

Report of the conference “Health Education and Teacher Training in Kenya: Research Experiences and Reflections”, held December 8th 2010 at Sarova Stanley Hotel, Nairobi, Kenya.

HEALTH EDUCATION AND TEACHER TRAINING IN KENYA

PRELIMINARY RESEARCH EXPERIENCES AND REFLECTIONS 2011

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Note on the contributions: Some of the studies and works in this paper were at the time of the conference still in progress. Results, recommendations and other aspects of these studies are therefore partially incomplete and shall be reviewed as work-in-progress. The editor and the members of the group of conference organizers cannot be held responsible for any of the included studies including any effects, these might produce.

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Introduction to the conference report

On the 8th of December, an international conference on health education and teacher training in Kenya was held at the Sarova Stanley Hotel in Nairobi. The conference was organized and planned by Kari K. B. Dahl, Assistant Professor at Research Centre for Environmental and Health Education, Department of Education at Aarhus University, Denmark. The participants came from three universities, University of Nairobi and Kenyatta University, Kenya, and Aarhus University in Denmark. There were also participants from Ministry of Education and Kenya Institute of Education. NGO's in the field of health and education were also presented at the conference. This report contains commented abstracts of the presentations of the conference, which all concerned the themes "Health, Education and Teacher Training in Kenya". The ambition is to collect all the contributions to the conference in one proceeding to illustrate the different perspectives with in-depth knowledge in a cross-disciplinary forum, which also might reflect the magnitude of vested interests in the field and underline the core of meaning produced in the field of teacher education in Kenya: That it is a complex field containing many different actors, processes, structures, scientific disciplines and agendas, which contribute to the development of the field.

Background of the conference

The background of the conference was to explore primary school teachers' and student teachers' experiences, attitudes and practices regarding schooling and health education. The conference was held under the auspices of the research project "Health Education, Action Competence and Teacher Training in Kenya" institutionalized at Aarhus University, Department of Education in Denmark (2009-2012). Primary school teachers in many cases are one of few educated people in rural areas. Since access to health and health services all over the country is restricted and difficult to get access to, teachers play an important role in communicating health in rural areas. The conference therefore wanted to explore the conditions for how teachers become "health agents" through their two years of training at TTC's.

The presentations focused on three main areas: How students learn about health at Teacher Training Colleges (TTC), second how this influences their health agency and becoming as "health agents", and third how economy, policy and planning of health education in teacher training impacts today's teacher training.

1st plenary presentation:

Introductory paper to the field of health and teacher education in Kenya

By: Kari K. B. Dahl, Assistant Professor, Department of Education, Aarhus University, Denmark.

Kari K.B. Dahl made an introduction to the conference by giving an overview of the health situation in Africa and more specifically East Africa as a case study. Kari K. B. Dahl further addressed the importance of Health Education and the important role that teachers play in the rural areas as health agents. She further reiterated the importance of teachers developing health competencies as they play a bigger role in health in the rural areas where they live and act as few 'educated' individuals in many rural areas, who have a formal education with formal knowledge about health. The need to explore health education through a multidisciplinary approach was emphasized, for instance that health is communicated through many channels and in many different settings in Kenya as well as other societies in the developing world. Further, the need to address health education in a broader view was stressed, as health affects day to day lives of human beings and is not only something that goes on in the hospital or other formal health settings, and is communicated broadly, not only through the formal health education curriculum for instance in classrooms or other formalized education settings. Common people in their everyday lives, for instance are faced with varied challenges when it comes to health. Poor health facilities, understaffing of personnel, lack of resources and restrained access to health resources and services, ignorance, poverty, are some of more challenges. This calls for the development of strategies to facilitate prevention rather than cure. Health Education plays an important role in this.

The nine plenary presentations focused on different aspects of health education and teacher training, both in the context of teacher education institutions as well as primary school teachers roles and agency once they become posted in primary schools. This took a multidisciplinary approach to health and teacher education also due to the fact that the presenters had come from different discipline backgrounds.

The panel discussions at the end of the seminar brought out the need to further explore and develop new strategies for health education as a way of health promotion. The participants also agreed on the importance of communicating the results of the conference to a wider audience, especially in the light that the body of research is limited within the area of health - and teacher education in South countries.

2nd Plenary Presentation:

Key Note: Participatory HIV/AIDS education- Barriers and Opportunities

By Rachel Kaki Nyami, Department of Educational Foundations, Kenyatta University, Kenya.

Introduction and background

This Key Note presentation on health education in primary schools started by pointed out that HIV/AIDS in Kenya is taught as a subject in schools and that the aim of the paper is to identify and make recommendations for teacher training curriculum development on how participatory health education could be integrated in teaching HIV/AIDS.

Aim

The research questions in this study sought to address teachers' understandings of perceptions in relation to participatory approach, the potentials and barriers to participatory approach and recommendations for Teacher Training or Curriculum.

Methods

The fieldwork based on qualitative data collection methods especially participatory approaches was carried out in Kyatune in Western Province in Kenya. The data collection methods were focused group discussions with pupils and students in both primary and secondary schools respectively and through semi-structured interviews of pupils, students and teachers in both secondary and primary schools.

Theoretical framework

The theoretical framework of the study employed empowerment Theory of Education supported by IVAC approach which supported the ability of children to think and take action. Learners' participation was observed where the learners were able to bring information and present it. Learners got the information through discussions, consulting or interviewing peers.

Findings

Some of the challenges facing HIV/AIDS education in Kenya are the preparedness of the teacher in pre-service training and the professional formation. The presentation argued that the use of IVAC approach was also a major challenge since it was difficult for the teachers to understand the approach. However, the study's innovativeness recommended participatory approaches to Health Education. The study also recommended the applicability of IVAC on Health Education with the focus on HIV/AIDS.

