCT services, where the response from trainees has been positive. In Shanzu, VCT services have not been availed in the college but anecdotal evidence suggests that trainees are voluntarily seeking information on VCT. Response among staff in the colleges has been very poor.

> "When I pushed for the first ever VCT in the college, there was lot reluctance. However, the second VCT that followed was out of demand by the trainees" (Head of Guidance and Counselling, Migori TTC).
>
> "There are some trainees who may clearly show signs and symptoms of the disease. However, they are not under any pressure to go for testing. It is their choice so long as they are advised" (female tutor, Shanzu TTC).

A majority of the trainee respondents observed that the lack of participation by staff in VCT exercises does not serve as a good example to them because trainees treat staff, especially the tutors, as role models.

Confidentiality

It was observed in Migori TTC that the college administration might have information on trainees and members of staff who are HIV-positive. This information is confidential and there is no victimization of those infected. During VCT exercises in the college, test results are only revealed to those who are willing to know their status. Some of the positive members disclose their status to the head of guidance and counselling and peer counsellors.

> "Initially many of those who tested positive would not come out. Some have come up after VCT and are very vibrant. We sometimes are able to identify the sickly and use peer counsellors to talk to them" (Head of Guidance and Counselling, Migori TTC).

The scenario was more or less the same in Highridge TTC where, on several occasions, the administration has organized for VCT camps at the college. Trainees' test results are only disclosed to those who are willing and the college does not demand results from the VCT. As mentioned previously, the college does not even have statistics on the number of trainees who are HIV-positive. Peer trainee counsellors have also been trained on the importance of confidentiality.

> "Through the peer counselling initiative, those who are positive sometimes confide in the peer counsellors who in turn keep the information confidential" (Female trainee, peer counsellor, Highridge TTC).

In Shanzu TTC, over three quarters of trainee respondents expressed fears that the use of tutors as counsellors would not ensure confidentiality. Indeed, it was reported that few members of the college community were willing to confide in the tutor counsellors. It was suggested by all the trainees that counselling only be provided by professional counsellors who have no teaching responsibilities in order to ensure confidentiality.

> "When the tutor is the counsellor then those who would wish to talk about their status fear what the tutor would do with the information" (female tutor, Shanzu TTC).
>
> "I think there are some people here whom one can not trust to keep such information confidential" (female trainee, second year, Shanzu TTC).

This finding is an indication that colleges do not respect the confidentiality of infected trainees who seek counselling regarding their HIV status.

Non-screening for employment and admission

According to information obtained from the institutions, there is no requirement for HIV testing before employment in the colleges. Neither are they required to undergo an HIV test before admission. Shanzu and Migori TTCs follow the education sector policy, which stipulates that admission of trainees or employment of staff should not be conditioned by their HIV-status, while in Highridge this is detailed in the college's policy. The colleges encourage those who are HIV-positive to disclose their status with the guarantee that their rights will be protected. However, only a small number do so.

Protection from discrimination and stigmatization

It was noted that in all the institutions there are efforts to fight against stigmatization of and discrimination against infected persons. Nonetheless, Highridge and Migori TTCs seemed to be doing more in this regard compared to Shanzu TTC. The visibility of the epidemic in Migori TTC was reported to have led to the intensification of efforts to fight discrimination and stigma, and over half of the respondents felt that some success has been achieved. A senior administrator at the college observed the following:

> "The cateress of this college came out but still serves food to the trainees and they have no problem" (college administrator, Migori TTC).

At Highridge TTC, a majority of respondents felt that trainees are more tolerant of people whom they may suspect to be ailing from HIV-related diseases than before, as noted by one tutor below.

> "Initially our trainees would react openly to those who showed signs of HIV infection. With education on HIV and AIDS, they are now more open and a bit accommodating" (female tutor, Highridge TTC).

At Shanzu TTC where HIV- and AIDS-related activities are just taking shape, the majority of the respondents felt that stigma and discrimination are still a big problem. Nevertheless, progress was reported, as observed by the Dean of Students:

> "Initially those suspected to be positive were really discriminated against. But I think with people starting to talk about the disease this is reducing. We preach about non-discrimination and breaking of stigma every day" (Dean of Students, Shanzu TTC).

Although it is difficult to fight HIV and AIDS stigma and discrimination, findings from Highridge indicate that with sustained efforts on education and awareness it can be realized.

Non-termination of studies or employment

Findings of this study indicate that it is the general practice in the colleges to retain both staff and trainees who may be HIV-positive. In Migori, it was explained that there are efforts to support those infected instead of terminating their studies or employment. The college also goes out of its way to encourage parents and guardians not to terminate the studies of trainees on discovering that they are HIV-positive, a view held by all the key informants.

> "The requirement by the TSC is that when staff is not on duty for 3 months they may receive their full salaries. After three months they are put on half salary. After six months they do not receive salary and are struck out of the payroll. The commissioners are

currently reviewing this position. Even before the review we are not interdicting tutors who are out of duty for more than six months on health grounds" (Principal, Migori TTC).

"On discovering that their children have contracted the disease some people refuse to pay fees. The college does what is in its power to keep such trainees in college. For the staff we may give them less workload so that they can cope" (Administrator, Migori TTC).

In Highridge TTC, the situation was the same as in Migori. The Dean of Students and other respondents expressed commitment to the college policy of non-termination of studies or employment for the infected. The Dean of Students observed that:

"Our college policy is clear on how we should handle infected cases. We do not send trainees or staff away on account of their HIV status" (Dean of Students, Highridge TTC).

In Shanzu, although the college administration clearly stated that they do not send away trainees who are infected, a tutor reported that some trainees fear that HIV-positive trainees could be discontinued.

"The trainees sometimes do not understand what the college can do or not do. Trainees may not openly declare their status because they fear that the college administration might terminate their studies" (male tutor, Shanzu TTC).

When asked to point out issues related to HIV and AIDS that require clarification, one of the trainee respondents simply responded by asking

"Why does the college discontinue HIV-infected trainees?" (female trainee, second year, Shanzu TTC).

It is clear that such perceptions of certain trainees are due to the fact that some trainees suspected to be HIV-positive have disappeared from the college in the past. Such disappearances, unexplained by the administration, give the impression that victims are expelled. This has worked against open disclosure of HIV status.

6.4 Preventive education through training of staff and trainees in workshops and seminars

The study did establish that the three colleges have been involved in HIV and AIDS training for staff and teacher trainees. However, on the whole, Migori TTC has established stronger working relationships with a number of agencies to support its various training initiatives than the other two colleges. One of the major reasons why Migori seems do be doing better than the other colleges in this regard is the fact that there are many community-based agencies working in the area on HIV- and AIDS-related issues, key among them being the Rural AIDS Prevention Programme (RAPP) based in Kisumu. Further, we observed that the college may have many more HIV-infected and -affected members, given its location. This has increased the commitment of the college administration in response to the epidemic. At Highridge TTC, we observed that the impending closure of the college has slowed down response initiatives, thus affecting training programmes for both trainees and staff. At Shanzu, apart from the fact that the ACU was only launched in 2005, college administrative bottlenecks were reported to have affected training initiatives.

In Migori TTC, top college administrators were the first to receive training on HIV and AIDS, through the support of UNESCO, in order to be able to understand critical issues related to the epidemic.

According to the Co-ordinator of the college ACU, this training has enhanced their capacity and ability to be supportive of HIV and AIDS initiatives in the college.

> "Before the principals were trained it was difficult to get supportive attention from them on HIV and AIDS. Now they are more supportive and there is better communication between college and the ministry on HIV and AIDS" (Co-ordinator of the ACU, Migori TTC).

The college participated actively in Primary School Action for Better Health (PSABH), a project implemented by the Center for British Teachers (CfBT). The college continues to collaborate with CfBT, which supports short-term courses on HIV and AIDS through seminars. Through this initiative, the Dean and the Assistant Dean have received training. Through the support of KIE, members of the ACU have received training on implementation of the AIDS education curriculum. The MoE provides additional funds for training activities. Evangelical missionaries from Pentecostal Evangelism for Africa [PEFA], Canada, visited the college and trained trainees and staff. The Rural AIDS Prevention Programme (RAPP), a local NGO, also supports the college's HIV and AIDS training initiatives.

Trainees at Migori TTC also have opportunities to participate in HIV and AIDS training activities, which are regularly organized in the college. Every two weeks, experts are invited to the college to give talks on HIV and AIDS to the staff and trainees. The MoE is currently supporting capacity-building for behaviour change among trainees. Early in 2006, the college wrote a proposal to the MoE soliciting funds towards building capacity of staff and trainees and mobilizing them to mitigate the impact of HIV and AIDS in their community. This project aims to train at least 1,000 members of the college community, as well as strengthening the Resource Center for HIV and AIDS information by equipping it with more resource materials.

