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MINISTRY OF EDUCATION,
SCIENCE, TECHNOLOGY AND
SCIENTIFIC RESEARCH



**PRIMARY SCHOOL TEACHERS' KNOWLEDGE, ATTITUDES AND PRACTICES ON
HIV/AIDS, LIFE SKILLS, GENDER AND SEXUALITY**

By

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Félix Muramutsa (2002)

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CNLS	Commission Nationale de Lutte contre le VIH/SIDA
EDS	Enquête Démographique et de Santé
EFA	Education For All
EPS	Education Physique et Sportive
ESARO	Eastern and Southern African Regional Office (of UNICEF)
FGD	Focus Group Discussions
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IMPACT	Implementing AIDS Prevention and Care Project
KHI	Kigali Health Institute
LNDC	Lycée Notre Dame de Cîteaux
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education, Science, Technology and Scientific Research
MSF	Médecins Sans Frontières
PLWAs	People Living With AIDS
PNLS	Programme National de Lutte contre le VIH/SIDA
PSI	Population Service International
SET	Sciences and Elementary Technologies
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TTC	Teacher Training College
UNFPA	United Nations Population Fund
UNAIDS	the joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing

ABSTRACT

This research was conducted using both the quantitative and qualitative approaches in order to assess comprehensively, the knowledge, attitudes, and practices of primary school teachers, student teachers, and other stakeholders in the education system with regard to life skills, gender, sexuality, and HIV/AIDS. The purpose was to provide adequate information to guide the introduction of an HIV/AIDS and life skills programme in primary schools and teachers training colleges. Altogether, 728 respondents were interviewed - 307 males (42.17%) and 421 females (57.83%) from 21 districts in four Provinces of Butare, Kibuye, Ruhengeri, Umutara and the city of Kigali. The target group comprised 508 primary school teachers (70% of all research participants), 16 TTC (Teacher Training Colleges) teachers, 120 TTC students, 18 parents, 10 heads of primary schools and 56 primary school children. The methodology used included FGDs (Focus Group Discussions), interviews, questionnaires, and observation techniques complemented by the review of existing literature on the subject.

The study revealed that a significant number of teachers did not have adequate general knowledge of the sexually transmitted diseases, including AIDS, while others had either incorrect or little information. Approximately, 85% of teachers said that they encountered problems in finding appropriate responses to questions related to HIV and AIDS with more female teachers (88%) than male teachers (78%) indicating greater difficulties. In addition, less than 20% of the in-service female and male teachers were able to give correct estimates of HIV prevalence in Rwanda, while only slightly more than a quarter of them knew that the first case of HIV/AIDS was reported in Rwanda in 1983.

It was found that some teachers occasionally spoke about HIV/AIDS with students, but in an unsystematic way, while others had yet to take this initiative. The majority of teachers proposed the idea of formally integrating HIV/AIDS education into the school system. Parents, TTC students, and teachers shared this view. All respondents proposed that, prior to formalising HIV/AIDS as a course in the school curriculum, it was essential to provide training to teachers, make training materials and textbooks available, and to mobilise some of the parents and teachers to participate actively in the AIDS education programme.

Less than half of the participating teachers (44% males and 40% females) were unaware of the difference between sexuality and sexual intercourse. Their concept of sexuality was limited to their concept of sex. Some teachers and parents expressed the belief that speaking about condom use influenced the children to engage in sexual immorality. In addition, it was found that school children highly appreciated lessons on sexuality, with notable high participation of the boys while many girls appeared shy.

The study revealed the absence of any standardised methodologies for teaching sexuality education; hence, teachers conducted HIV/AIDS lessons in the best ways they knew how. Teachers expressed the need for an appropriate pedagogy that was participatory, included audio-visual material and other relevant teaching aids.

Trainee teachers confirmed information from their teachers that there existed neither curriculum nor methodology for HIV/AIDS education in their colleges. They recommended that future teachers be relatively better trained to address the AIDS pandemic.

Myths and prejudices surround HIV/AIDS issues. For example, 48% female and 22% male student teachers felt that people with HIV/AIDS should be isolated. In addition, parents were of the view that teaching about condom use to primary school children would lead to promiscuity amongst them.

The teachers interviewed considered that both modernity and tradition influenced sexual behaviour and by implication, the spread of HIV and AIDS. Some Rwandan traditional practices such as, polygyny (having multiple wives), 'gukazanura', 'kurumika', 'guhungura', and the belief that 'a woman belonged to the family of her husband and not the husband alone', were described as easy channels of HIV transmission. Teachers proposed that HIV/AIDS education addressed both positive and negative aspects of cultural concerns.

Findings exposed a clear need for a comprehensive teacher training programme that would offer teachers adequate and relevant information about HIV and AIDS as well as the related concepts. Undoubtedly, the magnitude of HIV and AIDS pandemic and the high level of ignorance about its nature, demands that education decision-makers and officials initiate the proposed teacher training that would incorporate participatory methodologies, life skills for HIV/AIDS education and care for people living with HIV and AIDS as a matter of urgency. There was a strong feeling amongst many of the teachers that from each school in the country, at least two teachers should be trained as HIV/AIDS counsellors. In addition, a school radio programme, media campaigns, and use of audio visual aids were recommended to enhance HIV/AIDS education.

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CHAPTER ONE

BACKGROUND AND JUSTIFICATION OF THE STUDY

Introduction

The global magnitude of HIV and AIDS has made it impossible for policy makers to ignore the pandemic. Projections made towards the end of the 1990's were verified in a 2001 UNAIDS report which indicated that 40 million people were living with HIV, of whom 2 700 000 were under 15 years old. According to the same report, in 2001 alone, five million people were infected with HIV, while three million died of AIDS. Since the outbreak of the epidemic in the early 1980s, more than 20 million people have died of AIDS. HIV and AIDS are now pandemic in Sub Saharan Africa and its prevalence continues to increase alongside. Similarly, sexually transmitted infections (STIs) have also attained high prevalence rates. With the HIV/AIDS infection rate among teenagers aged 15 to 19 years at 6%, and 11.25% of youth aged 20 to 24 years, Sub-Saharan Africa experiences negative impact on its social and economic spheres. In Botswana, for example, 35.8% of adults are infected, while South Africa has 4 200 000 people living with HIV and AIDS; the largest number of PLWAs in the world (UNAIDS, 2001)

Rwanda has not been spared from the AIDS epidemic. More than 400,000 Rwandans live with HIV and AIDS. Among them, 280 000 have developed AIDS. Data issued by UNAIDS revealed that AIDS was the second highest cause of mortality in the country. In 1997, 36 000 people died of this disease. With an infection rate of nearly 14% and a prevalence of close to 12% in rural areas, Rwanda is placed among the countries in which more than 10% of the population aged between 15 and 49 years are infected with HIV. It is noteworthy that slightly over 4% of children aged 12 to 14 are also HIV positive (MINECOFIN, 2001:291)

HIV and AIDS are a real threat to the education sector, with a cumulative negative impact at local and national levels. It affects education in three key areas, namely:

Demand for education decreases because children (and especially girls) drop out of school to care for sick parents or because they are not able to meet the costs of schooling

Supply of education deteriorates due to ailing teachers

Quality and management of education deteriorates due to absenteeism of both sick teachers and school administrators

Several other factors appear to have accelerated HIV/AIDS prevalence in Rwanda; the key one being the 1994 war and ensuing genocide, which were linked to increased sexual abuse and rape of women and girls, exposing them to HIV and AIDS amongst other STIs. Increased adult mortality rates emanating from the war and the AIDS scourge resulted in augmentation of cases of orphaned children and widowhood within families. Even after the war, poverty, and civil instability have continued to aggravate the spread of HIV and AIDS and its negative effects on the Rwandan society.

The Government of Rwanda, in collaboration with its partners, developed various initiatives to fight the pandemic. These include a National AIDS Commission to combat HIV and AIDS that was

established in March 2001, under the auspices of the Office of the President. Its mandate was to co-ordinate all HIV/AIDS activities in the country.

In addition, the Ministry of Education established a unit in charge of co-ordinating HIV/AIDS education. A sub-sector policy and strategic plan on HIV/AIDS education was also integrated within the EFA framework. Since the Anti-AIDS clubs, which had been formed in all secondary schools and higher education institutions needed to become operational, learning materials were developed and pre-tested for use in primary and the post-primary levels of education. Further, a few teachers were trained to facilitate HIV/AIDS education in relatively modest ways.

Since Rwanda lacked clear policy on how to implement HIV/AIDS education on a national scale, it was imperative that this study be conducted in order to inform and guide the ministry of education in the planning and implementation of an effective HIV/AIDS education programme within the primary teachers' training colleges nationally.

Objectives of the Study

This study was designed to pursue the following objectives:

1. Collect and analyse data on the knowledge, attitudes and practices of primary school teachers with regard to HIV/AIDS so as to gain access to:
 - General information on HIV/AIDS
 - Knowledge on HIV/AIDS transmission and prevention
 - Feelings of primary school teachers on the integration of HIV/AIDS into other subjects of study in primary education
 - Feelings of teachers with regard to sexuality education, including the use of condoms, HIV/AIDS and people living with HIV and AIDS (PLWAs)
 - Appropriate methodologies and methods used by teachers on HIV/AIDS, knowledge of gender, sexuality and life skills
2. Identify attitudes, beliefs and practices amongst TTC teaching staff and students on HIV and AIDS in order to determine improvements needed for essential pre-service training;
3. Carry out investigations on teachers' understanding of the notions of culture, tradition and modernity:
 - How these notions relate to the way teachers constructed themselves as gendered and sexual beings
 - How these constructions make different categories of people more or less susceptible to HIV infection, as well as determining mechanisms to reduce this susceptibility
4. Formulate recommendations on key information that is pertinent to primary school teachers, and the appropriate methodologies to disseminate such knowledge
5. Suggest a training plan as well as advantages and disadvantages of 'cascade' training
6. Provide recommendations on appropriate messages to be integrated into training modules for primary school teacher education

LOCATING THE STUDY WITHIN EXISTING RESEARCH

At a national level, studies on HIV/AIDS, gender, and sexuality had been conducted in the preceding three years yielding various findings as highlighted and outlined below.

The concept of gender was emphasised in a study conducted by MIGEPROFE and UNFPA whose objective was to analyse attitudes, practices, and beliefs related to gender. The study used a qualitative survey with individual and group interviews. The survey reached 32 districts and 3 600 people from 1 800 households, i.e. two people per household were interviewed.

Key finding from those studies reveal the following issues on sexuality, gender, and HIV/AIDS with regard to children:

- Children, including secondary school students, indulged in pre-marital sexual intercourse because of poverty, alcohol consumption and peer pressure. Girls, in particular, reportedly engaged in pre-marital sex because they believed that it would strengthen romantic love with their boyfriends
- The average age of first sexual intercourse was recorded as 14 years for girls and 13 years for boys
- Abstinence, as a HIV/AIDS preventive method, seemed to be the most known and was highly cited among adolescents in the study
- School children were more sexually active during school holidays than during school terms time
- Having multiple partners was more common with school boys than with school girls
- Many children did not seem to know the symptoms of STDs, especially as manifested in members of the opposite sex
- Few sexually active children claimed to have used condoms as a preventive measure against HIV and other STIs
- Discussion of sex-related matters between parents and their children was considered taboo, although few parents said they discussed HIV/AIDS with their children
- Men were the key decision-makers on sexual matter
- Men controlled household resources
- Myths and misconceptions about sex, sexuality and HIV/AIDS were observed among the study community
- Sexual violence against women seemed to be condoned, especially in rural communities
- Boys were described as being more valued than girls in Rwandan society

METHODOLOGY

Methodological Approaches

This study exploited both qualitative and quantitative approaches. The combination of the two approaches was necessary to help gather, not only, quantifiable information on the knowledge and attitudes of the respondents with regard to HIV and AIDS, gender, sexuality and life skills, but also to explore how such attitudes were constructed and how they affect behavioural change and identity formation. In that sense, qualitative data from FGDs, interviews, and observations were useful in the analyses of information obtained from quantitative questionnaires.

Sampling Procedures

- *Research sites*

In order to involve participants from many parts of the country, this study was conducted in five provinces representing approximately all the five regions of the country, namely, central (Kigali City, Gitarama, Kigali rural), the east (Kibungo, Umutara and Byumba), the north (Ruhengeri and Gisenyi), the west (Kibuye and Cyangugu), and the south (Butare, Gikongoro). The selection of a province by region was also based on particular criteria as outlined in tabular form below:

TABLE I: Selected Provinces by Criteria of Selection

Province	Reason for selection
Butare	Low rate of qualified teachers - Butare province took the second last position at the beginning of the school year 2000-2001. Only 52.9% of primary school teachers were qualified while the average rate of qualified teachers countrywide is of 81.2%.
Kibuye	Prolonged isolation during 1997-99 due to civil insecurity and with very few actors in the field of HIV/AIDS.
Kigali City	Many teachers in this locale that is characterised by cultural diversity appeared more informed than their rural counterparts.
Ruhengeri	Has the highest rate of qualified primary school teachers in the country (99.6%). It experienced a period of heightened insecurity in 1997-98.
Umutara	This locale exemplifies newly established province characterised by inadequate school equipment and infrastructure. It also has the lowest rate of qualified teachers in the country (49.8%). In the recent past, reports of arranged and early marriages were practiced more here than in any other region in the country.

The comparison of results between different provinces could help to illustrate the trends observed as either nationwide, or localised phenomena reflecting particular characteristics of each province.

- *Selection of target groups*

The main target group comprised primary school teachers. In order to select the teacher sample, consultative meetings were organised with MINEDUC officials at central, provincial, and local levels. Further, meetings with Directors of Education at provincial level (or their assistants) helped in identifying schools, which in turn provided the teacher participants and their respective districts. Seventy (70) schools in 21 districts across the four provinces and Kigali City were selected. Purposeful sampling of female head teachers was done due to their limited number. From the lists developed, a sample of teachers was selected from each school.

Other categories of respondents were:

- School children – 2 boys and 2 girls were selected randomly from each school
- Parents of school children - selected from parent committees of each school
- Student teachers i.e. students in TTCs - selected based on availability and willingness
- TTC teachers - all available and willing were interviewed
- Education officers - one in each province visited

Table II below presents a summary of the sample population.

Table II: Summary of Study Population

Participants	Gender	Data Collection tools	Populations by Provinces						TOTAL	
			Butare	Kibuye	Kigali City	Ruhengeri	Umutara			
Primary school teachers'	Males	Questionnaires	24	12	25	54	49	164	456	
	Females		87	66	51	49	39	292		
Primary school teachers	Males	FGDs	1	4	5	5	9	24	52	
	Females		3	9	6	7	3	28		
School children	Males	FGDs	4	5	6	11	2	28	56	
	Females		4	5	6	11	2	28		
Parents	Males	FGDs	3	0	1	4	4	12	18	
	Females		1	2	3	0	0	6		
TTC students	Males	FGDs	3	2	0	4	2	11	23	
	Females		3	2	5	0	2	12		
TTC students	Males	Questionnaires	10	11	1	20	10	52	97	
	Females		10	9	16	0	10	45		
TTC Teachers	Males	FGDs	0	4	0	4	2	10	16	
	Females		2	0	2	0	2	6		
Heads of Institution	Males	Interviews	0	2	0	1	3	6	10	
	Females		0	1	0	1	2	4		
TOTAL	Males		45	40	38	103	81	307		
	Females		110	94	89	68	60	421		
Overall Total			155	134	127	171	141	728		

• *Research instruments used*

Data collection was carried out using four main research techniques, namely, Focus Group Discussions (FGDs), questionnaires, interview, and observation schedules. The research tools were discussed several times among the study organizers and with research assistants and eventually translated into Kinyarwanda.

FGDs were conducted among the following categories of participants:

- Primary school teachers (mixed-sex groups)
- Schoolgirls and schoolboys (single-sex groups)
- Female and male parents (mixed-sex groups)
- Students in their final year of study at Teacher Training Colleges (mixed-sex groups)
- TTC teachers (individual interviews)

Questionnaires were structures for use with primary school teachers and TTC students.

Individual interviews were conducted with education officers and school heads.

Observation guides served the research assistants as they recorded gendered patterns and utilisation of school space during their interaction with school community.

The Research Process

Training of Research Assistants and Pre-Testing of Research Instruments

Research assistants comprising 10 males and 10 females were selected and trained on research methods. The training provided an opportunity to review and revise the research instruments that were later pre-tested in Kigali in Ngali province.

Data Collection

The 20 research assistants were subdivided into five groups that worked in teams to collect the data in the five provinces. At the end of each day of the data collection process, the team had a debriefing session to address constraints encountered during the fieldwork and plan strategies for the ensuing field research.

Transcription, coding and data analysis

The information gathered was transcribed and collated on a daily basis. Each of the group facilitators and the data recorders cum reporters worked closely to produce reports that included participants' views, researchers' field experiences, and impressions of the fieldwork processes as well as their observations on non-verbalised behaviour. Quantitative data from primary school teachers and TTC students as well as socio-demographics of FGD participants (e.g. information on identification cards) were coded before being entered into the Excel computer programme. Quantitative analyses were eventually done using Excel and SPSS (Statistical Package for Social Sciences) programmes.

Ethical considerations during the research

The study population participation in the research exercise voluntarily. In order to meet this requirement, research assistants used well-prepared introduction procedures before soliciting data, explaining who they were, and the objectives of the study. They then negotiated the consent of the respondent before data collection. Confidentiality and anonymity was assured.

