Level of Awareness of Life Skills Education: It’s Influence on Sexual Behaviour among Secondary School Students in Busia and Nairobi Counties, Kenya

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ABSTRACT: Schools play a key role in imparting information on reproductive health and human relations to students. Adolescence stage can be a challenge for the young people, especially when they lack information to make informed decision. The stage has been characterized by early and increased premarital sexual activities among them. To address the challenges, stakeholders have agitated for introduction of school-based Life Skills Education (LSE) as a key strategy in promoting safe sexual behaviour among students. The current study assessed level of awareness on LSE in secondary schools. Using used Ex post facto research design, data was collected using questionnaires and an interview schedule. Target population was 20,227, while accessible population was 3568 Form Three 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 in two schools. Reliability tested using Spearman Brown Prophecy formula after a pilot study. Data analyzed using both descriptive and inferential statistics. Study findings indicate a strong relationship between life skills education and students’ sexual behaviour. Those who had high levels of awareness abstained from sexual activities. Majority had moderate level of awareness. Students demonstrated positive perception of LSE. The findings indicate that LSE is partially being implemented and faces a number of challenges. There is a need to avail LSE in all schools and strengthen commitment and policy action on part of government to ensure its implementation. It will assist stakeholders to evaluate and reinforce programme in schools to meet its objectives.

Keywords: Life skills Education, Students, sexual behaviour

I. INTRODUCTION

The current cohort of Kenyan adolescent 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 critical 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 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 HIV/AIDS pandemic (KIE, 2007). In the light of this, many international conventions and conferences have highlighted adolescents’ reproductive needs.

Advocates worldwide recognize 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 Nation World Program of Action for
Youth to the year 2000 and beyond, and 2001 U.N. General Assembly special Session on HIV/AIDS have affirmed the young people’s needs for information, Counselling, and 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 introduction of life skills education in schools. These include 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. The government has also established several education commissions, which recommended that LSE be incorporated into counseling programme and also 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 LSE programme. Currently, more than 100 countries have such programs, including almost every country in Sub-Saharan Africa (McCaughey and Salter, 1995; Smith, Kippax, and Aggleton, 2000; Rosen and Conly, 1998). U.N organizations such as UNFPA, UNESCO, and UNICEF have traditionally been leading international supporter for LSE. World Bank through its intensified efforts to help countries fight HIV/AIDS has also become major funder of LSE (World Bank, 2002) many other bilateral donors and private foundations and organizations 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. In Thailand the impetus of initiating life skills education was prevention of HIV/AIDS, where as in Mexico and the Caribbean, it was initially the prevention of adolescent pregnancy (UNICEF, 2003). Key components in the programme included reproductive health knowledge, attitude and values, assertiveness, self-awareness, negotiation skills among other topics. These components play a key role in ensuring that students have adequate knowledge on reproductive health, have necessary life coping skills that they can use to reinforce and promote attitudes and behaviours that will lead to 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 prioritized impartation of academic knowledge. However, it has become increasingly clear that such prioritizing of academic knowledge without acquisition of psychosocial skills is an inadequate way of preparing young people for the complex challenge that exist 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. In this study it 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. School setting also provides an important venue for transmission of information and skills that can protect students against risky behaviours (Rosen, 2004).
Apart from school-based LSE, other organizations offering life skills education to adolescents in Kenya include; Lions Quest Skill for Adolescent Program for Secondary Schools, Faith Based Organizations (FBO); and AIDS, Population, and Health Assistance Program (APHIA plus). The programmes intends 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 Ministry of Public Health and Sanitation and Ministry of Education (MOPHS & MOE, 2009, APHIA plus, 2012). 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 sexuality education programme dubbed the "World Starts with Me" (WSWM) for young people between 12-19 years, in Kenya beginning early 2006. The aim of the program was to promote sexual and reproductive health as well as integration of 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 decision based on reason, assess risk and consequences of decision and action taken. When the programs are effectively implemented, it will complement LSE in giving students information on reproductive health.

The Centre for the Study of Adolescence through its outreach program 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 the recruitment and training of youth peer educators and the sensitization of 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 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, thereby making students able to make informed decisions on sexual matters CSA (2009).

II. METHODOLOGY

This study used ex-post facto design and targeted Form Three 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 enrollment of 20,227 Form Three 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, reliability coefficient was determined using split-half method for accuracy purpose 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 teachers questionnaire which were in line with the acceptable reliability coefficient of 0.7 and above (Fraenkel and Wallen 2012).