Some of the competencies that could be observed as necessary for participatory pedagogy in HIV/AIDS education are:

- Innovative problem solving skills
- Being sensitive to learners- because some are affected in one way or the other.
- Praising learners' good ideas.
- Ability to focus on the controversial issues on the subject matter.
- Practical concepts-relating subjects to learners

Major opportunities in HIV/AIDS education in Kenya were outlined as the presence of HIV/AIDS education policy, there is support for peer education, the presence of receptive communities and levels of literacy among the youth. The barriers to effective HIV/AIDS education in Kenya were brought out as the following:

- Cultural sensitivity of HIV/AIDS as a topic.
- Loss of focus on subject matter.
- Synthesis of information from different contents where the youth get HIV/AIDS information from different sources.

3rd plenary presentation:

Key Note: “Paradoxical Health Education”: From discourses of health education to everyday health practices at Teacher Training Colleges in Kenya.

By Kari K. B. Dahl, Assistant Professor, School of Education, Aarhus University, Denmark.

Background for the study

Africa is by far the continent affected by the majority of life threatening health problems for instance HIV/AIDS (WHO 2011). In 2008, in sub-Saharan Africa 22,4 million people were infected with HIV/AIDS accounting for 67% of the HIV infections worldwide (UNAIDS 2009). In Kenya, young urban adolescents enjoy the fastest growing HIV infection rate in the country (KNBS 2010). Primary school teachers play a main role in communicating health in rural Africa, since they are one of few rural actors with formal education in health. All over Africa, there is a general agreement that schools are ideal settings to implement HE and health programmes, also in political and administrative settings

(UNESCO 2001, WHO 1992). Here teachers' professional development has been accentuated as a main vehicle for achieving the Millennium Development Goals (MDGs) in "Education for All" (EFA) by 2015 (Moon 2007). Kenyan teachers spend majority of professional lives in schools with a minimum of in-service training (Dahl 2005, Indoshi 2003). The professionalism of primary school teachers therefore to a large extent depend on the quality of pre-service training, also in terms of competencies in health education (HE).

While primary schools as sites for health promotion also in Eastern Africa has received some attention (Meinert 2001, Nyamai 2009, Plummer 2007), only few studies has looked into the connection between teacher training, health education and professional development (Guével & Jourdan 2009). Some HE research has focused on evaluating formal HE programmes and interventions (Brieger et al. 2000) particularly examining physical or biological dimensions of health (Hawks et al. 2008) - only few studies evaluated non-curriculum based HE programmes (van der Maas & Otte 2009).

Aim

The aim of the study was two-fold:

- To investigate how TTC regulate the becoming of teachers' (teacher students') health education (HE) competencies.
- To investigate, to which extent TTCs are possibilities or barriers for becoming health promotion institutions.

Theoretical framework

Three theoretical cornerstones informed and inspired the study:

- *Theories of everyday life learning*. Here Lave and Wenger's (1991) concept of "Legitimate peripheral Participation and French sociologist Pierre Bourdieu's theory complex (1977, 1986) of practice logic, habitus and human capital were important theoretical inspirations for the study.
- *Critical educational theory*, which informed the study with concepts such as "action competence" (Jensen & Schnack 1994) and the concept of "participation" as opposed by "tokenism" (Hart 1992).
- *Newer anthropological and social psychological theory about children, childhood and schooling*.

This cornerstone was inspired mainly by James and Prout's (1997) broader concept of learning and socialization as "contextual", which is a more open, descriptive and culturally sensitive approach to learning as social production of order, conventions, norms and values, and that can provide a more nuanced knowledge about meaning and significance of schooling at the level of subjects.

- *Research in professional and institutional pedagogy* is an interdisciplinary research tradition, focusing broadly on problems related to the working market and professional education institutions, and carries theorists such as Barth, Mary Douglas, and M. Foucault with theoretical themes such as “Processes of disciplination”, “normality”, “discourse” and “institutional governmentality”.

Findings

This key note paper discussed the formal and informal ways through which teacher students at Kenyan teacher education institutions are socialised into being future health agents. The presentation was based on a Post.Doc.-study that had taken place in Central and Eastern Province of Kenya from 2009-2010 during a period of 17 months, and included five Teacher Training Colleges (TTC). Mostly qualitative data collecting methods such as participant interview, semi-structured interviews and informal conversation, combined with document analyses was employed, but also a quantitative questionnaire distributed to 3.145 first and second year students at the five TTC's contributed to the body of data.

The paper discussed how students at the teacher training colleges are exposed to different health discourses. Here was discussed, that not only the formal curriculum but also – and especially – the informal health education curriculum plays a major role in moulding teachers as future health agents. In this presentation was focused on how teacher students learn about health in more informal ways at TTC, and hence that teacher students during their stay at Kenyan Teacher Training Colleges become subjected to health learning in more hidden and invisible ways. In other words, there is a “hidden curriculum” as far as health is concerned at TTC. Students learn about health in health lessons, but here it is mainly the “biomedical” understanding of health, that is communicated. For instance, how is HIV/AIDS transmitted, and which drugs can cure malaria. In this formal health discourse, which largely covers topics within biomedical health knowledge students are taught aspects of biomedical health, for example, the different modes of HIV/AIDS transmission. This kind of knowledge is majorly used for the examination purposes where the students use the knowledge gained in answering questions in examinations.