Constraints experienced during the designing and implementation phases

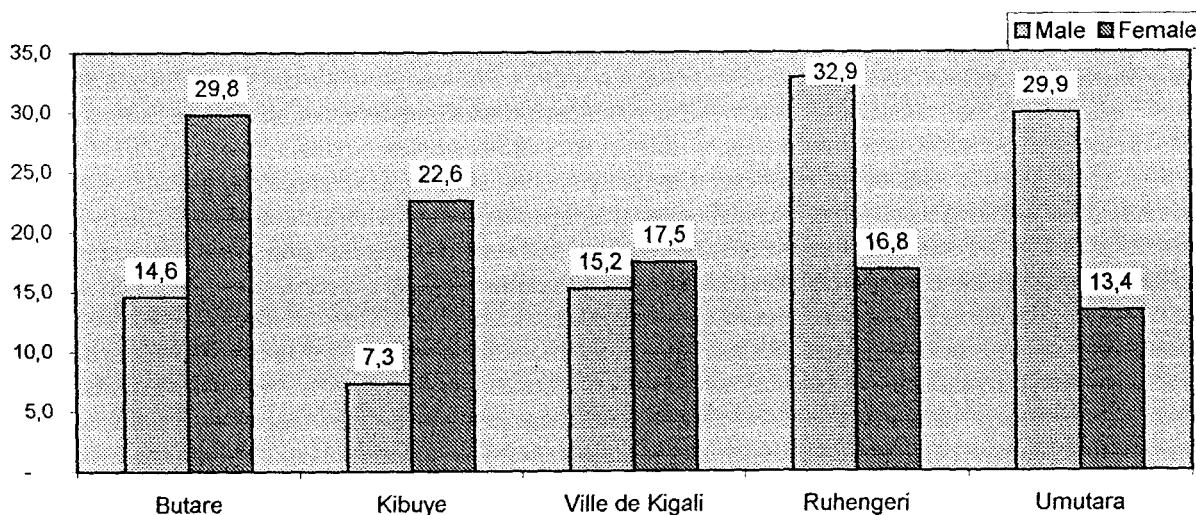
The result of any action is always a compromise between resources invested and constraints encountered. During the evaluation of the research process, the survey team noted number of constraints as outlined below:

1. The time scheduled at the beginning of this study was not sufficient for combining the qualitative and quantitative approaches. Processing and analysing quantitative and qualitative data from 728 respondents required more material, time and financial resources than was available. This constraint tended to compromise, albeit in limited but significant ways, achievement of the expected level of quality, especially in qualitative analyses.
2. The use of at least three different languages tended to create barriers in the sharing of information during the research process.
3. In many research sites, especially in the primary schools, the study coincided with other important priorities such as, exams, filling out identification forms, among others.
4. The relatively short time allocated to the study did not allow adequate exploration of some qualitative methods and techniques recommended, such as 'collective memory' and the 'teacher's diaries'.
5. Some respondents expressed fatigue of what they described as research that 'never comes to anything tangible'. This condition tended to retard effective participation by some potential respondents. Some children felt that they were wasting valuable time in the research while their non-participating colleagues were studying.
6. Some head-teachers had reservations linked to their moral and religious beliefs with regard to sex-related issues and therefore declined to participate.
7. The limited number of respondents surveyed during this study was not statistically representative; hence, the findings are not generalisable. However, the rich information provides insights into areas for future programming for education on HIV/AIDS prevention.

Nature of teacher sample

Since this study focused mainly on teachers, this section summarises graphically and textually, the demographic information about the teacher sample that responded to the questionnaire.

Figure 1: Teachers by Province and by Sex



Approximately 36% of male teachers filled in the questionnaire compared with 64% of the female teachers. The relatively greater number of women teachers may be attributed to the fact that they constituted the majority of staff who taught Grades One, Two and Three.

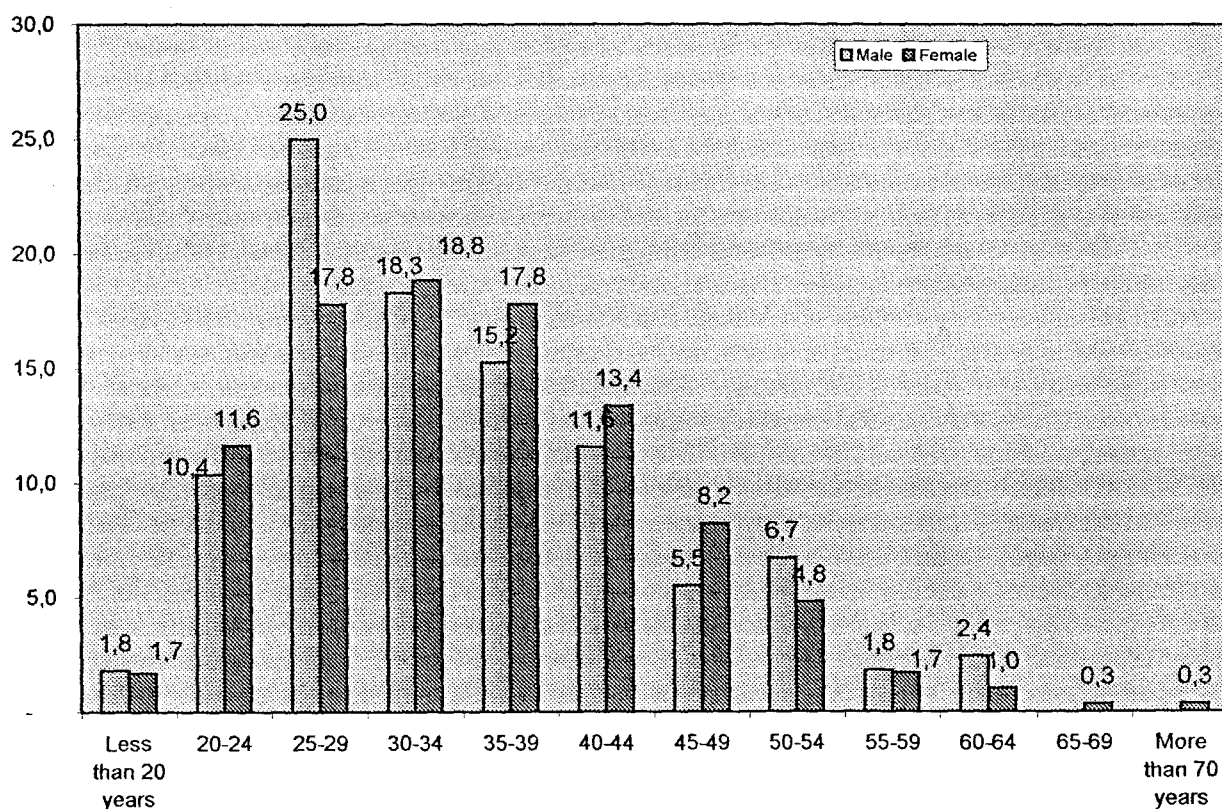
Table III: Teachers by sex and by marital status

		Marital Status					Total
		Single	Married	Separated or divorced	Widow/ Widower	Other	
Sex	Male	54 33.1%	105 64.4%	1 .6%	2 1.2%	1 0.6%	163 100.0%
	Female	56 19.8%	175 61.8%	4 1.4%	46 16.3%	2 0.7%	283 100.0%
Total		110 24.7%	280 62.8%	5 1.1%	48 10.8%	3 0.7%	446 100.0%

Table III above shows that the majority of teachers interviewed (63%) were married. Notably also, are widows who were sixteen times more than the widowers (1%). Another interesting characteristic is that the bachelors exceeded 10 percentage points above the spinsters who were only 20%, indicating that perhaps men delayed to get married.

Figure 2 below shows that the majority of teachers interviewed were young with half of them aged between 20 to 34 years. This is important information, which reveals that if trained in HIV/AIDS, such teachers were likely to offer their services for a considerable length of time before attaining retirement age.

Figure 2: Teachers' distribution by sex and age



CHAPTER TWO

PRESENTATION OF STUDY FINDINGS

Introduction

The presentation of findings is organised thematically following the systematic analyses of the research themes as addressed by research and the subjects through FGDs, questionnaires, and interviews, as well as from the observation schedules.

GENERAL KNOWLEDGE AND INFORMATION ON HIV/AIDS

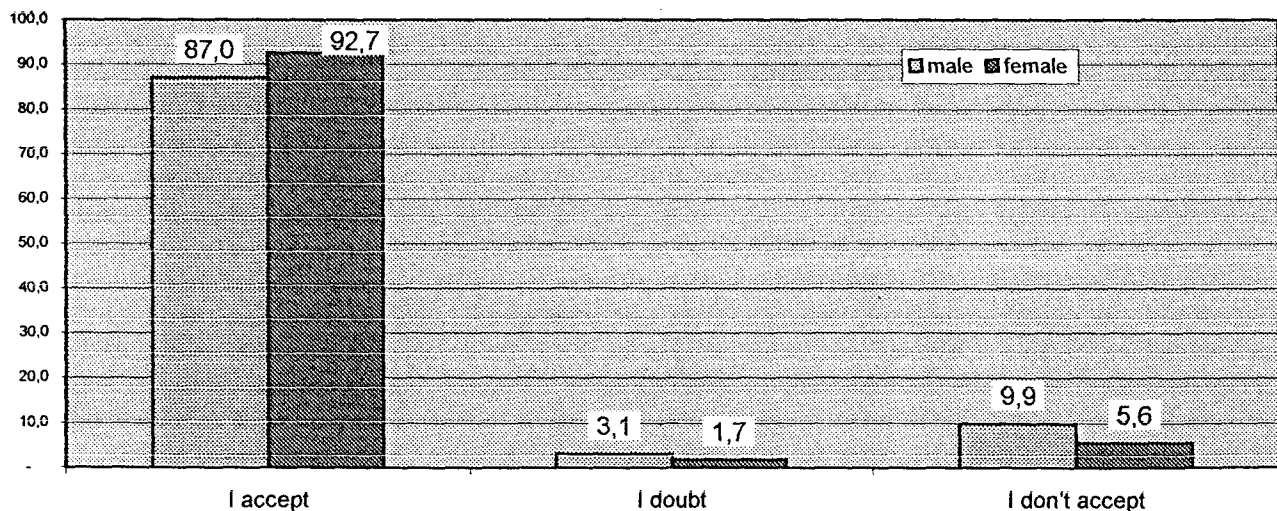
Since a key objective of this study was to investigate the level of teachers' knowledge about AIDS (Acquired Immune-Deficiency Syndrome) as a disease caused by the Human Immunodeficiency Virus (HIV), it was important to ask teachers some factual questions that would help elicit relevant insights for the proposed HIV/AIDS education programme. Questions were structured to help find out if teachers knew that:

- HIV was transmitted through blood, sperm, vaginal fluids, and mother's milk
- Human Immunodeficiency Virus (HIV) destroyed the human immune system progressively and irreversibly, leaving the body susceptible to opportunistic diseases such as tuberculosis and pneumonia, among others.

- *Teachers' knowledge on HIV/AIDS transmission*

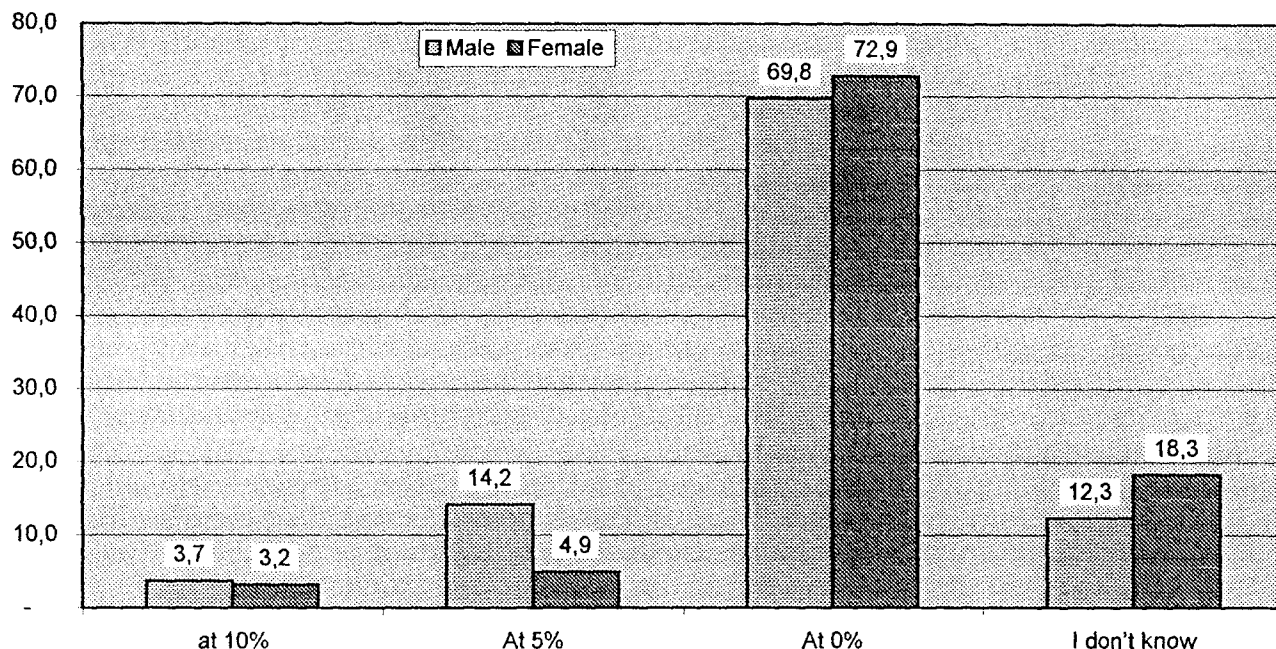
From the teachers' responses, the following findings presented in graphics form emerged. Figure 3 below shows that the majority of the participating teachers (91%) knew that a person infected with HIV could appear healthy. However, of great concern is the finding that almost 10% of the participating teachers thought that they could identify HIV positive people by looking at them. Comparison with other recent studies show that teachers were relatively better informed than other categories of the Rwandan population. According to ONAPO (2000:198), 72% (69% females and 75% males) knew that a person infected with HIV could look healthy.

Figure 3: Teachers Responses to Assertion that HIV Infected Person Looked Healthy



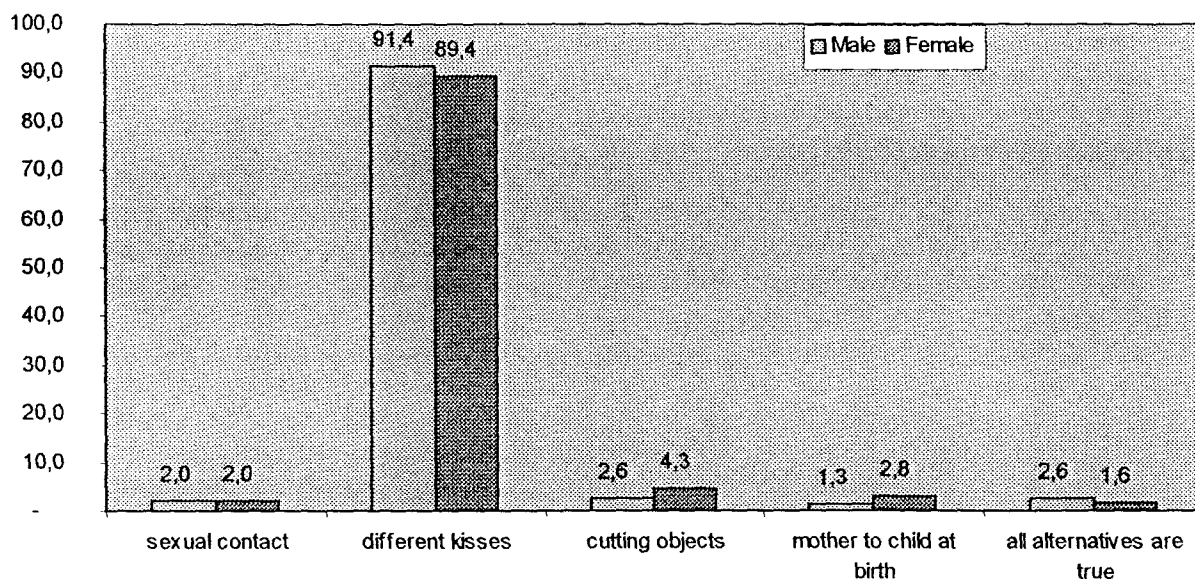
It is important to note that nearly three quarters of teachers were aware that HIV was not transmitted through mosquito bites. The findings, however, raise concern about the approximately 18% of the female and 12% of the male teachers who indicated that they did not know if a mosquito was, or was not, capable of transmitting HIV. Equally important is the finding that 11% of the teachers in the study thought that a mosquito could, indeed, transmit HIV and AIDS. Figure 4 below shows teacher response to this issue, demonstrating the need for adequate teacher education that would yield well-informed and knowledgeable professionals.

Figure 4: Teachers' Responses on % of HIV/AIDS Transition through Mosquito Bite



In a follow up question, teachers were asked to identify ways through which HIV could not be transmitted and the following bar chart presents their responses.

Figure 5: Teachers' Perceptions about Ways through which HIV/AIDS cannot be transmitted



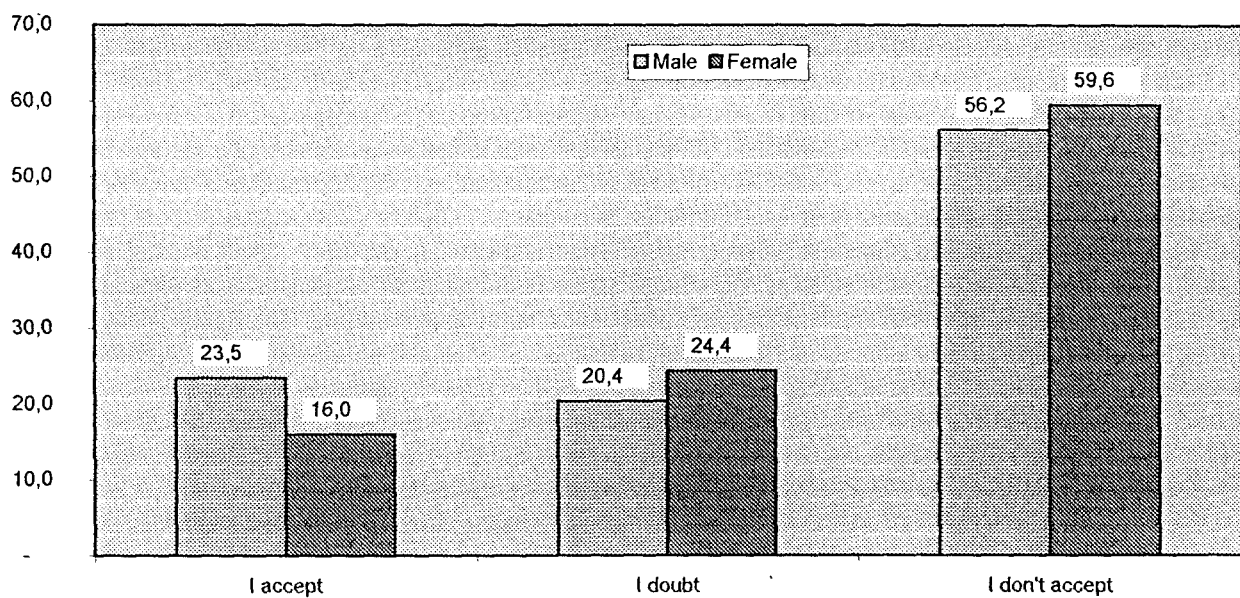
Clearly, as shown in Figure 5 above, slightly over 90% (91% males and 89% of female teachers) provided correct information on HIV transmission. However, 10% responded incorrectly. Further

analysis by province revealed that in Butare, nearly 16% of the teachers were not able to give correct response on whether or not HIV could be transmitted through kissing.

Almost 20% of the teacher respondents thought that boys, more than girls, were exposed to HIV/AIDS. This suggests that this group of teachers might have considered the social dimension of the spread of HIV more than they did the physiological aspect of the human genitalia that made girls more susceptible to the various sexually transmitted infections, including HIV. A summary of the findings is presented in Figure 6 below.

When teachers were asked about the level of HIV vulnerability of girls compared with that of boys, it was striking to note that 23% of them were 'not sure' while 19% thought that boys were relatively more at risk, than girls, of contracting HIV. Although the majority of teachers knew that girls were relatively more prone to being infected with STIs including HIV, it would be foolhardy to feel complacent about the finding that less than 60% (262) of the teachers refuted the claim that boys were more exposed to HIV infection.