Research assistants were trained and assisted in administering the questionnaires. Inferential (t-test and Pearson correlation coefficient) and descriptive statistics (means, percentages and frequencies) used to analyze data.

Ethical Consideration

The researcher obtained a permit from National Council of Science and Technology and notified County directors, and school principals. The study was voluntary and consent sort before participating. Respondents were not required to indicate their names on the questionnaires and the research findings were not reported on the basis of schools to ensure confidentiality.

III. RESULTS

Students Level of Awareness on Life skills Education

Objective one of the study sought to establish student’s level of awareness on life skill in secondary schools in Nairobi and Busia counties Kenya. The null hypothesis derived from the objective stated that there is no statistical
significant relationship between life skills education and students’ sexual behaviour. Data from the field indicated LSE covers two major areas (dimension), reproduction and sexuality and contraception and sexually transmitted diseases/infection. Knowledge on 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 behavior. Therefore to effectively assess the level of awareness about LSE among secondary school students in the study area, the two dimensions were considered together. The study therefore looked at the two dimensions separately and cumulatively.

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

The respondent’s level of awareness was captured by questions 8, 9, 14 and 17 from the questionnaire. Data Table 1 clearly indicate that a large proportion 320(84.6%) of respondents confirm to have knowledge on menstrual and the numerous irregularities involved, as 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. 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.

Overwhelming majority 283(74.9) agree that adolescent 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 economic consequences for young girls’ future. 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, 2008). In another study carried out by the Kenya Demographic and Health Survey (KDHS) in 2003 in partnership with, Central Bureau of Statistics and Ministry of Health revealed that 48 per cent of the 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 stigma of childbirth outside of marriage, the inability to support a child financially and being forced to drop out of school as the main reasons why 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.

<table>
<thead>
<tr>
<th>Table 2: Level of Awareness on Prevention and HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response (percent)</td>
</tr>
<tr>
<td>Seek treatment if contract STD</td>
</tr>
<tr>
<td>No cure for HIV</td>
</tr>
<tr>
<td>Condoms don’t prevent pregnancy and HIV</td>
</tr>
<tr>
<td>Abstinence best way to prevent HIV/AIDS</td>
</tr>
</tbody>
</table>

**Level of Awareness on Prevention of HIV/AIDS/STI**

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

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 on reproductive issues but still go ahead to involve in risky behaviour. This is supported by social learning theory that postulate that having information does not necessary mean change in behaviour. For those who are sexual 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.

<table>
<thead>
<tr>
<th>Table 3: Cross Tabulation on Gender and Level of Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source Data Field n=378
Overall Level of Awareness on 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%) of male respondents have higher level of awareness compared to 29 (7.7%) females. 181 (47.9%) males and 113 (29.9%) females demonstrated moderate level of awareness while 11 (2.9%) female respondents had low level of awareness. On average 74 (19.6%) respondents had high level of awareness, 294 (77.8%) had moderate level of awareness. This shows majority of the students had moderate level of awareness, which cannot enable them make good decision on their sexual life.

This is attributed to lack of factual and accurate information from reliable sources. Most of information students receive is from unreliable sources such as peers, media or through 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 cultural background of the students also plays a big role in hindering 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 emphasizes on the teaching of HIV/AIDs/STIs (based on reference materials - videos, magazines - than on reproductive health and sexuality.

Relationship between Level of Awareness and Sexual Behaviour

The first hypothesis of the 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 number of partners, if protection is use the hypothesis was therefore tested in four parts.

As indicated in Table 4. The Pearson 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 level of awareness and intimacy with opposite sex was rejected. This means there is statistical significant relationship between students level of awareness and students sexual behaviour. This indicated that students who have high level of awareness on LSE abstained from sexual activities. This concurs with various studies done’ Kirby (2011); Hitendra et al (2012) 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.

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 correlation coefficient was performed. The results are displayed on table 5.