At Shanzu TTC, training programmes were reported to be just picking up after the launch of the ACU in September 2005. However, before the launch, 24 tutors in the college had been trained on HIV and AIDS through funds provided by the Canadian International Development Agency (CIDA). The trained tutors were in turn required to train other tutors and also use the knowledge acquired through their training to integrate HIV and AIDS into subject areas. Through the same initiative, with more financial support from MoE, 70 trainees and 10 members of the non-teaching staff were trained as peer educators in November 2005. Although the college has made efforts to train both staff and trainees on HIV and AIDS, it was very clear that such training initiatives are still inadequate. Most training activities such as workshops and seminars are very irregular and only donor-driven. There seemed to be no effort to initiate these activities at the college level. Both trainees and staff (over 80 per cent) complained of lack of support for training programmes from the college administration.

> "When it comes to financing activities related to HIV and AIDS, the Principal is unwilling to provide funds" (female tutor, Shanzu TTC)

It was also revealed that training programmes do not benefit a large percentage of the college population. The majority of trainees (at least 9 in 12) had reservations about the training of trainees on HIV and AIDS through seminars and workshops.

> "Although some trainees go for seminars, this does not help us. In my class for example, those chosen to represent us never told us anything. They go there only for themselves" (female trainee, second year, Shanzu TTC).

In Highridge TTC, through the peer counselling initiative, three groups of peer counsellors have been trained in the last three academic years. The groups comprised 90, 108 and 239 trainees

and staff. The training, which mainly took place on Saturdays, consisted of a total of 60-72 hours. Pathfinder International has been instrumental in providing funds towards the training, while Kenyatta University provided experts. More support was obtained from the MoE. The college has not undertaken training for all trainees in the college.

6.5 HIV and AIDS awareness and sensitization activities in colleges

Findings of the study indicate that the colleges have embarked on various HIV and AIDS awareness and sensitization activities. Highridge TTC formed the Highridge HIV and AIDS Sensitization Programme (HASP) in 2000 to provide a forum for tutors, non-teaching staff and trainees to share ideas among themselves through sensitization and discussions in and outside the classrooms on HIV and AIDS, sexuality, and drug abuse. The other colleges have also organized various awareness and sensitization activities through their ACUs. Notable activities in the three colleges include the following.

Clubs and societies

All colleges have clubs and societies that create awareness and sensitize trainees to HIV and AIDS. At Highridge TTC, there is the HIV and AIDS Club where members meet every Tuesday and discuss issues related to HIV and AIDS. The college also has a UNESCO Club, which is involved in community activities including HIV and AIDS awareness activities. Other clubs in the college are also encouraged to sensitize members on HIV and AIDS and create forums for discussion.

In Shanzu TTC, it was reported that plans are underway to come up with a club to sensitize trainees to HIV and AIDS, but there are reservations to calling it an 'AIDS Club' due to fear of stigmatization of its members. However, Fridays are set aside for club activities where members are encouraged to discuss HIV and AIDS issues. In Migori TTC, there is no AIDS club, but religious associations such as the Seventh Day Adventist (SDA) are very active in HIV and AIDS awareness activities. Cultural groups also sensitize members on HIV and AIDS.

It was observed that both trainees and staff recognize the important role that clubs and societies play in HIV and AIDS awareness and sensitization. In particular, it was noted that trainees are likely to get a lot out of clubs where fellow trainees are facilitators in discussions and talks on HIV and AIDS. This breaks the monotony of the classroom and tutoring. Regardless of this, many of the clubs have low levels of participation due to the overloaded college curriculum and lack of proper organization. Further, they do not have adequate resources to organize activities such as calling in external personnel and reaching out to a large percentage of the trainee population. The level of participation of staff members such as club patrons was also described as wanting. Sentiments such as that below of a trainee leader represent a majority view in all the colleges.

> "Clubs are good means to share issues on HIV and AIDS. The problem is that many trainees do not have time for clubs. Even if you want to organize for anything you can not easily get money from the administration" (Muslim student leader, Migori TTC).

The effectiveness of clubs and societies in responding to HIV and AIDS through sensitization and awareness can be boosted by provision of adequate resources, improved organization and a heightened level of participation of both staff and trainees.

Creative arts

The study found that creative arts are used to raise awareness on HIV and AIDS. This approach was reported to be more effective because apart from the awareness component, it also entertains the

audience. Drama, song and dances were described to be very effective in the colleges. Through the guidance of creative arts tutors, plays, skits, poetry and dances with HIV and AIDS themes are developed. In Migori, we noted that such approaches are used more in the outreach programme than for college sensitization. In Highridge TTC, presentations are made on HIV and AIDS day and in routine college parades.

A very effective way of using fine art and design was observed at Shanzu TTC where drawings and posters on HIV and AIDS are made, some of which are displayed in strategic points around the college.

> "Art and design is very effective in sensitizing trainees on HIV and AIDS. However, our trainees need more opportunities to display what they produce to others in here and out there" (tutor in creative arts, Shanzu TTC).

It was, nevertheless, clear that the use of creative arts has not been fully exploited as a mode of sensitizing trainees on HIV and AIDS. Some respondents blamed this on time restrictions, lack of resources and poor co-ordination.

Dissemination of HIV and AIDS materials

As a way of creating awareness on HIV and AIDS, colleges are making efforts to disseminate HIV and AIDS materials within the colleges. It was clear that college libraries do not have adequate materials on HIV and AIDS. Highridge TTC was much better equipped in terms of library materials than the other two. In Shanzu it was found that the library possessed no materials on HIV and AIDS. The only materials available in this college were manuals and pamphlets obtained from workshops and seminars that were kept by the co-ordinator of HIV and AIDS activities. These materials were only accessible to tutors who use them to teach HIV and AIDS. In Highridge TTC, posters on HIV and AIDS were displayed on some notice boards and other strategic places. The other two colleges had very few posters. Also in Highridge TTC, it was observed that some classes had allocated areas – called HIV and AIDS corners – where trainees could consult materials on HIV and AIDS. Suggestion boxes were also placed strategically around the college where trainees could deposit questions or issues on HIV and AIDS.

> "The suggestion boxes are very useful because trainees ask questions which are sometimes addressed during assembly or by persons invited to talk to them. In this way, trainees ask their questions without revealing their identity and this helps other trainees too" (female tutor, Highridge TTC).

Migori TTC, through the information and communication technology (ICT) department, has made efforts to make available materials on HIV and AIDS on computers, though not on-line. Findings showed that trainees find the use of computers very appealing, meaning that they might be very effective in HIV and AIDS awareness and sensitization. This view was shared by all tutors including the College Principal:

> "Trainees find use of computers very fascinating. One can tell from the amount of time they would want to spend working on them. If we were connected to the internet it would have been much better and trainees will get a lot on HIV and AIDS" (Senior Principal, Migori TTC).

This finding shows that HIV and AIDS materials in the colleges are inadequate, yet there is desire among trainees to learn more about HIV and AIDS.

Use of external speakers/personnel

All three colleges call on external personnel to give talks to trainees and staff on HIV and AIDS. These are mostly volunteers from different agencies that work on HIV- and AIDS-related issues. In Highridge TTC, such talks have received financial support and volunteers from NGOs and health institutions. The same was observed in Migori TTC where the college is using volunteers from the many agencies working within Nyanza region to give talks to trainees and staff. Shanzu TTC is also doing the same and has in the past invited infected persons to talk to trainees and staff. A case was cited where HIV-infected Muslim women teachers, dressed in *bui bnui*s (a veil), were invited to the college to talk about HIV and AIDS. An overwhelming majority of respondents expressed how effective this initiative had proved in changing people's perceptions – especially those of Muslim members of the college – of HIV and AIDS. In the words of the Dean of Students himself:

> "Muslims started with denial but subsequently accepted HIV and AIDS as a problem. KENEPOTE has bui bui (veiled) women who came to discuss AIDS openly. This must have injected a new spirit and changed the mentality of many Muslims about AIDS. In fact some members of the Muslim community are part of the AIDS committee" (Dean of Students, Shanzu TTC).

Thus it can be deduced that calling on infected persons to talk to trainees about HIV and AIDS may be very useful in changing perceptions and acknowledging the reality of the epidemic, especially where it is less visible. Nonetheless, the use of external personnel is problematic because colleges may not have enough resources to contribute to their transport and meals. The volunteers were also said to require some kind of incentive, which colleges may not be in a position to offer. Nevertheless, the colleges are trying to make resources available for this purpose.

