

Linking the level of awareness on life skills education with sexual behaviour among secondary school students in Kenya

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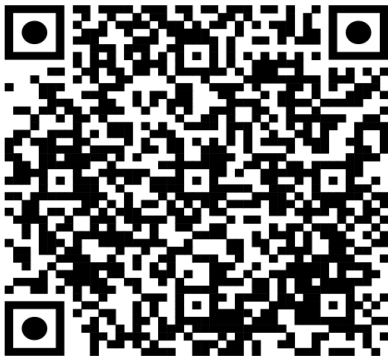
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Abstract

The study sought to explore the level of awareness of LSE in secondary schools and its influence on sexual behaviour. Using used Ex post facto research design, data were collected using questionnaires and an interview schedule. The target population was 20,227; the accessible population was 3,568 Form 3 students in the seven sub-counties. Multi-stage, probability proportionate to size, purposive, stratified and simple random sampling was used to select 378 students, 21 teachers, 21 school principals and 7 education officials'. The questionnaires were validated through piloting. Reliability was tested using the Spearman-Brown Prophecy formula after a pilot study. Data were analysed using both descriptive and inferential statistics. Study findings indicate a strong relationship between the level of awareness of LSE and students' sexual behaviour. Those who had high levels of awareness abstained from sexual activities. The majority had a moderate level of awareness. The findings indicate that LSE is partially being implemented in schools. There is a need to avail LSE in schools and strengthen policy action on the part of the government to ensure its implementation. It will assist stakeholders in evaluating and reinforcing school programmes to meet its objectives.

Key terms: Life skills education, students, sexual behaviour.

INTRODUCTION

The current cohort of adolescents in Kenya is the largest ever. To contribute to their full social and economic potential, they need the knowledge and skills to make the right choices about their sexual life. Ages 0-24 are critically formative years for the development of behaviour and skill of an individual. During this period learners in pre-school, primary and secondary schools face varied challenges, ranging from social, psychological and physiological, all of which need to be addressed. These challenges include negative peer pressure, gender bias, violence, early marriages, teenage pregnancies, indiscipline, early sexual onset, drug and substance abuse, rape, incest and the HIV/AIDs pandemic (KIE, 2007). In light of this, many international conventions and conferences have highlighted adolescents' reproductive needs.

Advocates worldwide recognise the need to address the political and social context in which young people make decisions about sex and reproduction. Globally, commitment to meeting adolescents' needs has never been higher. International conferences and agreements such as the 1989 convention on the rights of the child, the 1994 International Conference on Population and Development (ICPD), the United Nations World Program of Action for Youth to the year 2000 and 2001 U.N. General Assembly Special Session on HIV/AIDs have affirmed the young people's needs for information, Counselling, high quality sexual and reproductive health services (Rosen, 2004).

Against the background of these international agreements, to which Kenya is a signatory, the government of Kenya took a number of important policy steps to support the introduction of life skills education in schools. These include the enactment of The Children Act of 2001; Education Sector Policy on HIV and AIDS (2004); Sessional Paper No 1 of 2005 on Education, Training and Research; the Kenya Education Sector Support Programme (KESSP) (2005-2010); School Health Policy, establishment of Adolescent Reproductive Health and Development Policy (2003); National Youth Policy (2007) and Reproductive Health Communication Strategy (2010-2012). These policies provided an overall supportive political environment for LSE in schools. In addition, the government has also established several education

commissions, which recommended that LSE be incorporated into counselling programmes and infused into certain subjects.

Though it was first established on a national scale in Europe in the 1960s, developing countries introduced school-based life skills education in the 1980s. The emergency of HIV/AIDs gave many governments the impetus to strengthen and expand the LSE programme. Currently, more than 100 countries have such programs, including almost every country in Sub-Saharan Africa (McCauley & Salter, 1995; Smith et al., 2000; Rosen & Conly, 1998). U.N organisations such as UNFPA, UNESCO, and UNICEF have traditionally been leading international supporters for LSE. World Bank, through its intensified efforts to assist countries in fighting HIV/AIDs, has also become a major funder of LSE (World Bank, 2002). In addition, many other bilateral donors, private foundations, and organisations support and promote LSE worldwide.