Figure 6: Boys being Relatively More Exposed to HIV/AIDS than Girls

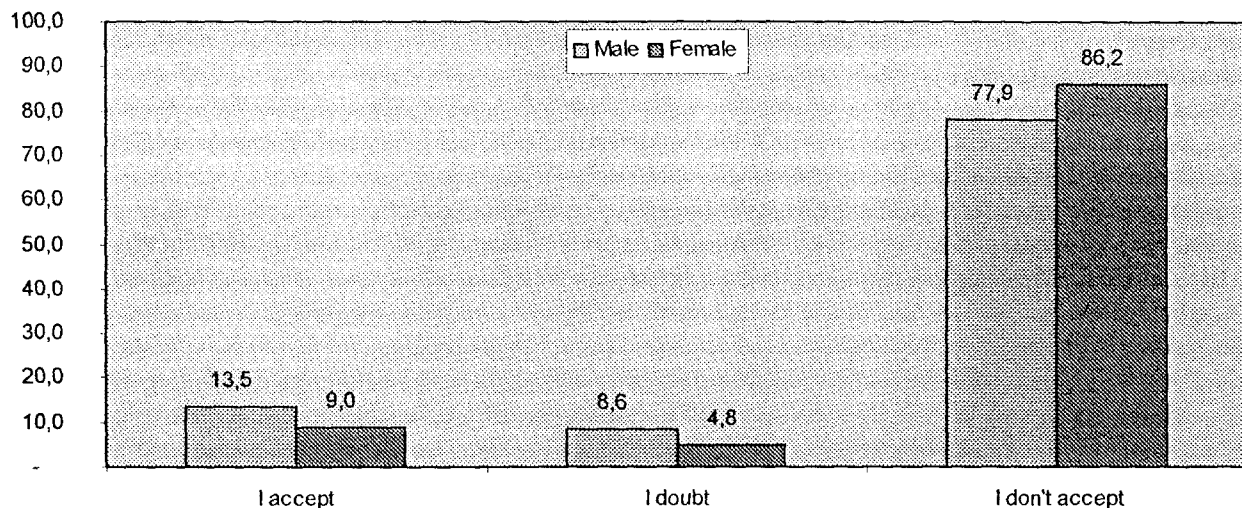


ADDRESSING HIV/AIDS EDUCATION

Teachers' Knowledge on HIV/AIDS Prevention Measures

How well informed the teachers were on HIV/AIDS preventive measures was a key question addressed by this research. While it was encouraging to note that over 80% of the teachers (80% male and 86% female) felt that even steady sex-partners could be potential HIV carriers, it is of great concern that nearly 13% of the female and 22% of male teachers were either uncertain or did not appear to have this knowledge. In addition, there is reason for concern from the findings that approximately 20% of the female and male teachers thought that in order to avoid HIV infection, a person needed to have sexual intercourse with the people they knew well. Figure 7 below shows the details of these findings.

Figure 7: Teachers' Perceptions on HIV Infection from Well-Known Partners



Although Figure 7 does not illustrate the geographical difference, further analysis revealed that such differences existed. For example, whilst 94% of Kigali City teachers responded correctly to the issue of HIV infection compared with only 71% of their colleagues in Umutara.

- *Protection of teachers against HIV/AIDS*

While teachers' knowledge on HIV/AIDS was important, it was also crucial to find out teachers' sense of security and protection against the HIV/AIDS pandemic. In this context, ideas on how to improve teachers' living condition as a means of protecting themselves against HIV/AIDS were discussed during mixed-sex FGDs. Poverty and a sense of sexual morality among teachers were identified as key factors in the presence of high risk sexual behaviour as one female teacher participant from Muvumba district expressed saying:

I think that poverty causes the spread of the virus. If teachers' living conditions were improved, they would avoid bad behaviour.

Some teachers, especially those who testified to be 'saved' Christians, felt that teachers should be guided by their conscience. One of them described sex as 'evil' and for this perspective, argued that teachers should be guided by their conscience in making their choices regarding sexual behaviour. However, this argument seemed to be academic theorisation as none of the teachers was clear about when sex ceased to be evil. One of them continued to argue thus:

The teacher knows all about HIV/AIDS, sees what is happening around him, his school children die, his brothers, his neighbours, his children...if his conscience does not prevent him from doing evil, who else can protect him? We are not anyway small children.

Another teacher supported this view declaring:

I do not like to talk much about HIV/AIDS...God gave us intelligence so as to choose between good and evil, the teacher should be a model; I can not see any other person who can help him!

The construction of sex as 'evil' or as 'sin' emerged as an important theme amongst the self-declared 'saved' Christians, who found no reason to discuss sexuality issues because, according to them, engaging in sexual intercourse was a matter of choosing between evil and good. In this context, there seemed to be no space for discursive education with regard to sexual desire and expression because the correct choice was pre-ordained in ways that dictated adults and young people to pursue choices only within a moral framework that was ordained by divine authority.

As teachers discussed issues related to their protection, concerns centred on their capacity to deal with the AIDS pandemic. The teachers emphasised the need for sufficient information on the disease. Some of them expressed the need to understand the origin of HIV/AIDS, and its modes of transmission in order to protect themselves better. One male teacher from Umutara province confessed his ignorance saying:

We are not sure how long the virus can live outside the human body.

His colleague claimed that teachers thought that HIV/AIDS education was beyond their capacity to teach about it while another male teacher in Kibuye province recommended specialised training in order to ensure that teachers were not infected with HIV.

In order to adequately protect teachers, it is important that they are first of all well trained by specialists in HIV/AIDS issues.

Many of the teachers seemed to dismiss the knowledge they had as inadequate in helping them sufficiently with regard to the HIV/AIDS epidemic and especially in their profession. Many of them called for the inclusion of HIV/AIDS in the school curriculum, right from Primary One, by adapting the content and methodology to the children's age. In addition, they expressed the need for relevant teaching materials to be distributed in all schools.

As the teachers revealed realities of their lives and concerns, they remained evasive about whether, or not, they practised 'safer' sex using conventional methods of protection from STIs, such as the condom. Also lacking in their discussions about personal sexual behaviour were issues relating to fidelity and abstinence, which many of them seemed to avoid.

- *Teachers as models for behaviour change*

Almost all teachers who participated in the FGDs thought that teachers should be role models for children because teachers often met with the wider population with whom they could discuss the HIV/AIDS pandemic. Accordingly, the teachers had the responsibility to train the children, encourage them to talk to their parents, be active in HIV/AIDS sensitisation meetings and understand, as well as help, HIV/AIDS orphans.

During discussions about the issue of role models, it was clear that the various communities had different standards of behaviour that governed male and female sexual behaviour. Participants used such examples to compare modern and traditional sexual mores (norms). A Rutsiro teacher provided the following example:

In the former times, a female teacher who got pregnant outside marriage was automatically dismissed from the profession.... today, it is no longer the case. We see female teachers with two or more children from different, unknown fathers. How can she dare advise children to behave well?

From the above quotation, it is clear that the teachers did not seem concerned about the whereabouts of the so-called 'unknown fathers' who abdicated fatherhood and left the mothers exposed to public ridicule about their supposedly irresponsible sexual behaviour. Amongst the Rwandan people, just as is the case in other communities in Sub-Saharan Africa, the tendency to ostracise only the unwed mothers, and not the fathers, was pervasive. In this regard, teachers

emerged as collaborators in constructing femininity as a sexually corruptible mode of being and juxtaposed to masculinities in ways that positions the male unmarried parent as being faultless. Strikingly, the teachers seemed to be uncritical of their role as agents of social change in gender relations. Because of this, teachers helped in perpetuating gender stereotypes and sexual double standards.

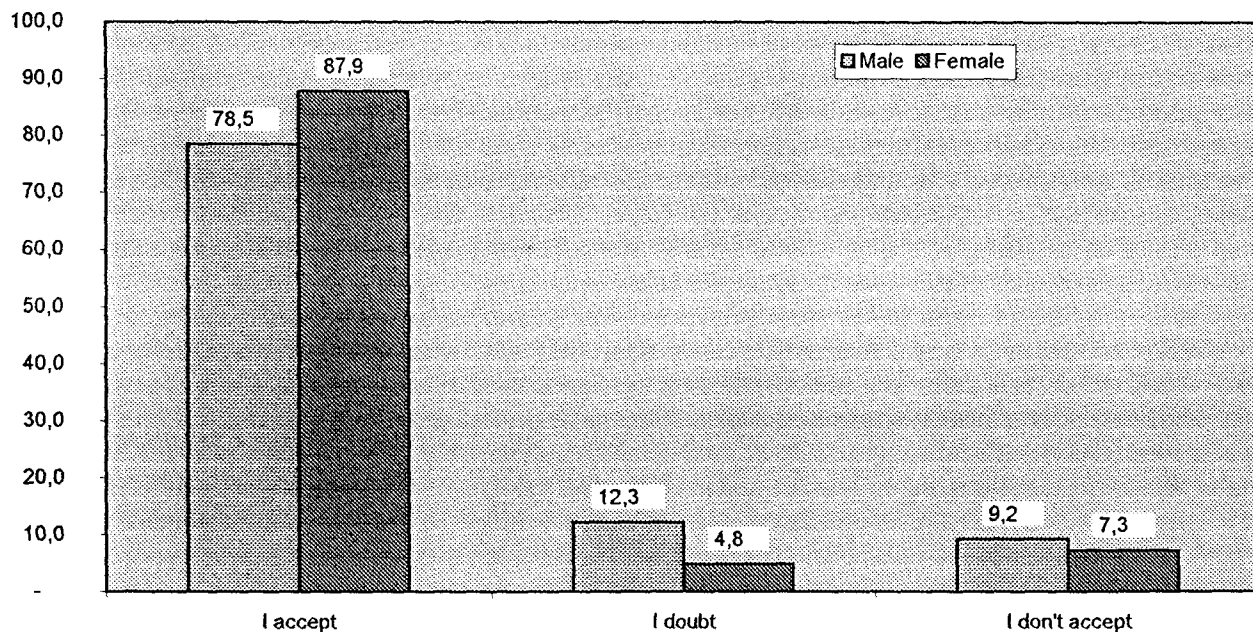
Further, some of the teachers expressed belief that they had a role to play in the sensitisation of children against sexual indecency, drinking, and 'sin' (meaning sexual intercourse). This, they observed, could be achieved creatively through songs, plays, etc. The teachers expressed a feeling that they could break the silence surrounding HIV and AIDS by talking openly about the pandemic. For other teachers, their role in sensitisation on condom use seemed important. Some of them thought that teachers should give advice against promiscuity and help people engage in sexual behaviour that was safe for them and their partners. One of them recommended that teachers who tested HIV positive should testify publicly in order to help demystify the problem.

Even though the teachers' discussions focusing on the improvement of living and working conditions as well as their training on HIV/AIDS seemed well-founded, it is imperative that such concerns be addressed simultaneously with their need for adequate knowledge and relevant teaching approaches with regard to HIV/AIDS education.

Teachers' Experiences in the Teaching of HIV/AIDS Lessons

The study findings indicate that teachers faced considerable difficulties in the teaching of HIV/AIDS lessons. Figure 8 shows that a considerable majority of them encountered difficulties in answering questions related to HIV/AIDS issues.

Figure 8: Difficulties Encountered by Teachers in Answering Questions about HIV/AIDS



As demonstrated Figure 8 above, 382 teachers (83%) encountered difficulties in communicating HIV/AIDS information. More female teachers (88%) than men (79%) indicated that they encountered problems while teaching HIV/AIDS education. The implication of this finding is that the training of teachers should explore ways in which teachers themselves could address their inhibitions and ignorance, particularly in the area of sexuality. Acquisition of life skills is considered an effective strategy in enhancing assertiveness, self-confidence, and communication skills that would enable teachers to become relatively more effective in their work.

Teachers' Attitudes towards Teaching the HIV/AIDS Curriculum

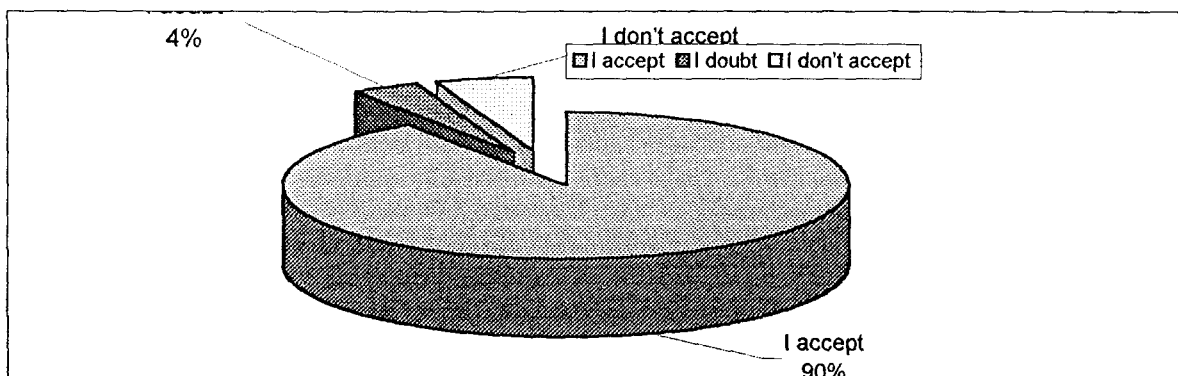
Teachers indicated that they taught about HIV and AIDS on their own initiative using different approaches such as lecturing and engaging members of the anti-AIDS clubs. Other teachers integrated HIV/AIDS information as part of other subjects such as health science, biology, morality, civic education, etc. In some schools, teachers took turns to talk about HIV/AIDS at morning assembly, before lesson began or at the end of the school day. These findings call for a more coherent strategy for HIV/AIDS education needs to be organised for teachers within both the formal and informal settings.

Teachers claimed that there were no standardised approaches for imparting HIV/AIDS education. However, the greatest majority of them (90%) recommended that the lessons should be taught independently of other school subject. However, less than 10% of the teachers considered the teaching of HIV/AIDS lessons separately as untenable, claiming that because there was no clear content of what was to be taught. A Ruhengeri male teacher thought that one chapter of HIV/AIDS content would accommodate adequate teaching content and recommended thus:

We should not constitute a separate course on HIV/AIDS, but include it in other subjects in the form of a chapter.

It seems prudent to ensure that curricular priorities, as identified by relevant stakeholders including teachers, be considered in the decisions of whether, or not, to separate HIV/AIDS courses from other existing school subjects. If the curriculum becomes overloaded, as is the case in Rwandan primary schools, it would be sensible to integrate HIV/AIDS education. Where, through curriculum reform process, decisions are made to deliver HIV/AIDS education as a core curriculum for, a separate course approach could be explored. Either way it would be important to ensure that these decisions are implemented through careful planning that would ensure a smooth way of incorporating the HIV/AIDS education. Teachers' responses to the issue of integration of HIV/AIDS lessons are captured in Figure 9 below.

Figure 9: HIV/AIDS should be Taught as a Separate Course in Primary Schools



Some of the teachers claimed that through a HIV/AIDS course, pupils could act as allies in spreading the information in their homes and communities. There was a general view that the proposed course should be introduced in the first year of primary education and include sufficient teaching aids and participatory methods while minimising the usual lecture methods. Other views expressed underscored the need for sensitivity to the cultural dimensions of HIV/AIDS, sexuality, violence against women and girls, relationships between the sexes, gender equality, and the use of culturally appropriate language in sharing HIV/AIDS information.

In a bid to emphasise the value of participatory methods in HIV/AIDS education, one of the teachers argued that it was through educating children that a nation could invest in a healthy generation of youth, saying:

If we manage to sensitise these children to protect themselves against HIV/AIDS, we would have a healthy generation.... Parents should also be sensitised, because they judge us negatively.

Many of the teachers proposed that participatory-oriented course would include the following key areas:

Clear direction of pedagogical approaches (teaching methods)

Issues of cultural values such as values of virginity (female and male)

Breaking the silence around sexuality and promoting dialogue among men, women and children

Gender issues to empower children to make informed decisions relating to sexuality and to help teachers understand the issues of male females roles and relationships

Ensure links with civic and moral education

Prevention of STIs and sexual and reproductive health issues

Living safely with an HIV positive person or one living with AIDS

Pre-conditions for the success of this course, as suggested by the teachers, include training of pre-service personnel and refresher courses for the serving teachers including other categories of educators. The teachers also stressed the importance of appropriate teaching materials, sufficient time on the timetable allocations and sensitisation of parents as some of the prerequisites for the success of a HIV/AIDS programme.

Table IV: Teachers' Self-Confidence to Teach HIV/AIDS Education

I feel confident to teach to my school children lessons relating to HIV/AIDS				Total
Sex	I accept	I doubt	I do not accept	
Male	151	6	7	164
	92.1%	3.7%	4.3%	100%
Female	273	5	10	288
	94.8%	1.7%	3.5%	100%
Total	424	11	17	452
	93.8%	2.4%	3.8%	100%

Many of the in-service teachers claimed to have the confidence to teach about HIV and AIDS. However, there was evidence suggesting that these teachers lacked adequate knowledge and skills for such an undertaking, making in-service training of these teachers crucial and urgent.

- *Information channels for primary school teachers*

Teachers identified electronic media (radio and TV) as the most common channels of communication for them. The print media, which include newspapers and publicity billboards; peer groups and colleagues; faith groups such as churches and religious gatherings, played key roles in information dissemination. Findings suggest that religious teachings were not popular or the religious teachers were not active in providing information on HIV and AIDS. It also seems likely that teachers did not participate in religious activities or that they perceived religious-based messages to be irrelevant to their concerns about sexuality and HIV/AIDS education.

While this study focussed centrally on teachers, the role of parents in the HIV and AIDS education was also a major concern of this study. The following section addresses findings within this context.

A large number of parents thought that they needed sufficient information to enable them help their children to better protect themselves from STIs, including HIV. However, while parents' views cannot be ignored, this study acknowledges the relatively high levels of knowledge and awareness amongst the Rwandan population. However, the challenge in ensuring that the availability of adequate information to parents needs to be commensurate with their ability to communicate the same with their children.

Some of the participating parents expressed concern about the methodology of teaching children about HIV and AIDS, recommending that this should include the use of games and films. Exceptions to addressing HIV/AIDS curricula and methodology issues were noted in one 57 year-

old Adventist parent who suggested that '*preaching God's Word*' to children could protect them against HIV and AIDS.

- *Parents' perceptions Of HIV/AIDS issues*

Parents were asked how they perceived HIV and AIDS issues in their respective regions. Many of them explained that the communities were not sensitised adequately, hence the reason why one of the women from Kibuye observed that:

The people of this region are not afraid of HIV/AIDS; even primary school children have already had sexual intercourse.

Some the parents thought that HIV and AIDS were city-dwellers' problems while others said that they did not have enough information about it claiming that they were not aware of anyone in their neighbourhood who was HIV positive or who had AIDS. This view suggests that many people could be living in denial about their HIV/AIDS status. Despite the possibility of such denial, some of the parents acknowledged that HIV and AIDS were a problem in their region and that people were sensitive to it as declared by this woman from Kacyiru in Kigali City who declared:

In our region we know that HIV/AIDS is a problem, everybody knows that HIV/AIDS exterminates families, each parent is afraid.