HIV and AIDS days/open days/cultural days

Days are set aside in the colleges for HIV and AIDS sensitization. Highridge TTC has two HIV- and AIDS-sensitization days every year, while Shanzu has a cultural day every year where HIV and AIDS are among the themes. On such days, speakers from outside the colleges are invited and trainees give presentations in the form of song, dance, skits, poetry and artwork on the theme of HIV and AIDS. Such events are attended by trainees, staff and their families. At Highridge TTC, people from the neighbouring community are also invited.

This approach was viewed to be very effective by almost all trainees and staff, because apart from providing trainees and staff with an opportunity to openly discuss HIV and AIDS issues, it also shows the seriousness of HIV and AIDS. Due to the overloaded college curriculum, lack of resources and the logistics involved, such events remain sporadic.

Films and video showings

Films and videos are used as a supplementary method of sensitization and awareness creation on HIV and AIDS amongst trainees. In Migori TTC, trainees reported that they had watched several videos on different aspects of HIV and AIDS. There was tangible evidence of this in the outreach center where a television set and videotapes were found to be used by the trainees.

In Highridge TTC, trainees had used video shows for sensitization purposes and even reported that some tutors, especially those in science subjects, had used audio-visual equipment in class. Shanzu TTC did not report any usage of films or videos, but a majority of the trainees felt that this was an effective method of sensitization as they are kept up to date on current emerging issues on HIV and AIDS.

Outreach and community service

The colleges are involved in outreach activities in neighbouring communities. Migori TTC is the most active in this area, with an established outreach centre headed by a co-ordinator. The outreach centre works with community youth groups to raise awareness on HIV and AIDS through theatre. This also includes VCT and provision of ARVs to the infected in conjunction with experts from hospitals in the area. Tutors from the college act as facilitators in training workshops where at least 156 youth have also been trained in the last two years. Through the activities of the outreach team, the infected are also trained on how to improve their nutritional health by using locally-available foodstuffs. There is also a community outreach programme established by the Seventh Day Adventist Church (SDA) group which tries to reach youth in and around the college. The co-ordinator of the outreach programme at Migori shared information on its success but lamented the lack of resources.

> "We are doing well. Unfortunately we have to manage with the little resources, which the Principal has been sympathetic enough to avail to us. He has given us a room for our workshops and meetings and little money to buy equipment. We do not have enough funding for our activities" (college co-ordinator, outreach centre).

Shanzu TTC also has an outreach programme that is less vibrant and seems to be largely donor-driven. Funding from CIDA was used to initiate outreach activities on HIV and AIDS in neighbouring communities. This programme has since become inactive, allegedly due to lack of funds. There was no evidence of efforts to revamp it.

At Highridge TTC, community outreach activities are geared towards sensitizing communities in and around the college to HIV and AIDS. Trainees visit primary schools, mainly in Makongeni (a slum area in Nairobi), and children's homes to talk about HIV and AIDS. In these activities, there is balanced participation of staff and trainees. The trainees, who mainly belong to the HIV and AIDS club, particularly use their creativity in the form of drama, dance and song to put across HIV and AIDS messages. The tutors, on the other hand, are involved in the co-ordination of activities and logistics.

On the whole, community outreach activities were found to be useful for trainees, because apart from testing their skills they are exposed to HIV and AIDS issues in neighbouring communities. It is also a way for colleges to effectively contribute to the welfare of neighbouring communities. However, we observed that this initiative requires resources and a high level of organization.

Guiding and counselling

As part of the response to HIV and AIDS, colleges have integrated HIV and AIDS counselling into their guidance and counselling programme. All the colleges have initiated training programmes for both trainees and staff on counselling. The colleges organize training workshops and seminars on counselling, health and good parenting for trainees and staff. Migori TTC, for example, trains at least 50 trainees to be peer counsellors every year in an initiative supported by the college BoG. At Highridge, a total of 437 peer counsellors have been trained in the last three academic years. The peer counselling initiative in Shanzu is still in its early stages and thus only a few trainees had been trained at the time of study, although some members of the teaching and non-teaching staff have been co-opted into counselling.

Although peer counselling was noted to be a good response to HIV and AIDS in the colleges, some concerns arose, with most trainees feeling that members of the teaching staff should not be given the role of a counsellor. The argument was that the trainees would not open up to the teaching staff

for fear of betrayal of confidence. At the same time, about three quarters of the trainee respondents felt that those who receive training as peer counsellors do not utilize their skills effectively.

> "Tutors are not the right people to counsel trainees. Trainees should be counselled by professionals who will not make trainees uncomfortable and trainees can easily confide in them" (female tutor, Shanzu TTC).
>
> "We are told that there are peer counsellors. I do not know where they are. Maybe they are underground. They do nothing" (female trainee, Migori TTC).

These findings amplify the need to strengthen guidance and counselling in the colleges so as to enhance confidentiality in service delivery.

Integration of HIV and AIDS into the teaching curriculum

In all the colleges, HIV and AIDS have been integrated and infused into the teaching curriculum. Prior to this, tutors received training on how to integrate and infuse AIDS content into the syllabus. It was argued that integration of HIV and AIDS into each subject helped to avoid stigmatization of tutors. However, it was observed that science-related courses have more HIV and AIDS content than others.

> "Where one person is identified to teach HIV and AIDS, they get stigmatized. To avoid this, teaching is infused and integrated into all other subjects. This, however, sometimes leads to lack of seriousness in the teaching of HIV and AIDS. It appears this is something we may have to live with" (male tutor, Highridge TTC).
>
> "There are attempts to integrate HIV and AIDS in all courses but the deliberate passing of AIDS information is done in science. In science, first year curriculum has 10 topics and HIV and AIDS are covered in one of the topics called 'health education'. This is mandatory for all trainees" (tutor, Migori TTC).

A majority of the trainee respondents (at least two thirds) were of the view that, in many of the subjects, the tutors may not have enough time or expertise to deal with HIV and AIDS-related issues. The same observation was made by more than half of the tutors interviewed in all the colleges. It was clear that not all of the teaching staff is well equipped to handle the technical aspects of the subject. In some cases tutors were reported to gloss over the subject without giving it enough attention.

> "All tutors need to do is mention at least something on AIDS. In mathematics they may talk about AIDS statistics" (male trainee, second year, Migori TTC).
>
> "Not all tutors have capacity to teach on HIV and AIDS. They are teachers not trainers" (Dean of Curriculum, Shanzu TTC).

Creativity in teaching on HIV and AIDS in some subjects was noted in the study. In Shanzu TTC, for example, in languages such as English and Swahili, as well as creative subjects such as art and craft, tutors had devised ingenious ways of engaging trainees. Below is a citation of a language teacher on this issue.

> "In the languages department we are trying our best. We give HIV and AIDS related comprehension exercises to trainees. They also write compositions on HIV and AIDS. We also hold debates on HIV and AIDS related topics" (tutor, Shanzu TTC).

It was observed that teaching on HIV and AIDS faces many challenges, among which the major ones cited were lack of learning and teaching materials; fatigue among trainees, especially at

Highridge TTC where a lot of teaching has been going on; and lack of adequate training on the part of tutors. However, respondents cited some areas covered in the teaching including definition and meaning of the pandemic, its spread, its effects on the individual and the community, modes of transmission, preventive measures, symptoms of the disease, HIV and AIDS counselling, and how to live positively with the disease. Topics taught under the subject of HIV and AIDS, especially in the science subjects, are examined. There were many concerns raised by the trainees on various issues related to HIV and AIDS; a clear indication that the subject needs to be allocated more time and adequate resources, including trained personnel.

6.6 Care and support services in the colleges

Provision of health services and management of opportunistic infections

All the colleges have dispensaries that provide health services to the trainees. However, the dispensaries have a shortage of basic drug supplies, equipment and qualified staff. This renders them unable to effectively handle health problems in the colleges, including opportunistic infections. Shanzu TTC dispensary was in a particularly deplorable state, lacking proper facilities and run by unqualified personnel who had no training on HIV and AIDS. The increase in cases of STIs and HIV-related opportunistic infections has overstretched the capacity of institutional facilities, especially at Migori and Shanzu colleges. It is believed that many trainees with STIs or opportunistic infections shy away from using college facilities for fear of disclosure. The college dispensaries mainly rely on district and private hospitals around colleges for referral. Retroviral therapy or VCT services are not available at the institutional facilities.

