

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

**THE ROLE OF GUIDANCE AND COUNSELLING IN PREVENTION OF
ABORTION AMONGST KENYAN PUBLIC UNIVERSITY STUDENTS:
A CASE STUDY OF KIKUYU CAMPUS**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF
REQUIREMENTS FOR THE AWARD OF A MASTER OF EDUCATION
DEGREE IN EDUCATIONAL ADMINISTRATION AND PLANNING OF
THE UNIVERSITY OF NAIROBI**

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DECLARATION

This research project is my original work and has not been presented for award in any other university.



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8th March 2005

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DATE

This Research Project has been submitted for examination with my approval as a University Supervisor.



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8th March 2005

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DATE

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To all the persons mentioned and to those not mentioned by name I pray that God may bless you all.

Glory and Honour be to God

DEDICATION

I dedicate this work to the millions of little children, who have been brutally exterminated through abortion. Their deaths, chillingly stacked like so much statistical cordwood, bring back haunting images of another Holocaust.

ABSTRACT

It is evident that, despite the Kenyan government's commitment to curb the practice of abortion in the country, unpleasant surprises still occur. Remains of unborn babies wrapped in black plastic bags have, in the recent past, been found at various dumpsites. The Ministry of Health estimates released in May 2004 suggested that over 700 abortions are carried out daily.

A study by AMREF (1999) established that 7% of the youth in school had experienced a pregnancy at least once. Of the girls who had experienced pregnancy, 47% had terminated the pregnancy through an induced abortion.

In Kenya, young people are vulnerable to early pregnancies, child bearing and abortion. Fertility levels have remained high because the use of contraceptive among the youth is low. This is attributed to the lack of access to information and services, perceived hostility of service providers and inadequate government policies in addressing reproductive health of the youth.

It is within this setting that the present study endeavours to highlight the role of guidance and counseling in addressing university students' reproductive health needs, specifically unwanted pregnancies and abortion.

The study has established how guidance and counseling could be developed to create better awareness and understanding amongst students in Kenya public universities on the issue of abortion. The study underscores the students' awareness of guidance and counseling services at the university and establishes the reasons why university students do not seek for these services.

It has also investigated the types of services available at the guidance and counseling unit and assessed the impact of guidance and counseling on students' change of their sexual behaviour.

The study has also determined whether the problems experienced by expectant university students affect their academic performance. Last but not least, the study exemplifies that abortion has an adverse effect on the mental health of university students. Although the six public universities in Kenya are the target population, the University of Nairobi especially Kikuyu Campus has been selected for the questionnaire technique whereby 300 questionnaires were administered to students. The study results indicate that guidance and counseling services at the university do not comprehensively address students' reproductive health. Students view counseling resources negatively and are unwilling to seek help in those units. They further indicated getting information and advice on sexuality from their peers. The interaction between students and lecturers is minimal which hinders the development of a free and non-threatening relationship that is necessary for effective counseling.

The current study has recommended that educational goals and objectives need to be properly integrated into the school curricular in order to equip the student with relevant knowledge and skills to face the life's challenges.

It is hoped that this research will help in strengthening morality in students and in the contemporary Kenyan society.

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CHAPTER ONE

GENERAL INTRODUCTION

1.0. BACKGROUND TO THE STUDY

University students are a national treasure of incalculable worth. Hence, universities have the opportunity to create growth inducing climates of unparalleled importance in the lives of the young people, not only for the honourable tasks of pursuing and disseminating knowledge but also for assisting students' development and maturation as responsible participating members of the larger community (David Falk, 1987).

The past several years since the 1990's in the Kenyan history may well be remembered as a period of great conflict and confrontation in the public universities. The college campus continues to be the setting in which large numbers of students experience significant stress. Evidence from the mass media constantly reflects on this situation as they report incidents of student unrest, riots, quarrels, drug abuse, homicide, suicide, robberies with violence, prostitution, HIV/AIDS pandemic, abortions and other forms of anti-social behaviour. These incidents are pointers to the problems that university students have but lack someone to channel them to (Muchungu, 1996).

The university student community comprises a youthful population aged between eighteen to twenty five years, which belong to the development category that ranges between late adolescence and early adulthood. During this time, the youth experience fast psychological and physical growth and engage in unprotected sex. Adolescent sexuality remains a social challenge globally. This challenge is prevalent in developing countries where access and utilization of reproductive health services are limited. There exist also structural and social cultural barriers

that hamper adequate access and utilization of reproductive health services by adolescents.

The consequence has been lack of information and necessary services that protect adolescents from the challenges of unwanted pregnancies. What is shocking is that due to the financial constraints at the universities, students form the bulk of commercial sex workers who walk up and down Koinange Street at night (Professor Elizabeth Ngugi, University of Nairobi, Department of Community Health in Sunday Nation, December 14, 2003).

It is evident that 91.6 per cent of university students are sexually active, but 19.2 per cent of them never use contraceptives (Dr. Maggwa, 2000). The Ministry of Health has revealed that 300,000 abortions are procured in Kenya every year (Hon. Charity Ngilu, Daily Nation, 28th May, 2004). And 20,000 women in the 20-24 age bracket are admitted into public hospitals with abortion related complications every year. While 2,600 deaths of women occur annually due to faulty procured abortions.

When facing unexpected pregnancies, students need accurate information and an opportunity to examine the available options, which include; parenting, adoption or abortion. They also need time to explore all their feelings without pressure or judgement. Whilst most counselors believe that abortion helps neither the mother nor child. The goal of the counselors is to inform the pregnant woman accurately so that she can come to her own conclusion. For those students who choose to parent, counseling centers provide practical help in terms of a baby's clothes and ongoing support. And for those who choose adoption, support is available for them throughout pregnancy and beyond. For those who choose abortion, there is post-abortion group or one-to-one counseling. Ideally, these services should be availed freely.

The government of Kenya recognizes guidance and counseling as an essential service that must be offered to every student in the country with the hope of inculcating in him/her certain desirable qualities. This has been demonstrated in a number of government documents, which outline the importance of guidance and counseling. For example, the Ominde Report (1964), Development Plans (1974 - 1976 and 1979 - 1983), Gachathi Report (1976), Kamunge Report (1986) and the Sessional Paper No. 6 on Education and Manpower Training for the next decade and beyond of 1988.

1.1. STATEMENT OF THE PROBLEM

In Sub-Saharan Africa, Kenya has the highest percentage (52 per cent) of unwanted pregnancies among adolescent girls (Kipke Michelle, 1999). The problem of adolescent reproductive health and its vulnerability was highlighted in 1994 at the International Conference on Population and Development (ICPD) at Cairo, which called for greater recognition of adolescents as a special category with exceptional needs. Thirty-eight countries, Kenya included, committed themselves to providing adolescents with sexual and reproductive health education (UN, 1995).

On the contrary, an attempt to introduce sex education in schools has been resisted by religious organizations; in particular, the Roman Catholic Church. Adolescents are thus living within a prohibitive silence about their sexuality. Often, they go unnoticed and receive no help until their conditions become so severe that they attract international concern. In the past recent years, ugly incidents in the country relating to reproductive health management have pointed towards the university colleges. Such situations constitute frequent occurrence, which make them a persistent part of the educational process, which cannot be ignored, if the educational and developmental goals of higher education are to be attained.

The "The rule of three" as set forth by the World Health Organization states: -

- a) Out of every 1,000 students, 300 of them encounter psychological difficulties at some time during their academic careers requiring counseling.
- b) 30 students need specialized diagnostic centers.
- c) 3 students need to undergo hospitalization for patent mental illness (Pietrofesa, Leonard and Hoose, 1978).

A former Vice - Chancellor of Kenyatta University, Professor George Eshiwani reflecting on various aspects of students problems at the university reported that, "one third of the university students population are involved in drug abuse , a larger number of them are at a risk of being infected with HIV/AIDS. Unwanted pregnancies and abortions are also on the increase" (Daily Nation, January 20, 2003). This affects the quality of degrees attained by the students.

Although the government, private sector and NGO's provide reproductive health services, they do not take into account the special needs of young people. Safe motherhood aims at assisting all women go through pregnancy, gestation and childbirth with the desired outcome of begetting a live healthy baby and mother. Current safe mother hood programmes include; preventive and health promoting activities encompassing family planning, antenatal, safe delivery, post-partum care and maternal nutrition. Unfortunately, these services are not available to female students at the public universities. The procedure of being attended to by health officers or obtaining contraceptives is complicated. This is hampered by frustrations, embarrassment and delay. And some contraceptives require advance planning in anticipation of sexual

intercourse. This is a disadvantage to many youths who typically have unplanned and sporadic sexual relations. For example, the pill must be used on a regular basis even though sexual intercourse may be irregular. The diaphragm must be inserted well in advance and the condom purchased likewise. There exist inaccurate fears of the side effects of contraceptives amongst the youth, which work against the likely use of them. Young people must learn that they are ultimately responsible for their own actions and that it is they who must live with the consequences of poor decisions.

There is need to develop programmes which involve life skills training in order to help students assess situations and their possible outcomes. Sexual decision-making is not only about having information on sexuality but is done within a social cultural environment. But, youth lack moral values, which could enable them, say no to sex, postpone or use birth control methods.

Unwanted pregnancies among the youth are becoming more prevalent,(Kiragu and Zabin, 1995). On commenting about the scandal in which the remains of 15 unborn babies were dumped at the railing of Ngong River Bridge, next to the International Christian Centre, the Minister of Health in Kenya Hon. Charity Ngilu said that out of the 300,000 abortions in the country every year, 90 percent are procured by women who are below twenty-five years (Daily Nation, 28th May, 2004).

It is evident that 91.6 percent of university students are sexually active but 19.2 percent of them never use contraceptives, (Dr. Maggwa, 2000).

The high fertility rate among Kenyan adolescents is attributed to lack of access to information and services, perceived hostility of service providers and inadequate policies regarding birth control measures.

On realizing that she is pregnant a girl feels trapped. And, giving birth poses a major dilemma to the female student, which could either lead to baby delivery or disruption of her education. She thus opts to save money and finally visits the abortion clinic for procurement services. After procuring an abortion, the doctor assures the young woman that a day's rest is enough to let her get on with her normal life activities without any difficulties. For all practical purposes this is a temporary reassurance because something goes horribly wrong with her when she loses her self-esteem, faces nightmares, sorely depends on anti-depressants and even attempts to commit suicide. She could go for post-abortion counseling but still does not feel any better.

If abortion is the solution to unplanned pregnancies, then why should a woman be sorry for solving her problem? And why will this girl who has had abortion continue to weep in silence throughout her life? Abortion is murder and the truth is that women who have had the misfortune of procuring an abortion live in torment. They are haunted by the fact that they are mothers to a dead child whom they denied an opportunity to live (Dr. Melanie Miyanji, Daily Nation, May 28, 2004). In fact most abortion cases could be avoided if people who value life surround the pregnant girl with love, (Linder Rosana, Daily Nation, June 2, 2004).

Most women have an internal conflict between their instinct, conscience, or beliefs and the pressures of a difficult situation since internal pressures if not openly discussed in a counseling session result into psychological difficulties after the operation. Abortion is not just a simple operation, neither is it a miscarriage because the conscious decision to kill hangs over many women as an unbearable responsibility. Such psychological problems amongst students need guidance and counseling. Health guidance and counseling helps the learners appreciate the need to have healthy bodies and minds in order to excel in

cognitive development and hence intellectual performance (Sperry and Carlson, 1986).

Adolescents resent being told what to do. And, if a counselor insists on counseling them, they become resentful and the counselor/client relationship declines so that nothing worthwhile could be accomplished. Counseling the youth therefore becomes a difficult and time-consuming activity that calls for a lot of patience, tolerance and understanding

Another problem in counseling the university students may involve the age difference between them and the counselors. The students have been socialized to respect those significantly older than them. And many of the students hold the view that personal problems should not be discussed with outsiders (Kenyatta, J 1965, and Ndeti J.S. 1972)

The way African girls have been socialized especially university girls being no exception is such that a "lady" is expected to show good manners. This kind of exposure makes young women to be cautious on what they reveal about themselves, as they are afraid of being negatively judged. In the process, they learn to keep their feelings and options to themselves. Any questions asked to them are answered with a "yes" or "no" and "I don't know". This being the case, they speculate that abortion may be the answer to their current problems, only to learn when it is too late that the process actually compounded their problems more. Many of them do not also understand modern counseling as they associate it with being mentally ill or "crazy". Thus, very few students feel comfortable with counseling and thus approach counselors freely.