The second discourse of health education was an informal health education discourse which could be referred to as “structural health”, and which was conveyed in the structures and health services provided at TTC. It was argued that this discourse in more tangible ways influenced the health of the students. Here was argued how students during their stay were exposed to various health situations, for instance overcrowding in congested dormitories, lack of medical health services from the college nurse and matron, use of run-down and sparse sanitary facilities including a continuously in a number

of TTC's lack of access to water. This would make it easy for the spread of communicable diseases among students. During the rainy season, the water from the pit latrines for instance could overflow into the dormitories and making the students mattresses. Polluted water that had overflowed from the pit latrines would make students become sick. At other instance was reported, that at times when there was no water in one of the study colleges, the students would bathe in a nearby river to the college, which however also carried cloak-water from the neighbouring household. Students reported that they learned to bathe in the river when there was less "pollution" in terms of household and latrine waste in the river, and thus used the water in the river as an alternative source for health facilities due to lack of other options for other sources of clean water. At one college, the students were accommodated in triple bed bunkers, and the beds were so close that students at night had to crawl over up to eight beds before they could reach their own bed. Since there was no storage facilities for clothes, study items and private items, students had to sleep in their beds with their suitcases. Shoes were tied by their laces just above the sleeping students. Many dormitories provided as little as less than one square meter room per student. A health and illness survey at two TTC's demonstrated that there virtually seemed to be a connection between the health conditions, in which students lived, and the number and kind of illnesses and diseases, in other words: Students virtually became sick of the living conditions at college. At the end of the semester, more than 1/3 of the students reported that they suffered from one or more communicable diseases such as tuberculosis, pneumonia or amoeba compared to the beginning of the semester. Students also suffered from mental illnesses. "Hapa-hapa" syndrome was reported by up to 1/4 of all students due to stress in the classrooms and congested dormitories. "Hapa-hapa" is a Kiswahili word meaning "here-here" and which in this case referred to a number of more indefinite symptoms, which could be attributed to mental health such as stress related diseases. However, the students also reported that life they experienced in the college also has made them "drought resistant" and that they were now able to cope with what they considered "a harsh life out there", in the years after their education at the college.

However, from the side of the institutions could also be observed great efforts both on the administration and on the students in trying to maintain high standards of health in terms of cleanliness and "keeping order" in the college. In one of the teacher training colleges, the blankets were neatly arranged in the store which showed a great effort in maintaining healthy environment. The students also had their own rules of not entering with the slippers inside the dormitories. In one of the student's dormitories door, the students leave their slippers outside the door when entering the dormitory.

Moralistic health education was a third informal discourse of health education, which sourced in the structures of many TTC's. Here it was documented, how students were subjected to far more concealed health information that targeted the moral especially the disciplined bodily behavior of the students. In this discourse, bodily discipline, morality, and Christianity would intermingle and create a single health message that could be contained in the message "abstain": For instance, in one students' guide book at one TTC was written, "Female students, who wear indecent clothes will be punished and the clothes confiscated". In another students' guide book the students were told the following: "Do your best and God's blessing will be upon you". Students at several colleges had reported how tutors and deans observed and reported to the principal and deputy principal of the colleges, whether female and male students were befriending. This could result in expel or dismissal from the college. Even holding hands between the young men and women is an action that is punished. This hidden curriculum combines biblical messages, which results in a kind of "health moralization". Since at many TTC's up to nearly one thousand young adolescent men and women are put together on a relatively small area, and are daily confronted with each other in classes, it is difficult to "abstain". Unwanted pregnancies, illegal abortions, and young female students carrying their pregnancies through at college in secrecy therefore are a big problem at many TTC's. Yet disciplining students for something students think of "is just natural", is also considered a big problem. As much as administrative personnel are aware of that teacher students are "just like any other group of young adolescent for instance the same group of young people as the students at university", as one principal confessed, then the current structure of TTC can not cater for pregnant students and students with families, and therefore an informal health message of many TTC's is discipline students' bodies.

In spite of the institutional efforts to moral discipline, the study also documented that the students had an active and vivid students' life that took place both during class hours and students' free time ir-regardable of how the students' time was seeked to be administered within the structure of the college. The discourse of students' everyday romance that represents the students life at the college is seen as an opposition against the institutions emphasis on good moral behaviour and where the students every day life was closely monitored, controlled and any deviation from the college rules and regulations punished. Female students and male students were not to visit each other in the dormitories and any relationship between the female and the male students were closely monitored by the tutors. Students found a way of negotiating the college rules and regulations that emphasised good moral behaviour. Modernity and "modern ways of living" played a major role in how and why the students appropriated the discourse of everyday romantic life, which also influenced their health situation and they was health was played out in the college structures. The students could be observed holding

hands as boy-/girlfriends inside the classroom but once the students got out of the classroom, the male students would walk some distance in front of the female student. The students also reported "helping themselves in the bush at night", and in the students' dormitories, the everyday romances could be identified in the numerous wall charts and inscriptions displaying romantic messages of other types of life, that what the college structures seemed to legitimate. As much as students through this discourse experienced their life at college as liberating and empowering them with a knowledge about being exposed to a wider society, this discourse also represented and a negative health influence on the students. Unwanted pregnancies leading to illegal abortions at back-street abortionists or fatal mother- and child health in case a pregnancy would or would not be discovered.

Conclusion and recommendations

The study concluded that students at Kenyan TTC's are exposed to a number of different and opposing discourses of health that affects their health in various ways. The study concluded that there is need to focus also on the informal health education that students are exposed to because it has an immense effect on students' health – both in the way students experience factors that influences them, how their bodies and physical health becomes influenced, how they learn about health and finally how students practice health. "Situated learning" is one way to understand how students' learn and become competent in health in the context of TTC: Through the way students lived and learned at TTC, they became competent in a more diverse and complex way than what learning processes initiated from the formal curriculum seemingly resulted in. Being exposed to a complex and demanding field of health discourses make students become "critical" and "conscious" about possibilities of navigating in a complex field of health. However, the study also illustrate the need for a more state-of-the-art health education curriculum – not only in terms of formal content taught during health education lessons, but also in the whole way the institutional setting of teacher education currently is laid-out, regulated and the structural and moral conditions under which Kenyan teacher candidates of today are produced.