Many countries now consider the development of school-based life skills as one important way to help students improve their reproductive health and deal with their sexuality. For example, in Thailand, the impetus of initiating life skills education was the prevention of HIV/AIDs, whereas, in Mexico and the Caribbean, it was initially the prevention of adolescent pregnancy (UNICEF, 2002). Key components in the programme included reproductive health knowledge, attitude and values, assertiveness, self-awareness, and negotiation skills, among other topics. These components play a key role in ensuring that students have adequate knowledge of reproductive health and have necessary life coping skills that they can use to reinforce and promote behaviours and attitudes that will lead to a better quality of life for students (AIDs population and Health Assistance Program APHIA plus, 2012).

Throughout the Eastern and Southern African region (ESAR), there has been a growing awareness that life skill education for children and adolescents has, for a long time, been largely neglected in formal education systems that have prioritised the impartation of academic knowledge. However, it has become increasingly clear that prioritising academic knowledge without the acquisition of psychosocial skills is an

inadequate way of preparing young people for the complex challenge that exists in our world today. Therefore, there is a need for the students to be enabled to develop positive values, attitudes, skills and healthy behaviour in order to help them effectively deal with the challenges of everyday life. The psychosocial challenges can be overcome through school-based life skills education (KIE, 2007).

Life skills education is defined as a long life process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. This study also included reproductive health. School-based life skills education is one of the most important and widespread ways to help young people improve their reproductive health. It can enable young people to make careful decisions about their sexual and social life; contribute to better health (reducing unintended pregnancies and sexually transmitted infections (STIs), including HIV (UNAIDS, 2011). Such programmes, if thoughtfully designed and well implemented, can provide young people with a solid foundation of knowledge and skills. The school setting also provides an important venue for the transmission of information and skills that can protect students against risky behaviours (Rosen, 2004).

LITERATURE REVIEW

Apart from school-based LSE, other organisations offering life skills education to adolescents in Kenya include; Lions Quest Skill for Adolescent Program for Secondary Schools, Faith Based Organisations (FBO), and AIDS, Population, and Health Assistance Program (APHIA plus). The programmes intend to expand the integration of LSE to schools using the already approved curriculum and trained teachers and be in line with the National School Health Guidelines from the Ministry of Public Health and Sanitation and Ministry of Education (MOPHS & MOE, 2009, APHIA plus, 2012). In addition, in collaboration with the Dutch World Population Foundation (WPF), the Centre for the Study of Adolescence (CSA) and the Ministry of Education did piloting on a computer-based sex education programme dubbed the “World Starts with Me” (WSWM) for young people between 12-19 years, in Kenya beginning early 2006. The program aimed to promote sexual and reproductive health and integrate HIV/AIDS and adolescent development into the school

system. The WSWM is an innovative approach which combines knowledge transfer, attitude development and skills building with training in computer skills (CSA, 2007). All the above programs aim to provide students with information to help them develop attitudes and skills to be able to make decisions based on reason and assess the risk and consequences of decisions and action is taken. When the programs are effectively implemented, they will complement LSE in giving students information on reproductive health.

Through its outreach program, the Centre for the Study of Adolescence has been implementing activities aimed at increasing access to RH and HIV/AIDS information among secondary school students in selected districts in Nyanza province. Activities have included recruiting and training youth peer educators and sensitising guidance and counselling teachers. Representatives of the peer educators were trained as trainers in basic reproductive health information and life coping skills. Peer education clubs were then established, and outreach programs to other schools were initiated. The goal of this project is to increase knowledge and encourage healthy relationships. All these groups have different programs that play a key role in promoting LSE in schools, enabling students to make informed decisions on sexual matters CSA (2009).