A majority of the trainee respondents in all the colleges felt that ARVs should be provided in the college health facilities. Migori TTC reported that efforts were being made to introduce ARVs in the college. However, the problem of lack of confidentiality may make the provision of ARVs to staff and trainees through college facilities problematic. In light of this, it would be better for the colleges to organize for the infected trainees and staff to receive ARVs through other specialized outlets, such as district or provincial hospitals.

Nutritional programme

In all the colleges, efforts are being made to provide a special diet where needed as recommended by doctors. The number of beneficiaries of such treatment has been increasing over the years. However, those who may be infected but do not seek a letter of recommendation from a doctor miss out on this service. Colleges are trying to use their own funds to provide this special diet, but external assistance is also being sought to support the nutritional programme in Migori and Shanzu colleges.

Condom distribution

The MoE Sector Policy on HIV and AIDS is silent on condom distribution in TTCs and seems reluctant to give policy guidelines on the issue for a variety of reasons. Commonly mentioned is the fact that teacher trainees are adults who can make their own informed choices about condom use. The modalities of condom distribution in TTCs are left to the discretion of the college administration, and to a large extent such decisions will depend on college sponsorship/ownership, tradition and prevailing risk factors in respective colleges. For example, a college whose sponsor is the Catholic Church is most unlikely to approve of condom distribution in the college. The MoE does, however, encourage the provision of adequate information on HIV prevention, including condom use, to teacher trainees.

The study findings do, however, show that most college administrations are reticent to approve condom distribution for fear that this could be perceived as an endorsement of promiscuity in the colleges. At Highridge TTC, we gathered that condoms are available but only at the guidance and counselling office. This was not a popular idea with the trainees who felt that condoms should be placed where they can help themselves without being seen or found out, such as ablutions. At Migori TTC, condoms were provided to the trainees in the past, but this practice was discontinued, reportedly because "used condoms were left littered all over the compound". Shanzu TTC had huge stocks of condoms, but they were not being distributed to trainees because the college administration was reluctant to make a decision on where to place them for fear of encouraging promiscuity within the college.

> "We have found it difficult to distribute condoms in such a way that provision would not be construed to mean that the college is supporting their use in the college" (Dean of Students, Shanzu TTC).

Despite the varied views on condom distribution, over three quarters of the trainee respondents felt that condoms should be made easily available to those who wished to use them, and the mode of distribution should be such that it does not expose trainees to embarrassment. Religious reasons were also cited as factors against the distribution of condoms in colleges. Generally though, there was a perception that unlike in other higher education institutions, administrators in TTCs feel that trainees should be role models in the teaching profession and, therefore, not be seen to be in support of condom use.

VCT services in college

None of the colleges had permanent VCT services. However, efforts had been made to provide mobile VCT services in Migori and Highridge colleges through establishing linkages with local clinics or NGOs. Shanzu TTC has not offered such services within the college, but advises trainees where to go for them. On the whole, we noted that trainees feel that such services should be made available to them. In Highridge and Migori TTCs, it was reported that the uptake of VCT services is high and occasionally overwhelming when they are offered at the college. Teaching and non-teaching staff, however, do not go for testing during such events.

> "When VCT comes here the tutors are less concerned. None would lead by example in opting to be tested. It is only the Principal who told us that he has had the test in the past" (male trainee, second year, Migori TTC).

HIV tests are kept confidential and the results only disclosed to the individuals concerned if they are willing. However, and despite an overwhelming majority of trainees being in favour of having permanent VCT services in the colleges, there were profound fears that the professional delivery of these services could be greatly hampered by problems of confidentiality.

> "The only problem which is likely to prevent us from using a permanent VCT centre in college is lack of confidentiality. Chances that the nurse will leak it to the Principal who might also discuss it with other members of staff and soon the news will spread like bush fire in the college. I think the present mobile visiting VCT service is the most ideal since those who provide it do not know you, and you do not know them, and you are also not likely to keep meeting them" (female trainee, second year, Highridge TTC).

Therefore, the reported positive response to VCT services among trainees points towards the need for regular but not permanent VCT services in the colleges. There is also need to encourage staff to utilize the services so that more trainees will emulate them.

7 Conclusions and recommendations

In this section, the major findings of this study are discussed and recommendations made.

7.1 HIV and AIDS prevalence in colleges

The findings of the study indicate that HIV and AIDS are a major problem in the colleges selected for the study. There is no proper statistical data kept at the college level which could permit an accurate assessment of the magnitude of trainee and tutor morbidity and mortality, but there is anecdotal evidence that HIV and AIDS are leading to increased tutor and student illness, absenteeism, and deaths. There are two main reasons for the lack of data on HIV and AIDS. First, there is no organized infrastructure for collecting information on HIV and AIDS in any of the colleges; second, because of the culture of silence which shrouds HIV and AIDS, it may not be possible to access data on HIV and AIDS in colleges. The stigma associated with HIV puts pressure on those infected to seek treatment outside the college health facilities and often in discrete places, thereby inhibiting the capacity of the colleges to track or trace them. Based on observations made in the colleges visited, it is also doubtful whether any of the colleges has adequate capacity for HIV testing. The colleges lack both the facilities and qualified medical personnel to administer VCT services.

In all the colleges there were suspected HIV-related deaths among both trainees and staff members, with the non-teaching staff being the most affected. A few trainees were reported to be dropping out of college due to HIV infection, just as there were increased cases of observable poor health among staff and trainees. Colleges also reported having high numbers of orphans who cannot afford to pay their fees and others who take care of sick family members. Following the above observations, it is clear that colleges in Kenya need to establish ways of obtaining and keeping data in a more systemized manner. Second, it may not be feasible to establish regular VCT services in the college as most trainees and staff would rather be tested anonymously outside the college, which suggests that colleges need to explore networking with NGOs or government health institutions around the college which offer VCT and treatment services. This would ensure that both staff and students have easy access to VCT and treatment services within reachable distances.

7.2 HIV and AIDS vulnerability among trainees and college staff

Findings clearly show that trainees are more vulnerable to HIV infection than college staff, with female trainees being more likely to contract the virus due to multiple sexual partnerships among the trainees, a culture of sexual exploitation of female trainees and lack of capacity on the part of female trainees to negotiate safe sex. Other major factors include peer pressure, the location of the colleges in environments that negatively influence sexual behaviour, misconceptions and wrong assumptions about HIV and AIDS, drug and alcohol abuse, and new-found freedom. However, compared to the teaching staff, the non-teaching staff have higher chances of contracting HIV. Scarcity of resources ranked highest among the factors contributing to infection among non-teaching staff as well as trainees. On the contrary, among teaching staff, their relative economic advantage, which also confers on them a higher social status and allows them easy access to alcoholic beverages and sexual relations within and outside the college, is a risk-causing factor. Others seek sex due to prolonged separation from their spouses.

These findings show the need for a number of measures to protect both college staff and trainees. First, it is necessary to cushion vulnerable trainees from poor families from HIV and AIDS by providing them with bursaries to enable them to pay their college fees. This would help them to desist from indulging in high-risk sexual activities. Second, guidance and counselling departments in each college should be strengthened with more skilled staff so that they can counsel new college trainees who easily find themselves vulnerable because of their "sudden new-found personal freedom and space". At present, most colleges do not have adequate staff that provides guidance and counselling. This means that they rely heavily on trained students to reach their peers. Based on our observations, it is highly doubtful whether these student peer counsellors have adequate skills to counsel their colleagues given the little training they receive, and also whether they do actually see this as their prime responsibility.

Evidence suggests that most non-teaching staff have a limited understanding of HIV and AIDS owing to low educational attainment. Therefore, it might be necessary to provide the non-teaching staff with more preventive education packaged in ways that are easy to comprehend. Members of the teaching and non-teaching staff also need training in counselling so that they can easily reach their colleagues in their workplace as well as their residence. This could promote positive behaviour with regard to health, including the adoption of safer sexual practices.

Married members of staff should be encouraged as much as possible to bring their spouses along with them, thus reducing the chances of their partaking in high-risk sexual behaviour inside and outside the college. Also, the code of ethics should be invoked if and when a tutor-student relationship is reported and an appropriate punishment meted out to both the staff member and the student. This could cut down on increased tutor-student relationships and the subsequent risks of infection.

7.3 Impact of HIV and AIDS on colleges

It is not easy to quantify the impact of HIV and AIDS on the selected colleges. However, HIV and AIDS have economic, social and academic impacts on the colleges. Academically, the quality of training is affected by absenteeism of staff and trainees, increased staff workload due to absenteeism and deaths, diversion of resources from academic programmes to HIV and AIDS, psychological problems that affect academic performance, and a loss of highly trained specialized manpower. Economically, there are difficulties in payment of fees, diversion of college resources to support PLWH and affected members of institutions, high costs of treatment and provision of special diet to the infected. Socially, the disease leads to discrimination and stigma, fear and suspicion in social relationships. The impact of HIV and AIDS on the colleges is therefore enormous, requiring that measures for impact mitigation both at ministerial and college levels be strengthened.