1.2. PURPOSE OF THE STUDY

While appreciating the Ministry of Education's efforts in accomplishing some of the objectives of Guidance and Counseling in Kenya to those infected and affected by HTV/AIDS cope with problems associated with this disease, it is important to stress the need to intensify efforts towards equipping the girl child with life skills so as to enable her address challenges like pregnancy.

The study investigated the nature of pregnancy related problems experienced by university students and their willingness to seek for help. The study also explored the efficacy of students counseling resources in prevention of abortions.

1.3. OBJECTIVES OF THE STUDY

The study sought to: -

1. Find out students' awareness of the guidance and counseling services available at the university.
2. Establish reasons why university students do not seek for guidance and counseling services.
3. Find out the types of services available at the guidance and counseling unit.
4. Assess the impact of guidance and counseling on a student's change of sexual behavior.
5. Determine the problems experienced by an expectant university student and their effects on academic performance.
6. Find out if abortion has an adverse effect on the mental health of university students.

1.4. RESEARCH HYPOTHESES

1. H_1 Majority of university students are aware of the availability of guidance and counseling services.
2. H_0 Majority of university students do not seek counseling services

3. H_0 The guidance and counseling unit does not offer services on reproductive health matters.
4. H_1 Lack of proper guidance and counseling services on reproductive health matters has affected the students' sexual behaviour.
5. H_1 The problems experienced by an expectant university student affect her academic performance.
6. H_1 Abortion has an adverse effect on the mental health of university students.

1.5. JUSTIFICATION AND SIGNIFICANCE OF THE STUDY

The data elicited in this study could be used by universities to evaluate the established sex - education programmes, and students' utilization of those services. Working against safety caution in sexual matters is the fact that, students view sexual expression as an important element of becoming an adult. This is a fact that young people hold dearly. At times they do not perceive the problems associated with sexual involvement.

The University Council and Senate should be encouraged to support the development of a relevant curricular and support materials on abortion. Hence, this study will contribute to the study materials that could be infused and integrated into the syllabus of all academic disciplines.

The role of the lecturers as educators has been lacking in the inculcation of good morals among students. As observed through this study, lecturers are not actively involved in the guidance and counseling activities of students. Their functions are only limited to the classroom. This study is a challenge to lecturers to give education a holistic approach and include not only the cognitive aspect but also the affective and psychomotor aspects of education.

1.6. ASSUMPTIONS OF THE STUDY

- (a) The respondents are honest and knowledgeable and can competently give accurate responses to the questionnaires.
- (b) There exists, at the university, an operational Guidance and Counseling department.
- (c) University students are sexually active, have little use of contraceptives and are victims of the abortion snare.
- (d) The sample of students in the study is a fair representation of all the public universities in Kenya.
- (e) Guidance and Counseling is a desirable activity because it helps people attain self-understanding and a change of behaviour.

1.7. DELIMITATIONS OF THE STUDY

This study focuses on one institution of higher learning (Kikuyu campus) to represent the public universities in Kenya. As a result, it reduces the population and area to be surveyed to a manageable size.

1.8. LIMITATIONS OF THE STUDY

1. Refusal of respondents to answer personal questions.
2. Women who have found the abortion procedure traumatic or who wish to avoid painful feelings avoided questionnaires.
3. Untrue reports from respondents

1.9. THEORETICAL FRAMEWORK

A theory provides the discipline with reliability and validity. And once the foundations have been lauded, the theory then helps to establish a body of factual knowledge, which legitimizes the discipline.

Counselors deal with people, their emotions, feelings, isolation and vulnerability. The theories of counseling are the foundation upon which the counselor practices and enables counselors to comprehend their tasks with some consistency thus controlling the intervention without which actions are little more than a random activity.

Counseling bases its legitimacy upon four different psychological theories as presented below.

1. Psychoanalytical
2. Behavioural
3. Humanistic
4. Cognitive

1.9.1 Psychoanalytical Theory

This was developed from the works of Sigmund Freud (1959), which focused on the unconscious mind and investigated the drives and impulses of behavior. His theory gave prominence to human sexuality as a major motivating force.

The theory is characterized by the following assumptions: -

1. The motivation for behaviour comes from the unconscious mind and not the body.
2. An individual's problems are rooted in early childhood experiences and these are invariably sexual in character.
3. The therapist is an expert who listens to the 'patient' and treats him/her as if he/she was in need.

Psychoanalytical counseling depends upon the structure of personality whose development is connected with three areas of the mind; the Id, the ego and the super

ego. These three areas are in a constant state of dynamic interaction and determine how the individual behaves.

(a) The Id is the pleasure-seeking center of personality and contains the drives that motivate people to satisfy their basic instinct. Freud maintained that they are primarily sexual and aggressive. If the Id is the strongest of the three, then the individual will pursue a life of hedonistic pleasure and destructive aggressiveness.

(b) The super ego, which is learnt and culturally determined, is responsible for morality. An individual's behaviour is a built-in control mechanism whose principle function is to control the primitive impulses of the Id.

(c) The ego reconciles the conflict between the Id and the super ego. The ego is responsible for controlling the sexual and aggressive drives. For example, the Id has a strong sexual drive and will want to satisfy it at the earliest opportunity. On the other hand, the super ego will resist the drive arguing that the hedonistic pleasure is wrong so the ego will have to mediate between the two. The ego will negotiate a compromise where the individual will be allowed to satisfy his/her sexual drive but in a culturally controlled situation like marriage.

Psychoanalytical Counseling therapy is concerned about coping with anxiety arising from threatening circumstances. The repressed drive in the Id, or the threat or guilt associated with the super ego creates anxiety for the ego. The ego tries to protect the mind by using mental defense mechanisms such as repression, displacement, projection and denial. In many cases these mental defense mechanisms justify dysfunctional behaviour to the individual. The task of the counselor is thus to help the clients reduce the use of mental defense mechanisms and strengthen their ego. They help clients to understand in what respect their behaviour does not permit them to function adequately and what the clients can do to change.

Freud brings sexuality firmly into the individual's self-concept, which is important in dealing with 'abortion' where the primary cause of the problem is sexual behaviour. However, the psychoanalytical theory has a number of shortcomings.

1. It ignores the body and its effect on the mind.
2. Psychoanalysts appear to treat clients as being in need of help. Hence, it is unsuitable for people with a strongly focused somatic complaint.
3. Psychoanalysis emphasizes upon the past, particularly childhood experiences as the causative agent of the present problem.
4. Many clients' problems stem from practical circumstances such as the social economic environment, which the psychoanalytical theory does not take into consideration.

Freud's psychoanalytic theory works on the assumption that there has developed an attachment or love toward those persons who are important for the satisfaction of their needs. Love is conceptualized as the attachment (cathexis) of libidinal energy to the mental representation of the loved person (the object) (Schoenberg, 1970).

Freud hypothesized that with the loss of a loved one, the mourner interjects or incorporates the lost person where the mourner's anger toward the lost one continues to be directed inward (Dameroon, (1980)

Freud's paper which equated mourning and melancholia contends that mourning, like melancholia, is the reaction to a real loss of a loved object. However, if this reaction is absent in normal grief it could lead to a pathological state. The loss of a love - object constitutes an excellent opportunity for the ambivalence in love - relationship to make it felt and come to the fore (Freud, 1959).

Therefore, according to the psychoanalytic theory, for grief to reach normal resolution a period of time is necessary for reality testing. This is accomplished when the ego succeeds in freeing its libido (energy) from the lost object. Each single one of the memories and hopes, which bound the libido to the object, is brought up and hyper-cathected. This leads to finding a new substitute-object whereby more energy is expended. Freud argues that this situation preoccupies the bereaved in depreciating the object, making it suffer, and deriving sadistic gratification from its suffering.

Freud's thesis helped to identify the areas, which might hinder the achieving of normal grief, such as the ambivalent relationship. He also paved the way for later empirical research by identifying conditions of mourning similar to those of melancholia. The influence of Freud's work as seen in the works of other later researchers such as Horowitz support the fact that in normal grief the transition, however painful, it should not be prematurely interrupted. Pathological grief is characterized by the presence of guilt, self-reproach and lowered self-esteem.

1.9.2. Behavioural Counseling

The early antecedent of behavioral counseling is found in a number of biological experiments concerned with conditioning. Classical conditioning experiments were conducted by a Russian Psychologist, Ivan Pavlov (1849-1936) who noticed that dogs salivated just before they were due to be fed. Every time he was due to feed the dogs, he rang a bell. The dogs learnt soon that they would be fed immediately after the bell rang so they now salivated at the sound of the bell. This showed that it was possible to alter behavior by pairing a conditioned stimulus with an unconditioned stimulus. He was interested in the stimulus end of the stimulus-response model.

Other psychologists began to concentrate upon altering the response. This became known as operant conditioning. American psychologists, Watson (1973) and B F. Skinner, (1904 - 1957) established the basic principles of Counseling Psychology. Skinner argued that the first time a piece of behavior occurred, it did so at random. And once it had occurred, it could be predicted or controlled in future. Skinner accepted that people were born with a reservoir of elementary biological impulses but maintained that after birth behaviour was learnt. The term operant emphasized that behaviour operated on the environment to create outcomes. Desired behavior could be reinforced by rewards while undesired behavior could be extinguished by punishment.

The behaviorists maintain that some behavior can be learnt or unlearnt. For example, people can be taught to avoid stimuli that result in unwanted behaviour. In addition, applying appropriate techniques can shape new behaviour. The therapist focuses on the behavior that need to be changed and provides the clients with particular methods for earning out the changes. The behaviorists are not concerned with the causes of behaviour. And are often concerned with the "action", "state of mental sobriety" and 'extent damage'. Thus, the "action" of abortion will be explored and the extent of damage to mental health.

Behaviorism theorists regard human beings as infinitely plastic and can therefore be modeled in any manner. Apart from basic biological needs, individuals can be shaped to fit into a desired pattern in a system. In this way, university students can be encouraged to alter their undesirable actions.

Ivan Pavlov's theory of classical conditioning today best explains how the mainstream authority used to handle students pregnancies up to the late 90s in the school system. When a stimulus such as an unwanted pregnancy is consistently paired with a response such as discontinuation of schooling,

social stigma and single parenthood, students will always rush to terminate their pregnancies to avoid facing the undesirable consequences.

However, behaviour therapy has the following weaknesses:

1. It is primarily concerned with the consequences of behaviour and largely ignores its causes.
2. It is successful in the short term but its long-term effectiveness has yet to be proved.
3. It is more applicable to identified dysfunctional behaviors, but it cannot cope with complexities, confusions and irrationality of the behaviour of people with unwanted pregnancies and those who have had abortions.
4. Some problems are too complicated for behaviour modification alone to deal with.

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1.9.3. Humanistic Theory

The two major theorists in this field were Abraham Maslow (1970) and Carl Rogers (1961).

Humanism focuses on the genuineness, inherent worth and dignity of human beings. It provides for a person centred focus and gives the individual an opportunity to explore his/her potential for achievement, growth and satisfaction. It maintains that:

1. The counselor should not judge the client. Rather individuals should have the freedom to explore their subjective experiences.
2. Individuals should be aware of their inner feelings and be comfortable with them.
3. Individuals have the capacity to solve their own problems and guide their own life.

4. When individuals are in a positive environment they grow in a constructive way and are relatively free from anxiety.
5. The counselor accepts the client as a person of integrity and dignity and this acceptance increases the client's feelings of personal worth.
6. Confrontation allows the client to reconcile irrational and incongruent behaviour patterns.

The humanistic theory emphasizes that the essential elements are human. The humanistic models also suggest a particular counselling process, which is divided between exploration, understanding and action. In exploration, the issues concerning the client are underscored. Understanding occurs after the issues have been determined and prioritized. And, the action stage occurs when the counselor and client draw a plan of action that the clients can operationalise.

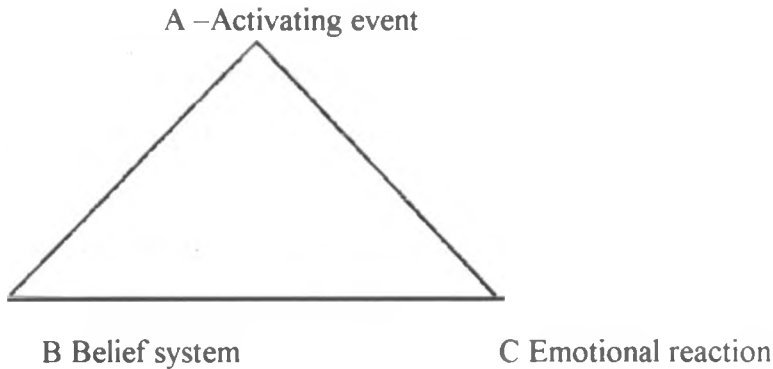
However, because of its non-directive nature it does not become involved in changing behaviour patterns. Humanists further argue that you cannot change someone else's behaviour patterns just by giving instructions. Indeed, a person has to desire a change.