METHODOLOGY

This study used ex-post facto design and targeted Form 3 students, teachers, and principals in all public secondary schools. Education officers also constituted part of the population. The two counties have a total of 196 secondary schools; with an estimated total enrolment of 20,227 Form 3 students. Proportionate simple random and purposive sampling was used to select a sample of (378 students, 42 teachers and 7 MOE officials). Questionnaires and an interview schedule were used to collect data. Piloting was done in two schools to validate the instruments while the reliability coefficient was determined using the split-half method for accuracy purposes in which results were computed using Spearman Brown's prophecy formula, a reliability coefficient of $r = 0.764$ was obtained for student questionnaire and 0.832 for the teacher's questionnaire which was in line with the

acceptable reliability co-efficient of 0.7 and above trained and assisted in administering the questionnaires. Inferential (t-test and Pearson correlation coefficient) and descriptive statistics (means, percentages and frequencies) were used to analyse data.

RESULTS AND DISCUSSION

Student's Level of Awareness of Life Skills Education

Data from the field indicated LSE covers two major areas (dimension), reproduction and sexuality and contraception and sexually transmitted diseases/infection. Knowledge of reproduction and sexuality enables students to understand the biological changes taking part in their body, while contraception and STD/STIs is meant to educate them on the consequences of engaging in risky sexual behaviour. Therefore, the two dimensions were considered together to effectively assess the level of awareness about LSE among secondary school students in the study area. The study, therefore, looked at the two dimensions separately and cumulatively. The null hypothesis indicated that there is no statistically significant relationship between life skills education and students' sexual behaviour.

In order to measure the level of awareness of reproduction and sexuality, sampled respondents were presented with eight statements related to these

(Fraenkel et al., 2012). Research assistants were issues. They were required to indicate their degree of agreement or disagreement on a five-point Likert scale; strongly Agree-SA, agree -A, undecided-U, disagree -D, Strongly disagree -SD. The answers to each constituent statement were scored on a scale of 1-5, where one indicated the lowest and five the highest level of awareness. The individual statement scores were summed up to form an overall awareness for each respondent. The respondents' overall score varied between 12, indicating the least overall level of awareness and 60, indicating the highest overall level of awareness score. The higher the score, the higher level of awareness of LSE.

The respondent's level of awareness was captured by questions 8, 9, 14 and 17 from the questionnaire. Data from Table 1 clearly indicate that a large proportion of 320 (84.6%) of respondents confirm knowledge of menstrual and the numerous irregularities involved, compared to 58 (15.3%) who did not. The small percentage that may have no knowledge could be male respondents, who think this is a female affair and thus have no interest in it. On the other hand, a high percentage, 273 (72.2%), agree that sex for the first time can make one pregnant, which means they are aware of the consequences of pre-marital sex either through experience, observation, or knowledge gained from school or society.

Table 1: Students Level of Awareness on Reproductive Health Education

Response (percent)						
Perceptions	SA	A	U	D	SD	TOTAL
Have knowledge on menstrual cycle	169(44.7)	151(39.9)	0 (0)	48 (12.7)	10 (2.6)	378(100)
Can get pregnant when having sex for the first time	200 (52.9)	73 (19.3)	0 (0)	70 (18.5)	35 (9.3)	378 (100)

Abortion is dangerous	270(71.4)	64(16.9)	0(0)	14(3.7)	30(7.9)	378(100)
Adolescence undergo psychological emotional changes	283(74.9)	84(22.2)	0(0)	2(0.5)	9(2.4)	378(100)
Knowing opposite sex does not mean sexual intercourse	230(60.8)	121(32)	0(0)	12(3.2)	15(4)	378(100)