4th Plenary Presentation:

An investigation into gender perspectives in teacher training: The case of Igoji Teachers Training College.

By Felicity Kuri, M. A. Gender and Development, Institute of Anthropology, Gender and African Studies, University of Nairobi, Kenya.

Background for the study

The study sought to investigate gender perspectives in teacher training, address issues of teacher's personal and professional orientation in order to facilitate the understanding of how gender discrimination takes place in schools and the teachers' roles in addressing it. The study looked into how the teacher training changes the attitudes and experiences of student teachers and how this might lead to a change in attitude of the children for instance to them overcome gender bias in the community. This is very important in a way that gender has a lot of impact on health, especially on the girl child.

Aim

The aim of the study was to examine gender ratios in science and arts subjects and the challenges of gender responsive teacher training programs. The background of the study was informed by the fact that gender disparities continues to exist and gender responsive teaching and learning environment are mandatory.

Methods

The data was collected through the survey method, focused group discussions, key informant interviews and by direct observations.

Theoretical framework

The theoretical frameworks which informed the study focused on two major theories, social learning theories and feminist reproduction theories. The social learning theory is based on the argument that human behavior is based on observation, reinforcement and modeling. The feminist reproduction theorists argue that society has embodied the historical structure of Masculine order in form of unconscious scheme. This has become part of us. The aim is therefore to break out this cycle.

Findings - Conclusion

The presentation further reiterated that teachers are crucial in the delivery of the curriculum and that teachers play a role in propagating gender inequalities in education. There is therefore the need to empower teachers and support teachers for gender equalities. All these are connected to the role of teachers in propagating the inequalities. The findings of the study was that in staffing, there are more males in the college as compared to the females, there are demographic characteristics that influenced the enrollment of the students in TTC and that both internal and external factors had a bearing on gender in the intuitions.

Recommendations

The study recommended that there needs to be further research in primary teacher training colleges in the country in relation to health, gender studies to be made a core subject in teacher training colleges, there is need for gender policy at institutional level, Primary teacher training certificates should promote personal and professional growth and mentorship programs be established at the institutional and national level.

5th Plenary Presentation:

The role of the teacher in promoting good sanitation practices-Theoretical perspective.

By Isabella Kamere, Lecturer, Department of Educational Foundations, Kenyatta University, Kenya.

Background of the study

The background of the study was, that primary school teachers in the Kenyan community is looked at as the epitome of progress. That is why they are referred to as "mwalimu". One important background of the study was that diarrhea as a single disease kills approx. 2.2 million children every year. There is more public funds used to treat malaria and therefore this can easily be avoided by proper use of toilets. The current study therefore explored ways of changing sanitary behavior like hand washing and the use of toilets.

Methods

Locations of study area: The study area was Kitui County. The reason for selection of Kitui County was that Kitui County is a rural setting with poor infrastructure and therefore when a person falls sick, for many it becomes difficult to reach hospital in time. Furthermore, there is a shortage of staff in the hospitals to cater for the patients, as well as lack of water in the area which is essential for maintaining good hygiene. The study area was also chosen because there is a high level of poverty and many people cannot afford items such soaps, toilets and basic needs treatment, which are regarded "luxury items". The meaning of sanitation was explained as excreta disposal, excluding other environmental health interventions. This exclusively focuses on the usage of safe toilets.

Findings

In the study a detailed analysis of current sanitation practices in the study area was conducted. Findings were that the sanitation practices and knowledge of sanitation practices are culturally, socially and economically constructed. Also local social and cultural hierarchies of age, gender and genera-

tions influenced the sanitation practices of people. For instance, many women refrained from using a local built latrine because it was not sufficient protected from the surrounding area, and other people were able to view the user through the thin clothes, that protected the latrine user from the surroundings. The study found that in a community, influential individuals such as a teacher can use the many different approaches in promoting sanitation, which will target learning among children and others in a more complex way that will result in better learning, for instance:

- Use street theatre to encourage sanitation practices.
- Participate in constructing toilets in the traditional community-use traditional Mwethia or “working together” effort.
- Can also use “chamas” or Merry-go-round.
- Teach and lead by example-construct and use clean toilets
- Participate in activities where parents bring water to school- This can be to offset some shortages.
- Use “barazas” and market days to disseminate information.
- Use door to door visits-use guided tours households with latrines.
- Persuade the communities to adopt good sanitation practices.
- Use locally available materials to construct toilets and pit latrines like blankets, leaves e.t.c.

Conclusions and recommendations

In conclusion, Isabella Kamere noted that combating diarrhea and related diseases means involving the whole community in better hygiene and sanitary behavior. The role of the teacher in health promotion is therefore key in the community. Prevention is therefore better than cure, and the learning strategies sketched out above was one way of incorporating a more complex view on sanitation practices.

6th Plenary Presentation:

Challenges of Developing Curriculum for Health Education in Kenya

By Olive Wambui, Senior Curriculum Specialist, Kenya Institute of Education

Background

In the introduction to the presentation was noted that there is no clear policy on Health Education. There is a concern that there is no interaction between the Kenya Institute of Education (KIE) who are mandated to develop curriculum and the Ministry of Education who are the health experts in the government.