2

1.9.4. Cognitive approach

Aron Beck (1974) tailored the cognitive theory, which centers mainly on the thought system or beliefs and focuses on changing the way a client thinks, through the power of positive thinking, thus translating into a change of feelings and behavior.

Every battle is fought and won in the mind. The ABC theory developed by Albert Ellis shows that irrational beliefs and thinking patterns are causally linked to emotions and behaviour.



For example,

A: Pregnancy is an activating event.

B: The client may believe or think that the pregnancy means an end to her education, disappointment to her parents and single motherhood.

C: The emotional reaction might be suicide or abortion.

If the negative belief systems are addressed, then the reaction towards a certain problem may be changed. The Cognitive therapy approach is the most commonly used.

This theory argues that the key to the development of the understanding of clinical depression lies in hopelessness and loss. Thus, the implications of loss usually stretch far beyond the fact of the loss itself. This is not necessarily a particular object that has to be dealt with, so much as the implications for our ability to find satisfactory alternatives. Feelings of hopelessness affect life in general. Thus the generalization of hopelessness forms the central core of a depressive disorder. The researcher contended that this is the reason why some women get depressed, and develop a sense of hopelessness:

If self-esteem and feelings of mastery are low before a major loss and disappointment a woman is less likely to be able to imagine she emerges from her

privation. It is this, we believe, that explains the action of the vulnerability factors in bringing about depression in the presence of severe events and major difficulties (Ballou, 1978)

D. Marsh (1981) argues that vulnerability factors play a vital role in the development of depression for they limit a woman's ability to develop an optimistic view about controlling the world in order to restore some source of value. By extending their argument to grief, they contend that the working through of grief forestalls such a generalization. As mourning proceeds, the bereaved find hope that they can move on without the lost person but occasionally the process is very intense or so prolonged that it cannot be regarded as normal in the sense of coming within the range of average reaction and at this point it might properly be called clinical depression.

1.9.5. Eclectic Counseling

The contributions of the various theories of counseling provide a global and definitive understanding of the principles of counseling. But, the various theories cannot be merged in an integrated way. The inability to integrate them stems from the fact that they all represent different ways of looking at people. A holistic approach is thus the most appropriate as it incorporates elements from each of the theories that seem particularly appropriate to different problems.

The theories of counseling presented above were propounded in different cultural settings. Thus, it is possible that they could not be appropriate to sub-Saharan Africa. It is therefore necessary to adopt a cross-cultural approach to counseling whereby the counselor can evaluate, adapt, change, alter and re-focus the theories to assess effectiveness. The most prominent counseling theory for interventions in health issues like unwanted pregnancies and abortions is the

behavioral theory. While this approach has been successful in initiating behaviour change, evidence that the change is sustained is lacking. For, sustained behaviour change has been obtained, based upon psychoanalytical and humanistic theories of counseling.

In the psychoanalytical theory, the therapist is an expert who listens to the patient and treats him/her as if he/ she is in need of help. Thus, the student should be made to understand that he/she and the counselor are working together for his/her well-being. At most times, young people are defensive in dealing with adults because they think that an adult has a hidden agenda. Another problem in counseling the youth may involve the age differences between the counselors and their clients. In line with the African traditions, children are supposed to respect those who are significantly older than themselves (Kenyatta, 1965 and Ndeti, 1972). This form of respect implies that only people close to one's age or age mate can be confided in. Furthermore, one is not expected to confide in or discuss intimate or personal matters with those significantly older than the individual.

This form of respect impedes open and free communication between individuals of different age groups. In using the psychoanalytical theory the counselor should be able to increase the psychological depth of self-disclosure of statements in the private and hidden domain. However, caution must be taken because the client may reveal information that the counselor is not competent enough to deal with. In such a case the client should best be referred to a psychoanalyst. Although communication is primarily verbal and spontaneous there is an increasing importance of non-verbal communication.

Establishing rapport therefore calls for a lot of skills on the part of the counsellor especially the youth who generally have an unhealthy attitude

towards adults. They see adults as authority figures who are always trying to impose their values on them without objectively assessing the latter's viewpoints.

For example, "looking someone in the eye", during the counseling session as advocated for by G. Egan (1982) is considered abnormal and disrespectful in Africa. And most people would feel uncomfortable if someone talking to them kept staring at them. The counselor must make it clear that he/she has no ready-made solutions to the problem. The client has to understand that his/her views are important too.

The humanistic theory of counseling assumes that individuals have the capacity to solve their own problems and direct their own life. Therefore, the idea of a client-centered approach where the counselor is passive as advocated for by Carl Rogers (1964) is upheld. However, this may not work in the Kenyan context. Wise advice has been acceptable in the Kenyan indigenous society and is still accepted today. A counselor is always expected to give words of wisdom (Herskovits, 1962). Thus, non-directive counseling as advocated for by the humanists would be interpreted as being disinterested in what the counselee is saying. The youth want dialogue in which both the counselor and the counselee are free to talk to each other.

In the traditional Kenyan society, a lot of counseling was done within the extended family. People did not discuss personal problems with outsiders (Kenyatta, 1965). And many Kenyans, in the contemporary society including the youth still hold the view that personal problems should not be taken out of the family set up. Also, African girls have been socialized in such a way that they are expected to portray good behaviour. This kind of thinking makes young women to be very careful about what they say for they do not know how their

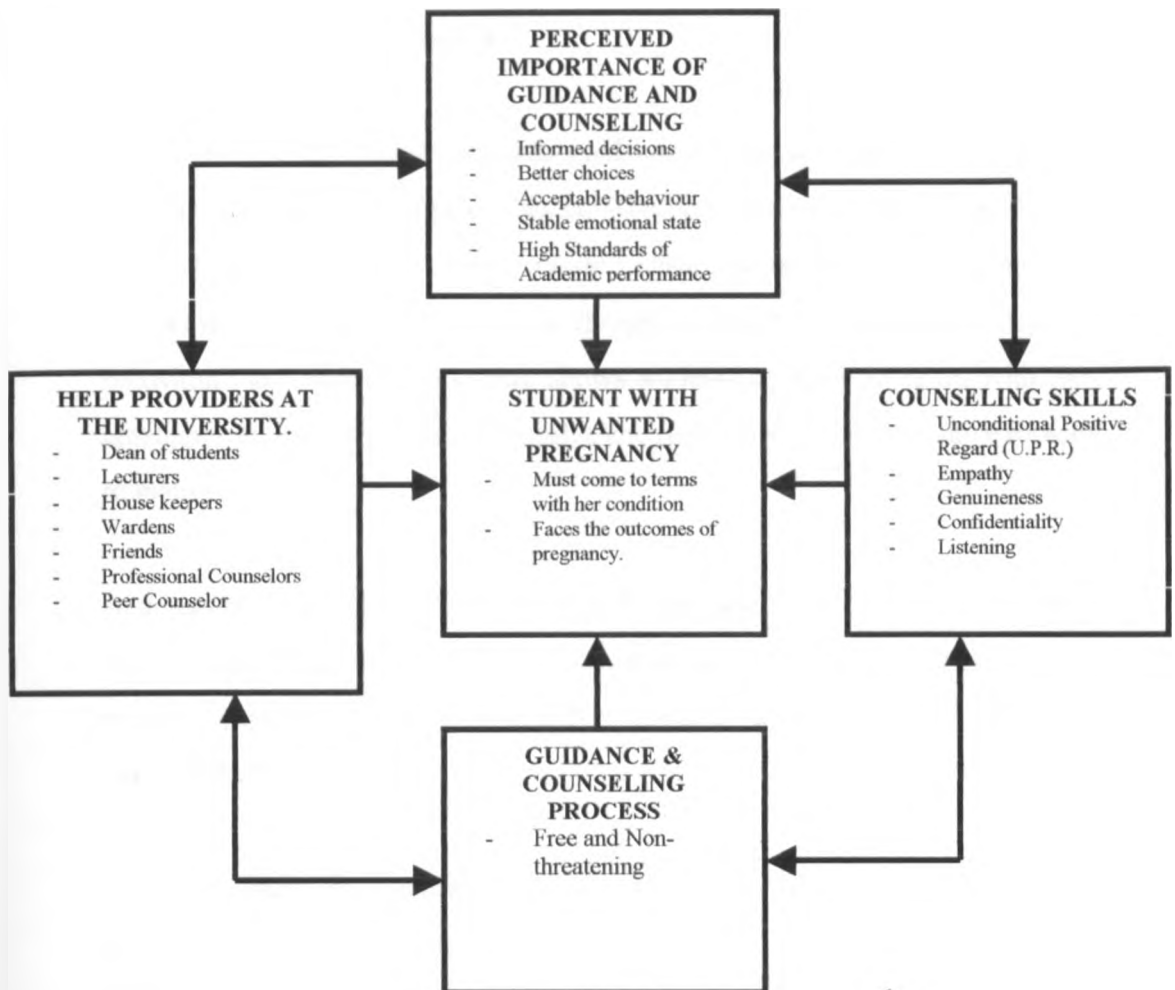
words will be judged by others. In the process, they learn to keep their feelings and options to themselves. The term counseling carries a stigma and as a result students are reluctant to see counselors.

The Behaviorist school of psychology maintains that people learn their behaviour from the consequences of their interactions with the environment. It is important, for the counselor to have the knowledge that behaviour could also be learnt through observing other people's behaviour. Such observational learning or modeling could be used both for the acquisition of new responses and for the inhibition of existing responses. Since the students may be reluctant to see counselors, most learning takes place on a vicarious basis by observing other people's behavior.

Thus, an expectant student may be afraid to see a counselor but will observe how the university community treats other expectant students. She will then decide on the action to follow regarding her pregnancy based upon the experiences of others.

None of the above theories of counseling has the necessary elements to provide a comprehensive model. Eclecticism represents an attempt to itemize a collection of appropriate elements from the various theories of counseling to meet the needs of specific situations. And, counselors may also incorporate new skills into their own practice.

The following is a presentation of the conceptual framework for the study which illustrates how some factors under study relate with and influence others in determining the role of guidance and counseling services in the prevention of abortion amongst university students.



The above conceptual framework illustrates that guidance and counseling is a corporate responsibility involving various people found within the social environment of the student. These include; teachers (lecturers), parents, clergy, peers, medical doctors, wardens and professional counselors. The counselor must bring into the therapeutic relationship some basic qualities, which include:

- a) Genuineness- which is vital in order to express attitudes and feelings appropriately.
- b) Unconditional Positive Regard (UPR) towards the client irrespective of the client's problems, feelings or behavior,

c) Empathy- should have the ability to genuinely listen to the client and empathize with him/her.

As the attitude of students towards guidance and counseling is explored, their desire to get assistance will be established. The humanistic counselors would argue that just giving them instructions couldn't change someone else's behavior. The student must demonstrate a desire to change towards the attainment of desirable behaviours and norms. Counseling allows students to come to terms with their conditions in order to adopt a reasonable and responsible attitude to move forward to maturity.

In a suitably psychological climate that is free and non threatening the client moves from a fear of introspection and defensiveness to an encouragement of insight, openness and so he/she moves towards greater freedom and more responsible choice.

The main focus for counseling by using the psychoanalytical theory centers upon the unconscious mind and investigates the drives and impulses for behaviour. In applying the psychoanalytical theory the causes of unwanted pregnancies and abortion are explored. Most youths feel that they are unloved. And as they search for love, they get impregnated and this could result into abortion. Financial constraints and loose moral values of university students will also be investigated as other causative factors.

Behavioral counseling focuses upon behaviour that is observable and takes place at the interface between an individual and his or her environment. There is a lot of attention given to the influence of the social environment and the way in which it determines behavior. Although communication is primarily verbal and spontaneous, the counselor should observe the non-verbal gestures.

Much of the behaviour that causes mental anxiety is learned and could therefore be unlearned and new behaviour substituted. Preventing abortion depends on influencing people to change their sexual behaviour, a difficult task in any case. Behaviour modifications' principal technique is self-control and includes methods of self-monitoring, stimulus control and self-reinforcement. The token economy for behavior reinforcement introduced by Pepinsky (1981) explored in this study is where the university authorities may re-imburse the expectant students for the cost of baby care needs, in the hope that such a move will discourage the undesirable practice of abortion amongst students.