Based on the above observations, it may be necessary for the MoE to consider having a pool of 'substitute tutors' in specific subject areas whom colleges can call upon if and when faced with shortages of staff caused by illness or death. This would ensure that the quality of teaching is not adversely affected by illnesses or deaths caused by other diseases as well as HIV and AIDS. At present, ill teachers are entitled to three months of full pay when ill, and three months on half pay, and only after this can they be dismissed on health grounds. However, tutors circumvent this regulation by making intermittent appearances in class in between the months so as to avoid being laid off. In the end, it is the trainees who suffer because they only receive a fraction of what they should have been taught.

7.4 Institutional structures and policies in response to HIV and AIDS

Of the three colleges, only Highridge teachers' college has in place a college policy on HIV and AIDS. The other colleges merely use the education sector policy, which they have yet to customize. However, all the colleges have structures in place to respond to the threat of HIV and AIDS. In particular, the institutions have AIDS control units and co-ordinators to plan and oversee the implementation of projects and programmes in response to HIV and AIDS in the colleges. Other response structures include trainee and staff peer education and counselling groups, and linkages with organizations dealing with HIV- and AIDS-related issues around the college. These units also organize various activities in the colleges such as drama, plays, games and guest speeches, but these activities and programmes appear to encounter many challenges including time and resource constraints and administrative bottlenecks.

While it is desirable to have these structures in place in order to deal with HIV and AIDS, it may be necessary to make some changes so as to make these structures more effective. First, as much as possible, all colleges should be encouraged to develop their own HIV and AIDS policies to address the unique challenges of each college. If this is not possible, colleges should be encouraged to try and customize the education sector policy by establishing clear indicators which could be used to monitor whether the college is actually implementing the education sector policy. Unless this is done, colleges are likely to expend much effort and resources without any clear or tangible achievements. Second, HIV/AIDS co-ordinators will need to be thoroughly trained so as to understand the subject matter of HIV and AIDS, and also be well versed with programming, monitoring and evaluation. These skills are necessary for the effective running of HIV and AIDS structures and programmes in colleges. Structures in themselves are necessary, but not sufficient. They need to be well managed so as to deliver effective services.

7.5 HIV and AIDS projects and programmes

The study found that there are various strategies and programmes in the colleges for responding to HIV and AIDS. Colleges are, however, mainly training staff and trainees on HIV and AIDS through seminars and workshops. As much as possible, colleges are also promoting HIV and AIDS awareness through drama, music, songs, poetry and art. To a lesser degree, and principally owing to lack of time and financial resources, colleges are also developing and disseminating HIV and AIDS IEC materials.

The use of external speakers or personnel is a strategy being employed in all the colleges. This is a very effective strategy especially when professionals such as the Kenya Network of Positive Teachers (KENEPOTE) or PLWH are used. Days are set aside for HIV and AIDS awareness and sensitization in the colleges. This creates an opportunity for trainees, staff and community members to discuss and share information on HIV and AIDS. The use of video has been found to be very effective in educating trainees on HIV and AIDS. However, this is not being done regularly due to time restrictions imposed by the overloaded college academic curriculum. The colleges are lacking in ICT facilities to boost awareness and sensitization activities.

On the whole, however, the biggest constraint to most of these activities is the lack of financial resources. In the recent past, the MoE, through its ACU, has started providing training for college HIV and AIDS co-ordinators and also funds for college HIV/AIDS activities. At present, the annual budget for each college is about Ksh.300,000 (US$4,000). However, given that most colleges have as many as 800-1,200 trainees, these resources are like a drop in the ocean, especially when spread over a range of activities in the college. Since the MoE appears rather constrained

in providing more funds in the face of other competing needs, such as in the provision of UPE, it would appear that there is need for colleges to explore ways of diversifying their sources of funds for HIV and AIDS activities. Colleges in particular will need to ensure that they build their capacity to access more funds including learning how to develop proposals for mobilizing resources from other agencies outside the MoE. In the short term, it may be necessary to provide college HIV and AIDS co-ordinators with skills in proposal development and fundraising. Unless more resources can be made available, it is possible that only a few activities will continue to take place in the colleges.

7.6 Outreach and community service

All three colleges did have community outreach programmes on HIV and AIDS. These programmes enhance mutually beneficial working relationships between the colleges and the local communities. The trainees normally do their teaching practice in schools around the college and benefit from the goodwill of these communities. As a way of reciprocating this goodwill, trainees also volunteer to assist local communities. They thus organize activities such as skits, plays, songs, games and other sports which they use to inform local communities on HIV and AIDS. College trainees would also integrate HIV and AIDS information into lessons during teaching practice. Invitation of communities to the college open days or making home visits and giving talks in schools were also found to be common practices. In this approach, trainees get practical experience in communicating and educating on HIV and AIDS while the communities benefit in terms of knowledge and awareness.

7.7 Guiding and counselling

All colleges had a Department of Guidance and Counselling which served two prime purposes. First, they trained college trainees in the art of counselling their pupils/students, and second, they provided counselling services to college staff and trainees. The counselling offered was not restricted to HIV and AIDS, but HIV and AIDS had become critical components of the counselling and training offered in the TTCs. To strengthened this initiative, the colleges were training peer counsellors and peer educators. However, sentiments were expressed that professional counsellors were required rather than using tutors already strained due to excess workload.

MoE is considering developing a national policy on guidance and counselling due to the increasing problems of truancy, drug and substance abuse, riots and violence, as well as HIV and AIDS in learning institutions. The MoE has already recruited a consultant to develop this policy.

However, our observations showed that there is an urgent need to disengage guidance and counselling from teaching. First tutors felt that they were already overburdened with normal teaching responsibilities to have time to become effective counsellors. Second, doubling as tutor and counsellor seemed to reduce their effectiveness. Tutors said that trainees were reluctant to open up and discuss their private matters to their teachers since they would be judgmental. It may therefore be necessary for the MoE to 'professionalize' guidance and counselling by de-linking it from teaching. The MoE should do this by employing full-time counsellors who can devote their entire time to providing trainees with guidance. These counsellors should provide guidance and counselling on a range of issues such as drug and substance abuse, sexuality and reproductive health, family matters, gender violence, as well as HIV and AIDS.

7.8 Integration of HIV and AIDS into the teaching programmes

We found that, as part of the mainstreaming of HIV and AIDS in the curriculum, HIV and AIDS have been integrated and infused in most subjects taught at the colleges. Some tutors have also been trained to teach HIV and AIDS and can teach on certain technical issues including modes of

transmission and infection. However, tutors who have received this kind of training are few because the provision of training is heavily constrained by lack of training opportunities, lack of teaching and learning materials, and lack of time to attend the training sessions. The level of training of these tutors is also rudimentary which renders the tutors ineffectual in communication. This suggests that more training opportunities should be given to tutors and for longer durations so that they are able to internalize the content of the training. For example, there is a need to recognize that HIV and AIDS education needs to be rights-based (including the rights of those infected and affected by HIV and AIDS), gender responsive, scientifically accurate, culturally appropriate and adapted to the age and group of teacher trainees and learners. These are aspects of detailed training which appeared to be missing among most of the tutors. To a large extent, most tutors appeared only to be well versed in the basic knowledge and epidemiology of HIV and AIDS, and this must have inevitably constrained their effectiveness in teaching. Training should also be provided near the colleges so as to facilitate access to training for as many tutors as possible.

7.9 Provision of ARVs and improved nutrition services

Colleges were found to be making efforts to provide treatment for HIV and AIDS-related illnesses for both staff and students. However, the existing college dispensaries are constrained in two ways. *First*, the staff employed in these dispensaries is grossly unqualified. In one of the colleges visited, the officer manning the clinic was a nursing assistant by training. This officer thus lacked the competencies for prescribing basic treatment for HIV and AIDS related illnesses. *Second*, these dispensaries do not have the requisite supplies and equipment for managing basic HIV- and AIDS-related illnesses. Colleges indicated awareness of these limitations, but attributed their persistence to limited budget allocations by the MoE. It looks most unlikely that the MoE will significantly increase the budget of TTCs in the foreseeable future. Given this dim prospect, colleges may need to explore possibilities of establishing close working relationships with NGOs and other health care providers within the proximity of the college so that these institutions can assist the college where possible with supportive services when it comes to dealing with HIV- and AIDS-related illnesses. Such institutions could also provide services such as mobile VCT and a clear referral system so that those who are diagnosed with HIV and AIDS are provided with ARVs and counselling services in a more anonymous environment. Collaboration with NGOs and government health services was found to exist in two of the three colleges visited, but this linkage could be strengthened.