Aim

Aim of the presentation was to highlight some of the theoretical, practical and logistic problems surrounding the planning and implementation of Health Education - from the perspective of an educational planner.

Findings

The paper dealt with the challenges of developing a health education curriculum in the primary education syllabus, as experienced by one of the key agents in the area – a health curriculum specialist from the major semi-autonomous organization (Kenya Institute of Education), who are responsible for developing aims and content of syllabi and textbooks for the primary and secondary level of education in Kenya.

In the paper was presented, that until 2002, there was no educational goal that focused on health issues. It was only during this period that the curriculum in the primary syllabus was rescheduled to include also health education as a topic. Today, one of the goals of education relate to health education, i.e. goal number 8, which states that, "Education in Kenya should promote positive attitudes towards good health and environmental protection."

One of the major challenges as experienced by the curriculum specialists was that curriculum specialists and subject specialists who develop curriculum are not trained specifically on health issues in their pre-service training. This therefore is a challenge to develop a curriculum for health education. This is also evidenced by the fact that even if health is very important to the nation and can be regarded a motor for development and welfare for its people, then there is no stand alone subject that articulates health issues. Health education in the primary as well as secondary education syllabus is but one of a unit, theme, topic or sub-topic in some subjects such as for instance Home Economics, Science or Physical Education, etc. The marginal position of Health Education in syllabi – also in teacher education syllabi – make it difficult to develop a more comprehensive health education syllabus and also to direct learners and policy makers' attentions to the important area. Further, there is no advocacy and support from actors involved in Health Education and Health Promotion to capacity build curriculum specialists or lobby for the health issues to be included in the curriculum.

Conclusion and recommendations

In conclusion, the current education system largely encourages learning for regurgitation at exams time. Further, much examination and evaluation (testing) also in health education at both the primary/secondary as well as teacher training level as well is cast out as multiple-choice exams, where learners are left with a few – closed – possibilities of entering their answers. This way of examination encourage rote-learning and discard the complex nature of health and health problems. It also takes a less active position in the fact that learning about health is a complex matters, that implies a cross-disciplinary learning of a topic or theme, that is cultural, social, biological and economical founded, and as such requires a more multifaceted approach to learning that what can be included in multiple-choice testing. Health Education should be a major area of focus in education in spite that many of the competencies and qualities a person can achieve by learning about health are not examinable.

7th plenary presentation:

Policy perspectives on Primary Teacher Education

By Leah K. Rotich, Director of Basic Education, Ministry of Education, Nairobi.

Background

The presentation started out by stating that the Ministry of Health should be involved in health education in learning institutions, since education – in any form, traditional or modern – shapes the future of a society. Teacher Education is a dynamic process usually influenced by changes in society which tend to create new demands. The educational policies therefore need to be reviewed in line with changes in the society. In this respect teacher education is crucial in the education system, since it educated primary school teachers to the task of educating the masses of the Kenyan population.

Teacher education currently entails communication skills and professional attitudes and values in which teacher students are trained in during their two years of study. The goal of these skills and attitudes is to enable the teacher candidate to adapt to the environment and make use of skills in schools.

The Koech report from 1999 emphasized social changes and therefore the need to develop new policies to address these changes in the society. The Kenyan Education Sector Support Plan 2005-2010 (KESSP 2005-2010) also indicates that teacher training is important for the input into education. “Vision 2030” also states that Kenya will provide a globally competitive quality education that includes

teacher development. All these seek to address teacher development and the important role that a teacher plays in teacher education.

Findings

Seven challenges facing teacher education in Kenya were highlighted. These were noted among other:

- Certain sectors of education have higher demand than others. This influences the allocation of resources. Some of the resources therefore do not go to teacher training.
- 85% of resources allocation to Teacher Education goes to teachers' salaries and therefore very little go to infrastructure or buying of books in the library. Allocation of funding to Teacher Education therefore is lessened by the above fact.
- Majority of teacher students come from financially strained background. This makes the college administration difficult especially on the issues of collecting tuition fees, since some students are not able to pay for the fees and the economical burden of educating them are left to the TTC's.
- Infrastructure: Many teacher training colleges are operated with run-down dilapidated facilities, for instance have less good equipped libraries and inadequate Information-Communication-Technology (ICT) libraries.
- Funds allocated to infrastructure development for Teacher Training Colleges in every year are inadequate, and can go to colleges with urgent needs.

Conclusions - Recommendations

The paper concluded that without adequate and appropriate teacher training, the quality of education would decrease. The Ministry of Education hopes to address this through the newly launched KESSP II, through which all educational programs are implemented. Good health is vital for the achievement of quality learning outcomes which are attained only with improved opportunities for equal access and retention. The government is committed to provide quality health care for children who make up about half of the total population in Kenya today. Among other, improved health allows better cognitive development.

In conclusion, the presentation emphasized that "Quality Health Education" is necessary in order to not improve health of the learners. But it is also necessary in order to produce a better learning and understanding of the children since improved health allows for better cognitive development.

8th Plenary Presentation:

The role of public expenditure on Teacher Training in Kenya

By Gladys Ngao, Adjunct Lecturer, Department of Educational Foundations, Kenyatta University & Paul Mugambi, Senior Chief Economist, Teachers Service Commission

Part 1, presented by Gladys Ngao:

Background - Aim

In looking at the historical development of teacher training in Kenya, initiatives to train teachers in Kenya dates back to pre-independence Kenya. In 1960, primary school teachers for East Africa were trained. Later on, there was an increase in demand for teachers.