Counseling is an organized process that must go through the stages of exploration, understanding and action. The client is helped from being out of touch with his inner feelings to an acceptance and awareness of them. He/she is then able to make an informed decision and will then onwards depict acceptable behavior patterns.

1.10. DEFINITION OF OPERATIONAL TERMS

1. **Abortion:** to remove from the womb a foetus before it is capable of independent existence.
2. **Adolescence:** the period of time between ages twelve and twenty four when the youth experience fast psychological and physical growth. The inner drives, needs and anxieties are so powerful that they intrude into the consciousness of the young person so forcefully that it is difficult to concentrate on tasks.
3. **Adoption:** Is a permanent placement of a child into unrelated family through legal channels.
4. **Advice:** Is mainly a one-way exchange and is persuasive. It entails giving an opinion, judgment and making a recommendation.

5. **Attitude:** Harrys Triandis (1971) has defined an attitude as a psychological tendency that is expressed by evaluating a particular entity with some degree of favour and disfavour towards an attitude object.
6. **Behaviour:** An individual's characteristic such as actions, mentality, conduct, mannerism, attitude and morality. Behaviour is thus the way an individual controls him/herself in reference to a phenomenon, an object or person judged against societal norms and requirements in relation to the way one should treat others and handle objects.
7. **Counseling:** As defined by Tyler (1969) is a two-way collaborative exchange. It is the application of personal resources of the school or other institutions to the solutions of the problems of individuals. Counseling is supportive relationship that enables clients to explore their problems freely and so take the appropriate action.
8. **Crisis:** A time of anger, great difficulty, acute shortage, emergency, predicaments, disaster, and dysfunction of things, danger and chaos.
9. **Fostering:** Refers to the placement of a child with unrelated persons for a short period of time and the process is handled by the government or specialized institutions. In Kenya, fostering in this sense is rare.
10. **Guidance:** As defined by Kyell, Wankorogki and Radpord (1991) is mainly a one- way exchange. It is the systematic organized phase of the educational process, which helps the youth grow in this proven way to give point and direction to their own lives. It involves adjustments, problem solving, educating, influencing, instructing and encouraging.
11. **Reproductive Health:** The WHO (World Health Organization) states that Reproductive Health (RH) is a state of complete physical, mental and social well being and not merely the absence of disease in matters relating to the reproductive system, its functions and processes.
12. **Stress:** is the pressure or worry resulting from mental or physical distress, or difficult circumstances.

CHAPTER TWO

LITERATURE REVIEW

2.0. INTRODUCTION

This chapter reviews some literature related to the problem under investigation in the following subsections: First, the rationale for establishing Guidance and counseling in schools. Second, the Government's Policy on Guidance and Counseling. Third, the concept of attitude and fourth. Guidance and counseling for unwanted pregnancies and abortions.

2.1. R ATIONALE FOR ESTABLISHING GUIDANCE AND COUNSELING IN SCHOOLS

Barki and Mukhopadaya (1989) define guidance as an assistance made available by qualified and trained persons to an individual of any age to help him/her manage his/her own life's activities, develop his/her own points of view and make his/her own decisions and carry on his/her burden. Guidance therefore is designed to help students adjust to their environment, develop the ability to set realistic goals for themselves and improve their total educational programme. As a process, guidance involves a series of actions or steps progressively moving towards a goal. Guidance has a directive orientation for the individual. It can therefore be defined as an expert direction given to young children and youth through teaching, directing, opinion giving, exemplifying, explaining, advising and instructing (Mutie and Ndambuki, 1999). Thus, guidance means showing the way to the person needing it.

Carl Rogers (1961) defines counseling as a helping process, which depends on the development of a relationship between people, which is sufficiently supportive to enable one of these people to explore aspects of his/her new life more freely and arrive possibly at more adequate ways of coping. Counseling

is therefore a series of direct contacts with individuals, which aims at offering assistance in changing attitudes and behaviour.

Gitonga (1999) observes that counseling is a service incorporated in the guidance programme. Guidance and counseling means developing the client's own capacity for decision-making and problem solving. All guidance work is not counseling. For, guidance activities may precede, accompany or follow counseling. By late teens and early adulthood, most youth have reached their limit of physical and mental development but have no experience. The youth need guidance and counseling but will not usually accept it when given in a domineering and authoritative manner. The youth want to know where they can go for help but do not want to be told they need it. Thus, the youth counselor has to command respect but not coercion.

Counseling requires the application of skills in order to help the client ask and answer the following four fundamental questions as stated by (Egan, 1998):

1. Current scenario - What is my current state of affairs in terms of issues and concerns?
2. Preferred scenario - What do I need or want? What's my preferred state of affairs?
3. Strategies - What do I have to do to achieve?
4. Action - How do I make it happen?

Education and counseling have been closely linked though with distinctions. Education is concerned with giving advice and information while counseling is concerned with making decisions and planning changes. Counseling does not tell someone how to behave but rather allows the person to explore the range of choices available and to choose one. The person becomes more positive, constructive and self fulfilled

Counseling in different forms and with different interpretations has existed in societies for a long time. Currently it has been institutionalized because students in schools have experienced emotional and psychological distress at one time or another. In schools, counselling is an important service because it enhances self discipline, self motivation, facilitates change of behaviour, change of attitude, identification of special talents and abilities and helps the students to develop intellectual, social, physical and moral capabilities.

2.2. GOVERNMENT'S POLICY ON GUIDANCE AND COUNSELLING

The government of Kenya recognizes Guidance and Counselling as an essential service that must be offered to every student in the country. The Ministry of Education's policy paper on Guidance and Counselling (2002) outlines the following as being the major general objectives of Guidance and Counselling services in schools;

1. Equip the students with skills; attitudes and knowledge to enable them cope with accelerated challenges of socio-cultural, socio-economic and technological changes in society.
2. Assist the school going youth to make informed choices from the widest possible range of possibility in the world of work.
3. Create change and positive attitude in the community on some traditional practices in life such as early marriages and Female Genital Mutilation. (F.G.M)
4. Equip the girl child with life skills to enable them address challenges, for example, pregnancy and early marriages, which lead to school dropout, sexual abuse and harassment.
5. Rehabilitate wrong doers and convicted persons, drug and alcohol abusers and maladjusted members of the society.

6. Guide and Counsel those infected with HIV/AIDS to cope with the disease.
7. Provide adolescents with healthy living information.

To realize these objectives, the Ministry of Education, Science and Technology Has:

1. Developed a policy framework for guiding provision of Guidance and counseling services in the education sector
2. Put in place an administrative structure, which facilitates development and management of Guidance and Counselling programme in educational institutions.
3. Trained teacher counselors.
4. Worked closely with other Guidance and Counselling providers, for example, non-governmental organizations and churches.

It can be concluded that the objectives of Kenya's programme of Guidance and Counselling is to help learners achieve an all round growth (Kilonzo, 1980), (Barki and Mukhopadyay, 1989) and (Eddy, Dameroon and Borland, 1980).

While appreciating that Guidance and Counselling programmes are fairly well established at the High School level, the situation in tertiary institutions is inadequate. At the university, many lecturers are not accessible to students because they leave the campus soon after their lectures are over hence many of the needy cases end up at the Dean of Students office where they are attended to depending on the dean's availability.

University students' reasons for seeking help fall into two major categories: study difficulties and personal or other difficulties. In a 1999 exercise conducted in

British Universities, 76% of students sort help for study difficulties and 24% for personal and other reasons. A large number of students expressed an inability to cope with university education. They exhibited the following characteristics:

- Disorganization in their study work
- Neglect and procrastination
- Worrying
- Unsystematic approach to study
- High extra version
- Teacher dependence and
- Disenchantment syndrome

Personal or other reasons for seeking help were highlighted in emotionality, conflicts in the mind, role confusion, identity crisis, increased quarrels, need for additional money to meet their recreational and other demands, negative peer pressure, social expectations, religious conflicts and adjustment to the members of the opposite sex (Wankowski, 1999).

However, such problems are not considered a priority because their value is not directly integrated into the tangible results of the school. Thus, the overall situation creates frustration among students. Indeed, students at the university are like sheep without a shepherd., but giving proper attention to these students would result in youths who are aware of themselves and others. This will make them more responsible and considerate to others (Mutie and Ndambuki, 1999).

Awareness of guidance and counseling resources affect the degree to which students use those resources effectively. It is reported that there exist a great ignorance of counseling services amongst students (Mwangi, 1991). Christensen

(1976) writes on the concept of student awareness of counseling and reports that few students even know that counseling centers exist in their colleges or schools. Indeed, students do not know any place they can go for help when they encounter problems.

2.3. THE CONCEPT OF ATTITUDE

The concept of attitude has been defined by Triandis (1971) as a predisposition to respond to an attitude. Attitude is represented by consistencies in the responses of individuals to social situations. Attitudes are generally learnt or acquired although most of them are acquired at childhood and therefore the home environment is crucial to a child's attitude formation. But, children are able to acquire or even learn new attitudes as they get exposed to the school environment and interact with new personalities. This can therefore lead to a change, modification or development of new attitudes.

Attitude has been defined (Koul 1984) as being the sum total of man's inclinations and feelings, prejudice or bias, pre-conceived notions, ideals, fears, threats and convictions about specific topics. Therefore, an attitude is a personal disposition, situation or proposition in favorable or unfavorable ways.

2.3.1. Students perception of guidance and counseling Services

The manner in which a client perceives counseling may serve as a barrier to the counseling process. This perception is derived from his/her prior experiences in or out of counseling and the nature of his/her concerns. If a person has had poor prior counseling, his/her attitude towards seeking help will most likely tend to be negative. Individuals who have had good experience in counseling

view the process positively. It is likely that they will think of counseling when they face inordinate personal difficulty in the school (Johnson, 1970).

Students view guidance and counseling being a relatively new concept in the Kenyan public universities with skepticism. Thus it is the responsibility of counselors to create awareness among students on the importance of these services (Wanjohi, 1990). Most students at the university have already formed social attitudes that are quite distinct and likely to remain fixed during their entire life. However, attitudes can either be changed or modified. They can be achieved through force or registration, receiving new information from others, mass or print media and through direct experience with the object, which can produce changes in the cognitive component of the individual's attitude. Changes in the cognitive component often results into changes in the affective and behavioural components (Gitonga, 1999).

But, changes will disappear unless the environment is supportive of the behaviour change that accompanies the attitude change. And, individuals are likely to back peddle to their earlier attitude unless there is an environmental change that sustains the new attitude. In this case, positive attitudes towards counseling need to be reinforced while negative ones need to be discouraged.

Students seek out different counselors depending on whether their concerns are of academic or personal in nature (Tinsley and Brown 1982). Students are generally unwilling to admit that they have problems. Some may refuse to open up and others are afraid of being seen with a counselor (Gitonga, 1999). Perceived confidentiality could also influence the student help-seeking attitude. Students may prefer to seek help from either friends or relatives and only turn to professional counselors when helpers are unavailable or ineffective (Parham and

Tinsley, 1980). Thus, students are likely to seek assistance from a peer counselor than from a clinical psychologist for personal problems.

Another factor on preference for counselors focuses on the way clients perceive the expertise of the counselor. This information is available to them about the counselor's status and experience (Brooks 1974). Experienced paraprofessionals are considered more attractive and trustworthy than professional counselors. The counselors' gender has a great impact on clients because male clients have the greatest satisfaction with female counselors and have a high regard for them. Indeed women express more comfort and are likely to disclose to female counselors than male counselors (Banikiotes, 1981).

An impact of students' positive perception of the importance of Guidance and Counselling is the promotion of positive interactions and relationships within the school and between the school and the community or society at large. These services will facilitate the development of positive behaviour and eradication of deviant behaviour patterns among the youth (Rok, 2000).

2.3.2. Problems experienced by expectant students

Adolescents are more likely to suffer pregnancy related complications than older women owing to their relative immaturity. They are more prone to preventable causes such as malnutrition, infectious diseases and hemorrhage. A pregnant girl could face a lot of social stigmatization. If the family becomes hostile to her and if the biological father of her child rejects her it becomes even more difficult for her to get married in the future. Since she is branded a loose woman by society in most cases.

This student often gets deeply traumatized and the consequences of her plight especially of dropping out from studies even if temporarily, makes her feel

vulnerable, abandoned and rejected. She not only feels disorganized and frustrated but is also aware that her plight is against the traditional African norms and that her child will be unaccepted culturally.