Several of the male and female parents expressed their worries about the sexual behaviour of their children and seemed convinced that many children, including those in primary school, indulged in unprotected sex secretly. Rationally, if children were sexually active, the most effective message for them would be to practice safe sex and to provide information on condom availability and locations of children-friendly services. This could be communicated to parents who had requested training and sensitisation sessions on HIV/AIDS.

Teachers' Views on Parents' Roles in HIV/AIDS Education for Children

According to most teachers who participated in the FGDs, parents had an important role to play in any HIV/AIDS education programme. They were perceived to have the primary responsibility to teach their children about HIV and AIDS, including other sexuality issues. Teachers felt that parents understood their children better and that education began at home. In addition, children tended to identify more with their parents than with their teachers, making the parents important sources of information. Teachers observed that when children joined school, parents continued to monitor them. To enhance the teacher's views about parents, a female teacher from Kibuye observed that:

Parents are educators at all levels; they must be assertive and confident in talking openly with their children about sexuality, sex, and HIV/AIDS.

Clearly, the teachers supported the idea of sensitising parents about HIV/AIDS in ways that could enable them to become allies in the process of educating their children in a complementary manner.

Teachers also described the parents' role as one that should include their being available to listen and advise their children. During discussion, some male and female Kigali City teachers thought that fathers should teach their sons about HIV and AIDS while mothers would focus on their.

CHAPTER THREE

EDUCATIONAL STRATEGIES FOR HIV/AIDS

TTC Students' and Teachers' Attitudes towards Integration of HIV/AIDS Education

Over 90% of Teachers' Training College (TTC) students (93.5% male and 92% female) expressed the need for a course on HIV/AIDS, particularly in the primary school level where the highest dropout rates, mostly of girls, are recorded. An anonymous teacher expounded on this view saying:

It would be better to teach HIV/AIDS in the primary school... not all the school children will have an opportunity to go to secondary school.

The majority of the female and male TTC students stressed that the HIV/AIDS course should include information on the modes of HIV transmission, means of prevention and the consequences of the disease on individuals and communities. It should also employ appropriate methodologies suited to the child's age that would include, preferably, audio-visual aids, a well-developed curriculum, and content; adequate training and revitalisation of members of the anti-AIDS clubs. Some of the student teachers felt that involvement of biology teachers and health workers would help implementation of this course. In the same vein, other students thought PLWAs would be useful collaborators and partners in HIV/AIDS education. The TTC students recommended that HIV/AIDS education be implemented from Grades 5 and 6 of primary school, when the children were 11 to 12 years old.

During the discussions, the TTC students identified as potential hindrances in the HIV/AIDS programme, what they described as 'shyness' of some female teachers in pronouncing sexual terms in Kinyarwanda, in addition to the apparent lack of appropriate teaching materials.

Some teachers in the TTCs felt that HIV/AIDS should not be a separate course. The integrated approach to HIV/AIDS teaching emerged as the most favourite. Arguing that there would not be enough topics to cover a whole year school calendar, one of the teachers from Rubengera TTC in Kibuye advised that:

It would be better to insert in the programme a course relating to means of protecting oneself against all kinds of diseases: internal worms, diarrhoea, HIV/AIDS and other STDs.

However, other teachers thought that a separate course was desirable. A female teacher from Notre Dame de Cîteaux was of the view that such an approach would allow greater focus on the dangers of HIV/AIDS on society. She said:

I think that it is good to have a specific course on HIV/AIDS; it would show the danger of this disease.

Parents' Views on HIV/AIDS Education Integration in Schools

Almost all the parents expressed conviction that lessons on HIV/AIDS were important because they would enable children to grow up being fully aware of the dangers of HIV and AIDS. Some of them indicated that such a lesson could, eventually, help reduce the number of HIV infections and hence, curb the spread of AIDS. They identified the following areas as crucial in any HIV/AIDS education programme:

Consequences of having unprotected sex

Detrimental effects of HIV/AIDS (e.g. death resulting in orphan-hood, widowhood etc)

STDs and unwanted pregnancies

Other forms of transmitting HIV

Primary School Heads' Views on HIV/AIDS Integration in Schools

All the participating head teachers interviewed called for the integration of HIV/AIDS education in schools. One of them argued as follows:

Lessons of religion, morality, biology, and human sciences are important for health, but the lesson on how to fight HIV/AIDS is very essential.

The head teachers recommended that in addition to training teachers and providing them with appropriate teaching materials, anti-AIDS clubs be created in all schools.

Teachers' Training Colleges and the Teaching of HIV/AIDS Education

A key focus of this study was the teaching of HIV/AIDS education in primary schools, making it imperative to get relevant and comprehensive information about position of TTCs on this matter.

- *HIV/AIDS education in the TTC curriculum*

The majority of TTC teachers thought that the students had sufficient general knowledge to enable them to provide basic information to schoolchildren regarding HIV and AIDS. However, the TTC teachers acknowledged that since HIV and AIDS information was offered to students haphazardly, there was need for a guide on what, and how to teach children at different levels of education regarding HIV/AIDS because the TTCs did not offer special methodology in this area.

One of the TTC science teachers expressed concern about the perceived problems related to change of sexual behaviour while concurrently suggesting that young people had reasonable knowledge about HIV and AIDS. Hence, the challenge at TTCs and educational institutions would be the ability to link knowledge with desirable change in sexual behaviour. Studies on behaviour change approaches have tended to converge on three key strategies:

- Targeting people to ensure that they participated adequately and effectively in the change process;
- Changing the situation through appropriate policies, laws, income status, access to basic services including children friendly services; not just the person; and
- Ensuring cohesion between changing the people's behaviour and transformation of their material conditions and social circumstances

All TTC teachers interviewed confirmed that HIV/AIDS education was not an integral part of their institutional curriculum. However, some of the teachers claimed that despite lack of a formal curriculum, they 'talked' about HIV and AIDS in class during subjects such as religion, biology, political education, civic education, geography, child psychology, etc. Some of them observed that occasionally, health, political and administrative authorities organised seminars to sensitise the students.

During FGDs with TTC students, the issue of life skills education was addressed. Some of the students stated that these were covered in political education courses, but without necessarily using the term 'life skills'. Students appreciated the following as part of the life skills course:

- Helping children learn psycho-social skills that enabled them to behave well and build healthy relationships within and across the sexes
- Developing in children a sense of openness and decency, and understanding of sexual cultural taboos
- Understanding how to protect oneself against HIV infection AIDS and
- Ensuring quality of the sexes (gender sensitivity)

- *TTC students' capacities and confidence to teach HIV/AIDS Education*

The majority of students interviewed felt that by the end of their studies they would not be adequately prepared to teach about HIV/AIDS effectively since their TTC programme did not include a course on HIV/AIDS. Table V below captures these findings.

Table V: TTC Students' Expression of Self-Confidence to Teach HIV/AIDS

I feel confident to teach my school children lessons related to HIV/AIDS				Total
Sex	I accept	I doubt	I do not accept	
Male	45	2		47
	95.7%	4.3%		100%
Female	45	3	2	50
	90.0%	6.0%	4.0%	100%
Total	90	5	2	97
	92.8%	5.2%	2.1%	100%

Despite the apathy over the lack of HIV/AIDS programme in the TTC curriculum, more than 90% of student teachers claimed to be confident in teaching about HIV and AIDS. Many of them, apparently, received information through the media and anti-AIDS clubs. However, there was a perceived need to introduce HIV/AIDS education in the TTC curriculum.

Pupils Talking about Experiences of HIV/AIDS and Sexuality Education

FGDs with school children provided examples of how pupils perceived the role of their teachers in offering HIV/AIDS education. The following extract of FGD conducted with two boys and two girls of Primary Six at Murunda School in Rutsiro District in Kibuye Province exemplify such views. 'Boy One' was 18 years old while 'Boy Two' was aged 16 years. The two girls were 13 years old.

RESEARCH ASSISTANT (R.A): Have you ever been taught about HIV/AIDS and sexuality?

BOY ONE: yes

R.A: when was that?

BOY ONE: we learnt about it in the first term.

R.A: in which ways were you taught those lessons?

BOY TWO: we learnt about it through diagrams drawn on black boards; we were taught how sperm and ovule meet to form a baby.

The two girl participants looked down, which could be due to embarrassment

R.A: what specifically did learn about HIV/AIDS?

BOY TWO: we were taught how we can avoid HIV/AIDS infection and how it is transmitted.

R.A: what exactly were you taught that can encourage the spread of HIV/AIDS?

BOY TWO: for example promiscuity.

BOY ONE: they also taught us about HIV/AIDS prevention.

R.A: what does that mean?

BOY TWO: we learnt about abstinence, use of condoms and faithfulness between partners.

R.A: in what circumstances were you taught this?

The young people also acknowledged the role of their anti-AIDS clubs in the enhancement of HIV/AIDS and sexuality education as illustrated in the following excerpts.

GIRL ONE: we learnt about it (HIV and AIDS) from anti-AIDS Clubs.

R.A: who are the teachers in these circumstances?

BOY ONE: it is our usual teacher.

R.A: what did you like most about these topics.

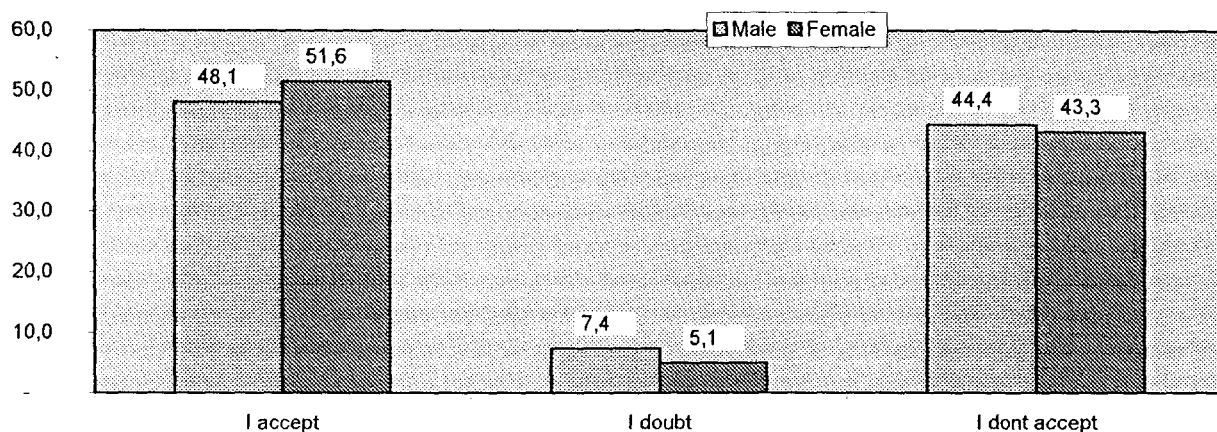
GIRL ONE: the most interesting was learning how to abstain and also the use of condom.

BOY ONE: we were ignorant about how babies are made, but now we know.

particularly to women teachers. Clearly, in order to prepare teachers adequately for the teaching the HIV/AIDS curriculum, it is important that they understand the role of gender in the construction of masculinities and femininities and how male and female pupils constructed their teachers (and vice versa) within the social context of schooling. Such understanding can occur only if teachers are enabled, through training, to address issues of gender, sexuality, and HIV/AIDS without making them feel embarrassed.

However, since both male and female teachers need to be sensitive to the different ways in which boys and girls participated during lessons on sex-related matters, it is important to structure the learning environment in ways that enhanced equal participation of both boys and girls. As can be seen in Figure 10 below, teachers seemed to have inhibitions and therefore needed life skills education to help them be better HIV/AIDS educators. In the chart, we note the differences in the proportion of female and male teachers' responses to the questions of shyness while teaching HIV/AIDS lessons.

Figure 10: TTC Teachers' Responses about Whether They Felt Shy During HIV/AIDS Lessons



Whereas approximately half of the in-service teachers claimed to be shy in pronouncing certain terms while giving lessons on HIV and AIDS, only about quarter of TTC students expressed this feeling. This suggests that a generational difference in the teachers' perception of sexuality issues is worthy of attention in the planning of inclusive and sensitive curricula. With the potential of more years of service awaiting them, the TTC students could be empowered to build their assertiveness and enhance self-confidence in teaching about HIV/AIDS by exposing them to relevant knowledge as well as access to life skills education. Table VI below illustrates how the female and male TTC students responded to the issue of teacher shyness during the HIV/AIDS education.

Table Vi: TTC Students and the Feeling of Shyness During HIV/AIDS Lessons

I feel shy about some of the terms used while giving lessons on HIV/AIDS					TOTAL
		I accept	I doubt	I do not accept	47
Overall Total	Male	6	3	38	100.0%
		12.8%	6.4%	80.9%	50%
	Female	18	3	29	100.0%
		36.0%	6.0%	58.0%	50%
	Total	24	6	67	97%
		24.7%	6.2%	69.1%	100.0%

CHAPTER FOUR

GENDER, SEXUALITY, HIV/AIDS AND LIFE SKILLS EDUCATION

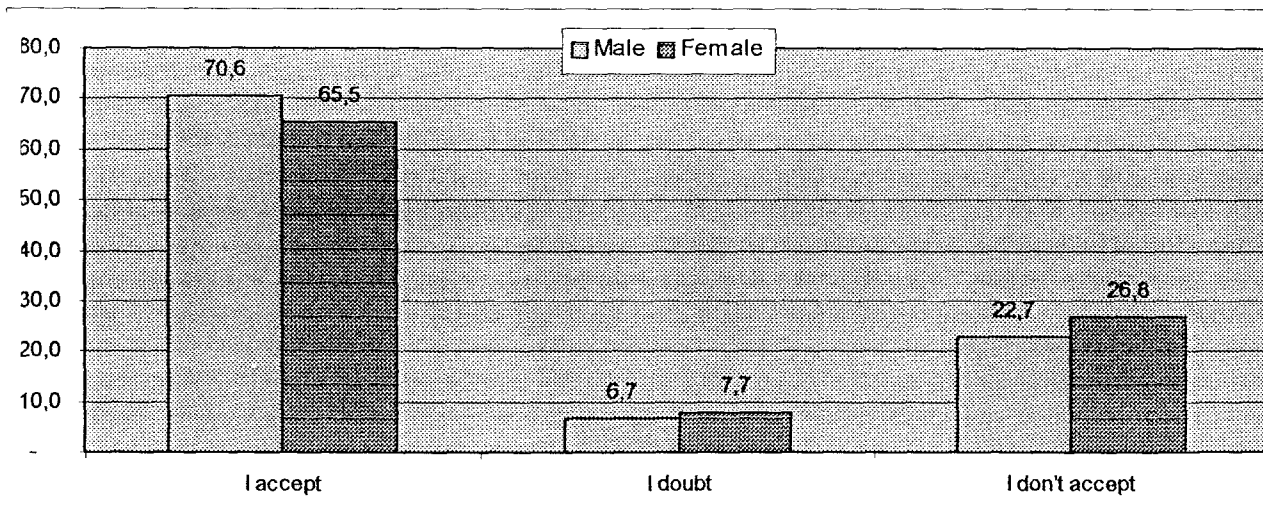
DEFINING GENDER IDENTITY

Gender refers to expectations of, and the shared attributes/opportunities and standards, within a society regarding behaviour, roles, expectations, and characteristics that are appropriated to being male or female. As a social construct, gender differentiates femininities and masculinities by defining how women/ girls and men/ boys ought to behave and interact with each other. Gender relations are socially, rather than biologically, determined. Though such relations are often rationalised using biological sex differences, it is erroneous to equate gender with 'sex'. Gender roles and responsibilities are neither static nor universal; they vary depending on societies and through time. Gender equity is the process of being fair and just in the ways men and women are treated as equal human beings in society.

Identity connotes our sense of self as we construct and reconstruct ourselves in relation to others in different social contexts, thus, making identities fluid and continually changing. For example, people think of themselves differently and behave differently depending on whether they are in a group of people of their own sex or in a group of people of the opposite sex. They construct themselves according to expectations of social relations that are based on constructs such as gender, sexuality, profession, age, race, class, etc. Hence, gender identity is the social and cultural construction of masculinities or femininities as it occurs in multifarious ways within different socio-cultural contexts.

This study investigated teachers' perceptions about gender identity as a construct that often was erroneously equated with the concepts 'woman' or 'sex'. The following Figure 11 illustrates the teachers' responses to this issue.

Figure 11: Teachers' Perception of the Concept of Gender as a Reference to Women



Strikingly, two thirds (66%) of the participating teachers compared with 71% of their male colleagues, thought that gender referred to women. In Butare for instance, 88% of men versus 61% women teachers seemed to believe that gender referred to women, a misconception that raises great concern for HIV/AIDS and sexuality education within the framework of teacher training.

Apparently, religious convictions tended to influence the ways in which some of the teachers rationalised education for condom use as exemplified further below:

We never talk about this because we are Christians and our children are too young, not yet mature

We speak about other prevention methods, not condoms

Some teachers were also opposed to the methods of teaching whereby demonstrations were done on how to put on the condom. A teacher from Buhoma in Ruhengeri complained about the such methods citing the following example:

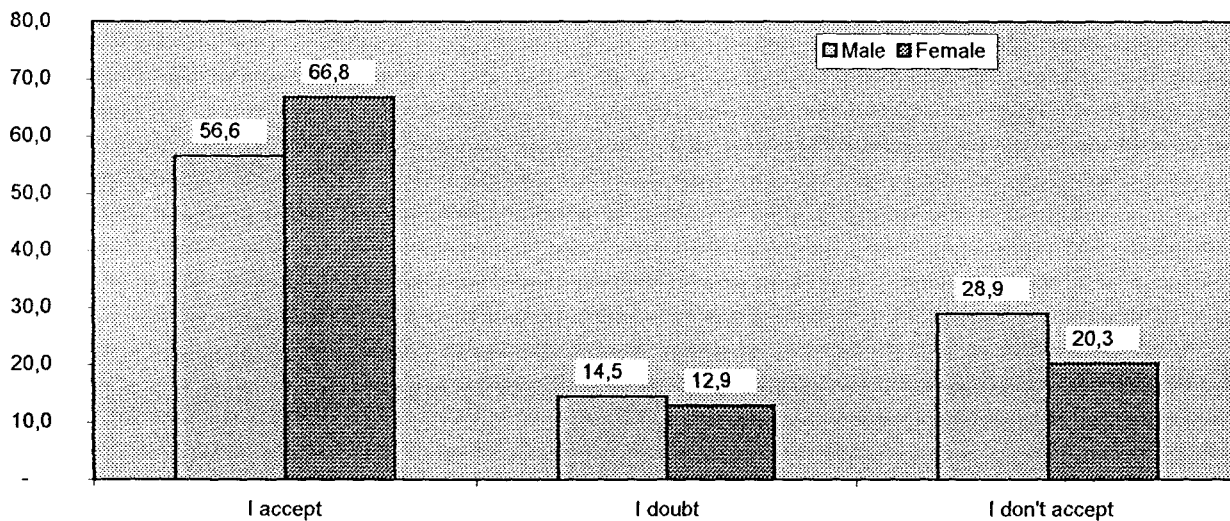
Elsewhere, demonstrations on condom use are carried out on wooden penises, but we cannot do this.