7.10 Condom distribution

Evidence from this study shows that despite increased attempts to provide preventive education to trainees, for a variety of reasons high-risk sexual behaviour is prevalent among trainees. College principals are, however, reluctant to permit the provision of condoms to students lest this be construed to be an endorsement of immorality. In one of the colleges, there was a huge stock of condoms in the dispensary which were about to expire because the principal was alleged not to have provided explicit direction on how these condoms could be distributed within college. The alleged indecision on the part of principals to provide direction on the distribution of condoms was attributed to a fear that endorsing condom use in college would be perceived to be tantamount to promotion of immorality. Given that most college trainees are adults by age and some are married and do actually have families, it may be necessary for the MoE to issue a more direct and explicit policy on condoms rather than leave it to the discretion of the principals. Such a policy directive should specify modalities of distributing condoms, such as where in the college these condoms should be placed, by whom, how and when. Such a clear policy direction on condoms could make

them easily accessible, and this would lead to a significant reduction in HIV infections within TTCs.

7.11 Recommendations

Policy and programmatic recommendations

- Where no college-specific policies on HIV and AIDS exist, colleges should be given technical and financial support to customize and implement the education sector's HIV and AIDS policy, while colleges with HIV and AIDS policies should be supported to implement them.
- The MoE should assist colleges in developing nationwide objective indicators for monitoring and evaluating their HIV and AIDS programmes. While the colleges could be encouraged to make their own internal evaluations, the MoE should also conduct periodic external monitoring and evaluation of each college's HIV and AIDS programmes with a view to teasing out 'good lessons' and practices which can then be shared among colleges.
- The MoE needs to allocate more resources to support HIV and AIDS initiatives in TTCs while also encouraging TTCs to mobilize resources from other sources through proposal development and fundraising activities.
- The managerial skills of HIV and AIDS programme co-ordinators in colleges should be enhanced and strengthened, and at the same time all college teaching staff should be given skills on how to integrate HIV and AIDS into the college curriculum.
- The MoE should consider making HIV and AIDS an integral part of the core college curriculum and also an examinable subject so that both staff and trainees take the teaching and learning of HIV and AIDS more seriously.
- TTCs need to be supplied with adequate IEC materials on HIV and AIDS and also be encouraged to be innovative and develop their own. Colleges could also be encouraged to develop relevant creative art activities on HIV and AIDS such as skits, plays, games, art and songs to reinforce the existing IEC materials.
- Since most teacher trainees are adults, the MoE should give an explicit policy direction on condom distribution in TTCs. This will ensure that trainees have easy access to quality condoms if and when they wish to use them.
- While it is understood that teacher trainees are adults, there is still a need for vigilance in enforcing the professional code of ethics so as to minimize the occurrence of tutor-trainee sexual relationships. Appropriate disciplinary measures need to be meted out to both staff and students engaging in such relationships.
- College HIV and AIDS response structures should adopt a representative and participatory approach to ensure optimal involvement of both staff and trainees in HIV-and AIDS-related activities and programmes.
- More interactive ways of teaching on HIV and AIDS, including the use of creative arts and the Internet, need to be explored.
- Guidance and counselling should be strengthened and professionalized in all TTCs so as to adequately address an array of problems such as drug and substance abuse as well as HIV and AIDS. Peer counselling among trainees should also be encouraged so as to promote positive health norms among trainees.

- College health clinics should be equipped with qualified staff and also be encouraged to enter into more stable relationships with other health referral systems around the college which could offer regular VCT services for both staff and students on a visiting basis.
- The college diet should be improved so that those infected and who are receiving ARV treatment benefit from better nutrition.

Recommendations for further research

- Research needs to be conducted to assess the effectiveness of teaching on HIV and AIDS in primary schools by graduate teachers. Data from such research would feed back into HIV and AIDS training at the TTCs.

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Appendix I. Interview guide for college principal/administrator and HIV and AIDS committee members

The Ministry of Education recognizes that HIV and AIDS are undermining the capacity of the education system at all levels to deliver quality education and is in the process of strengthening the capacities of its educational institutions to deal more effectively with the impact of HIV and AIDS. To support this response, the Ministry, in collaboration with UNESCO's International Institute for Educational Planning (IIEP), is carrying out a study to explore how teacher training colleges are organizing institutional responses to the impact of HIV and AIDS. The findings of this study are expected to provide a sound basis for relevant policy development and capacity-building.

We appreciate your effort in availing time from your busy schedule for this interview.

Job profile

1. What is your designation within the college?
2. What are your specific responsibilities?
3. For how long have you been working with this college?
4. In the course of discharging your duties, what do you actually do with regard to HIV and AIDS?

Impact of HIV and AIDS

5. In what ways are HIV and AIDS considered a threat to the functioning and operations of this college?
   a) Death of staff
   b) Death of trainees
   c) Absenteeism of staff from work due to prolonged illnesses
   d) Absenteeism of trainees from lectures due to prolonged illnesses
   e) Increased medical and other costs such as funeral expenses for staff
   f) Staff replacements etc.
6. In which areas has the impact been felt most? [**PROBE**: *increased teaching loads, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased medical costs, readjustment of institutional budget to cater for increasing funeral expenses, etc.*]
7. Why in these particular areas?
8. Are there any particular categories of staff or trainees whom you would consider to be at greater risk of becoming infected with HIV than others? YES/NO [**PROBE**: *If yes, which ones and why?*]
9. If yes, why those particular categories? [**PROBE**: *poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, orphanhood, gender/power relations, sub-group cultures, divergent levels of economic resources.*]

Institutional response to HIV and AIDS

10. Has your college ever conducted any surveys or assessments on the impact of HIV and AIDS on the education sector in this country? [**PROBE**: *If yes, obtain copy or report*.]
11. What were the highlights of that survey or report?
12. Is there an HIV and AIDS strategic plan or any other actionable plan in your college? If yes, what does the plan say on HIV and AIDS? [**PROBE**: *If yes, obtain copy*.]
13. Does an HIV and AIDS workplace policy exist for the education sector? YES/NO. [**PROBE**: *If yes, obtain copy*.]
14. Do you advocate and support the dissemination of the International Labour Organization code of practice for the world of work? YES/NO. [**PROBE**: *If yes, how?*]
15. Do you as a college have any ways of assessing the level of AIDS-related absenteeism among staff and trainees [**PROBE**: *due to AIDS-related illness, family obligations such as taking care of sick family members, attending funerals, etc.*]?
16. Does your college keep any statistics on HIV and AIDS in the education sector in general? [**PROBE**: *If yes, how are they obtained*?]
17. In what other ways has your college responded to the challenges posed by HIV and AIDS? [**PROBE**: *In terms of the following:*]
    a) Providing leadership/advocacy in relation to HIV and AIDS;
    b) Establishing structures [**PROBE**: *Is there an established structure/structures for co-co-ordinating HIV- and AIDS-related responses, is there an AIDS co-ordination unit, designated, with a co-ordinator, with a timetable for running HIV/AIDS-related programmes?*];
    c) Committing resources (human, finances and materials);
    d) Establishing HIV and AIDS programmes/projects within the college;
    e) Establishing an HIV and AIDS monitoring system;
    f) Providing services e.g. VCT, ARVs, care and support networks;
    g) Integration of HIV and AIDS in the curriculum.
18. What has been the nature of these interventions? [**PROBE**: *ad hoc or planned, internally or externally driven, supply or demand driven*]
19. What is the main emphasis of these interventions? [**PROBE**: *prevention, care, support, treatment, counselling etc.*]
20. Would you say that the impact of HIV and AIDS has been uniform across all colleges in the country? YES/NO [**PROBE**: *If no, which are the most affected teacher training colleges and why are they so affected?*]
21. In your own assessment, would you say that HIV and AIDS are more of a problem to trainees or to staff in teacher training colleges? [**PROBE**: *trainees, academic staff, administrative staff or support staff*] Explain your answer.

Policy development

22. Your college has developed an HIV and AIDS strategic plan. In your view, what else needs to be done and how can this plan be improved?
23. Are you planning on developing a policy?