Since the college is considered a place for youngsters, once a student has had a baby she is no longer a youth but a mother. She feels alienated in the college community and opts to get married. And at this young age, she exposes herself to many medical and psychological problems of marriage. For example, she is at the risk of contracting cervical cancer because of her early sexual involvement. Thus, the responsibilities of motherhood will weigh heavily on her.

2.3.3. Reasons most frequently cited by students for induced abortions

The following are some of the reasons given by students for procuring induced abortions as presented by Dr. Maggwa, 2000.

1. Fear of being punished by parents.
2. Reluctance to let their studies suffer.
3. Social embarrassment
4. Perception that the girl is too young to become a mother.
5. Pressure from friends and parents
6. Fear of inability to get a marriage partner in future
7. Rape
8. Financial inability to support the baby

2.3.4. The law on abortion

Presently, there is the call to legalize abortion in Kenya. Section 158 of the Penal Code provides that any person who with intents to procure miscarriage of a woman, unlawfully administers to her or causes her to take any provision or other

toxicous thing or uses any force of any kind is guilty of a felony and is liable to imprisonment for fourteen years.

Section 159 similarly makes it an offence punishable by imprisonment for upto seven years for any woman who unlawfully procures her own miscarriage. In the draft constitution, rights of the unborn are not mentioned. Abortion has been coupled with reproductive rights of women. Because of this, it is not clear whether abortion will be legalized through the back door.

From the plain reading of the above sections of the law it clearly emerges that it only becomes illegal to unlawfully procure abortion. In other words a woman or an abortionist can procure a miscarriage if authorized by law. The matter is therefore dangerously left in the hands of the medical practitioner.

In other jurisdictions however, there exists elaborate provisions of what constitutes a lawful abortion, when and where it can be carried out. In England, Scotland and Wales for example, a substantive statute the Abortion Act of 1967, which was further, amended by the Human Fertilization and Embryology Act of 1990, governs abortion. It provides that a registered medical practitioner may lawfully terminate a pregnancy in government hospitals or on premises approved for this purpose, if two registered medical practitioners are of the opinion, formed in good faith that the pregnancy has not exceeded its twenty fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy was terminated.

Furthermore, the medical practitioners should also be of the opinion that the continuance of the pregnancy could occasion injury to the physical or mental health of the pregnant woman and the, existing children of her family. In the Australian state of Victoria for instance, the court settled on the principle of

necessity which provides that an act which would usually be a crime can be excused if it was done to avoid otherwise inevitable consequences which could have inflicted irreparable evil.

Doctors are empowered to terminate pregnancies that in their view are injurious to the mothers' physical or mental health. All it takes to grant procurement services is for two doctors' opinion to agree that a sustained pregnancy is not in the woman's best interest. However, the wording doesn't suggest how to assess the risk to a woman's mental health. There are no guidelines for evaluating a woman's ability to live with an unplanned baby. The subjective assessment of her own situation may therefore be accepted as sufficient reason to go ahead with an abortion. Similarly, there are no guidelines for assessing how she would live on after a termination. Women may be unaware of how they will cope with an abortion experience and the secrecy that often accompanies it. This could prevent a woman from making a realistic appraisal of psychological consequences. The rapacious rage with which pro-life activists have met the pro-choice advocates in the current debate on abortion is understandable because abortion deals with ending a defenseless life. And the procedures are both brutal and scary. In one of the processes, known as partial birth abortion, the doctor or abortionist, guided by ultrasound, grabs the baby's leg with forceps and pulls it to the birth canal. The abortionist then delivers the baby's entire body, except for the head, jams scissors into the baby's skull and opens them to enlarge the hole. The scissors are removed and a suction catheter is inserted which then sucks out the foetus' brains causing the skull to collapse and then the dead foetus is removed.

2.3.5. Alternatives to abortion

Regardless of what contraceptive pattern is allowed, some young university women eventually become pregnant. The young unmarried woman has essentially three options available to her. She can abort, marry or deliver outside marriage. The young unmarried pregnant student who chooses to deliver a live birth needs information about available resources for her and her baby, which include:

Adoption services - There is a general shortage of babies to be adopted most people know little about adoption and often dismiss the thought without serious consideration. Although it is a painful choice, a mother who has a loving support can work overtime and retain her self worth. However, most adoption parents lack information and are therefore unable to offer emotional support.

Welfare benefits - Many women with unplanned pregnancies face severe crippling and long-term poverty. Social security arrangements and assistance may be obtained from various voluntary organizations.

Substitute care - This is care given by relatives and living. This comprises house maids take care of the child on behalf of the mother in familiar surroundings.

Day Nurseries – Institution for preschool children which cater for babies for long hours per day. However, teachers in these institutions do not know how to identify psychological and social problems and consequently fail to offer individual and group attention.

Foster care – Here, children may be placed with foster parents continuously until their parents are in a position to provide the care for them. The mechanisms through which children are placed within the extended family are almost always informal but culturally and legally acceptable. Those cases that require the intervention of the government or NGO's typically involve abandoned children

Shepherding homes- These are homes where families take in strangers and relatives during pregnancy and delivery. For example, girls may stay here and their babies taken care of until the time they are able to get jobs and become self-reliant

Institutional Emergency Shelters - where the desperate pregnant girls can live temporarily under the care of organizations or the government

2.3.6. CONCLUSION

It is certain that abortion is a rampant and serious medical legal and social problem in Kenya. Since opinions about it are divided, a significant number of people sincerely object to abortion. Such conservative views are encouraged by the inadequacy of reasons for procurements, recurring unwanted pregnancies to the some women and lack of babies for adoption. Health care for women should not be translated into death penalty for children. Some citizens of equally strong conviction fight for it on request as a human right. And they view abortion as a way of controlling fertility.

The majority of abortions (98.6%) are performed on the grounds that the continuance of the pregnancy could involve risk or injury to the physical or mental health of the pregnant woman. The subjective assessment of her own situation may therefore be accepted as a sufficient reason to procure an abortion. Similarly

there are no clear guidelines for assessing the effects of abortion on the psychological health of women. Women may be unaware of how they could cope with an abortion experience and the secrecy that often accompanies an abortion may prevent a woman from making a realistic appraisal of the psychological consequences (Joanna Thompson, 2002).

Many women are forced to grieve in a vacuum because, the loss attributed to abortion is often not recognized or understood by partners, family members and friends. Counseling enables an affected woman face the emotions that have been developing within her and be able to come out of denial - that it didn't affect her and that it wasn't really a baby for she had no choice. The Guidance and counselling centres also provide support women who choose parenting

Research findings indicate that students are more willing to seek help when they feel that their difficulties are less attributable to their own failure than to difficult situations, (Fisher, E.H and Turner J.L, 1970). It has also been demonstrated that when students feel a sense of adequacy in their skills and do not succeed in a task, they are more willing to seek aid than those who do not feel adequate.

Tracey J.J, et al (1984) reports that individuals with more severe psychological disturbances maintain a more negative attitude towards professional assistance. Some researchers contend that for many people an existing informal support system provides the resources for dealing with major problems satisfactorily. (Gelso J.C, Brooks L. 1973). They suggest that social comparison information from family and friends has a major influence on the decision to seek help for depressed individuals who may even negate the impact of objective medical information.

The reluctance of international students to seek mental help in the United States of America has been attributed to the lack services in their home countries as well as a greater reliance on the extended family, friends and social networks for problems solving and emotional support (Alexander Workneh, et al 1976). Also seen as an explanation for this reluctance is the stigma associated with needing formal counseling, the use of which may result in decreased status and fear of being sent home as a failure (Higginbotham, 1979).

In this setting perceived confidentiality could influence students' help seeking attitude. Confidentiality in the educational setting is however associated with a dilemma that involves the mental health provider who is accountable to the college authority in accessing the mental health status of the students while at the same time acting as an agent of the student in providing mental health (Linden Hal J.J 1984).

Research in students' attitudes towards counseling services is neither adequate nor lacking in contradictions. While, (Higginbotham H.N 1979) reported that prior counseling experience greatly affects attitude, Alexander A. A. 1976, reported that the differences in response of help seekers and non-seekers were more a function of students adjustment. Briggs (1984) reports no significant correlation between students' attitude towards seeking help and help seeking behavior itself.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. INTRODUCTION

This section describes the procedures that have been followed in conducting this study, which include; selection of the population sampling, research design instrument, administration of questionnaires, interviews and finally data analysis procedures.

3.1. THE POPULATION

In this research, the focus of the study was the public universities in Kenya. This was the target population to which the results of the study were generalized. Mugenda and Mugenda, (1999) have defined the population as being the entire group of individuals having a common observable characteristic. In this study the population comprises;

1. The University of Nairobi (constituent colleges are Kikuyu, Upper Kabete, Lower Kabete, Kenyatta National Hospital, Parklands, Chiromo and the main campuses).
2. Kenyatta University
3. Jomo Kenyatta University of Agriculture and Technology
4. Maseno University
5. Egerton University (constituent colleges are Laikipia and Kisii campus)
6. Moi University (constituent colleges are Eldoret, Chepkoilel campus and Western University college of science and Technology (WEUCO).

Public universities have grown from only one constituent college with a mere 512 students at independence in 1963 to six full-fledged universities with a total enrolment of more than 50,000 students at present. The University of Nairobi,

which is the largest university in Kenya, was established in 1951 as the Royal Technical college of East Africa. It received its first students in 1956. And between 1964 and 1970; it was part of the university of East Africa, known as the university college of Nairobi. Up to 1985, Nairobi University was the major institution providing university education in Kenya. Located in the city center, Nairobi University today has a total population of close to 20,000 students in contrast to only 2,000 students in 1970, and 300 students in 1963 respectively. Moi University was established, as a second University in June 1984 and Kenyatta College formerly a constituent of Nairobi University became a third national university in 1985, followed by Egerton and Jomo Kenyatta College of Agriculture and Technology which were accredited in June 1986 and 1990 respectively.

3.2. ACCESSIBLE POPULATION

The number of members of the target population was very large and scattered over an expanse geographical area hence was important to select the University of Nairobi as the accessible population because it is the largest university and has all the faculties represented in other universities.

3.3. SAMPLE

Due to the vast population of the accessible population above it was necessary to investigate a sample, to represent the entire main traits of the whole population. Thus, Kikuyu campus was investigated for an in depth study.

3.4. TYPE OF RESEARCH DESIGN: Survey Research

Survey is an attempt to collect data from members of a population in order to determine the current status of that population in respect to one or more variables (Mugenda and Mugenda, 1999).

Through this survey the researcher obtained information by asking individual students about their perceptions and attitudes towards the guidance and counseling department. Survey research as an appropriate method for collecting original data involves describing the phenomena under study, which is too large to observe directly.

3.5. RESEARCH INSTRUMENTS

This research study used the questionnaire, which is one of the most widely used survey data collection technique because each respondent responds to the same set of questions and provides an efficient way of collecting responses from a large sample prior to qualitative analysis (Saunders, 2000).

To obtain accurate information and in depth data about the status of guidance and counseling at the university, an interview was conducted with the assistant dean of students.

The students filled one questionnaire to capture information relating to utilization of guidance and counseling services while the other questionnaire was filled by university counselors, focusing on the operations of guidance and counseling programmes at the University. Respondents were allowed one-week duration to complete the questionnaire.

3.6. DATA COLLECTION PROCEDURES

Pre- testing of the data collection instrument was done before the actual research was conducted at Jomo Kenyatta Agriculture and Technology. And the procedures used in pre-testing were identical to those, which were used during actual data collection. The subjects were encouraged to comment and offer

suggestions concerning instructions, clarity of questions and relevance. Piloting was conducted to determine if the questions could be accepted, asked, answered, analyzed and eliminated ambiguities, misunderstanding and useless items (Wiersma, 1985).

Permission to conduct the study in the University of Nairobi was sought from the Ministry of Education. And a letter of introduction was attained from the Chairman, Department of Education Administration and Planning, Kikuyu Campus.

3.7. DATA ANALYSIS

The data was collected and analyzed using both qualitative and quantitative analysis techniques. The resultant information was presented in a summarized data, which enabled assimilation of data and provided a quick comparison between different sets of data. Quantitative data was edited, coded and subjected to quantitative statistics. The results were presented in figures, tables, percentages, graphs and charts. The chi-square was used to test the relationship between variables.

Qualitative data was organized descriptively into themes, coded and presented in discussion, narrative forms and citations. This enabled the researcher to have an easier way of discussing the findings, drawing conclusions and making recommendations. For ease of data analysis, the SPSS programme was used as noted by (Pagao, 1998) who contends, "computers have the advantages of saving time and labour, thus minimizing chances of computational error and allowing easy graphical display of the data by providing better management of large data".