Source; Field Data

The overwhelming majority, 283 (74.9%), agree that adolescents undergo psychological and emotional changes; 334 (88.3%) agree that abortion is dangerous. This response can be attributed to personal observation, experience and knowledge gained from school and society. Abortion can lead to long-term consequences such as chronic pain, ectopic pregnancy and infertility due to infections. Infertility can bear serious social and economic consequences for young girls' futures. The findings of this study concur with previous studies, which revealed that about one per cent of women admitted to public hospitals die from abortion-related complications, and nearly 50 per cent of abortions occur in women aged between 14 and 24 (Moore et al., 2008). Another study carried out by the Kenya Demographic and Health Survey (KDHS) in 2003 in partnership with the Central Bureau of Statistics and Ministry of Health revealed that 48 per cent of abortions occur in girls aged between 14 and 24 years.

The study further revealed that 57 per cent of women and girls who procured abortions come from urban areas. The adolescents cite the stigma of childbirth outside of marriage, the inability to financially support a child and being forced to drop out of school as the main reasons they opt for abortion. Most experts agree that the high rate of abortion can be explained by ignorance of or lack of access to contraceptives and information.

Level of Awareness on Prevention of HIV/AIDS/STI

Respondent's level of awareness on the prevention of HIV/STIs was measured by questions 12, 13, 15 & 17. From students' questionnaire as indicated in Table 2. From the analysis, the majority of respondents, 248 (65.6%) agree they would seek medical assistance if they contract STIs, with only 39 (10.4%) disagreeing. This shows students are aware of the consequences of the diseases if not treated.

Table 2: Level of Awareness on Prevention and HIV/AIDS

Response (percent)	SA	A	U	D	SD	TOTAL
Seek treatment if contract STD	248(65.6)	91(24.1)	0(0)	23(6.1)	16(4.2)	378(100)
No cure for HIV	245(64.8)	78(20.6)	0(0)	2(0.5)	53(14.1)	378(100)

Condoms don't prevent pregnancy and HIV	103(27.2)	81(21.4)	0(0)	114(30.2)	80(21.2)	378(100)
Abstinence best way to prevent HIV/AIDS	299(79.1)	53(14)	0(0)	5(1.4)	21(5.6)	378(100)

Source; Field Data n=378

The majority of respondents, 323 (85.4%), agree there is no cure for HIV/AIDS, 352(93.1%) agree that abstinence is the best way to prevent pregnancy and HIV/AIDS, 236 (62.5%) disagree with the fact that unprotected sex can lead to pregnancy. This kind of response could be attributed to the fact that students have knowledge of reproductive issues but still go ahead to involve in risky behaviour. This is supported by social learning theory, which postulates that having information does not necessarily mean a change in behaviour for those who are sexually active. This might have triggered their curiosity, eagerness and zeal to know more about sex and pending consequences. These issues are also widely covered in the school syllabus.

Overall Level of Awareness of Life Skills Education

The researcher summed up the level of awareness on reproductive health, prevention and HIV/AIDS to come up with overall levels of awareness on life skills education. From Table 3, 45 (11.9 %) male respondents have a higher awareness level than 29 (7.7%) females. 181 (47.9%) males and 113 (29.9%) females demonstrated a moderate level of awareness, while 11 (2.9%) female respondents had a low level of awareness. On average, 74 (19.6%) respondents had a high level of awareness, and 294 (77.8%) had a moderate level of awareness. This shows the majority of the students had a moderate level of awareness, which cannot enable them to make good decisions on their sexual life.

Table 3: Cross Tabulation on Gender and Level of Awareness

Gender	High	Moderate	Low	Total
Male	45 (11.9)	181 (47.9)	0 (0)	226 (59.8)
Female	29 (7.7)	113 (29.9)	11 (2.9)	153 (40.2)
Total	74 (19.6)	294 (77.8)	11 (2.9)	378 (100)

Source Data Field n=378

This is attributed to a lack of factual and accurate information from reliable sources. Most of the information students receive from unreliable sources such as peers, media or personal experience. Such information is usually biased and aimed at luring them into sexual activities rather than informing them about the dangers of such activities. The students' cultural background also plays a big role in hindering the free and open flow of this vital information. Similarly, educators feel uncomfortable to give this information freely (FHI, 2000). The challenge is further compounded by the fact that the school curriculum emphasises teaching HIV/AIDS/STIs (based on

reference materials- videos, magazines- rather than on reproductive health and sexuality).