To date, there are still some untrained qualified teachers (UQT). The Kenyan government sought the assistance of USAID to establish the correspondence course unit through institutions of adults studies in Nairobi college (now, University of Nairobi). 37,293 teachers who were employed as untrained teachers underwent the correspondence course. Court and Ghai (1974; reference lacking) report states that teachers who were found to be teaching well are those who had done the correspondence course and those not with high grades. They also asserted that the Kenya Junior Secondary Education (KJSE) done at form two levels was not the most suitable curriculum for improving teachers' professional skills.

Findings

Levels of teacher certification included P1, P2 and P3. Today, there is only the P1 certification which is also in the process of being upgraded by the government to a diploma programme.

The current qualifications for teacher training in Kenya are:

- 8 years of primary schooling with a pass.
- Kenya Certificate of Secondary Education (KCSE) with a mean grade of C-minus for P1-certificate courses, C-plain for Diploma courses, and C-plus for degree-courses.

Changes that brought the demand for teacher training are changes from a 4:4 to a 7:4:2:3 to an 8:4:4 system.

The Ministry of Education recruits teacher training trainees.

There are four dimensions of teacher training. First, stating that education should train human societies to efficiently perform their roles in society. Quality of teacher training has great impact on the four dimensions of education namely:

- Cognitive- Knowledge acquisition.
- Dialogical- communication is central.
- Normative- Provision of moral and ethical values in lives of learners.
- Creative- Equip trainees with adaptability skills and application of new circumstances.

There is still debate as to whether teaching is a profession or a calling. Some people still believe that teachers are the wives of government officials or other public officers, and this also influence the whole self-identification as well as “image” of the profession. In conclusion, nine issues in teacher training were presented:

- Wastage/Attrition.
- Feminization-Teaching is for females.
- Teacher mobility and transfers.
- High cost of training.
- Professionalism.
- Change in technology.
- HIV/AIDS.
- Grading system.
- Teachers are resistant to change.

Part 2, presented by Paul Mugambi

Background - Aim

Expenditure of teacher training is a main factor influencing how teacher education today looks like. The paper presentation focused on two major areas, which was expenditure on teacher trainees and analysis of infrastructure.

Methods and theoretical framework

1. Per capita expenditure on Teacher Trainees

Per capita expenditure on teacher trainees where he argued that the government spends more on Diploma teacher students as opposed to P1 teachers. In the table below, he showed that since 2000, the amount of money allocated per each student in the P1 programme has been fluctuating, increasing or decreasing at different years. In contrast, the amount allocated to Diploma teacher trainees has been on the increase for the last 10years, since 2000 to 2010.

YEAR	AMOUNT PER TRAINEE.	
	P1 (Thousand Kshs).	Diploma (Thousand Kshs).
2000	10.99	77.88
2001	10.66	78.19
2002	9.56	67.59
2003	20.72	163.74
2004	19.34	180.16
2005	15.90	150.45
2010	14.00	165.00

2. Expenditure allocation to Teacher Education

In looking at expenditure allocation to teacher Education, Paul noted that there has been an increase in the amount of funds that the government allocates to teacher education. In the year 2000, kshs 157.39Million was allocated to teacher Education. Ten years later in 2010, kshs 390.63M was allocated to teacher Education.

An increase of 233.24M Kshs within a span of 10 years. This shows that every year, kshs 23M is added by the government to teacher Education.

As teachers increase, the government does not adjust the public expenditure accordingly. The government does not support teacher education as it is supposed to.

3. Analysis of infrastructure

Analysis of infrastructure

Year	Amount per college	Growth rate %
2008	6403.77	82.80

2010 5056.67

32.25

When the level of intrastate goes up by 100%, the government adjusts its expenditure by 0 %. This explains the reason why infrastructure in the teacher training colleges is dilapidated with poorly stocked libraries and overcrowded dormitories. This is because the government does not adjust its expenditure accordingly as the number of students increase.

The adjustment of expenditure to teacher Education is however politically influenced with high expenditure allocation during election periods and very low expenditure allocation during non-elections periods.

There is a mismatch between supply and demand. The demand for teacher training is high but the opportunities remain the same. The government should be able to allocated funds to teacher training to develop the infrastructure since there is an increase in the number of students.

9th Plenary Presentation:

Becoming a Teacher at Kenyan Teacher Training Colleges: Motives, Competencies and Professional Identity Formation (Work-In-Progress).

By Kari K. B. Dahl, Assistant Professor, Department of Curriculum Research, Aarhus University, Copenhagen, Denmark, and Ken Justus Ondoro, B.A Sociologist, University of Nairobi, Kenya.

Introduction

This work-in-progress paper presented data from an on-going study largely based on questionnaire data distributed to 3.421 teacher students in five TTC's in Central and Eastern Province of Kenya. Background of the study was, that teachers' professional attitudes and senses of professionalism play a major in role in how they exercise teaching, once they have completed their two-year course at TTC.

Aim

The aim of this study was to explore to which degree teacher students change their attitudes and competencies through the years at college – understanding their participation in education as a way of socialisation.

Methods

The data was collected by distributing a structured questionnaire to five teacher training colleges in Kenya at their point of entry (first year students) and their point of exit (second year students). This allowed for a comparison for to which degree teacher students develop other skills, competencies opinions and understandings of their teaching professions, and how it influenced their educational competencies. Which was distributed to the students when they first come to the college in the first year and then distributed later on to the students when they were completing their course in the second year? The questionnaire sought to establish the reasons why students come to teacher training colleges and how they change their attitude towards the teaching profession from the time that the students report to the teacher training colleges in the first year the first semester, to the time when they finish their course after two years being in the college. The questionnaire focused on three different aspects of teacher professionalism:

- Motives and reasons for initially choosing the teaching profession.
- Opinions about the teaching profession.
- Professional skills and competencies developed during the two years at TTC.