CHAPTER FOUR

RESEARCH FINDINGS, DATA ANALYSIS AND INTERPRETATION

4.0. INTRODUCTION

This chapter analyzes, interprets and discusses the findings of the study on student awareness of guidance and counseling services, attitude towards seeking help and preference for counseling services.

In carrying out this study, three hundred (300) questionnaires were issued at Kikuyu campus, which was treated as a case study. However, two hundred and sixty four (264) questionnaires were returned eliciting an 88%, return rate.

4.1. DEMOGRAPHIC DATA OF THE RESPONDENTS

Table 4.1.1. Gender of the respondents

Category	Frequency	Percentage
Male	60	22.7
Female	204	77.3 %
Total	264	100

In the above table, 77.3% of the respondents were female while 22.7% were male. More female respondents filled the questionnaires because the opinion of women was more preferred to that of males because women are the ones who make the final decision as to whether an abortion could be performed or not. According to some women, abortion is a matter of a woman's right to exercise control over her own body.

Table 4.1.2. Age of the Respondents

	Frequency	Percentage
Below 19years	24	9.1
20-22years	138	52.3
23-25 years	92	34.8
Over 26 years	10	3.8
Total	264	100.0

According to Table 4.1.2, majority of university students (52.3%) are in the age bracket of twenty to twenty two years. Quite a good number (34.8%) were between twenty three to twenty five years. The table also reveals that some students in early university life could be undergoing adolescence and are in the age bracket of below nineteen years (19.1%). However, the exact time when adolescence occurs varies from one individual to another and could spread out to as early as nineteen and as late as twenty.

The rest of the students who are in a very critical period of transition from late adolescence to early adulthood are characterized by periods of emotional instability, experimentation, rebellion against authority, inner turmoil associated with serious behavior problems and anxiety. Very few, (3.8%) students are above twenty-six years.

4.2. AWARENESS ABOUT GUIDANCE AND COUNSELING SERVICES

Table 4.2.1. Awareness about Existence of Help Providers

Help Providers	Frequency	Percentage	Rank
Dean of faculty	242	94.5	1
Head of Departments	234	94.4	2
Academic Advisor	78	33.9	10
Any lecturer outside Class time	94	39.8	9

Dean of students	234	92.1	3
House keepers	144	62.1	5
Wardens	166	71.6	4
Chaplain	144	58.5	6
Guidance and Counseling center	134	52.8	8
Family welfare unit	32	12.9	13
Psychiatric Nurse	32	13.1	12
Consulting Psychiatrist	46	18.5	11
Peer counselor	134	54.0	7

From the table above, only 52.8% are aware of the existence of guidance and counseling services. The table also shows that the order from best to least known in which students were aware of the existence of counseling resources was as follows: -

1. Dean of Faculty
2. Heads of Departments
3. Dean of students
4. Wardens
5. House Keepers
6. Chaplain
7. Peer Counselors
8. Guidance and Counseling center
9. Any lecturer outside class time
10. Academic Advisor
11. Consulting Psychiatrist
12. Psychiatric Nurse
13. Family Welfare unit

The Deans of Faculties, Heads of Departments and Dean of students were the best known. Some students try to reach their respective Deans and Heads of Departments but who, by virtue of their positions have not been easily available at the opportune time when advice is required. Awareness that a student can see any lecturer outside class time for counseling recorded an awareness level of 39.8%.

Traditionally, a lecturer plays the role of organizing the students' learning environment. However, lecturers have relegated themselves to the back stage in the life of students and are viewed as only "chalk and talk". Students see them at the front of the lecture room and do not see them again until they are due for another lecture or examination.

The lecturers who were interviewed said that the unfavourable terms and conditions of the public university staff have left them demoralized and frustrated. This emphasizes some of the lecturers' unwillingness to take on what they consider to be non-teaching duties such as co-curricular activities, interacting with students and providing counseling services after lectures.

The effect of this is brain drain to other countries, "moon lighting" activities in other private universities instead of interacting with students. Lecturers and students do not know each other as individuals and so cannot share ideas and feelings freely. This situation has been aggravated by the fact that there are no tutorials in most universities to supplement lectures. The students also expressed their lack of trust in some lecturers because of reported incidents of improper male and female relationships between lecturers and students.

Table 4.2.2. The number of students aware of the location of various helping resources.

Helping resources	Frequency	Percentage
Dean of Faculty	180	73.8
Head of Departments	156	67.8
Academic Advisor	40	18.9
Any lecturer outside class	60	26.8
Dean of students	164	69.5
House Keepers	114	51.8
Wardens	104	46.8
Chaplain	66	28.9
Guidance and Counseling center	62	26.1
Family Welfare unit	20	8.7
Psychiatric Nurse	22	9.7
Consulting Psychiatrist	18	6.8
Peer counselor	74	28.0

From the table above, the list of help givers whose locations were known by the

students from best known to least known is as follows: -

1. Dean of Faculty
2. Dean of students
3. Head of Departments
4. House Keepers
5. Wardens
6. Peer counselors
7. Any lecturer outside classroom

8. Guidance and Counseling center
9. Academic Advisor
10. Psychiatric Nurse
11. Family welfare unit
12. Consulting psychiatrist

It was reported that students have stigmatized guidance and counseling units as places where those who are severely maladjusted are referred. Only 26.1% of the entire university population is aware of the location of guidance and counseling services. Thus, an overall assessment of the capacities in universities for guidance and counseling shows that the units have not been properly conceptualized to address the issue of guidance and counseling comprehensively.

Students' Academic Advisory services are inadequate in the public universities because only 18.9% of the population is aware of where to locate an academic advisor. 26.8% of the students are aware of where to find the lecturers after classes. This situation may be averted if lecturers could be assigned a certain number of students whom they would interact with and monitor throughout the duration of their university programme.

The students' academic advisors would guide the students in making realistic choices in what academic disciplines to major in, courses to take, how to organize study time and address any problems they experience.

Comparing the scores on the awareness of existence and location of various helping resources, we note that more students are aware of the existence than locations of these resources. Thus, while some students were aware that

various counseling resources existed, they may not know where to find them in case of need.

Table 4.2.3. Students' responses on preferences for help givers in relation to personal problems

Preferred Helper	Frequency	Percentage
Close Friend	166	62.9
Parent	54	20.5
Lecturer	11	4.2
Guidance and Counseling Unit	27	10.2
Chaplain	3	1.1
None	3	1.1
Total	264	100

From Table 4.2.3. Above, a list of help providers from the most to least preferred could be compiled as follows: - Close Friend, Parent, Guidance and Counseling Unit, Lecturer and Chaplain. Thus, the three most preferred resources are Close Friend, Parent and the Guidance and Counseling center.

The problems cited by students on why they don't visit the guidance and counseling unit include: -

- i.. Lack of awareness of where to locate them
- ii. No serious problem that needs counseling
- iii. Lack of trust in the counselors
- iv. No time to visit the counseling office
- v. Lack of skills on how to approach the counselors
- vi. Preference to go to a familiar person
- vii. Lack of awareness of the counseling activities

- viii. Fear of stigmatization
- ix. Offices are often locked and in open places (near the multi-purpose hall)
- x. Counseling is expensive

4.3. REPRODUCTIVE HEALTH DATA

The table below presents in a summative form the number of girls who have conceived while studying at the university.

Table 4.3.1. Girls who have conceived at the University

	Frequency	Percentage
Yes	71	34.7
No	133	65.3
Total	204	100

From the table above, 35% of the university girls had experienced a pregnancy at least once. This is an alarmingly high rate and could be attributed to the students' high involvement in sexual activities where over 90% of the students are sexually active.

The factors that have contributed to university students' high involvement in sexual activities are: -

1. Public universities are not founded on a strong religious background because their main function is to produce high caliber manpower. Student population ranges from 3000 to 15000, whose admission is selected by the Joint Admission Board (JAB) basing on academic merit, where student character is not a formidable prerequisite. Thus, the implementation of rules and regulations is not keenly followed.

2. The workload of students at universities allows for too much idle time unlike in their previous tightly controlled high schools where they did not have adequate time for socialization. This makes them unable to cope with the freedom of university life. Moreover, public universities do not also have adequate recreation facilities for students. This makes the majority of them idle after classes. This permissive environment at the university encourages students to want to reject traditional norms and act contrary to the expectations of the society. Hence drug abuse and sexual immorality are on the increase.
3. Lack of parental involvement in the general welfare of university students is evident in the decision by one public university, which attempted to draw parents to a meeting with students. However, this meeting did not succeed because students ignored their parents, leaving the university officers to entertain and take them around the Campus. On making a comparison between high schools and universities on parental involvement on guidance and counseling, it was noted that high schools have been able to control some difficult counseling cases through parental involvement. Also circumstances in most homes and families are not conducive for proper childcare and development because most parents are promiscuous and permissive hence their children lack role models to emulate.
4. When students are admitted to the university, information about their previous conduct is not considered. Indeed, such information would be useful in order to understand how to handle students according to their personal needs. The Social Cognitive Theory by O. Leary (1992) asserts that the behaviour that students have acquired over time interacts with their current environment to determine their behaviour. Thus, a sexually active student before joining university will persist with this tendency at the university.

5. Peer pressure and influence as stated in the Behavioural Theory by B.F. Skinner (1973) states that students learn sexuality from their peers. Moreover, their actions are strongly affected by what they observe in the environment. And in assessing their own risk, they develop attitudes contrary to reality, like the assumption that pregnancy can easily affect others and not them.
6. While it is generally accepted that the role of the press is informing, educating and entertaining, its role in propagating negative information has been exaggerated. Students would like to read about violence, sex, drugs and other scams. The media has glorified sex as being fashionable and a mark of modernity. At the university, students access the pornographic Television channel 'O' that fills their minds with vile passions and lust.
7. The introduction of Catering Services at the University referred to as the Pay As You Eat (PAYE) system has created stress among students. For, not all students come to campus with adequate funds to sustain them due to abject poverty at home. The Higher Education Loan Board (HELB) money, which is available to needy students, is inadequate. Consequently students choose to eat less. And when they are completely without money, they resort to borrowing from their friends and often go without food. Hence, they engage in anti-social behaviour like commercial sex.
8. The use of drugs such as marijuana, heroin, cocaine, madrax, miraa (Khat) and heavy consumption of alcohol by students has become alarming and dangerous. These drugs influence the otherwise sober student to engage in irresponsible sexual behaviour.
9. The government's decision not to guarantee employment amongst graduates has created a state of helplessness among students who appear frustrated, disillusioned and hopeless. These difficulties encourage them to seek

emotional encounter in sex. And at such times of frustrations they are mentally, spiritually, morally and socially maladjusted.

10. Due to the rapid expansion of public universities without provision of corresponding adequate facilities and resources, there is excessive congestion on campuses. Both boys and girls share halls of residence thus promoting improper male-female relationships.
11. Inaccurate fears of the side effects of contraceptives work against the likely use of them. Some contraceptives require planning in advance of sexual activity which is a disadvantage to many youths who typically have unplanned and sporadic sexual relations, Professor Everett Sitanda (2000).

From the foregoing discussion, it is evident that university students have problems that are significantly severe and find the options available in the campus environment to be incongruent with their personal needs.

Table 4.3.2. Decision taken by pregnant girls about their Pregnancies

Decision Taken	Frequency	Percentage
To Retain the Pregnancy	24	33.8
To Terminate the Pregnancy	47	66.2
Total	71	100

From Table 4.3.2, only 33.8% of the girls who were pregnant retained their pregnancies while 66.2% of them terminated their pregnancies. A small number of live births reported in the survey may actually represent pregnancies that ended in abortion. External data that would permit to check the accuracy of the survey reports on abortions do not exist. It can be summarized that 66.2% and 33.8% of the girls procure abortion and give birth to live babies respectively.

Girls often opt for abortion because they do not want their children to be born illegitimate. The illegitimate child gets a poorer start in life and this continues to build up into a complex web of cumulative economic and emotional interacting deprivations. Most unsupported mothers face living on a bare subsistence income often in extreme loneliness. The mothers also suffer from anxious hopes about their future. Also there exists lack of moral values, which enables young women to postpone sex until marriage or negotiate safer sex. This is due to an increasingly permissive attitude towards sex behaviour with a higher proportion of young people being more sexually active. Although contraceptives are now more easily obtainable by young unmarried people the reality is that most women especially unmarried girls and single women rarely or never use contraceptives.