Relationship between Level of Awareness and Sexual Behaviour

The hypothesis of this study stated that there is no statistically significant relationship between life skills education and students' sexual behaviour. Indicators for Sexual behaviour include (age at first sex, frequency of sexual activities, and the number of partners if protection is using, the hypothesis was therefore tested in four parts. As indicated in Table 4. Pearson's correlation coefficient yielded an R-value of-.004 and a P-value of .045. On the basis of $p < .05$, the

null hypothesis that stated that there was no statistically significant relationship between the level of awareness and intimacy with the opposite sex was rejected. This means there is a statistical significant relationship between students' level of awareness and students' sexual behaviour. This indicated that students with a high awareness of LSE abstained from

sexual activities. This concurs with various studies done by Kirby (2011), Hitendra et al. (2012) and UNAIDS (2011), which indicated that LSE neither hastened the onset of intercourse nor increased its frequency but delayed the onset of sexual activities among adolescents.

Table 4: Relationship between Level of Awareness and Sexual Behaviour

Variable	Statistics	Are you in any sexual relation
level of awareness scores	Pearson Correlation	.004
	Sig. (2-tailed)	.045
	N	378

$r = -.004$, significant at .05

Relationship between Level of Awareness and Age at First Sex

The research sought to determine whether there was a relationship between respondents' level of awareness and age at first sex. To determine the relationship, a Pearson's correlation coefficient was performed. The results are displayed in table 5. As indicated, Pearson's correlation coefficient yielded an R-value of .142 and a P-value of .034. On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between the level of awareness and age when students had their first sexual encounter was rejected. The result indicates a statistically significant relationship between the level

of awareness and respondents' first sexual activity. The findings that a relationship existed between the level of awareness and first sexual activity concurs with past studies that point that increase in knowledge encourages healthy attitudes, develop skills and form or change behaviours of young people (Kirby 1999b; Leffert et al., 1998). In yet another study, the United Nations (Department of Economic Affairs) carried out 24 programmes in Africa to assess the effect of LSE on the timing of the initiation of sexual intercourse. Results showed that on account of LSE, 29 per cent of respondents had delayed the initiation of intercourse among young people (UNAIDS, 2008).

Table 5: Relationship between level of awareness and age at first sex

Variable	Statistics	Age at first Sex
Level of awareness scores	Pearson Correlation	.142(*)
	Sig. (2-tailed)	.034
	N	222

* Correlation is significant at the 0.05 level (2-tailed). $r = .034$ significant at .05

Relationship between Level of Awareness and Number of Sexual Partners

A Pearson's correlation coefficient was performed to test the hypothesis that there was no statistically significant relationship between the awareness level

and the number of sexual partners. The results are displayed in table 6. As indicated in the Pearson's correlation coefficient yielded an R-value of $-.049$ and a P value of .031 On the basis of $p < .05$, the null hypothesis stated that there was no statistically

significant relationship between the level of awareness and the number of people students had sexual intercourse which was rejected. The findings established a statistically significant relationship between the level of awareness and the number of sexual partners among respondents. The results show that when respondents have knowledge of LSE, they are unlikely to put themselves at risk by engaging in sexual activities with many partners. This concurs with

the findings of UNAIDS (2008), which assessed the impact of LSE on the number of sexual partners one had. After analysing 41 programmes, 16 (39%) of them reported a reduction in the number of sexual partners that young people had, whereas 25 (61%) showed LSE had no impact with regard to the number of sexual partners.