As indicated in Table 4. The Pearson 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 level of awareness and intimacy with opposite sex was rejected. This means there is statistical significant relationship between students level of awareness and students sexual behaviour. This indicated that students who have high level of awareness on LSE abstained from sexual activities. This concurs with various studies done’ Kirby (2011); Hitendra et al (2012) 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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Statistics</th>
<th>Are you in any sexual relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of awareness</td>
<td>Pearson</td>
<td>.004</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.045</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>378</td>
</tr>
</tbody>
</table>

r = -.004, significant at .05

As indicated in Table 4. The Pearson 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 level of awareness and intimacy with opposite sex was rejected. This means there is statistical significant relationship between students level of awareness and students sexual behaviour. This indicated that students who have high level of awareness on LSE abstained from sexual activities. This concurs with various studies done’ Kirby (2011); Hitendra et al (2012) 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 5: Relationship between level of awareness and age at first sex

<table>
<thead>
<tr>
<th>Variable</th>
<th>Statistics</th>
<th>Age at first Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of awareness</td>
<td>Pearson</td>
<td>.142(*)</td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.034</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>222</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed), r = .034 significant at .05
As indicated, the 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 there was no statistically significant relationship between level of awareness and age when students had first sexual encounter was rejected. The result indicates that statistically significant relationship was established between level of awareness and respondents first sexual activity. The findings that relationship existed between 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 the young people (UNAIDS, 2008).

Relationship between Level of Awareness and Number of Sexual Partners

To test the hypothesis that there was no statistically significant relationship between level of awareness and number of sexual partners, a Pearson’s correlation coefficient was performed. The results are displayed on table 6.

Table 6: Relationship Between Level of Awareness and Number of Sexual Partners

<table>
<thead>
<tr>
<th>Pearson correlation Coefficient</th>
<th>level of awareness</th>
<th>Number of sexual partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.049</td>
</tr>
<tr>
<td>Sig. (2 tailed)</td>
<td>.031</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>191</td>
<td>191</td>
</tr>
</tbody>
</table>

$r = .049$,  Significance at .05

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 that stated that there was no statistically significant relationship between level of awareness and number of people students had sexual intercourse with was rejected. From the findings statistically significant relationship was established between the level of awareness and number of sexual partners among respondents. The results show that when respondents have knowledge on LSE they are unlikely to put themselves at risk by engaging in sexual activities with many partners. This concurs with findings of UNAIDS (2008), which assessed the impact of LSE on number of sexual partners one had. After analysing 41 programmes 16 (39%) of these reported reduction in number of sexual partners that young people had, whereas 25 (61 percent) showed LSE had no impact with regard to numbers of sexual partners.

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

To test the hypothesis that there was no statistically significant relationship between level of awareness and number of sexual partners in the last three months, a Pearson’s correlation coefficient was performed. The results are displayed on table 7.

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Statistics</th>
<th>Sexual partners In the past three months</th>
</tr>
</thead>
<tbody>
<tr>
<td>level of awareness scores</td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.037</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>378</td>
</tr>
</tbody>
</table>

$r = -.476$,  significant at .05
The 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 level of awareness and number of people students had sex with during the last three months prior to the study was accepted. Therefore there is no statistically significance relationship between the level of awareness and number of sexual partners a student had in the last three months. This is contrary to a study done by United Nation Department of Economic and Social Affairs (2011) to determine the influence of LSE in reducing risky sexual activity among adolescent and young people. LSE was found to reduce the frequency of intercourse, frequency of unprotected sex, the number of sexual partners. It was also found to increase condom and contraceptive use. Life skills education programme therefore does not increase sexual activity among adolescents and young people but generally results in increased knowledge about human sexuality.

IV. DISCUSSION AND CONCLUSION

The study found out that majority of students had moderate levels of awareness on reproductive health issues but high levels on 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 higher level of awareness delayed sexual initiation, reduced number of sexual partners and practiced safe sex or secondary virginity if sexually active.

Students expressed strong desire to have them provided life skills education especially on reproductive health, 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 the teachers, education officers and students.

The study established that life skills education programme is partially implemented in most schools. 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 affect implementation of LSE in schools; from overcrowded curriculum, lack of enough time, inadequate content, 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 sensitive subject especially when handling different gender, lack of support from the administration and lack of commitment from the Ministry of Education.

Conclusion of the Study

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 number of sexual partners, reduce frequency of sexual activities, use protection or practice secondary virginity if they had already started being sexually active.

The results of this study highlighted the limited source of information for students in the two counties. 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 within which young people can 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.

Recommendation of the Study

1. 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. Schools, as an
important venue for prevention and development of early intervention programmes for in-school adolescents, should be updated with clear policy statements

2. Life skill education should not only provide basic information on sexual development, behaviour and sexual health but also focus on skill development, negotiation skills for combating sexual pressure and sexual empowerment.

V. REFERENCES