4.3.4. Major arguments used to justify abortion

The following are some of the major arguments that justify abortion:

First, abortion is a woman's right over her own body. Second, there are situations in which the baby will be born hopelessly deformed. Third, is the need to alleviate the indignity forced upon a woman with a pregnancy resulting from rape or incest. Fourth, there are those unwanted pregnancies that make the child vulnerable to neglect and abuse. Fifth, why should a woman be forced against her will to bring into this world a baby she does not want? Finally, there is need for compassion for the many young women whose lives would be threatened by illegal abortion in back alleys with rusty coat hangers (Dr. Norman Geisler, 1992).

These reasons are persuasive, granting one major assumption that the Supreme Court in Britain made when it legalized abortion in 1967, namely that the unborn being is not a human person protected by the constitution but only a potential human life.

However, there is fallacy in all the 'good' arguments for abortion. As the late Princeton Professor Paul Ramsley warned, "the same 'good' reasons put forward in abortion are equally good arguments for infanticide and euthanasia. In short, if we can kill babies before they are born because they are deformed, socially inconvenient, undesired, etc, then there is no ethical reason we cannot kill two year old children or an eighty two year old person on the same ground" (Dr. Norman Geisler. 1992).

Whatever dispute there may be over which the natural, moral law prohibits moral actions, there is no dispute about one - the common value of protecting human life. If this is so, then there is only one relevant question related to abortion. Are unborn babies human beings?

On April 23, 1981 in the U.S.A, scientific experts around the world testified about the beginning of an individual's life. It was summarized that: -

In Biology and in Medicine, it is an accepted fact that the life of any individual organism resulting from sexual reproduction begins at conception or fertilization. From this moment, all genetic information is present and no new information is added till death. All physical characteristics for life are contained in that genetic code present at conception, for imitating the sex of the individual child is determined at the moment of conception.

A female ovum and a male sperm have 23 chromosomes each. Thus a normal adult being has 46 chromosomes, which is evident at the very moment of conception. (Mucheline M and Mathew Ruth of Havard University).

Pro-life activists consider an embryo, from the moment of conception as being a human being with full moral status. They view abortion as killing in the same sense as murder of any other person. Such views may be based on religious or

moral convictions that each human life has unassailable intrinsic value, which is not diminished by any impairment, or suffering that may be involved for the individual living that life.

4.4. COUNSELING AND PREGNANCY

When facing unexpected pregnancy women and their partners need accurate information and an opportunity to look at all the options available: which include parenting, adoption or abortion. They also need time to explore all their feelings without pressure or judgment. Counselors respect the fact that each woman has her own free will. Out of all the pregnant girls who sought counseling services, 100% of them retained their pregnancies and 0% terminated. Out of the pregnant girls who did not seek for counseling services 25% of them retained their pregnancies while 75% of them terminated. Through the use of the Chi-Square test method to establish the relationship between guidance and counseling and abortion it was found out that lack of proper guidance and counseling services on reproductive health matters has contributed to the high rate of abortion amongst university students. This is represented as:

$X^2 = 2.880$, x^2 critical = 3.84 at significance level of 0.05

$3.84 > 2.880$ therefore the hypotheses of the study were accepted.

4.5. EFFECT OF ABORTION ON MENTAL HEALTH

Mental Health (Schoenberg, 1970) is composed of two broad domains. The first is the absence of dysfunction. Dysfunction refers to impairment in everyday life in psychological, emotional, behavioral and social spheres. The second is the presence of optimal functioning or well being in the psychological and social domains. Here, well-being refers to the presence of strengths that promote optimal functioning. Emotional distresses include sadness, anxiety and anger.

Table 4.5.1. The negative influence of abortion on students' mental health

Affected Negatively	Frequency	Percentage
Yes	15	83.3
No	3	16.7
Total	18	100

From Table 4.5.1, 83.3% of the respondents who had carried out abortion experienced Post Traumatic Stress Disorders (PTSD). Only 16.7% had not experienced any mental disturbance that is externalized (Schoenberg 1970).

Internalized distress consists of negative emotions such as sadness, anxiety, shame and guilt, which are directed toward the self (internalized). In general, students who report frequent feeling of such self directed emotions show diminished academic functioning. Externalized distress consists of negative emotions such as anger, frustration and fear that are directed against others (externalized) while school difficulties, include learning delays, poor achievement, social rejection, aggressive behaviour, misconduct in the classroom and dropping out of school. Cognitively oriented researchers of mental health have described two specific ways that negative emotions affect cognition and consequently, students learning and performance in school. These include: -

- a) The activation of memory biases, and
- b) The activation of attention biases

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Negative, persistent emotions (whatever their cause) can influence cognition through their influence on memory. As Bernard (1970) remarked, " Negative emotion seems to elicit negative memory and conversely, the consolidation of negative memories seems to maintain or enhance negative affect". For example, a student experiencing high levels of sadness (for whatever reason) will have similarly affectively valenced self-perceptions activated in memory when

learning. That is, sadness will bias students' recall toward bad memories of other sad events.

A second way that emotions can influence cognition is through their effect on attention. Emotions can compel them to attend particular aspects of the other world, mainly those that are consistent with the emotions themselves. The biasing of attention was described by Pintrich (1998) in "Emotions can facilitate attention processing of features of the environment consistent with the emotion but also produce a loss of information about other aspects of the situation". Thus anxiety seems to have a particular effect on attention.

It is interesting to note that this kind of attentional bias perhaps induced by predominating feelings of internalized distress is in part what we mean when we say distress drains off resources for learning. In essence, distress can divert attentional resources away from features of the instructional task toward personal attributes and environmental stimuli that is consistent with the negative emotion. This serves to maintain or amplify the initial negative emotional state.

Students with high levels of anger habitually impute hostile intentions and see provocations as coming from others. This may reflect information processing bias or an emotionally primed, attentional sensitivity to cues associated with hostility. Peers or teachers may become relatively unavailable or unwilling to assist such children because interactions with them are aversive or difficult. This enhances the likelihood that angry children, primed to see themselves as potential victims, eventually become victims of isolation and failure in the classroom setting.

CHAPTER FIVE

SUMMARY AND RECOMMENDATIONS

5.0. SUMMARY

From the results of the study half (52.8%) of the university students population was aware of the existence of counseling services. And only 26% of the students are aware of the location of those services. Students who join public universities are often not aware of the available counseling resources. Currently, the orientation programme through which counseling resources are introduced to students runs for about a week and is heavily loaded with large group meetings. The introduction of lecturers and counselors to a large noisy group seems to have little effect on creating awareness amongst students especially on the availability of counseling services in the campus.

Majority of the students (90%) do not seek counseling services at the guidance and counseling units in the university. Most of them (62.9%) seek for counseling from their close friends. Peer identity, pressure and influence or identifying with "comrades" makes these youths develop close ties with their friends.

The results indicate that only 26.8% of the students' population would consult a lecturer for counseling. Christensen (1996) remarks that students do not regard teachers as being helpful in solving their personal problems. Instead, they view their parents and peers as their source of help. And teachers are only helpful for educational and vocational problems. Only about 21 % of the student population seek advice and counseling from parents because parents are pre-occupied with the world of work and do not have time for their children. This leads to a strained parent / child relationship which hinders communication.

This research shows that over 90% of the students are sexually active. It also reveals that 35% of the university female population has experienced a pregnancy at least once. Out of the girls who get pregnant, the greater number (66.2%) procures abortion and only a few (33.8%) carry to full term their pregnancies. The negative influence of abortion on the mental health of students recorded an 83.3% as compared to the 16.7% who had not experienced post abortion psychological difficulties.

Out of those who had experienced a pregnancy (62.5%) were negatively affected in their academic work. Emotional difficulties experienced by these students had led to academic difficulties and resulted in poor grades in their studies.

5.1. CONCLUSION

Presently, the number of abortion cases in the country continues to rise, as evidenced in the print and electronic media reports. Institutions of learning have not been spared of this practice. This study established that remains of aborted fetuses have been discovered within the university premises. It also provides the statistics of the frequency of abortions by university students, which indicates that out of all the girls who have experienced a pregnancy, (62.8%) of them have procured abortions.

There has been a lot of stigma surrounding abortion related issues and this justifies the fact that most abortion cases go unnoticed. This study therefore unfolds the abortion mystery and shows its status in the education system. Abortion cases are not only rampant in the society but also well permeated within the education system.

Therefore, ways and means of addressing this issue need to be developed by the Ministry of Education and all other stakeholders in education like parents, churches, educationists and parliament. Government's laxity in its policies regarding abortion has contributed to the great number of abortions in the country. Chapter 5 of the constitution of Kenya explains the government's duty to protect the lives of individual citizens of the country. Section 158 and 159 of the penal code in Kenya makes it an offence punishable by

imprisonment to procure abortions. Most of the information available about the youth in Kenya has been limited to secondary school students. While, students at the universities have been ignored. The existing information is not only acquired through the press but is also negative. This further alienates university students who have been viewed as irresponsible and destructive.

Parents and guardians have abandoned their roles of counseling their children to teachers while teachers and lecturers on the other hand shy away from educating students on sexuality due to lack of an appropriate curriculum to guide them and relevant training skills. Religious organizations are strictly opposed to reproductive health care for the youth in favour of abstinence while the government has no clear policies about youths' reproductive health. The shift from cultural traditions to modernity means that adolescents have been deprived of the informal education system in which older members of the community taught adolescents sexuality.

Indeed, the university students have no one to go to for help and they are like sheep without a shepherd. This study highlights university students' problems in the hope that concerted efforts will be solicited from parents, lecturers, churches, NGOs and the government to help students in their academic pursuits. Their massive problems are indicators of the failure by society to take a responsible role in their development.

It has been observed that students have associated spiritual qualifications such as chaplaincy with an ability to provide guidance and counseling services. The chaplains could use the results of this study to address relevant issues affecting the university student community. For example, emphasis should be laid on sexual issues with particular emphasis on contraceptives, pregnancy and abortion.

The status of university students' sexual behaviour is a reflection of the values that they have acquired over time. These, interact with their current university environment

to determine their actions. For example, their high involvement in sexual activities, views towards contraceptives and unwanted pregnancies have been formed over time.

The current behaviour of university students is thus representative of the flaws in the entire education system from primary, secondary to tertiary levels. Therefore, policy makers in the ministry of education will benefit from the results of this study in that they will address the needs in the education system. This study therefore provides a feedback for the education system. Knowledge about abortion is very low amongst students. This ignorance has hindered the students' effective assessment of the outcomes of pregnancy and abortion. Students should be equipped with the right information as soon as they join the campus in their first year of study. For much of the information they possess is from their peers friends, print and media which is often unverified.

This study is also a challenge to the University Council to ensure students are offered the right knowledge about sexuality. Hence, the students must learn that they are ultimately responsible for their own actions and that it is they who must live with the results of poor decisions.

5.2. RECOMMENDATIONS

Based on the findings and conclusions of this study, the researcher made the following recommendations:

In order to have guidance and counseling existence known by more students, the orientation handbook for new students could be expanded to include detailed information about the availability of counseling resources. Communication channels should be left open, regular university magazines and newsletters could also narrow the information gap on either side and provide a channel for solving problems before they become a crisis erupts.

Informal counseling could be done using this forum by giving case studies. Students could also be encouraged ask questions which could be answered in the magazine thus maintaining anonymity yet tackling real life issues on campus. In this way counselors could be able to keep in touch with students' problems especially the rampant ones and thereby devise ways to deal with them at a preventive level. This forum could also be used to enhance positive attitudes towards seeking help by creating positive and practical images towards the counseling resources and process.

Since the universities guidance and counseling units suffer from insufficient staff, inadequate training and lack of facilities such as office space, a review of the efforts by wardens and academic advisors as counseling resources could be effected. Wardens could be allocated clearly marked offices in the hostels, so that students can see them clearly. Those lecturers who are directly involved in counseling should be given lighter teaching loads so that they can have extra time to interact with students. These lecturers could also be provided with basic training in counseling which is of much help in their responsibilities of counseling students. Preventive counseling for students could be conducted at regular intervals through lectures, workshops and discussions. All teaching departments need to devise methods of noticing students who require counseling. The lecturers also need guidance and counseling because some maladjusted behaviour amongst students could be learnt from them. For example, excessive intake of alcohol and inappropriate sexual relationships.

Friends seem to be a very important source of counseling for the students. It is recommended that forums for making new friends and strengthening old ones be provided more deliberately. Social activities should receive more backing from the university authorities and incentives could be provided for students to engage more in such activities like games. The reasons given by students to explain why friends are the most preferred source of counseling is that secrets not easily shared with administrators are comfortably shared amongst students. For example, matters related to sexuality, because they are viewed as shameful.