Table 6. Relationship between Level of Awareness and Number of Sexual Partners

Variable	Statistics		Number of sexual partners
level of awareness	Pearson Correlation	1	.049
	Sig. (2 tailed)		.031
	N	191	191

$r = .049$, Significance at .05

Relationship between Level of Awareness and Number of Sexual Partners in the Last Three Months.

A Pearson correlation coefficient was performed to test the hypothesis that there was no statistically significant relationship between the awareness level and the number of sexual partners in the last three months. The results are displayed in table 7. Pearson's correlation coefficient yielded an R-value of -.004 and a P-value of .476. On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between the level of awareness and the number of people students had sex with during the last three months prior to the study was accepted. Therefore, there is no statistically significant relationship between the level of

awareness and the number of sexual partners a student had in the last three months. This is contrary to a study done by the United Nations Department of Economic and Social Affairs (2011) to determine the influence of LSE in reducing risky sexual activity among adolescents and young people. LSE was found to reduce the frequency of intercourse, the frequency of unprotected sex, and the number of sexual partners. It was also found to increase condom and contraceptive use. Therefore, a life skills education programme does not increase sexual activity among adolescents and young people but generally results in increased knowledge about human sexuality.

Table 7: Pearson Correlations on Level of Awareness and Number of Sexual Partners in the Last Three Months

Variable	Statistics		Sexual partners In the past three months
level of awareness scores	Pearson Correlation	1	.037
	Sig. (2-tailed)		.476
	N	378	378

$r = -.476$, significant at .05

The study established that the majority of students had moderate levels of awareness of reproductive

health issues but high levels of HIV/AIDs/STIs. This could be due to the publicity it is given as well as their

own experiences. Those in urban areas were more knowledgeable than those in rural areas. This could be due to exposure to media as well as society being more open to life skills education than in rural areas where they are conservative. The study also established that there is a significant relationship between the level of awareness and students' sexual behaviour. Students who had a higher level of awareness of delayed sexual initiation reduced the number of sexual partners and practiced safe sex or secondary virginity if sexually active. Students expressed a strong desire to have them provided life skills education, especially on reproductive health and HIV/AIDs/STIs. They also desire to be equipped with skills to enable them successfully negotiate sexual pressure. The study uncovered overwhelming support for school-based education from teachers, officers, and students. The study established that the life skills education programme is partially implemented in most schools. The majority of schools in Busia County have implemented the programme, and even those that have not, have allocated time for the programme in their teaching timetable compared to Nairobi. Students showed that a combination of factors affects the implementation of LSE in schools, from the overcrowded curriculum, lack of enough time, inadequate content and resources, lack of confidentiality and judgmental attitude of the providers. On the other hand, teachers and education officers enumerate various challenges such as; lack of training for teachers, LSE being a sensitive subject, especially when handling different gender, lack of support from the administration and lack of commitment from the Ministry of Education.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions: Significant relationship was established between levels of awareness and students' sexual behaviour in Busia and Nairobi Counties. This led to the conclusion that students who have a high level of awareness delay sexual debut, reduce the number of sexual partners, reduce the frequency of sexual activities, use protection or practice secondary virginity if they had already started being sexually active. This study's results highlighted the limited information source for students in the two counties. The majority of students were in support of school-based life skills education as it provides them with an opportunity to discuss issues freely with the teachers. Schools also provide a safe context for young people to learn about themselves and the wider world. Evidence in the study shows that young people find it difficult to talk to their parents about sex and relationship. This makes access to LSE in school more important.

Recommendations: That timely life skills education should be made available to all secondary school students. Life skills education also needs to be delivered within acceptable social-cultural boundaries and norms. As an important venue for the prevention and development of early intervention programmes for in-school adolescents, schools should be updated with clear policy statements. In addition, life skill education should provide basic information on sexual development, behaviour and sexual health and focus on skill development and negotiation skills for combating sexual pressure and sexual empowerment.

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