24. How would you describe the process of developing the HIV and AIDS policy/plan? [**PROBE**: *staff-driven, trainee-driven, donor-driven/involvement, ministry initiative, principals' initiative, NGO initiative, parents' initiative, board of governors' initiative*].
25. Was the Ministry headquarters involved in the development of this policy? YES/NO [**PROBE**: *If yes, in what ways?*]
26. In what ways does the Ministry of Education headquarters assist teacher training colleges in developing HIV and AIDS policies?
27. In what ways has the Ministry of Education Sector policy on HIV and AIDS influenced the development of HIV and AIDS policy in your college?
28. Would you say that the presence of an HIV and AIDS policy in your college has strengthened its capacity to develop more effective responses to HIV and AIDS? YES/NO [**PROBE**: *If so, how? If not, why not?*]
29. Do you have a workplace policy in your college? YES/NO [**PROBE**: *If yes, what does it say about the rights of workers in the College? What does it say about the rights of trainees in the College?*]
30. Do you have any HIV and AIDS management structures in your college? YES/NO. [**PROBE**: *If yes, please describe them*]

Teacher training in HIV and AIDS curricula

31. Does your college have curriculum/syllabus for training teachers in HIV and AIDS? YES/NO [**PROBE**: *If yes, obtain copy(ies)*]
32. Is this curriculum taught in any specific year of training or is it spread through the entire training period?
33. What HIV and AIDS teaching materials has the college prepared for its trainees? [**PROBE**: *If any, obtain copy(ies)*]
34. Is the subject of HIV and AIDS taught separately or is it integrated in other subjects? [**PROBE**: *If integrated in other subjects, which ones?*]
35. Are teacher trainees in this college examined on HIV- and AIDS-related issues during their training?
36. Is the HIV and AIDS training offered in your college targeted at changing the sexual behaviour of the teacher trainees or at equipping trainees to become effective teachers in the subject? [**PROBE**: *For self, for effective teaching, for both self and effective teaching, other*]
37. Is there a way of monitoring the effectiveness of the curriculum? YES/NO [**PROBE**: *If yes, how is monitoring done and who does it?*]

Assistance and finance

38. Does your college have a budget for dealing with HIV and AIDS? YES/NO [**PROBE**: *If yes, how much money per year, from what source and how is it used?*]
39. Has a unit been created in your college to deal specifically with HIV and AIDS issues?
40. In what other ways is the MoE assisting teacher training institutions to deal with HIV and AIDS?
41. Are HIV and AIDS (projects and programmes) considered as priority in the college's budget considerations? YES/NO

42. Do you feel that the management and operational structures (administration, human resources, etc.) support your work and are conducive to it? Would you say that management is effective? [**PROBE**: *the time it takes to do things, get a response from MoE …*]

Community partnerships

43. Has your college established partnerships with community organizations or service providers? [**PROBE**: *Who? In what form: formally, informally?*]
44. What is their role? [**PROBE**: *teaching, offering testing, treatment or counselling for staff?*]

Conclusion

45. In your own view, what actions would you like to see take place to strengthen the capacity of teacher training institutions including your own college in dealing with HIV and AIDS?

Appendix II. Interview guide for a college staff member (tutor/lecturer)

Introduction

The Ministry of Education recognizes that HIV and AIDS is undermining the capacity of the education system at all levels to deliver quality education and is in the process of strengthening the capacities of its educational institutions to deal more effectively with the impact of HIV and AIDS. To support this response, the Ministry, in collaboration with UNESCO's International Institute for Educational Planning (IIEP), is carrying out a study to explore how teacher training colleges are organizing institutional responses to the impact of HIV and AIDS. The findings of this study are expected to provide a sound basis for relevant policy development and capacity-building.

We appreciate your effort in availing time from your busy schedule for this interview.

Predisposing factors and impact of HIV and AIDS

1. Do you think HIV and AIDS is a major problem to this college? YES/NO [**PROBE**: *If yes, how?*]
2. Do you think that the current physical location of this college contributes significantly to the transmission of HIV among:
   a. Academic staff in this particular college?
   b. Administrative and support staff in this college?
   c. Trainees in this college?
3. Are there any particular categories of staff or trainees whom you would consider to be at greater risk of contracting HIV and AIDS? YES/NO [**PROBE**: *If yes, which ones?]*
4. What factors would you regard as predisposing staff members of this college to HIV infection? [**PROBE**: *poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, orphanhood, gender/power relations, sub-group cultures, divergent levels of economic resources*]
5. Are sexual relationships between lecturers/tutors and teacher trainees common in this college? YES/NO
6. Why do these relationships occur?
7. What factors would you regard as conducts to infection among staff members of this college? [**PROBE**: *poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, orphanhood, gender/power relations, sub-group cultures, divergent levels of economic resources*]
8. In what ways have HIV and AIDS impacted on this college? [**PROBE**: *In what terms?*]
   a. No impact;
   b. Absenteeism of staff due to prolonged illness;
   c. Absenteeism of trainees due to prolonged illness;
   d. Increased medical and other costs such as funeral expenses for staff;
   e. Staff replacements etc.

9. Has there been an increase in the number of deaths of:
   a. Trainees?
   b. Administrative and support staff?
   c. Academic staff in this college during the last ten years?
10. If any deaths have occurred in this college in the recent past (up to five years ago), what proportion or percentage would you attribute to HIV and AIDS? E.g. out of ten how many men and how many women?
11. How did the death or continued absenteeism of staff as a result of HIV and AIDS affect the college in terms of:
    a. Teaching and examining of courses?
    b. Course load of others?
    c. Supervision of trainees e.g. during teaching practice?
    d. Other (specify)?
12. Where has the impact been felt the most? [**PROBE**: *increased teaching loads, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased costs, readjustment of institutional budget to cater for increasing funeral expenses, etc.*]
13. Why in these particular areas?

Responses

14. Has the college had to reorganize itself or undergo any internal reorganization (ad hoc, planned or otherwise) in order to meet the challenges brought about by HIV and AIDS? YES/NO
15. If yes, what forms of reorganization have taken place? [**PROBE**: *How were they done, who were the key players in the reorganization?*]
16. How have these reorganizations worked out?
17. What challenges have arisen as a result of these reorganizations? [**PROBE**: *How have they affected the quality of teaching, supervision of trainees, etc.*]
18. Are there any known members of staff suffering from HIV- and AIDS-related illnesses in this college? YES/NO
19. How is the college helping them to cope?
20. Are there any known trainees suffering from HIV and AIDS in this college? YES/NO
21. How is the college helping them to cope?
22. Does your college have any specific programmes for staff and trainees addressing HIV and AIDS? [**PROBE**: *What they are, how they are organized, by whom, how often, who funds them, have they brought about any changes, who co-ordinates them, etc.?*]
23. Does the college make available reading materials on HIV and AIDS to trainees and staff? YES/NO
24. Has this college integrated HIV and AIDS into any of the course units you offer? YES/NO [**PROBE**: *Which ones, what is covered, duration of the course, is the integration systematic or ad hoc? If not why not?*]
25. Have you ever taught or are you currently teaching HIV and AIDS in your courses? YES/NO
26. Do you find it a difficult subject to teach? YES/NO [**PROBE**: *Why or why not? Lack of teaching materials, trainees not interested, not an examinable subject, not enough time for it, very personal subject, don't like talking about sex or embarrassed by it, was never trained myself in it*]

27. What would the college need to do to make the teaching of the subject easier for you? [**PROBE**: *salary increase, offer incentives, decrease workload, offer training for tutors, respond to stigma and discrimination, provide quality teaching materials, train in new teaching methodologies*]
28. Are there any incentives or rewards given by the college to tutors who teach HIV and AIDS?
29. How does the college deal with tutors suffering from HIV and AIDS?
30. How does the college deal with trainees suffering from HIV and AIDS?
31. Is there a written workplace policy for dealing with teacher trainees and tutors who suffer from HIV and AIDS in this college?
32. What programmes exist in this college for assisting lecturers and trainees suffering from HIV and AIDS? E.g. treatment programmes, counselling programmes etc.
33. What does this policy say on the rights of teacher trainees and tutors who suffer from HIV and AIDS?
34. How would you rate the college's response to the HIV and AIDS epidemic so far? [**PROBE**: *enough/adequate, inadequate, lukewarm, could be better, if so in what areas? Where are the gaps?*]
35. What concrete suggestions would you like to make to the top administrators in this college for enhancing the college's capacity to respond to the HIV and AIDS epidemic more effectively?
36. Amidst all other challenges facing this college, would you consider HIV and AIDS to be a priority? Where would you rank it on a scale of one to ten?
37. Why?