Findings

Presentation part 1, data from the qualitative study of teacher students' perceptions and understandings of the teaching profession, by Kari K. B. Dahl

Students come to the college with different intentions and future dreams. With these intentions and future dreams, four major groups of students in the teacher training colleges were identified in the first year of study. These groups were identified as follows

- “Teaching as a calling”: These are group of students who feel that they were born to be teachers and this being teachers were put on them by a high power somewhere that they can't explain. They believe that they are in the teaching profession to serve the children.
- “Teaching as a stepping stone”: This is a group of students who feel that they are in the teaching profession just as a way to get to another level where they desire to be in the future. To them, they will never be teachers for life and even if they remain in the teaching profession, then it will be at a higher level than the primary school.
- “Teaching as the last resort”: These are a group of students who have come to the teacher training colleges because they had no any other options.

- “Teaching as a passing through”: This is a group of students who for some reasons find themselves in the teacher training college for a number of other reasons, mainly with the view that they want to explore later what the years at college can bring them in their professional as well as personal life after completing the college. To this group of students it is not about lack of funds or any other thing to do, but they come to the college either not disappoint their parents when the mother wants her or him to do something else and the father also wants another thing. The student then chooses teacher training college in order to be neutral to both parents and not be seen as taking sides.

In the second years of the study, all these group of students tend to be more into teaching and they start appreciating teaching as a profession. Even those who are in teaching as a stepping stone would still like to remain in the teaching profession.

Presentation part 2, Statistical data from the questionnaire study at five TTCs, by Ken J. Ondoro

40% percent of students reported that the reason they come to teacher training college is because of financial reasons. This brought out the fact most of the teacher students come from a relatively not well off families and therefore they could not afford any other education.

0.4% of the students feel that they are becoming teachers because teachers are well respected persons. In the last ten years, the teaching profession was respected and teachers were highly held. The reason for this decline in respect for the teaching profession among the students is because of the current challenges that teachers have been exposed in current times in Kenya. One of the challenges is the low salary that has not been reviewed for the last ten years. Another reason for the decline in respect for the teaching profession is because of modernity and the emergence of more lucrative and better paying jobs that appeals to the youth today.

In **conclusion**, there needs to be a review on the terms of service of teachers and the long standing salary review to be put in motion. This stand off has been the reason for the recent strike by teachers in Kenya in demand for better services.

Panel Discussion

Chaired by James E. Otiende, Isabella Kamere, Rachel Kaki Nyami and Kari K. B. Dahl

Professor James E. Otiende from the Department of Educational Foundations, Kenyatta University started the discussion by saying that he is intrigued about the issue of the missionaries and its emphasis on teaching obedience, an aspect that was captured in the presentations that were made. He continued by saying that even in the contemporary society, people still fear being critical and raising consciousness and that this has been informed by colonialism. People still take it as a favor to be where they are. This does not bring any value addition because people see that to question where they are is said to be radical and not being obedient. He called for the need of the education to develop critical thinking in people. Professor Otiende also raised a concern that the government is seemingly leaving teacher training to the private sector but it doesn't want to say so. This is because the education sector has been left to businessmen who are not interested in the quality of education but rather in making profits. James E. Otiende further noted that as far as health education is concerned, we have retarded. There has not been any major development in the area of health education in the Kenya.

Dr. Wilfred Subbo, from the Institute of African Studies, University of Nairobi noted that a big problem in health and Education in Kenya is rooted in the national infrastructure. Infrastructure mainly logistical and material/lack of resources is even a problem at the university. He pointed out that even in the University setting where he is a lecturer, there are congested lecture halls where the students crowd during lectures. This, he says, can even create a conducive environment for the spread of communicable diseases like tuberculosis to spread easily among the students. He called for more funds to be allocated to infrastructural development in learning institutions.

Dr. Rachael Kaki Nyami, from the Department of Educational Foundation, Kenyatta University indicated that there is need for a more comprehensive education. In the past, the focus has been on behavior modification approach as opposed to giving children a chance to think and act in relation to HIV/AIDS. She raised a concern of how long are we going to stand and watch HIV/AIDS ruin our society? When will the research move to the policy levels and influence policy? She continued that we seem to be swayed very easily with the donor funding from donor agencies and this is because as researchers in Kenya, we do not have an agenda. We need to have our own research agenda so that we are also able to Influence donor funding towards our own directions.

Dr. Isabella Kamere, from the Department of Educational Foundations, Kenyatta University started by asking a question whether the government is really serious with education? What is that will drive Kenya to vision 2030? What is that will help in the eradication of diseases? The government is trying to make education a business, it has been left in the hands of the private sector. Has the government taken an interest in checking all these? Where is the supervisory unit? She called for a diversity when looking at the health problems saying that most of the studies have focused on HIV/AIDS despite the fact there are many health problems facing this country. Problems like diabetes, malaria and emerging everyday diseases are some of the major health problems facing the country. She concluded by saying that without education, there is no development.

Paul Mugambi, Chief economist, Teachers Service Commission noted that there is a mismatch between implementation and policies. There is no effectiveness of the policies that are rolled down from the Ministry of Education. On infrastructure, besides the money that goes to teacher education, Let us also be used to develop teacher training colleges. Let us try to be more proactive in establishing teacher education. In our old days, we knew that if you want a very clean cup and a clean environment, go to a teachers' home. Teachers are important in making a better Kenya.