The teachers' resistance to the teaching of condom use during HIV/AIDS lessons raises serious concerns of this study considering that, in Rwanda, the age of first sex is 13 years for boys and 14 for girls (PNLS and FHI/IMPACT, 2000). Hence, HIV/AIDS educators, including parents, need to learn how to problematise HIV and AIDS in ways that are educationally viable. This could be achieved by, for instance considering the practical value of:

- Talking openly about all aspects of HIV/AIDS prevention for children before the age of first sex in order to reduce the spread of the disease; or
- Withholding information (knowing that they were not the only sources of information) and hence, risking their children being misinformed and being infected with HIV and other STIs.

In the survey questionnaire, it was clear that a considerable majority of the teachers felt convinced that teaching about condom use to primary schoolchildren would increase the pupils' curiosity to engage in sexual intercourse. This view is illustrated in the following Figure 11.

Figure 11: Condom use Education Influencing Early Sexual Intercourse among Children



Over 63% of all participating teachers indicated a belief that condom use education would influence young people to start engaging in sex relatively early; more women (67%) than men (57%) shared this belief. Even with this belief, many of the teachers recommended that condom use be taught at primary school, thus, confirming their awareness of the danger of HIV and AIDS and hence, weighing the pros against the cons. In addition, the possibility that many of the teachers suspected their pupils to be sexually active may also have influenced their support for this aspect of the HIV/AIDS education.

There is reason to believe that the teachers did not understand that there was no significant link between knowledge of condom use and the onset of early sexual activity. It is imperative, therefore, that the training of teachers incorporates education that would address such misconceptions and apparent myths about HIV and AIDS.

Head Teachers' Views

Some of the school heads supported the teaching of condoms use, while others thought that such lessons were detrimental in the shaping of children's sexual behaviour. For example, some head teachers argued that it was necessary to teach children about sexuality while they are still young because curiosity could lead them to risky behaviours. The head teacher from Umutara was explicit on this issue as he argued:

As long as our children are still intact, we must protect them against this plague.

The head teacher seemed to echo the Rwandan saying which that *'umwana apfa mu iterura'* and *'igiti kigororwa kikiri gito'* (good manners can only be acquired at young age) to show how crucial education at an early age was. A female head teacher extolled this views stressing that in the first years of primary school education, it was important to teach abstinence and reserve topics on condom use for the latter years of primary schooling.

Attitudes of TTC Students and Their Teachers

Many of the TTC student interviewees, especially the young women, did not support the teaching of condom use in primary schools. For them, schoolchildren were too young to be told about condoms. Like the schoolteachers, the TTC students rationalised the benefits of teaching about use of condoms as a means of protection from HIV infection, as one of them explained:

In Primary Five and Primary Six children are 12 years old and above and therefore they need protection.

In comparison with their students, almost all TTC teachers who participated in this study expressed the view that condoms were irrelevant for primary school children since they were, presumably, ignorant about sexual matters. One of the teachers asserted:

They (condoms) mean nothing to children; it is forcing them to bite more than they can chew.

Most of these TTC teachers agreed with the primary school teachers that sexual abstinence be taught during the first education cycle while condom use would be taught to girls and boys who were over 12 years old.

Parents' Attitudes

The position of almost all parent participants reflected views of the teachers and teacher-trainees. The parents were, unequivocally, opposed to the idea of teaching primary school pupils about the use of condom. They thought that such lessons could lead children into prostitution. Their sentiments are encapsulated in the vies of this woman from Kibuye who said:

Children must first be told about the consequences of HIV/AIDS, the dangers of promiscuity, and insist on the importance of being healthy. I do not understand why they should be told about condoms.

An old man in his 60s perceived the education on the use of condoms as a risky venture about which he expressed what appeared to be a dilemma saying:

Teaching about condoms at school is necessary but very dangerous.

LIFE SKILLS EDUCATION

The teaching of HIV/AIDS education seeks to help learners to acquire knowledge and skills that could enable them to deal with sexuality issues and avoid risky behaviour that could endanger their sexual health. Clearly, few of the Rwandan study population seemed to consider condom use as a viable safety precaution that would enhance sexual health. Such findings strengthen the need to consider the integration of life skills education as an important component that could help empower young people to become effective in decision-making, self-assertiveness, and in critical thinking that are essential in responsible and reflexive action or change of behaviour, with regard to sex intercourse.

Primary School Teachers Defining Life Skills

This study shows that many of the teachers were ignorant of the concept of life skills and by implication; they were also ignorant of the role of critical thinking, responsible decision-making, and assertiveness. Such findings are crucial as they help underscore the need to educate teachers in ways that could reinforce existing knowledge, develop positive and pro-social attitudes, as well as encourage healthy behaviour and positive attitudes, while reducing myths, misinformation, negative attitudes and dangerous behaviour in this era of the AIDS scourge (UNICEF, 2000: 4).

During discussions with teachers, various definitions of life skills emerged. These included the following examples, which, in the teachers' views were perceived as abilities that facilitated people to survive in the world:

- Livelihood or vocational skills
- Practical skills related to health (to boil drinking water for example)
- Physical skills
- Skills related to behaviour and interaction.

- *Knowledge and practices of primary school teachers*

Considering that the term 'life skills' appeared new to almost all respondent teachers, the research assistants were obliged to explain the meaning the term within the study context (operationally) before commencing the FGDs. The following extract of FGD from Rwisirabo primary school in Umutara Province reveals how some teachers defined life skills.

RESEARCHER: has anyone of you ever taught or discussed about life skills with pupils?

(Teacher one shook his head to express negation).

TEACHER TWO: I have never taught about it because many children are yet too young for such lessons.

TEACHER THREE: to be frank, these children are still too young to learn such difficult topics. You can probably introduce those discussions to adults.

A few of the teachers said that certain aspects of life skills were integrated within school subjects such as ethics, moral and behavioural skills. In support of this view, a teacher from Buhoma in Ruhengeri Province claimed:

We teach them about ethics, their rights, and duties in the society.

Examples of life skills-related topics that teachers cited include:

Qualities of good friends

Solidarity

Good manners

Behaviour of a good Christian

How to give good advice

How to behave in society and at school in particular

Teachers recommended training on the teaching of life skills to enable them to teach children the best ways to overcome risky situations and hence, suggested the following measures:

Reinforcement of the positive cultural values of Rwandan society

Creation and operationalising of anti-AIDS clubs and school cross visits

Addition of life skills lessons to the school curriculum with appropriate methodology

A couple of the TTC teachers underscored the value of such testimonies by PLWAs recommending that:

Testimonies should be given within ones' own areas among people who know them
Political leaders who are infected should also testify to help other people overcome

Attitudes of Primary School Teachers Towards HIV Positive Pupils

Teachers indicated that they were cautious when talking about AIDS fearing that they could, unintentionally, hurt children who might be HIV positive. The teachers expressed difficulties in dealing with the pupils in cases whereby some of the children were known to be HIV positive. One female teacher gave an example of how she handled such cases saying:

Last year I had them (HIV positive pupils) in my class and I knew it from association/ NGOs which supported them. I did nothing special; I looked at them as normal children.

The teachers recommended that HIV positive children should neither be isolated nor stigmatised. Some of them said that in cases where some of the pupils were HIV positive, they would ensure that such pupils were not ostracised in the school. For instance, a teacher from Umutara explained how to deal with such cases in the classroom declaring that:

Without naming him (infected child) I would develop a lesson in class how to behave if one was proved HIV positive: do not despair, eat well, take sufficient rest, avoid fatigue, find someone to talk to with trust.

Some of the teachers said that they would find associations to support such children. A teacher from Butare cautioned that the attitude of children towards AIDS sufferers or HIV infected persons reflected that of the adults and their ways of responding to PLWAs, adding that:

It has been seen that we adults fail to integrate our infected colleagues, we point at them and make them feel guilty.

Attitudes of Parents and TTC Students Towards an HIV Positive Teachers

When the parents were asked to comment about colleagues who were HIV positive, some of them said that there should be no cause for anxiety as long as an HIV positive teacher could do his/her work properly. A woman from Kibuye summed it thus:

This would be unfortunate, but we can't do anything

In comparison, there were parents who thought that such a teacher would be dangerous; could infect the pupils and therefore, needed close observation, and possibly be monitored medically.

In this context, when primary school teachers and TTC students were asked whether a person infected with HIV should be isolated for prevention purposes, three quarters of the teachers interviewed disagreed with the idea, with more men (77%) than women (74%) opposed to isolation. Similarly, more than half (57%) of the TTC students expressed similar views. It is however noteworthy that the remaining 43% of the students who favoured isolation constitute a substantial proportion that would need education about PLWAs.

Gender emerged as a significant factor in the students' attitudes as almost 74% of the male compared with 42% of the female students were not in favour of isolation, thus indicating relatively more understanding and empathy among the women students. Both in Ruhengeri's Cyeru and Butare's Save TTCs, more than three quarters of the student population was against the isolation of HIV positive people. This compared sharply with Rubengera' in Kibuye where only 50% of the students were against isolation. Even lower was the position of Lycée Notre Dame de Cîteaux in Kigali where less than half (41%) of the students felt that PLWAs should be kept away from the uninfected population.

The above-cited situation could be explained partly as the result of lack of correct and adequate information about the nature of HIV, AIDS and the care for people living with HIV and AIDS. It could

also be understood as the basis of the stigma attached to people who were infected and affected by HIV/AIDS.

In terms of proportions, there were notable differences between the perverseness of negative attitudes towards PLWAs between the in-service teachers and the teacher-trainees. Despite this, it is important to note that the stigmatisation of PLWAs was a major issue that resulted in a sizeable proportion of the respondents recommending the isolation of PLWAs. This shows that HIV/AIDS continued to be considered a private concern shrouded by misconception, mystery and often silence. To curb this tendency, teachers need to be trained in order to participate effectively in the provision of psychosocial care for children and adults living with AIDS, in addition to preventing stigmatisation through the process of schooling and education in the broader context. Having peer educators to assist teachers who were HIV positive or who were living with AIDS would be a positive measure in alleviating the suffering of ailing teachers. Teachers as a group at risk could also learn how to care for PLWAs; prepare themselves and their families for the future in the event that they become HIV/AIDS positive, and participate in community-based interventions for HIV/AIDS education programmes.

CHAPTER FIVE

INFLUENCE OF CULTURE, TRADITION AND MODERNITY ON GENDER RELATIONS AND AND HIV/AIDS

Teachers Addressing Sexuality, Cultural Traditions And Modernity

Considering that teachers are entrusted with the education of children and young people, it was important for this study to focus on how they perceived the role of culture, tradition, and modernity in the sexual and gendered lives of women and men as well as that of girls and boys. Some of the teachers argued that various traditional and cultural practices were detrimental to the sexual and reproductive health that included HIV and AIDS. Almost all female and male teachers expressed appreciation of virginity of girls as prescribed by the Rwandan culture, pointing out that sexual virginity was valuable in the fight against the spread of HIV and AIDS. In addition, teachers referred to cultural sanctions against girls who became pregnant before marriage. Since such sanctions did not refer to men or boys who became fathers before marriage, it is reasonable to conclude that the burden of sexual morality was placed unfairly upon women and girls. The following observation from one of the female teachers from Ruhengeri is instructive:

In the past, no girl could be out after 6:00 p.m. while today this is the time girls start going out.

Clearly, the focus of teachers on the female sexuality was expressed in ways that suggested that male sexuality was not perceived as problematic or needing any serious attention. Such double standards bears implication on male sexual behaviour in the era of HIV and AIDS whereby men could have multiple sexual relationships without being ostracised by the purported culture or tradition. For example, the cultural backlash on girls getting pregnant outside of marriage were blamed on the girls and women while at the same time ignoring the issue of responsible fatherhood and irresponsible male sexual behaviour. Such anomalies in gender and sexual relations pose challenges for any educational programme on HIV/AIDS education.

Still focusing on the girls and ignoring the boys, both female and male teachers recommended what they described as 'decent dressing' as a positive value which they believed could help control contemporary fashions that include what they described as 'provocative' styles of clothing. In a somewhat unconvincing and gender blind manner, the teachers suggested that men and boys had uncontrollable sexual desires that made them 'helpless' and irrational in the presence of a 'provocatively' dressed girl or woman. Strikingly, the teachers did not identify any male dress code as being problematic in sexual terms.

In what might appear to be a simplistic way of rationalising relationships, teachers ascribed value only to the love between spouses, implying that human beings were incapable of loving each other outside of a marriage relationship. This suggestion raises serious concern for HIV/AIDS education within contemporary cultures of modernity whereby young people are known to engage and courtship, dating and even engage in premarital sex, all in the name of love. Even with these observations, a 43-year-old Adventist male teacher in the study argued, from what appeared to be a hypothetical position, that sexually transmitted infections could not occur in the context of 'true love', asserting:

'You cannot infect the person you love'.

Some of the teachers resorted to blaming the parents for, apparently, failing in their role as educators of their daughters and sons. They recommended that parents take time in the evenings to discuss family life with, and educate their children about life skills that would help them to face sexual challenges effectively. According to these teachers, beliefs such as '*a woman belongs to the whole family*' should be abolished because these were likely to contribute to the spread of sexually transmitted infections, including HIV. The teachers were of the view that messages on HIV and

AIDS should incorporate appropriate cultural messages that would enhance education about responsible sexual behaviour. What is important, according to these teachers, is identifying what was useful in Rwandan culture and use this as the basis to develop messages that were culturally acceptable to the communities.

During a group discussion at Kongo Nil primary School in Kibuye Province, teachers expressed their views as exemplified below:

RESEARCHER: Which elements of Rwandese culture and tradition do you think can contribute to teaching about HIV/AIDS and sexuality today?

FEMALE TEACHER ONE: We should discourage the use of cutting objects shared by many patients who use traditional healing practices such as 'kurasaga' (slight cutting on certain parts of the body and smearing herbal medicine); 'kurumika' (extraction of infected blood using an animal horn). We should also discourage liking each other's blood as a sign of strong bond of brotherhood for close and unrelated friends ('kunywana').

FEMALE TEACHER TWO: we should discourage polygamous marriages.

MALE TEACHER ONE: In Rwandese culture, it was a norm for females to put on long dresses, whereas nowadays women use short tight dresses that expose thighs and pants to provoke males. Punitive measures meted out to girls who became pregnant before marriage were too heavy and deterrent. However, this was unfair because it punished only girls.

Some of the views expressed by the teachers exhibited reasonable levels of gender sensitivity. Nonetheless, there are concerns about punitive measures against pregnant girls compared with the 'turning of a blind eye' towards the 'impregnators' of such girls. While it is important to discourage teenage pregnancies and minimise illegitimate children, it is equally important to address the issue of responsible sexual behaviour by boys and men, thus, ensuring that girls and women did not have to cope unduly with sexual pressures that could, potentially, result in infections with HIV and the suffering for the consequent AIDS condition.

Instructively, in another FGD with teachers from Nyagatare primary school in Umutara Province, a male teacher claimed that in the traditional cultures, women were responsible for sexuality education for the girls, pointing out that:

Older women folk used to guide and counsel young ones with regard to abstinence and avoiding pregnancy out of wedlock.

Again, the role of the men and the boys in traditional contexts remained obscure during the interviews. Although young people were portrayed as disregarding cultural values and practices, teachers at Kongo Nil primary school in Kibuye Province, insisted that both the girls and boys ought to be educated about such values that were deemed to be effective in regulating sexual behaviour in ways that could help combat the spread of HIV and AIDS.

Influence Of Culture, Tradition And Modernity On Gender And HIV/AIDS

Primary school teachers distinguished between cultural and traditional values that they perceived as either desirable or undesirable. They argued that some of the traditions were detrimental to the sexual and reproductive health, including the spread of HIV and AIDS. For example, almost all teachers of both sexes seemed to appreciate virginity of girls as a positive value in the fight HIV/AIDS. In addition to this, there were sanctions to those who became pregnant or lost their virginity before consummation of marriage.

Notably, male virginity was not mentioned at all in any teachers' discussions, suggesting further double-standards whereby the men and the boys could engage in sexual intercourse while women and girls were ostracised for the same. For example, the negative implications of girls getting pregnant outside of marriage were blamed on the girls and women while at the same time ignoring the issue of responsible fatherhood and male sexual practices

The teachers also recommended what they described as 'decent dressing' as a positive value which they believed could help correct contemporary fashions that include the so-called

'provocative' ways. They claimed that such ways of dressing were likely to attract men and boys sexually. Strikingly, the teachers did not find male code of dress as problematic in sexual ways.

Although young people tended to disregard cultural values, the participating teachers were of the view that girls and boys should be educated about cultural practices that were effective in regulating sexual practices as a way of combating the spread of HIV and AIDS at Kongo Nil primary school in Kibuye Province.

Pupils' Perceptions Of Gender Sensitivity In Their Teachers

The participating pupils described their teachers as reasonable because they (teachers) treated the boys and the girls as equal in all circumstances, such as participation in class; making positive and negative remarks without discriminations. Even then, however, the pupils perceived gender differentiation regarding manual work claiming that sometimes, the girls performed cleaning chores while boys carried out manual tasks which they argued required more physical effort than in the so-called girls' jobs. As in traditional cultures, the cleaning work was clearly 'feminised'. However, the pupils did not offer concrete examples of the 'masculinised' manual tasks that, allegedly, boys performed.

- *The good teacher*

The boys and the girls categorised teachers, regardless of their gender, as either good or bad depending on how they perceived them as professionals. For example, good teachers were those who worked 'properly', attended classes 'regularly' and 'punctually' as well as those who desisted from using insulting language towards their pupils. Unanimously, the girls and boys criticised teachers who consumed alcohol appeared to be in bad mood; were indifferent, insolent, intolerant to pupils and cruel. Further, corporal punishment by teachers was criticised greatly as one 16-year-boy observed:

Children like a teacher who does not beat them.

Other teacher qualities admired by children were explained as follows:

'The one who likes us with no discrimination'

'A teacher who explains using jokes'

'We like a teacher who helps us to prepare for national examination, who makes an effort to find copies of past papers for us'

In Ruhengeri, it was claimed that some of the teachers offended the pupils when they made statements to the effect that teachers would only '*progress with the strongest (pupils)*' and hence, did not care about the 'academic weaklings' as observed by a 16-year-boy from Ruhengeri. This apparent lack of an 'ethics of care' was described as linked to the sexual violation of girls (perceived to be academic weaklings) whereby even teachers were known to impregnate schoolgirls and getting away with it. During this research, for example, a teacher in Umutara who reportedly made a Primary Four schoolgirl pregnant was transferred to another school while the girl was dismissed from school. There was no evidence that any serious action was taken against the teacher or that the afflicted girl was rehabilitated or compensated for the loss of her education, her new responsibilities as an adolescent mother or the deprivation of social and economic chances in life.

