

Educational policies and teacher practices in Kenya

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The health situation in Kenya is one of the poorest in the world. The country registers values below all three WHO health-for-all targets (WHO 2006). Western Kenya is particularly affected with high HIV/AIDS, malaria and child and maternal mortality rates. Schools are important because they are institutions most children in Kenya attend regularly. Teachers play crucial roles in implementing health promotion measures at the local level as one of few local professionals in rural areas. In practice, however, the learning environment in many schools is abstract, theoretical and hierarchical. Teachers lecture with a top-down teaching style, which leaves children passively to learn by rote. This influences children's possibilities for participating in their own learning processes and thus limits their access to gain action-oriented knowledge, which can help them to become active and competent in health (Dahl 1999, 2006). This has been identified by the government as a pressing problem and an impediment to deep reform of the education system (MOE 2006, MOEST 2005, 2006). The challenge is to center children in the learning process, and change the learning situation into one that is more inclusive and participatory. The concept of action competence (AC) is a practical strategy to realise this ambition and make children active, competent and self-reliant in managing their own health situation (Jensen 1993). With AC I mean participation, action, possibilities for social change, and a broad and positive valorisation of health. This paper suggests looking at the actual educational practices in schools and the "norm supporting" structures including policies that lead to such practices, with a focus on teachers' competencies....

Full text:

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