Paul Mwongera, Deputy Director, Basic Education, Ministry of Education contributed to the discussion by indicating that education is both a private and social investment shared by learners and family. The giant share of our funding went to Basic Education where the government pumped 180 billion in the last years budget. Higher Education received 30 billion. The higher percentage of this money allocated to Basic Education goes to salaries and Free Primary Education. 9 years ago, primary teacher education used to receive 170M. This money would be used to give grants to the colleges to pay salaries for the non-teaching staff. USAID came to support the teacher Education but focused on building capacity in the area of ICT. Education cannot be left to the government alone. It affects the life of each and everyone of us. The bigger chunk of government funding also goes to Health and Nutrition at the Ministry. The Ministry of Education provides food in primary schools in arid and Semi-Arid areas and a lot of money is pumped here (school meals health and Nutrition). The government also dispense drugs in the primary schools.

Gladys Ngao, from the Department of Educational Foundations, Kenyatta University added to the discussion by asking what is the next step after the conference, what is the way forward.

The way forward – preliminary conclusions and perspectives

The conference concluded with majority of participants agreeing, that health learning at TTC's is something that needs to be regulated further at a policy level as well as at a local level and among "users" such as tutors, students and administrative personnel at TTCs. Not only the formal curriculum, but also the teaching methods and the more hidden ways, that health is communicated and influences teacher students' health competencies as well as their own, physical and mental health status. Many participants expressed that more science based conferences should be held, where participants from different fields such as the government and the university world could meet and share experiences and ideas.

The findings and reflections from the different participants will be summarized in an internal report. A book covering the conference proceedings is also planned, with the view to communicate findings to a larger audience. The findings were meant to influence the policy. Educating teachers and using education as a route to development is a main vehicle in reaching Vision 2030. Therefore the issues discussed at the conference are highly relevant. As one of the conference participants declared during the plenary discussion: "Health should be given a much more prominent role in teacher education, as it is direct link to develop our country."

The participants agreed that the way forward is to publish the presentations and the findings of the conference in order to reach the International audience as well as the policy makers so as to inform educational and health policies for a better tomorrow. The participants also agreed that there is need for such conferences to form a convergence point for research and policy. This was suggested that there is need for more conferences of the same kind that brings together the policy makers and the researchers together.

Recommendations

To the policy level:

- The Ministry of Health to be involved in health education in learning institutions. Since the Ministry of Health is the professional body in the country that addresses health matters.
- The need to allocate more resources towards the development of infrastructure in learning institutions. The reason for this is that there is a consistent increase in the number of students tertiary colleges and higher learning institutions. This increase is putting a lot of pressure on the existing infra-

structure like libraries and lecture halls and therefore the need for expansion in order to accommodate the increasing number of students.

- The need for the government to regulate the private colleges that are run like businesses. There is a high increase in the number of private teacher training colleges in the country for the last one year. These colleges are run like business where the focus is not quality education but making profit. In some of these colleges, the sanitation level is very low and the students are congested and this influences the health of students negatively where the students contract different diseases that are also spread easily from one person to another.
- More conferences or other “learning fora” that can bring together different stakeholders in health, for example, the field of policy makers and researchers. There is need to bring together all stakeholders in health, that is, at the policy and at the research level and this can only be done through organization of such conferences.
- Create more Diploma Teacher Training Colleges. The current two Diploma colleges are not adequate for the country.
- Curriculum specialists need to be trained on health issues. Curriculum specialists are responsible for the development of health education curriculum and therefore there is need that they have the knowledge in health.
- A more clear policy to be developed on health education, which include perspectives and guidelines that actually incorporate contemporary health problems in a way that go beyond the message of “abstain” and target solutions and actions, that are feasible for students.
- The current situation at TTCs provides what could be called “a contested battle field” between health moralization. Sourcing form the college, and then students’ everyday romances. This might result in “risky health practices” and poses concrete health problems for students. TTC’s in Kenya of today are settings of contested interests with a vast amount of different actors living and working in and around TTC. The concrete analysis of health problems and health education provided at a both formal and informal level in many TTC’s demonstrate the need for enlarging the possibilities for students to exercise and incorporate their everyday lives in a less “moralizing” everyday context at TTC. Further, students need to learn and be “equipped” with concrete and do-able tools and solutions to deal with risky health practices and other health problems in their everyday life. “Abstain” is not the only solution.

To the level of Policy and Curriculum implementers:

- To adopt a broad focus of health education and not only concentrate on the formal health education taking place in class but other informal health education in the learning institutions

- To adopt a broad focus on the health problems in Kenya and to stop focusing only on HIV/AIDS as the only health problem facing Africa
- The need to develop strategies for quality health education in learning institutions
- Developing Participatory approaches to health education as this enables the students to think and act on their own, with the view to enable students to become action competent in health in a more critical and complex way than the current formal curriculum seem to imply. The current HE curriculum is relatively flexible as what teaching and tuition methods should be used in the every learning situation. Therefore it could be an advantage to involve students more and make health lessons meaningful to them, for instance to vary teaching methods (use more different approaches to learning e.g. role play, excursions, resource persons), reconsider the overcrowded content in the syllabus, incorporate lay health knowledge etc.

To the level of the students:

- Teachers play important roles in health in the village and therefore the need to develop health competencies – this implies a continued efforts also from students to direct their attention at cross-curricular themes and aspects such as health education and health promotion, for instance in their future positions in primary schools.
- Teachers have a role to play in eradicating gender discrimination in schools, and need to be more attentive on the part of gender and gender imbalances, especially on how to diminish “gaps” cause by gender aspects.
- Teacher training colleges are institutions with limited structural possibilities to accommodate everyday life such as intimate relationships, issues connected to extra-marital relations. At one level, students’ everyday lives provide a forum for learning about health. But since the current structure at TTC do not cater for instance students with families, pregnant students or family life in general, students need to adjust their expectations and orientations within the institution of TTC.

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