Relationships Between Girls And Boys

In general, the children interviewed were of the view that there was little difference in a group of children of the same or different sex. Some girls, however, said that they felt uneasy while associating with groups of boys because they worried about how people might construe such relationships. The reason given was that most boys, presumably, talked about sex only, as claimed by three girls from Ruhengeri. In the same context, a 12 year-boy claimed that girls knew more than boys about sex and sexuality:

In a group of girls, I do not feel at ease, but my curiosity pushes me to talk to them so as to hear what they think about sexuality.

- *Friendships between schoolboys and schoolgirls*

Some children said that it was not easy to recognise friendship (of a sexual nature) between boys and girls at their schools. Almost all the children interviewed considered relationships between girls and boys as ordinary friendships found amongst siblings of the opposite sex; not boyfriends and girlfriends whose relationships were perceived to have sexual connotations. In Ruhengeri, however, some of the pupil interviewees revealed that they exchanged love letters between them and classmates the opposite sex. Although the pupils were aware that teachers were opposed to such of relationships, it was claimed that even at that age, the pupils paired up with the opposite sex and even promised each other marriage as explained by one 15-year-old boy from Umutara, primary school saying:

Some couples talk a lot and promise marriage to one another.

The following excerpt from a mixed-group interview with Muhima primary school in Kigali City illustrates pupils' views on friendship. Notably, the examples offered were either explained in hypothetical, rather than concrete, terms so that the group discussants exemplified occurrences of love relations using 'other' schools and 'other' children; not the interviewees themselves.

RESEARCHER: Are you aware of any friendship between girls and boys in this school?

GIRL ONE: (Nods her head in affirmation)

GIRL TWO: You may meet outside classroom and exchange views;

BOY ONE: I think there is nothing with friendship as long as you don't talk about bad things. Parents also approve of good friendship?

RESEARCHER: Are there love relationships between boys and girls in your class?

BOY TWO: A boy may love a girl purely for involving her in bad acts (sex); another one might love a girl with good intentions, but a girl refuses because she suspects that he may drive her into immoral behaviour.

GIRL ONE: We only hear of it, but we have never experienced in our school.

BOY TWO: One primary six school girl deceived by a boy who 'married' her and promised her that she would return to school after giving birth. Unfortunately however after giving birth, the boy kicked her out. He told her that 'you can go away, I have got what I wanted (a baby)'. It happened at Gasave school, not here.

- *Parents talking about girlfriends and boyfriends*

When asked whether their children could be taught how to entertain ordinary friendship between girls and boys, the majority of parents interviewed seemed to be completely against it. As with the confusion between sex and sexuality, a misconception of the differences between friendship and love on the one hand, and between love and sex on the other merged.

Some of the teachers said that lessons such as Religion and Morality were enough to give basic knowledge to guide young people in establishing healthy ordinary friendships. Others thought that friendship between schoolgirls and schoolboys was a foreign culture, which influenced children to engage in premarital sex. One male teacher explained saying:

As a teacher, I think that this lesson (on friendship) would not have any value.

A cross-section of teacher interviewees expressed their views as presented below.

This would be forgetting parents' duties towards their children

I cannot dare tell children that boys and girls should love one another

This course is not necessary in our primary schools. Friendship between primary school boys and girls should not be encouraged, they are still too young.

The teachers who supported friendships between boys and girls made it clear that such relationships should not be sexual.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

Conclusions from Study Findings

This study on HIV/AIDS, in the context of gender, sexuality, and life skills education allowed the examination of the knowledge, attitudes and practices of primary school teachers. In order to enrich the subject under scrutiny, the study also focused on other key education stakeholders, namely schoolboys and schoolgirls, mothers and fathers, school heads, TTC students and TTC teachers.

From the findings of this study, the following conclusions that offer invaluable insights to future educational programmes in life skills and HIV/AIDS are made.

- It was observed that a considerable number of primary school teachers lacked basic information on the HIV/AIDS pandemic in Rwanda. This situation raises serious concerns because teachers are expected to teach about HIV and AIDS and other related topics. The majority of interviewed TTC students felt that at the end of their studies, they would be adequately prepared to offer, effectively, HIV and AIDS education. Even without sufficient training, over 90% of in-service teachers and future teachers interviewed, said that they were confident to teach children about AIDS. Such confidence must be viewed positively as it would form the basis for a successful future educational programme on HIV/AIDS for teachers.
- A significant majority of over 80% of the teachers admitted that they encountered difficulties in communicating HIV/AIDS information. Among them, more female (88%) than male (76%) teachers indicated that they encountered difficulties in this area.
- Regarding teachers' knowledge about HIV transmission and prevention, it was noted that more than 1 out of 10 teachers interviewed had incorrect information about the nature and form of HIV and AIDS. Other teachers had misconceptions about modes of transmission and prevention of HIV infection.
- Fourthly, in all the study provinces, HIV/AIDS was not in the curriculum but, Nevertheless, many of the teachers claimed to teach their pupils about HIV and AIDS either through integration within selected subjects, or via anti-AIDS clubs. In all cases, 90% of teachers, as well as most people interviewed, recommended the integration of HIV/AIDS courses into the school curriculum.
- With reference to sexuality, slightly more than one third of the teachers did not make a clear distinction between sexuality and sexual intercourse.
- Teaching about condom use at primary school encountered resistance from most respondents who argued that it was inappropriate for young adolescents.
- With regard life skills, while it was difficult for respondents to understand the concept, many teachers observed that the topic on life skills was covered in a few school subjects.
- Stigmatisation and discrimination that was reported constitute a significant barrier to the transmission of information and access to available social services such as education and health care. Many teachers did not seem to appreciate that stigmatisation of children and adults who were HIV positive was a manifestation of the violation of basic human rights. Understanding the notion of gender would help to prevent prejudices linked to sexuality and HIV/AIDS.

SPECIFIC RECOMMENDATIONS FOR HIV/AIDS TRAINING MODULES

Integrating HIV/AIDS Education into the Teacher Training Programme

HIV/AIDS education is an opportunity for action and immediate application of what is learnt to prevent the further spread of HIV infection. For preventing the pandemic, it is important that teachers have basic information on HIV and AIDS and related issues. This implies the use of comprehensive approaches in teaching about HIV/AIDS. The following are examples of essential elements in proposed teacher training programmes:

- Distinction between HIV and AIDS
- Means of transmission
- Prevention strategies
- Role of voluntary HIV testing
- Gender and HIV/AIDS
- Sexuality and genitality
- Love and friendship

In addition, the following issues should be integrated into the proposed HIV/AIDS teacher education programme:

- IEC (Information, Education and Communication)
- Sensitisation on the use of condoms and their availability
- Care for people infected and affected by HIV and AIDS, for example, orphans, widows, and widowers
- Elimination of stigmatisation and discrimination against PLWAs

Prevention and treatment of STIs

Sensitisation about voluntary counselling and testing for HIV infection

- Initiating courses on sexual reproductive health

Strategies for Teaching and Disseminating HIV/AIDS Education and Information

- ☞ The methodology has to be learner-centred and as participatory as possible. It must take into account the particular needs of the education recipients. In all cases, textbooks should be available, in addition to providing adequate audio-visual materials. Every school should be equipped with at least one tape recorder and possibly one video system to enhance life skills education for HIV/AIDS.
- ☞ With the aim of invigorating the message on HIV/AIDS and demystifying AIDS, each school should have a drama/theatre troupe.
- ☞ Involvement of people living with HIV/AIDS could be useful since their testimonies could facilitate understanding of the messages being communicated.
- ☞ The strategy of using peer educators is recommended especially at the level of youth. Anti-AIDS clubs could help break the silence around AIDS issues. Activities in this direction could be conducted in a flexible way and by respecting Rwandan ethics and culture as outlined by the parents and teachers in the study.

Establishing a school radio programme on HIV/AIDS is also a way to reach all primary school teachers. Two hours a week could be scheduled for HIV/AIDS education messages. Such a programme would achieve the following:

- Refresh teachers with updated information
- Provide a media-based forum for sharing of experiences
- Respond to the concerns and questions raised by teachers and school children
- Organise competitions on themes around HIV and AIDS among teachers and pupils
- In a participatory manner, teachers should initiate competitions (poems, role-plays, art drawings, question and answer quizzes, etc. at every school with prizes). Themes must be chosen by children themselves according to a range of topics on HIV/AIDS covering gender, sexuality, life skills, etc.

Proposed Plan for the Training of Primary School Teachers

- Cascade training is recommended for the training of all teachers in life skills for HIV/AIDS.
- Existing training strategies should be reinforced
- Each school should have at least two teachers (male and female) who will be professionally trained as HIV/AIDS counsellors
- Training of pedagogic animators should start as soon as possible and should be followed by the training of teachers
- Ensure availability of learning materials
- *Enhancing Teacher Training Programmes through HIV/AIDS Education*
 - Revise the curriculum and integrate HIV/AIDS in appropriate areas including in methodology courses. Curriculum revision should take into account life skills, guidance, and counselling.
 - Information Education and Communication (IEC) should also be taught to TTC students
- *Mechanism for Helping Reduce the HIV/AIDS Impact on the Education Sector*
 - Since HIV/AIDS attacks people of all ages, all related interventions such as education should consider individuals of all categories. An HIV/AIDS education should start at home and continue at school and after school.
 - The education sector must protect its own system by helping teachers to protect themselves against HIV/AIDS.
 - It has to be noted that teachers have an important role to play in the daily protection of 18% of the Rwandan population. They need also support from professional health workers.
 - Teachers should not be worried about 'a new lesson' that could overload their scheme of work. However, the present arrangement of allowing teachers to use their individual initiative should be replaced by an official standardised method.

The programme will have to aim at equipping children with the necessary knowledge and skills to deal with the many challenges they are confronted with. In so doing, it is essential to:

- ☞ Identify strengths and weaknesses of the resilience of children living in risky situations
- ☞ Study sexual behaviour in the school environment
- ☞ Examine the link between school and community to address the issue of HIV/AIDS
- ☞ Analyse the issue of sexual harassment of children at school and at home
- ☞ Improve access to treatment and care services
- ☞ Establish links and networks for support of infected and affected children
- ☞ Prepare affected children to cope with life without their parents' support

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APPENDICES

Appendix 1: Questionnaire for Teachers

Instructions: Circle the right answer or write it in the space provided, but do not write anything in the fourth column (Code).

N°	Question	Modalities of response	Code
1	Province		
2	District		
3	Administration sector hosting the school centre		
4	School centre		
5	Class taught		
6	Sex	Male Female	
7	Age		
8	Marital status	Single Married Divorced Widow(er) Other	
9	Religion		
10	Level of education		
11	Field / faculty		
12	Teaching experience		
13	People infected with HIV/AIDS in Rwanda are estimated at :	Between 200.000 and 300.000.- Between 300.000 and 500.000.- Over 500.000.- I don't know	
14	The right person to disseminate information on sexuality at school is :	Female teacher Male teacher Any teacher A specialist in HIV/AIDS who is not	

		a teacher Any person(specify)	other	
15	Mosquito bites may transmit HIV/AIDS at the following proportions :	10% 5% 0% I don't know		
16	HIV/AIDS can not be infected through the following ways :	sexual intercourse Kiss Sharing materials During delivery.	sharp	
17	When did you hear the word HIV/AIDS for the first time?			
18	When was the first HIV positive person noticed in Rwanda ?	1981 1983 1986 I don't know		
19	What's your source of information on HIV/AIDS? Select 3 sources according to their importance with the mention 1,2 and 3	Information source(mention)		
		1. Bill boards and others.		
		Newspapers and magazines		
		Church		
		Radio and TV		
		Friends and colleagues		
		Health Centres		
This series is made of assertions, select the right answer with « x » to the space provided.				
		I accept	I doubt	I don't accept
				Code
20	HIV/AIDS should be taught as a separate course at primary school			

21	Every qualified teacher is able to provide information on AIDS and sexuality in general				
22	When teaching sexuality, boys and girls must be separated				
23	Condom influences the young to premature sexual act				
24	HIV positive people should be isolated to avoid spreading of HIV / AIDS				
25	Pregnancy outside marriage for a school girl should always to be condemned (she is always guilty)				
26	Most people lose weight once they hear they are HIV positive				
27	Some HIV/AIDS symptoms are: Loss of weight Cough and chronic diarrhoea				
28	A person who has just contracted AIDS has fever like someone who catches flu.				
29	Boys are more exposed to HIV/ AIDS than girls				
30	People looking healthy are less risky of HIV/AIDS infection.				
31	People suffering from STDs are exposed to HIV/AIDS infection				
32	HIV positive person can look healthy				
33	Gender refers generally to women				
34	Parents should be the only responsible for sexual education to their children				
35	In general girls and boys have same capacities in class				
36	The best way to protect oneself against AIDS is to have sex with people one knows very well				
37	School is not the appropriate place to tell school children about condoms.				
38	Boys' and girls' discussions on sexuality differ according to whether they are inside or outside school				
39	As a teacher there are still HIV/AIDS questions for which I can't find appropriate answers				

40	An HIV positive person may survive for a long time with good diet and physical exercises				
41	Knowledge on HIV/AIDS could be transmitted only by a specialist who is not from the teaching staff				
42	Sexuality first refers to sexual intercourse				
43	The desire for sex is the same amongst women and men				
44	I feel confident to teach my school children about AIDS				
45	Testimonies given by HIV positive people can help other people to change behaviour with regard to HIV/AIDS				
46	I feel shy about certain terms used in teaching of HIV/AIDS				

Appendix 2: Questionnaire for TTC Students.

Identification

Circle the right answer or write it in the space provided and do not write anything in the 4th column.

N°	Questionnaire	Modalities responses	of	Code	
1	Province				
2	District				
3	Secondary school				
4	Year of study				
5	Sex				
6	Age				
7	Religion				
8	Teaching experience (for those who have taught)				
This series is made up with assertion, select the right answer with « x » in the space provided					
		I accept	I doubt	I don't accept	Code
9	HIV/AIDS should be taught as a separate course at primary school				
10	Every qualified teacher is able to provide information on AIDS and on sexuality in general				
11	When teaching sexuality, boys should be separated from girls				
12	Condom teaching can lead the young to premature sexual act				
13	HIV positive people should be isolated to avoid the wide spreading of HIV/AIDS				
14	School girls who get pregnant before marriage are to be condemned (are always guilty)				
15	Most people lose weight when they learn they are HIV positive				
16	Some of HIV/AIDS symptoms are: loss of weight, cough and chronic diarrhoea				
17	A person who has just contracted AIDS develops fever like someone who has caught flu				

18	Boys are more exposed to HIV/AIDS than girls				
19	People seemingly healthy have less risk of HIV/AIDS infection				
20	People suffering from STD are exposed to HIV/AIDS infection				
21	An HIV positive person may look healthy				
22	The best way to protect oneself against AIDS is to have sex with people one knows very well				
23	Certain terms used in sensitisation against AIDS make me feel ashamed				
24	Parents should be the main responsible for sexual education to their children				
25	Primary school is not appropriate place to teach children about condoms				
26	Boys and girls discussions on sexuality are different depending on whether they are at school or outside				
27	An HIV positive person may survive a long time with good diet and physical exercises				
28	Knowledge on HIV/AIDS should be given by a specialist who is not from the teaching staff				
29	I feel confident to transmit knowledge on HIV/AIDS to my school children				
30	HIV positive people's testimonies can help other people change their behaviour towards HIV/AIDS				
31	It is important that primary school learn how to have friendship between girls and boys				

Appendix 3: FGD guide for primary school teachers

Knowledge on HIV/AIDS prevention

Activities to be done that would help teachers protect themselves against HIV/AIDS:

Who would carry out those activities?

Teachers' perceptions of his role of helping other people to change their behaviour in regard to HIV/AIDS prevention.

Methods and strategies usually used by teachers in the teaching HIV / AIDS, gender, sexuality and life skills

Has any one among you, ever taught or talked to his/her school children about:

AIDS

Condom use

Sexuality

Life skills

If yes,

In which circumstances

What was discussed

Methods used specifically about HIV/AIDS

Simple elements to facilitate teaching school children about such lessons

Difficulties encountered in teaching school children about such lessons

What changes in methodology would you suggest?

Were there any embarrassing questions which school children asked? If yes, give examples, what was the teachers' reaction ?

What did the teachers learn from such school children?

Children participation in such lessons.

Teachers' perceptions of sexuality, sex education, condom, HIV/AIDS and attitude towards PLWAs (people living with HIV/ AIDS).

Problems encountered by teachers in the teaching about sexuality and sex education (to children of same or opposite sex, concrete examples)

Some people think that condom should not be talked about in primary schools, while others see no problem in that. What do teachers think?

Some school children are happy about lessons on sexuality, and others are not. From your school children' point of view, why is this so?

What would be your attitude if you are sure:

You have a student with HIV/AIDS in your class

What would be his/her classmates' attitude?

What do teachers think about people who publicly testify that they are infected with HIV/AIDS (if such people would have a role to play in others' change of behaviour?)

Ideas on the introduction of a course on HIV/AIDS in primary schools

Those for or against and their motivations

what to emphasize on :

What should be done to help teachers carry out this task well

Parents' role in the teaching of HIV/AIDS to their children

Influence of «gender» in the teaching of : a)Sexuality b) HIV/AIDS

Are there any lessons on life skills in your class?

If yes :

Which ones?

Which of those can help school children in the fight against AIDS ?

If there aren't, which methods can be used to give such lessons on life skills to :

Teachers?

School children?

Impact of tradition and modernity on teachers

Elements of culture that can boost the teaching of HIV/AIDS, sexuality and life skills

Methodology to be used in order to provide enough knowledge to teachers' in HIV/AIDS related issues.

Key elements which training should emphasize on in order to adequately prepare teachers to teach confidently about:

AIDS

Gender

Sexuality

Have you got any question to ask or any thing to add to this discussion?

Identification of FGD Participants

Date:

Province: -----

District

Sector: -----

School centre: -----

Facilitator:

Participants	Sex :	Age	Marital status	Religion	Level of education	Teaching experience :
	1. male 2. female		1. single 2. married 3. divorced 4. widow(er) 5. other		1. CERA/CERAR 2. Familiale 3. Primary school 4. «O» Sec. school 5. «A»Sec. school 6. Diploma 7. University 8. Others	One year 2 years 3-5 years 6-10 years over 10 years

Appendix 4: FGD guide for 6th year secondary school (TTC)

Have you ever had any lessons on HIV/AIDS, sexuality, gender, and life skills?

What impression did you have about them ?

What particularly interested you in such lessons?

What is it that did not interest you in such lessons?

Certain people think condom should be talked about at primary school, others find no danger with that. What do you think about it as a future teacher?

What do you think about the introduction of specific lessons on HIV/AIDS at the primary school?