Appendix III. Interview guide for focus-group discussions with teacher trainees

Introduction

The Ministry of Education recognizes that HIV and AIDS are undermining the capacity of the education system at all levels to deliver quality education and is in the process of strengthening the capacities of its educational institutions to deal more effectively with their impact. To support this response, the Ministry, in collaboration with UNESCO's International Institute for Educational Planning (IIEP), is carrying out a study to explore how teacher training colleges are organizing institutional responses to the impact of HIV and AIDS. The findings of this study are expected to provide a sound basis for relevant policy development and capacity-building.

We appreciate your effort in availing time from your busy schedule for this interview.

Projective composition

Ask group members to write an essay on a given subject as spontaneously as possible, explaining that it is not a school exercise and that mistakes do not matter, but without elaborating further on the subject concerned (which might influence the outcome). The activity should be kept anonymous with a request for just some information, i.e. age, sex, locality and class. All members of one class may be given the same subject, or two or even three different subjects.

[CHOOSE]

1. On a rainy day, a girl in your class accepts an offer from a male to drop her off at school. In the evening, she is glad to see that he is waiting for her again with his fine car. Before she gets in he says "I have a nice present for you but I've forgotten it at home. Come with me and I'll give to you. My wife is not there". How do you think the girl will react and what advice would you give her?
2. A pupil in your school often misses lessons. It is rumoured that he may have AIDS. Imagine how pupils in the same class might react and their reactions to the infected pupil.
3. A friend of yours tells you that one of his professors probably has AIDS. Imagine what your friend thinks about this situation, how does the class behave and what measures do the school authorities take?
4. A young male teacher has noticed a particularly attractive girl in his class. He would very much like to go out with her. Sometime later, you learn that they are going out together. What do pupils in the class think and say about this intimate relationship between them?

Predisposing factors and impact of HIV and AIDS

1. Do you think HIV and AIDS are a major problem for trainees in this college? YES/NO [**PROBE**: *If yes, how?*]
2. What factors do you think could have contributed to higher HIV infection rates among trainees in this college? [**PROBE**: *location of college, poverty, alcoholism, residence, urban lifestyle,*

materialism, payment of fees, orphanhood, gender/power relations, sub-group cultures, divergent levels of economic resources]

3. Is there any particular category(ies) of trainees in this college whom you would consider to be at greater risk of contracting HIV than other(s)? [**PROBE**: *e.g. male/female, first/second years, trainees from poorer/richer families, others*]
4. What factors do you think could have contributed to higher HIV infection among these categories of trainees in this college? [**PROBE**: *location of college, poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, orphanhood, gender/power relations, sub-group cultures, divergent levels of economic resources*]
5. Do you think that HIV and AIDS have had a significant impact on trainees or staff or both?
6. How have HIV and AIDS impacted on trainees academically in this college? [**PROBE**: *absenteeism of trainees from lectures due to prolonged illnesses and death among trainees*]
7. How have they impacted on trainees socially? [**PROBE**: *life on campus, in the hostels, in the halls of residence, peer relationships, teacher-trainee relationships*]
8. How have they impacted on trainees economically? [**PROBE**: *payment of fees, accommodation, up-keep*]
9. Based on your own observations, have HIV and AIDS had an impact on your lecturers? YES/NO [**PROBE**: *in terms of absenteeism of staff due to prolonged illnesses and deaths*]
10. What factors do you think could have contributed to HIV infection among lecturers/tutors in this college? [**PROBE**: *location of college, poverty, alcoholism, residence, urban lifestyle, materialism, relationships with trainees, relationships among themselves, relationships with outsiders, economic resources*]
11. Based on your own observation, how common are tutor-trainee sexual relationships in this College? [**PROBE**: *Common, rare? If common, why?*]
12. In your view, do you think tutor-trainee relationships are a conduit for HIV transmission in this college?
13. What is the official college policy on tutor-trainee relationships?
14. If there is one, how is this policy enforced?

Responses to HIV and AIDS

15. Are there any HIV/AIDS programmes available for trainees in this college? YES/NO [**PROBE**: *What type of programmes? Who runs them? How often? Who is involved? How useful are they? What have trainees learnt? Is this considered adequate? How has it helped them to navigate their lives on campus? etc.*]
16. Have you ever been introduced to an HIV workplace policy for the college? Has anyone spoken to you about testing and where to do it? About treatment and where it is available? About stigma and discrimination and how to deal with it?
17. Are HIV and AIDS taught in any of the courses that you take in this college? YES/NO [**PROBE**: *If yes, is it taught as separate subject or is it integrated in other subjects?*
18. What issues are the main issues addressed during these lectures and how is the teaching conducted? [**PROBE**: *epidemiology, transmission, preventive education, treatment care and support,* **HOW TAUGHT**: *interactive, electronic, workshops, seminars, group work, normal lectures,* ***WHO TEACHES*** *HIV and AIDS?: Specialized tutors/external persons, any tutor/*

lecturer, What additional information would you like to see communicated on HIV and AIDS and how should it be passed on?]

19. If HIV and AIDS are taught, what kind of things have you learned?
20. [**INTERACTIVE EXCERCISE**: *Write on three pieces of paper the questions that you still have about HIV and AIDS which have not been answered in the courses and for write down all the things you wish you had learned about HIV and AIDS.*]
21. Is there a workplace policy for protecting the rights of tutors and teacher trainees who suffer from HIV and AIDS in the college?
22. What does this policy say about the rights of tutors and trainees suffering from HIV and AIDS?
23. How is the workplace policy enforced?
24. To your knowledge, what services relating to HIV and AIDS are available to trainees in this college? [**PROBE**: *VCT, ARVs, free condoms, etc.*]
25. What HIV and AIDS care and support services are available for trainees in this college? [**PROBE**: *Post-test clubs etc.*]
26. Are there any services relating to HIV and AIDS which are available only to members of staff in this college? [**PROBE**: *VCT, ARVs, free condoms, etc.*]
27. Between trainees and members of staff in this college, which category has shown the most concern in the area of HIV and AIDS?
28. Why has this been the case?
29. What are the major HIV and AIDS interventions that trainees have been involved in? [**PROBE**: *condom use, abstention, peer group discussions, TV programmes, etc.*]
30. What HIV/AIDS-related services would you like to see the college make available?
31. What concrete suggestions would you like to make to the top Administrators in this college in relation to their responses to the HIV and AIDS epidemic?

Perceptions

32. In your own view, do you feel that the management, human resources and administrative structures are effective? Do you feel that overall the college operates effectively? [**PROBE**: *If not, what things are promised and not delivered? What would you like to see changed?*]
33. Do you know of any trainees currently suffering from HIV/AIDS in this college?
34. How did you find out that these trainees have HIV/AIDS?
35. How would you describe the relationship between these HIV-positive trainees and other trainees in the college? [**PROBE**: *normal, stigmatized, other (specify)*]
36. How would you describe the relationship between these HIV-positive trainees and their lecturers/tutors in the college? [**PROBE**: *normal, stigmatized, other (specify)*]
37. Have there been any cases where trainees have complained about their lecturers or their fellow trainees being sick with HIV- or AIDS-related illnesses?
38. What was the nature and form of such complaints?
39. How does the college protect HIV-positive teachers and trainees from discrimination?
40. Amidst all other challenges facing trainees in this college, would you consider HIV and AIDS to be a priority? Where does it rank on a scale of one to ten? Why?

Appendix IV. Observation schedule

1. Physical environment	**2. Classroom interaction**	**3. Teaching methods and approaches**	**4. Planning and monitoring of the lesson plans** - to ask lecturer upon conclusion of the session
a. Classroom set-up	a. Communication between teachers and students (males participating more?)	a. Passive methods	a. Schedule for running the class - basic routines?
b. Furnishings – rows, columns, movable tables?	b. Student-to-student interaction – is interest being built?	b. Stories/surveys/role plays	b. Class assessments - how is feedback given to lecturers? Who observes? Who offers guidance? Peers?
c. Materials- TV, video	c. Discipline	c.Content – appropriate and accurate	c. Any mechanism for self-assessment?
d. Amount of space		d. Are methods reinforcing skills?	d. Any planned co-curricular assessment?
e. Classroom displays		e. Start of lessons and close of lessons	
f. Health and hygiene facilities		f. Any group work?	

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The book

Proactive policies implemented within the education sector in Kenya have raised awareness of HIV and AIDS and its implications. And yet, this awareness does not seem to have been translated into dramatic change in sexual behaviour.

This study looks at the ways in which teacher training colleges have organized institutional responses to HIV and AIDS as well as the attitudes of trainees, tutors and other stakeholders to the epidemic. The findings shed light on the discrepancy between what is taught and what is practised, and identify the causes behind this.

The booklet notably raises questions about the colleges themselves as a vector for HIV transmission and recommends pragmatic policy decisions than can be taken to effectively combat the pandemic.

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