The effective use of peer counselors amongst the students should thus be encouraged. However, this study revealed that the training of peer counselors has not been implemented at the universities. Students do not have the knowledge of the existence of peer counselors or their identity. Thus, peer counselors should be provided with a room for the counseling or they could counsel from far away places devoid of people, other disturbances and distractions. Thus, the university administration should put more emphasis on peer counselors training by offering voluntary counseling courses, after which, certificates could be awarded.

The university students, like all other youth lack a consistent source of basic care and are less likely to visit a doctor or have any regular source of medical care. To compound this problem is that many of their health issues such as sexuality are socially stigmatized or difficult to discuss. The government could intensify its effort in promoting the "worth the wait" sexual abstinence-training programme popularly known as "Kuchill" not only at the high school levels but also at the tertiary institutions. Indeed, adolescents should be provided with appropriate sexual and reproductive health information and services.

The government of Kenya should promote youth involvement and participation in planning, decision-making, implementation and management of adolescent sexuality and reproductive right health programmes. The Guidance and Counseling department at the universities needs to evaluate their performance and if necessary effect changes. The role of the counselor is to assist the students in discovering the disadvantageous conditions of the past under which they made certain early decisions; counselors should understand that it is not enough just to say, "Abortion is wrong". A counselor should offer the youth life related skills and training to help them assess situations and possible outcomes as well.

The universities should also open independent pregnancy counseling centers to specifically offer students better support for unplanned pregnancies and post abortion

problems. Moreover, university rules and regulations concerning pregnant students should be favourable to them.

A thorough assessment of crisis - pregnancy and post - abortion difficulties amongst students may reveal Post Traumatic Stress Disorders (PTSD) like substance abuse, depression and suicidal tendencies. These may take a heavy toll on academic achievements. The universities play a major role in producing high calibre manpower, and any stressors affecting the quality of university education should be addressed.

Since the parliament is the law making body in the country, its stand on abortion will impact on the whole community. The findings of this research could influence the abortion debate in parliament and also the constitutional amendments, in connection with whether to legalize abortion in Kenya or not.

The findings of this study could also encourage government donor agencies to set up children's homes for adoption services. Desperate mothers have in the past sold their babies to any willing buyer. But, the safety of such baby syndicates is in question. However, most parents in Kenya not only deem adoption and fostering is immoral but also dreads the pain of separation in the case of adoption. And they are not sure about what will happen to their children once institutionalized.

Doctors may learn that they are apportioned blame by women who have found their abortion experience traumatic. It is possible that doctors do not adequately assess the risk involved in abortion. Moreover, there are no guidelines for evaluating a woman's ability to live with an unplanned baby. The woman's subjective assessment of her own situation may therefore be accepted as sufficient reason to go ahead and procure an abortion.

Over 95 percent of abortion cases are based on convenience and not incest, rape, physical deformation of the unborn and the threatened health of the mother. In fact, the significant increases in suicidal attempts after an abortion indicate that the procedure is deleterious to mental health.

5.3. TOPICS FOR FUTURE RESEARCH

As mentioned earlier, this study is exploratory and provokes further research in the area of student's reproductive health at our local universities. First, the awareness of counseling resources could be examined in detail, to include such aspects as how students go about soliciting help from various counselors. Second, the extent to which various counseling resources are preferred could be compared with actual consultations for these resources. Third, examining the attitudes of another group from a different university and the results compared could extend research on attitudes towards seeking help on reproductive health matters.

2

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APPENDIX A

A LETTER TO THE RESPONDENTS

Josephine W. Mbabu
University of Nairobi
Department of Educational
Administration & Planning
P.O Box 30197 Nairobi.

Dear Sir/ Madam

RE: A QUESTIONNAIRE INTO THE ROLE OF GUIDANCE AND COUNSELLING SERVICES IN THE PREVENTION OF ABORTION AMONGST UNIVERSITY STUDENTS.

I am a post-graduate student at the University of Nairobi, in the Department of Educational Administration and planning. I am carrying out a research on the above topic in order to gather information, which will help in improving the guidance and counseling services at the University.

Your answers to the questionnaire are completely confidential. Your honest answers to the questions will go a long way in addressing the problems facing University students.

I greatly appreciate your response to this survey. Would you be willing to participate?

YES:

NO:

(Put a tick against your chosen response).

APPENDIX B

QUESTIONNAIRE FOR THE STUDENTS

This questionnaire seeks information on guidance and counseling service in the Kenyan public universities

Please respond to all questions, as honestly and accurately as possible. The information given will be treated as private and confidential and will only be used for research purposes. Do not write your name on this questionnaire.

PART 1

Please complete this questionnaire by going through it. Tick [] the items that apply to you unless a different instruction is given.

1. Gender

a. Male ()

b. Female ()

2. Age

a. below 19 years () b. 20-

22 years ()

c. 23-25 years ()

d. over 26 years ()

3 (i) Is there a guidance and counseling unit at the university?

a. Yes ()

b. No ()

c. Don't know ()

4 (i) Listed below are help givers available on this campus. Against each help provider, indicate what you know about him or her by ticking [v] appropriately

HELP PROVIDERS		DO YOU KNOW THAT THEY EXIST IN CAMPUS		DO YOU KNOW WHERE TO FIND THEM	
		YES	NO	YES	NO
1	Dean of Faculty				
2	Head of Department				
3	Academic advisor				
4	Any lecturer outside class time				
5	Dean of students				
6	House keeper			?	
7	Wardens				
8	Chaplain				
9	Guidance and counseling center				
10	Family Welfare unit				
11	Psychiatric nurse				
12	Consulting Psychiatrist				
13	Peer counselor				

(ii) If you were faced with a personal problem, whom would you consult for help?

(a) Friend

(b) Parent

(c) Relative

(d) Any other (specify)

5 (i) Do you visit the guidance and counseling unit?

a. Yes ()

b. No ()

(ii) Give reasons

6. If you visit the guidance and counseling unit, when were you there last?

a. Days -One month ago ()

b. Two months - six months ago ()

c. Seven months - one year ago ()

d. More than one year ago.()

7. (i) Are you free to disclose all information required to the counselor?

a. Yes ()

b. No ()

(ii) Give reasons.

8. (i) which one of the following issues have you discussed with the counselor?

a. Academics ()

b Personal problems ()

(ii) If personal problems, what was the nature of your problem?

a. Relationships ()

b. Grief ()

c. Drug abuse ()

d. Reproductive health ()

e. Any other specify ()

9. If the nature of your problem was on reproductive health what was the specific issue?

- a. Sexual behavior ()
- b. S.T.D and H.I.V/A.I.D.S ()
- c. Birth control ()
- d. Pregnancy ()
- e. Abortion ()
- f. Any other (specify) ()

10. Do you have a boyfriend /girlfriend? (Tick against the option applicable to you)

- a. Yes ()
- b. No ()

11 (i) Have you had any intimate relationship?

a. Yes ()

b. No ()

(ii) If you have had an intimate relationship did you use any form of contraceptive?

a. Yes ()

b. No ()

(iii) If you used a contraceptive which one?

(iv) If you did not use any contraceptive, give reasons.

Questions (12-18) are for female students

12. (i). Have you ever conceived?

a. Yes ()

b. No ()

(ii). If Yes, was the pregnancy planned for?

a. Yes ()

b. No ()

13. If the pregnancy was unplanned for, indicate what you did about it

a. Sought for counseling services. ()

b. Retained it. ()

c. Terminated it ()

14. (i) If you sought counseling services, did you receive help?

a. Yes. ()

b. No. ()

(ii) What decision did you make after you were counseled?

a. To retain the pregnancy ()

b. To terminate the pregnancy ()

15. (i) If you retained the pregnancy what difficulties did you face?

(ii) Did the problems you faced negatively affect your academic performance?

a. Yes ()

b. No ()

c. What measures did the guidance and counseling department take to alleviate those problems?

16(i) If you terminated the pregnancy give reasons

- a. A reluctance to let my studies suffer ()
- b. Fear of being punished by parents ()
- c. Social embarrassment ()
- d. Perception that I was too young to become a mother ()
- e. To enjoy life without children ()
- f. Boyfriend denied responsibility ()
- g. Pressure from parents and friends ()
- h. Fear for single parenthood ()
- i. Medical reasons ()
- j. Any other specify ()

(ii) Has the abortion experience affected your mental health?

- a. Yes ()
- b. No ()

(iii) If yes, have you experienced the following post- abortion reactions?

- a. Regret, guilt and shame ()
- b. Suicidal tendencies ()
- c. Substance Abuse ()
- d. Anxiety of infertility ()
- e. Preoccupation with becoming pregnant again ()
- f. Anniversary syndromes around dates of conception abortion or due date ()
- g. Avoidance behaviors (avoiding pregnant friends and crying babies) ()
- h. Sudden uncontrollable crime ()
- i. Eating disorders ()
- j. Anger ()

18. Have you sought for post- abortion counseling?

a. Yes ()

b. No ()

Give reasons

19. Have you ever been in contact with someone undergoing or planning to have an abortion?

a. Yes ()

b. No () (ii) What did you do about it

20. How many fellow students do you know of who have had abortions procured on them?

a. None ()

b. 1-5 students ()

c. 6-10 Students ()

d. Above 10 Students (Specify)

21. Are you aware of any alternatives to abortion?

a. Yes ()

b. No ()

Explain your response on the above

22. (i) What is your feeling towards abortion?

a. Bad habit ()

b. Dangerous ()

c. Murder ()

d. Against religion ()

e. May be allowed for medical reasons () May be allowed
for social reasons ()

(ii) should abortion be legalized?

a. Yes ()

b. No ()

Give reasons

23. Give suggestions on how abortion amongst university students could be prevented

2

APPENDIX - C

Questionnaire for the counselor.

This questionnaire seeks information on guidance and counseling services in Kenyan public universities.

Please respond to all questions as honestly and accurately as possible. The information given will be treated as private and confidential and will be used only for research purposes.

Do not write your name on this questionnaire.

PART I

Please complete this section by putting a tick for the options that apply to you unless a different direction is given.

1. Gender

- a. Male ()
- b. Female ()

2. Age

- a. Below 25 years ()
- b. 25 to 40 years ()
- c. Over 40 years ()

3. For how many years have you been a counselor?

4. Where did you attend your training?

PART II

5. How many counselors are there in the university?

6. Do you have a room for guidance and counseling?

- a. Yes ()
- b. No. ()

7. Where is the counseling room located?

- a. Near lecture halls ()
- b. Close to administration ()
- c. Secluded place ()
- d. Near house of residence ()
- e. Within the health clinic ()
- f. Any other (Specify) ()

8. Who else conducts guidance and counseling at the university?

- a. Peer counselors ()
- b. Lecturers ()
- c. Wardens ()
- d. Any other (Specify) ()

9. Does the counseling department train peer counselors? a. Yes () b. No ()

10. Do you have a record of students' personal data?

- a. Yes ()
- b. No ()

2

11. Indicate the methodology you use in guidance and counseling

- a. Awareness Campaigns at regular intervals ()
- b. Lectures ()
- c. Rims ()
- d. Video shows ()
- e. Group discussions ()
- f. Displays ()
- g. Any other (Specify)

12.(i) Do you offer guidance and counseling on reproductive health matters?

a. Yes ()

b. No ()

(ii) What does the programme include?

a. Relationships ()

b. Safe sexual behavior ()

c. Birth control measures ()

d. S.T.D and H.I.V/A.I.D.S ()

e. Pregnancy ()

f. Abortion ()

g. Any other (Specify) ()

13. (i) How many students seek counseling services for unplanned pregnancies per semester?

a. None () b. 1-5 students () c. 6-10 students () d. 11-15 students ()

e. Over 15 students (specify)

(ii) Do they come voluntarily? a. Yes() b. No()

If No, who sends them to you?

14 Do the students volunteer all the required information? 2

a. Yes()

b. No. ()

Give reasons:

15 After counseling how many make the decision of retaining the pregnancy?

16 What are the problems that are faced by expectant university students?

17 Do these problems negatively affect the student's academic performance?

a Yes()

b. No. ()

18. What measure does the guidance and counseling department take to alleviate those problems?

19. After counseling how many students make the decision to terminate the pregnancy?

20. Do the students ever come back for post abortion counseling?

a. Yes()

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b. No() Give reasons

”

21 What problems do you face in the course of guidance and counseling work on reproductive health matters?

22 How can guidance and counseling services on reproductive health be improved at the university?

23 Give suggestions on how abortion amongst university students could be prevented.