Elements which would foster such introduction

Difficulties that would come up

Ministry of Education is soon integrating into the curriculum, a course on HIV/AIDS, what would be the TTC graduates' competence in the teaching of such courses(strengths and weaknesses)

What to emphasize on in the teaching of HIV/AIDS lessons :

At primary school

At TTCs

6. Have you got anything to add or question to ask about this talk?

IDENTIFICATION OF FGD PARTICIPANTS

Province: -----

District

Sector: -----

School centre: -----

Groups

Facilitator:

Participants	Sex :	Age	Religion	Marital status	Teaching experience :
	1. male 2. female			1. single 2. married 3. divorced 4. widow(er) 5. other	1. One year 2. 2 years 3. 3-5 years 4. 6-10 years 5. Over 10 years

Appendix 5 : FGD guide for TTC teachers

1. Have you got courses about HIV/AIDS on your programme? If yes, how do you teach it (methodology, teaching materials)

2. What else do you need in this teaching?

Certain people think it is irrelevant to talk about condom at primary school, others find no danger with that. What do you think?

Have you ever discussed with your TTC student about HIV/AIDS, condom, and life skills?

In which circumstances

Discussed themes

Teaching methods and techniques used specifically for HIV/AIDS?

What should be the improvements to be brought to this teaching?

What's your view on the HIV/AIDS course at primary school?

elements that might support this introduction

Difficulties

Do you think TTC laureates are capable of teaching courses on HIV/AIDS(Strengths and weaknesses)

What to insist on while teaching HIV/AIDS?

at primary school

at TTCs

Are there any lessons on life skills in your school?

If yes, which ones?

If no, which methods can be used for such lessons to teachers and to schoolchildren?

Province: ----- District

Sector: -----

Facilitator: -----School centre:

Participant s	Sex :	Age	Marital status	Level of education	Field /Faculty	Teaching experience :
	1. male 2. female		1. single 2. married 3. divorced 4. widow(er) 5. other		1. Education 2. Social sc. 3. Pure Sciences Agri-vet Languages Engineering	1. One year 2. 2 years 3. 3-5 years 4. 6-10 years 5. Over 10 years

					Medicine Others	

Appendix 6 : Interview guide for school authorities

Head of Teacher training at Provincial level

District inspector

School centre Director

Date:

Province
District
School centre
Sex :
Male.....
Female.....
Age
Religion
Level of education
Field /Faculty.....
Teaching experience.....

Might your teachers have been trained in matters of HIV/AIDS, sexuality and gender?(What themes, the organisers, number of trainers, categories of trainees, duration, appreciations difficulties encountered, other trainings needed)

Some people think condom should not be spoken about at primary school, others see no danger with that What do you think? :

What's your opinion on the introduction of an HIV/AIDS related course at primary school?

elements which support this introduction

difficulties

What to insist on in matters of HIV/AIDS :

at primary school

at TTCs

Capacities of teachers to teach HIV/AIDS (Strength and weaknesses)

Might there be any courses on life skills

If yes which ones?

If no ;

Which methods can be used for such lessons to teachers?

and school children

Something to add to this talk

Appendix 7: FGD guide for parents

What is the HIV /AIDS situation like in your area these days?

In case you were sure that your children's teacher is infected with HIV/AIDS:

What would you do?

What might HIV/AIDS impact be in your region?

What must be done to help school children protect themselves against HIV/AIDS?

What's your view about a course on sexuality that might be introduced in primary school

Some people think that condom should not be spoken about at primary school, others see no danger with that. What do you think?

What's your view on the introduction of a particular course on HIV/AIDS at primary school?

Some people think school children must be told to keep simple friendship between opposite sexes, what do you think about that?

Something to add to this discussion :

Date: -----

Province: ----- District

Sector: ----- School centre:

Participants	Sex :	Age	Religion	Marital status	Level of education
	1. male 2. female			1. single 2. married 3. divorced 4. widow(er) 5. other	1. CERAI/CERAR 2. Familiale 3. Primary school 4. «O» Sec. school 5. «A»Sec. school 6. Diploma 7. University 8. Others

Appendix 8: FGD guide for school children

According to you, what are the characteristics of a model(a well behaved)

School boy

School girl

2. In your class, have you heard or seen friendship between people of the opposite sex.
3. How do you feel when you are in a group of school children of your sex, or in a group of school children of the opposite sex ?
4. In your class, have you had lesson on:
 - a) AIDS
 - b) Sexuality

(i) - If yes:

When, in which circumstances?

How are you taught those lessons?

What interested you?

What did not pleased you?

(ii) - Was the message transmitted different according to whether you are boys or girl ?

If yes, give examples

- (iii) Can you tell us some of the questions, which your class mates asked?

- (iv) Do you remember certain questions, which made your laugh?

If yes, give examples

5. Is there any difference in behaviour of your teacher towards girls and boys (rewards, punishments, school activities, and sitting arrangement in the classroom, recreation, and answers given...)

6. What sort of teacher do you like?

7. What sort of teacher is disliked by school children?

8. a) How do you find this discussion?

b) Your appreciation

c) What has not pleased you

Appendix 9: Observation guide for school children

In the classroom:

Number of school children

Occupation of the class (boys alone, girls alone, mixed)

Those who participate more frequently

Clothing

Outside the class

Do boys and girls play together?

What sort of games do they play?

How do boys behave when they are with girls in comparison with boys who are alone?

How do girls behave when they are with boys in comparison with girls who are alone?

After the observation, you must exchange with the school children and teachers who talked to you in order to have explain some unresolved issues.

Appendix 10: Summary Tables

Table 1: Teachers interviewed by Province, by District and by Sex

Province			Sex		Total
			Male	Female	
Butare	District	Butare town	7	45	52
		Nyanza town	15	31	46
		Save	2	11	13
	S/Total		24	87	111
Kibuye	District	Budaha	2	17	19
		Gisunzu	3	4	7
		Kibuye ville	5	30	35
		Rutsiro	2	15	17
	S/Total		12	66	78
KIGALI CITY	District	Kacyiru	12	23	35
		Nyamirambo	9	12	21
		Nyarugenge	4	16	20
	S/Total		25	51	76
Ruhengeri	District	Buhoma	20	10	30
		Bukamba	10	11	21
		Cyeru	5	10	15
		Kinigi	15	4	19
		Ruhengeri ville	4	14	18
	S/Total		54	49	103
Umutara	District	Gabiro	10	11	21
		Kahi	6	3	9
		Murambi	4	8	12
		Muvumba	18	8	26
		Umutara ville	11	7	18
		Rukara		2	2
	S/Total		49	39	88
TOTAL			164	292	456

Table 2: Teachers' knowledge regarding the number of HIV positive cases in Rwanda

Province		Sex	Between 200 000 to 300 000	Between 300 000 to 500 000	Over 500 000	Do not know	Total
Butare	Male	1	5	6	9	21	
		4.8%	23.8%	28.6%	42.9%	100.0%	
	Female	4	14	21	46	85	
		4.7%	16.5%	24.7%	54.1%	100.0%	
		5	19	27	55	106	
		4.7%	17.9%	25.5%	51.9%	100.0%	
Kibuye	Male	2	1	6	3	12	
		16.7%	8.3%	50.0%	25.0%	100.0%	
	Female	3	12	18	31	64	
		4.7%	18.8%	28.1%	48.4%	100.0%	
		5	13	24	34	76	
		6.6%	17.1%	31.6%	44.7%	100.0%	
Kigali City	Male	3	2	9	11	25	
		12.0%	8.0%	36.0%	44.0%	100.0%	
	Female	4	5	15	26	50	
		8.0%	10.0%	30.0%	52.0%	100.0%	
		7	7	24	37	75	
		9.3%	9.3%	32.0%	49.3%	100.0%	
Ruhengeri	Male	7	10	27	9	53	

		13.2%	18.9%	50.9%	17.0%	100.0%
Female	2	12	17	15	46	
		4.3%	26.1%	37.0%	32.6%	100.0%
		9	22	44	24	99
		9.1%	22.2%	44.4%	24.2%	100.0%
Umutara	Male	5	13	13	16	47
		10.6%	27.7%	27.7%	34.0%	100.0%
	Female	6	6	12	13	37
		16.2%	16.2%	32.4%	35.1%	100.0%
		11	19	25	29	84
		13.1%	22.6%	29.8%	34.5%	100.0%
Grand total	Male	18	31	61	48	158
		11.4%	19.6%	38.6%	30.4%	100.0%
	Female	19	49	83	131	282
		6.7%	17.4%	29.4%	46.5%	100.0%
		37	80	144	179	440
Total		8.4%	18.2%	32.7%	40.7%	100.0%

Table 3: Knowledge about the year in which the first case of HIV/AIDS was reported in Rwanda

Province	Sex	The year in which the first case of HIV/AIDS was reported in Rwanda				Do know	Do not know	Total
		In 1981	In 1983	In 1986				
Butare	Male	4	5	2	13	24		
		16.7%	20.8%	8.3%	54.2%	100.0%		
	Female	26	17	6	37	86		
		30.2%	19.8%	7.0%	43.0%	100.0%		
		30	22	8	50	110		
		27.3%	20.0%	7.3%	45.5%	100.0%		
Kibuye	Male	4	2	1	4	11		
		36.4%	18.2%	9.1%	36.4%	100.0%		
	Female	15	19	2	29	65		
		23.1%	29.2%	3.1%	44.6%	100.0%		
		19	21	3	33	76		
		25.0%	27.6%	3.9%	43.4%	100.0%		
KIGALI CITY	Male	1	7	1	15	24		
		4.2%	29.2%	4.2%	62.5%	100.0%		
	Female	15	9	5	22	51		
		29.4%	17.6%	9.8%	43.1%	100.0%		
		16	16	6	37	75		
		21.3%	21.3%	8.0%	49.3%	100.0%		
Ruhengeri	Male	8	26	8	12	54		
		14.8%	48.1%	14.8%	22.2%	100.0%		

	Female	13	18	2	14	47
		27.7%	38.3%	4.3%	29.8%	100.0%
		21	44	10	26	101
		20.8%	43.6%	9.9%	25.7%	100.0%
Umutara	Male	9	12	7	21	49
		18.4%	24.5%	14.3%	42.9%	100.0%
	Female	6	8	6	18	38
		15.8%	21.1%	15.8%	47.4%	100.0%
		15	20	13	39	87
		17.2%	23.0%	14.9%	44.8%	100.0%
Grand total	Male	26	52	19	65	162
		16.0%	32.1%	11.7%	40.1%	100.0%
	Female	75	71	21	120	287
		26.1%	24.7%	7.3%	41.8%	100.0%
Total		101	123	40	185	449
		22.5%	27.4%	8.9%	41.2%	100.0%

Table 4: Teachers' general knowledge on HIV/AIDS

Province		An HIV infected person may look healthy			Total
		I agree	I doubt	I don't agree	
Butare	Sex	Male	2	1	23
			87.0%	4.3%	100.0%
		Female	5		86
	Sex	Male	2	6	109
			94.2%	5.8%	100.0%
	Total		1.8%	5.5%	100.0%
Kibuye	Sex	Male	12		12
			100.0%		100.0%
		Female	62	4	66
	Sex	Male	93.9%	6.1%	100.0%
			74	4	78
	Total		94.9%	5.1%	100.0%
Kigali City	Sex	Male	23	2	25
			92.0%	8.0%	100.0%
		Female	44	3	50
	Sex	Male	88.0%	6.0%	100.0%
			67	3	75
	Total		89.3%	6.7%	100.0%
Ruhengeri	Sex	Male	47	5	53
			88.7%	9.4%	100.0%
			1		

	Female	45	1	2	48
		93.8%	2.1%	4.2%	100.0%
	Total	92	2	7	101
		91.1%	2.0%	6.9%	100.0%
Umutara	Sex	Male	2	8	49
		79.6%	4.1%	16.3%	100.0%
		Female	1	2	36
		91.7%	2.8%	5.6%	100.0%
	Total	72	3	10	85
		84.7%	3.5%	11.8%	100.0%
Total		406	10	32	448
		90.6%	2.2%	7.1%	100.0%
		90.6%	3.8%	5.6%	100.0%

		2.0%	8.2%	65.3%	24.5%	100.0%
		2	11	68	22	103
		1.9%	10.7%	66.0%	21.4%	100.0%
Umutara	Male	1	9	34	5	49
		2.0%	18.4%	69.4%	10.2%	100.0%
	Female	2		28	9	39
		5.1%		71.8%	23.1%	100.0%
		3	9	62	14	88
		3.4%	10.2%	70.5%	15.9%	100.0%
Total	Male	6	23	113	22	164
		3.7%	14.0%	68.9%	13.4%	100.0%
	Female	9	14	208	60	291
		3.1%	4.8%	71.5%	20.6%	100.0%
	total	15	37	321	82	455
		3.3%	8.1%	70.5%	18.0%	100.0%

Table 6: Teachers' knowledge on modes of HIV/AIDS transmission

Province	Sex	HIV can not be transmitted through the following modes:				Total
		Sexual intercourse	Different types kissing	Cutting of Objects	Mother to child transmission at birth	
Butare	Male	20	87.0%	2	1	23
				8.7%	4.3%	100.0%
	Female	1	61	8	2	73
		1.4%	83.6%	11.0%	1.4%	100.0%
	S/Total	1	81	10	3	96
		1.0%	84.4%	10.4%	1.0%	100.0%
Kibuye	Male	12	100.0%			12
						100.0%
	Female	2	54	3	2	61
		3.3%	88.5%	4.9%	3.3%	100.0%
	S/Total	2	66	3	2	73
		2.7%	90.4%	4.1%	2.7%	100.0%
Kigali City	Male	22			2	24
			91.7%		8.3%	100.0%
	Female	43			1	44
		97.7%			2.3%	100.0%
	S/Total	65			3	68
		95.6%			4.4%	100.0%
Ruhengeri	Male	1	48	1	1	51
		2.0%	94.1%	2.0%	2.0%	100.0%
	Female	1	40		2	44
		2.3%	90.9%		4.5%	100.0%
	S/Total	2	88	1	2	95
		2.1%	92.6%	1.1%	2.1%	100.0%
Umutara	Male	2	37	1	2	42
		4.8%	88.1%	2.4%	4.8%	100.0%
	Female	1	29		2	32
		3.1%	90.6%		6.3%	100.0%
	S/Total	3	66	1	4	74
		4.1%	89.2%	1.4%	5.4%	100.0%
Grand total	Male	3	139	4	4	152
		2.0%	91.4%	2.6%	1.3%	100.0%
	Female	5	227	11	7	254
		2.0%	89.4%	4.3%	2.8%	100.0%
Total		8	366	15	9	406
		2.0%	90.1%	3.7%	2.2%	100.0%

Table 7: Teachers' knowledge on boys being at more risk than girls

Boys are at more risk of getting infected with HIV/AIDS		Total			
Province	Sex	I accept	I doubt	I don't accept	Total
Butare	Male	5	5	14	24
		20.8%	20.8%	58.3%	100.0%
	Female	17	23	46	86
		19.8%	26.7%	53.5%	100.0%
		22	28	60	110
		20.0%	25.5%	54.5%	100.0%
Kibuye	Male	1	3	8	12
		8.3%	25.0%	66.7%	100.0%
	Female	10	16	39	65
		15.4%	24.6%	60.0%	100.0%
		11	19	47	77
		14.3%	24.7%	61.0%	100.0%
Kigali City	Male	4	5	15	24
		16.7%	20.8%	62.5%	100.0%
	Female	4	9	37	50
		8.0%	18.0%	74.0%	100.0%
		8	14	52	74
		10.8%	18.9%	70.3%	100.0%
Ruhengeri	Male	19	13	22	54
		35.2%	24.1%	40.7%	100.0%

	Female	9	10	29	48
		18.8%	20.8%	60.4%	100.0%
		28	23	51	102
		27.5%	22.5%	50.0%	100.0%
Umutara	Male	9	7	32	48
		18.8%	14.6%	66.7%	100.0%
	Female	6	12	20	38
		15.8%	31.6%	52.6%	100.0%
		15	19	52	86
		17.4%	22.1%	60.5%	100.0%
Grand total	Male	38	33	91	162
		23.5%	20.4%	56.2%	100.0%
	Female	46	70	171	287
		16.0%	24.4%	59.6%	100.0%
TOTAL		84	103	262	449
		18.7%	22.9%	58.4%	100.0%

Table 8: Teachers' attitudes towards having sex with people that they know very well.

The best advice to avoid getting infected with HIV/AIDS is to have sex with people you know very well		Total			
Province	sex	I accept	I doubt	I don't accept	
Butare	Male	3	3	18	24
		12.5%	12.5%	75.0%	100.0%
	Female	5	11	71	87
		5.7%	12.6%	81.6%	100.0%
		8	14	89	111
		7.2%	12.6%	80.2%	100.0%
Kibuye	Male	2		10	12
		16.7%		83.3%	100.0%
	Female	5	1	60	66
		7.6%	1.5%	90.9%	100.0%
		7	1	70	78
		9.0%	1.3%	89.7%	100.0%
Kigali City	Male			25	25
				100.0%	100.0%
	Female	3	1	46	50
		6.0%	2.0%	92.0%	100.0%
		3	1	71	75
		4.0%	1.3%	94.7%	100.0%
Ruhengeri	Male	4	7	42	53
		7.5%	13.2%	79.2%	100.0%

	Female	6		42	48
		12.5%		87.5%	100.0%
		10	7	84	101
		9.9%	6.9%	83.2%	100.0%
Umutara	Male	13	4	32	49
		26.5%	8.2%	65.3%	100.0%
	Female	7	1	31	39
		17.9%	2.6%	79.5%	100.0%
		20	5	63	88
		22.7%	5.7%	71.6%	100.0%
Grand total	Male	22	14	127	163
		13.5%	8.6%	77.9%	100.0%
	Female	26	14	250	290
		9.0%	4.8%	86.2%	100.0%
	Total	48	28	377	453
		10.6%	6.2%	83.2%	100.0%

Table 9: Teachers' thinking about HIV/AIDS to be taught as a separate course at Primary School

Province		Sex	I accept	I doubt	I don't accept	Total
Butare	Male	19	1	3	23	
		82.6%	4.3%	13.0%	100.0%	
	Female	77	3	3	83	
		92.8%	3.6%	3.6%	100.0%	
		96	4	6	106	
		90.6%	3.8%	5.7%	100.0%	
Kibuye	Male	12			12	
		100.0%			100.0%	
	Female	60	1	3	64	
		93.8%	1.6%	4.7%	100.0%	
		72	1	3	76	
		94.7%	1.3%	3.9%	100.0%	
Kigali City	Male	18	2	4	24	
		75.0%	8.3%	16.7%	100.0%	
	Female	44	1	5	50	
		88.0%	2.0%	10.0%	100.0%	
		62	3	9	74	
		83.8%	4.1%	12.2%	100.0%	
Ruhengeri	Male	49	4		53	
		92.5%	7.5%		100.0%	

	Female	43	2	4	49
		87.8%	4.1%	8.2%	100.0%
		92	6	4	102
		90.2%	5.9%	3.9%	100.0%
Umutara	Male	46	1	2	49
		93.9%	2.0%	4.1%	100.0%
	Female	36	2	1	39
		92.3%	5.1%	2.6%	100.0%
		82	3	3	88
		93.2%	3.4%	3.4%	100.0%
Grand total	Male	144	8	9	161
		89.4%	5.0%	5.6%	100.0%
	Female	260	9	16	285
		91.2%	3.2%	5.6%	100.0%
Total		404	17	25	446

Table 10: Teachers' capacity to respond to questions about HIV/AIDS

Province		I accept	I doubt	I don't accept	Total
Butare	Male	20	3	1	24
		83.3%	12.5%	4.2%	100.0%
	Female	75	7	5	87
		86.2%	8.0%	5.7%	100.0%
		95	10	6	111
		85.6%	9.0%	5.4%	100.0%
Kibuye	Male	11		1	12
		91.7%		8.3%	100.0%
	Female	61	2	3	66
		92.4%	3.0%	4.5%	100.0%
		72	2	4	78
		92.3%	2.6%	5.1%	100.0%
Kigali City	Male	18	3	3	24
		75.0%	12.5%	12.5%	100.0%
	Female	44	1	4	49
		89.8%	2.0%	8.2%	100.0%
		62	4	7	73
		84.9%	5.5%	9.6%	100.0%
Ruhengeri	Male	43	8	3	54
		79.6%	14.8%	5.6%	100.0%

	Female	45	1	2	48
		93.8%	2.1%	4.2%	100.0%
		88	9	5	102
		86.3%	8.8%	4.9%	100.0%
Umutara	Male	36	6	7	49
		73.5%	12.2%	14.3%	100.0%
	Female	29	3	7	39
		74.4%	7.7%	17.9%	100.0%
		65	9	14	88
		73.9%	10.2%	15.9%	100.0%
Grand total	Male	128	20	15	163
		78.5%	12.3%	9.2%	100.0%
	Female	254	14	21	289
		87.9%	4.8%	7.3%	100.0%
		382	34	36	452
		84.5%	7.5%	8.0%	100.0%

Table 11: School children and sexuality

Province		Sex	I accept	I doubt	I don't accept	Total
Butare	Male	14	7	3	24	
		58.3%	29.2%	12.5%	100.0%	
	Female	61	17	7	85	
		71.8%	20.0%	8.2%	100.0%	
		75	24	10	109	
		68.8%	22.0%	9.2%	100.0%	
Kibuye	Male	9	3		12	
		75.0%	25.0%		100.0%	
	Female	54	7	5	66	
		81.8%	10.6%	7.6%	100.0%	
		63	10	5	78	
		80.8%	12.8%	6.4%	100.0%	
Kigali City	Male	16	4	5	25	
		64.0%	16.0%	20.0%	100.0%	
	Female	40	5	5	50	
		80.0%	10.0%	10.0%	100.0%	
		56	9	10	75	
		74.7%	12.0%	13.3%	100.0%	
Ruhengeri	Male	41	7	4	52	
		78.8%	13.5%	7.7%	100.0%	

	Female	40	4	3	47
		85.1%	8.5%	6.4%	100.0%
		81	11	7	99
		81.8%	11.1%	7.1%	100.0%
Umutara	Male	33	3	13	49
		67.3%	6.1%	26.5%	100.0%
	Female	29	3	6	38
		76.3%	7.9%	15.8%	100.0%
		62	6	19	87
		71.3%	6.9%	21.8%	100.0%
Grand total	Male	113	24	25	162
		69.8%	14.8%	15.4%	100.0%
	Female	224	36	26	286
		78.3%	12.6%	9.1%	100.0%
	Total	337	60	51	448
		75.2%	13.4%	11.4%	100.0%

Table 12: Influence of condoms on early sexual intercourse among children

Condoms influence children to engage in sexual intercourse too early		Total			
Province	See	I accept	I doubt	I don't accept	Total
Butare	Male	12	3	7	22
		54.5%	13.6%	31.8%	100.0%
	Female	64	7	15	86
		74.4%	8.1%	17.4%	100.0%
		76	10	22	108
Kibuye	Male	6	3	3	12
		50.0%	25.0%	25.0%	100.0%
	Female	35	10	20	65
		53.8%	15.4%	30.8%	100.0%
		41	13	23	77
Kigali City	Male	13	3	9	25
		52.0%	12.0%	36.0%	100.0%
	Female	38	6	6	50
		76.0%	12.0%	12.0%	100.0%
		51	9	15	75
Ruhengeri	Male	30	8	14	52
		57.7%	15.4%	26.9%	100.0%

	Female	31	7	10	48
		64.6%	14.6%	20.8%	100.0%
		61	15	24	100
		61.0%	15.0%	24.0%	100.0%
Umutara	Male	29	6	13	48
		60.4%	12.5%	27.1%	100.0%
	Female	23	7	7	37
		62.2%	18.9%	18.9%	100.0%
		52	13	20	85
		61.2%	15.3%	23.5%	100.0%
Grand total	Male	90	23	46	159
		56.6%	14.5%	28.9%	100.0%
	Female	191	37	58	286
		66.8%	12.9%	20.3%	100.0%
	Total	281	60	104	445
		63.1%	13.5%	23.4%	100.0%

Table 13: Teachers' thinking about teaching on condoms in primary schools

Province		I accept	I doubt	I don't accept	Total
Butare	Male	4	3	17	24
		16.7%	12.5%	70.8%	100.0%
	Female	24	10	53	87
		27.6%	11.5%	60.9%	100.0%
		28	13	70	111
Kibuye		25.2%	11.7%	63.1%	100.0%
	Male	1	1	10	12
		8.3%	8.3%	83.3%	100.0%
	Female	14	12	40	66
		21.2%	18.2%	60.6%	100.0%
KIGALI CITY		15	13	50	78
		19.2%	16.7%	64.1%	100.0%
	Male	9	2	14	25
		36.0%	8.0%	56.0%	100.0%
	Female	16	5	29	50
Ruhengeri		32.0%	10.0%	58.0%	100.0%
		25	7	43	75
		33.3%	9.3%	57.3%	100.0%
	Male	18	6	30	54
		33.3%	11.1%	55.6%	100.0%

	Female	18	2	27	47
		38.3%	4.3%	57.4%	100.0%
		36	8	57	101
		35.6%	7.9%	56.4%	100.0%
Umutara	Male	12	5	31	48
		25.0%	10.4%	64.6%	100.0%
	Female	13	6	19	38
		34.2%	15.8%	50.0%	100.0%
		25	11	50	86
		29.1%	12.8%	58.1%	100.0%
Grand total	Male	44	17	102	163
		27.0%	10.4%	62.6%	100.0%
	Female	85	35	168	288
		29.5%	12.2%	58.3%	100.0%
Total		129	52	270	451
		28.6%	11.5%	59.9%	100.0%

Table 14: TTC students' thinking about teaching on condoms in primary schools

The primary school is not the best place to teach about condoms		Total		
PROVINCE	I accept	I doubt	I don't accept	
Butare	Male	3	2	4
		33.3%	22.2%	44.4%
	Female	2		9
		18.2%		81.8%
		5	2	13
Kibuye		25.0%	10.0%	65.0%
	Male	2		6
		25.0%		75.0%
	Female	2	5	5
		16.7%	41.7%	41.7%
KIGALI CITY		4	5	11
		20.0%	25.0%	55.0%
	Female	4	1	12
		23.5%	5.9%	70.6%
		4	1	12
Ruhengeri		23.5%	5.9%	70.6%
	Male	2	2	16
		10.0%	10.0%	80.0%
		2	2	16
		10.0%	10.0%	80.0%
Umutara	Male	1	3	6
				10

		10.0%	30.0%	60.0%	100.0%
Female	4	4	2	10	
	40.0%	40.0%	20.0%	100.0%	
	5	7	8	20	
	25.0%	35.0%	40.0%	100.0%	
Grand total	8	7	32	47	
	17.0%	14.9%	68.1%	100.0%	
Female	12	10	28	50	
	24.0%	20.0%	56.0%	100.0%	
Total	20	17	60	97	
	20.6%	17.5%	61.9%	100.0%	

Table 15: Teachers' thinking about the isolation for HIV positive people

Province		Sex	I accept	I doubt	I don't accept	Total
Butare	Male		7	1	15	23
			30.4%	4.3%	65.2%	100.0%
		Female	11	6	70	87
		12.6%	6.9%	80.5%	100.0%	
		18	7	85	110	
		16.4%	6.4%	77.3%	100.0%	
Kibuye	Male		2	1	9	12
			16.7%	8.3%	75.0%	100.0%
		Female	15	3	47	65
		23.1%	4.6%	72.3%	100.0%	
		17	4	56	77	
		22.1%	5.2%	72.7%	100.0%	
Kigali City	Male				25	25
					100.0%	100.0%
		Female	8	2	41	51
		15.7%	3.9%	80.4%	100.0%	
		8	2	66	76	
		10.5%	2.6%	86.8%	100.0%	
Ruhengeri	Male		9	4	41	54
			16.7%	7.4%	75.9%	100.0%

	Female	11	5	32	48
		22.9%	10.4%	66.7%	100.0%
		20	9	73	102
		19.6%	8.8%	71.6%	100.0%
Umutara	Male	12	1	35	48
		25.0%	2.1%	72.9%	100.0%
	Female	14	1	24	39
		35.9%	2.6%	61.5%	100.0%
		26	2	59	87
		29.9%	2.3%	67.8%	100.0%
Grand total	Male	30	7	125	162
		18.5%	4.3%	77.2%	100.0%
	Female	59	17	214	290
		20.3%	5.9%	73.8%	100.0%
		89	24	339	452
		19.7%	5.3%	75.0%	100.0%

Table 16: TTC students' thinking about the isolation for HIV positive people

People living with HIV/AIDS should be isolated for preventing the spread of the disease		Total		
PROVINCE	Sex	I accept	I doubt	I don't accept
Butare	Male	2		7
		22.2%		77.8%
				100.0%
	Female	3		8
		27.3%		72.7%
				100.0%
		5		15
		25.0%		75.0%
				100.0%
Kibuye	Male	2		6
		25.0%		75.0%
				100.0%
	Female	8	3	1
		66.7%	25.0%	8.3%
				100.0%
		10	3	7
		50.0%	15.0%	35.0%
				100.0%
KIGALI CITY	Female	7	2	8
		41.2%	11.8%	47.1%
				100.0%
		7	2	8
		41.2%	11.8%	47.1%
				100.0%
Ruhengeri	Male	3	1	15
		15.8%	5.3%	78.9%
				100.0%
		3	1	15
		15.8%	5.3%	78.9%
				100.0%

Umutara	Male	3	1	6	10
		30.0%	10.0%	60.0%	100.0%
	Female	6		4	10
		60.0%		40.0%	100.0%
		9	1	10	20
		45.0%	5.0%	50.0%	100.0%
Grand total	Male	10	2	34	46
		21.7%	4.3%	73.9%	100.0%
	Female	24	5	21	50
		48.0%	10.0%	42.0%	100.0%
	Total	34	7	55	96
		35.4%	7.3%	57.3%	100.0%

Table 17: Teachers' attitudes about gender

When we talk of gender we refer to women		Total			
Province	Sex	I accept	I doubt	I don't accept	Total
Butare	Male	21	1	2	24
		87.5%	4.2%	8.3%	100.0%
	Female	52	13	21	86
		60.5%	15.1%	24.4%	100.0%
		73	14	23	110
		66.4%	12.7%	20.9%	100.0%
Kibuye	Male	6		6	12
		50.0%		50.0%	100.0%
	Female	37	3	24	64
		57.8%	4.7%	37.5%	100.0%
		43	3	30	76
		56.6%	3.9%	39.5%	100.0%
Kigali City	Male	18	2	5	25
		72.0%	8.0%	20.0%	100.0%
	Female	35	2	12	49
		71.4%	4.1%	24.5%	100.0%
		53	4	17	74
		71.6%	5.4%	23.0%	100.0%
Ruhengeri	Male	42	2	10	54
		77.8%	3.7%	18.5%	100.0%

	Female	39	3	5	47
		83.0%	6.4%	10.6%	100.0%
		81	5	15	101
		80.2%	5.0%	14.9%	100.0%
Umutara	Male	28	6	14	48
		58.3%	12.5%	29.2%	100.0%
	Female	23	1	14	38
		60.5%	2.6%	36.8%	100.0%
		51	7	28	86
		59.3%	8.1%	32.6%	100.0%
Grand total	Male	115	11	37	163
		70.6%	6.7%	22.7%	100.0%
	Female	186	22	76	284
		65.5%	7.7%	26.8%	100.0%
	Total	301	33	113	447
		67.3%	7.4%	25.3%	100.0%

Appendix 11: Analysis Table for themes of research tools

THEMES	QUEST: Primary school teachers	FGD Primary school teachers	QUEST. TTC students	FGD TTC students	FGD Primary school children	OBSERVATI ON Primary school children	FGD parents	FGD TTC teachers	Interv. Head teachers
1. General knowledge on HIV/AIDS									
2. Knowledge on transmission of HIV/AIDS									
3. Knowledge on HIV/AIDS prevention									
4. Integration of HIV/AIDS in the school curriculum									
5. Feelings about sexuality education									
6. Use of condoms									
7. About PLWAs									
8. Methods of teaching about HIV/AIDS									
9. Notions and attitudes on gender									
10. Methods of teaching about sexuality									
11. Life skills									
12. Influence of culture tradition and modernity on gender and HIV/AIDS									
13. Key information to be given to teachers									
14. The best methods to disseminate information									
15. Role of parents									
16. Teachers' capacity									
17. TTC students' capacity									
18. Identity of school children									
19. How school children perceive teachers									
20. Recommendations									

Appendix 12: Research Team

Supervised by the Consultant : Félix MURAMUTSA

	Names of research assistants	Sex	Qualification	Option	Age	Province visited
1.	NTAKIYIMANA Félicien	M	Licence	Arts	39	Kigali City
2.	MUKANKINDI Béatrice	F	Baccalauréat	Social sciences	36	Kigali City
3.	MUKAMPIRANYI Nelly	F	Baccalauréat	Social sciences	31	Kigali City
4.	CYUBAHIRO Diogène	M	Baccalauréat	Social sciences	26	Kigali City
5.	Iyaremye Révoat	M	D6	Education	41	Umutara
6.	NYIRAKUNGE Laetitia	F	D6	Nurse	37	Umutara
7.	UMWIZERWA Rose	F	D6	Education	27	Umutara
8.	NKURUNZINZA Peter	M	BEd	Educ/Agric	51	Umutara
9.	ZIRIMWABAGABO John	M	Licence	Public Health	33	Ruhengeri
10	UWAMAHORO Espérance	F	D6	Education	28	Ruhengeri
11	KAMUGISHA Ange Flora	F	D6	Nurse	23	Ruhengeri
12	BWANDINGA Godefroid	M	Bed	Education	44	Ruhengeri
13	MUGENZI Celestin	M	Licence	Public Health	30	Kibuye
14	NYIRAHABINEZA Louise	F	Licence	Education	25	Kibuye
15	IMPANO Clarisse	F	D6	Education	26	Kibuye
16	ICYETEGETSE JMV	M	D6	Arts	21	Kibuye
17	MABERU Bibiane	F	D6	Education	40	Butare
18	MUBERUKA Pascal	M	D6	Education	34	Butare
19	DUSABE Vientent de Paul	M	D6	Education	29	Butare
20	KANAKUZE Marie	F	Baccalaureat	Social sciences	26	Butare

Appendix 13: Characteristics of the target population

The table below summarizes the socio-demographic characteristics of the teachers who filled in quantitative questionnaires.

Teachers' socio-demographic characteristics

	Province					Total		
	Butar e	Kibuye	Kigali City	Ruhengeri	Umutara			
Male	24	12	25	54	49	164		
Female	87	66	51	49	39	292		
Total	111	78	76	103	88	456		
SOCIO DEMOGRAPHIC CHARACTERISTICS								
Age range						Total	Male	Femal e
Less than years	203	3	1	1		8	3	5
20-24	13	6	4	10	18	51	17	34
25-29	17	8	14	32	22	93	41	52
30-34	12	20	15	27	11	85	30	55
35-39	23	12	20	11	11	77	25	52
40-44	14	14	12	9	9	58	19	39
45-49	11	7	3	4	8	33	9	24
50-54	7	3	4	6	5	25	11	14
55-59	3	3	1	1		8	3	5
60-64	3			1	3	7	4	3
65-69					1	1		1
More 70 years	1					1		1
No answer	4	2	2	1		9	2	7
Religion								
Catholic	76	53	33	53	38	253	74	179
Protestant	10	14	9	8	21	62	28	34
Adventist	2	2	21	31	11	67	34	33
Muslim	8		2	1	1	12	3	9
Pentecost	10	5	5	6	14	40	18	22
Jehovah witnesses				1	1	2	1	1

Level of education									
Higher Education	1		3	1	4	9	5	4	
D7-D6-A2	68	44	56	79	45	292	116	176	
D5-A3	23	22	3	11	12	71	11	60	
D4-EMA-EAP	10	9	10	8	16	53	20	33	
Unqualified	3	1			3	7	2	5	
No response	2	2			7	11	6	5	
Official age	Class s/he teaches								
Under 6	Nursery	1	1			1	3	1	2
7 yrs	P. One	23	20	12	25	17	97	26	71
8	P. Two	16	13	12	19	15	75	13	62
9	P. three	11	14	16	13	16	70	25	45
10	P. Four	19	12	11	18	9	69	24	45
11	P. five	16	8	8	14	12	58	31	27
12	P. six	13	9	8	9	10	49	30	19
	More than one class			3			3	1	2
	No answer	12	1	6	5	8	32	13	19
Total		111	78	76	103	88	456	164	292

APPENDIX 14: TRAINING SCHEDULE

Day one:

Introduction, justification, assumptions and objectives of research on sexuality, gender and HIV/AIDS education within the philosophy and context of research conducted by the East and South Africa Regional Office of UNICEF;

Key concepts of research such as identity, sexuality, femininity, masculinity, gender, life skills, etc.

Research methods: the training session emphasized on the qualitative and quantitative approaches, two guiding approaches of the research.

Different types of interviews: group and individual (one-to-one) interviews.

Day two:

Simulations and role plays: through this activity, research assistants familiarized themselves with the interviewing technique, use of cassette recorders, cassette recording and reporting, non verbal communication (body language), use of open questions and overall progress of interviews and/or FGDs.

Critical review of research tools: this training session allowed the whole research team to familiarize itself with research tools prepared by the Consultant. The tools were revised and adapted to the research techniques, objectives, and the target group.

Observation technique: the focus was put on gender sensitivity while observing interrelations and interactions.

Sampling procedures: it was recalled that on the qualitative point of view, the choice of participants should take into account certain aspects such as gender and class in which FGD participants teach.

Day three:

Transcription: exercises were carried out on the most accurate transcription, copying down participants' answers as they are provided without adding or removing anything. To achieve this, the use of cassette recorders was deemed very important.

Collective memory: this technique was defined as being helpful in generating group discussions on taboo issues such as sexuality.

Ethical considerations: the latter were tackled to remind survey agents that they should collect data without offending the people who provided information;

Analysis: this consisted in reminding the importance of analysing both qualitative and quantitative data. Analysis guidelines were also discussed.

Monitoring and quality of evaluation process: this training session focused on some indicators that ensure that the research is being conducted as planned, that it remains focused on participants, gender sensitive and fair in order to achieve the set objectives.

This final day ended with the planning of the way forward for the country research.