INHIBITANTS OF COMPREHENSIVE SEXUALITY EDUCATION IN RURAL SECONDARY SCHOOLS; A CASE OF KAREMO DIVISION, SIAYA DISTRICT, SIAYA COUNTY, KENYA.

BY

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DECLARATION

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

Signature ..... Date 06/08/2012.

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This research project report has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I dedicate this research project report to my wife Mercy Leah and my son Eldad Sasha. Also to my late mother, Lillian and late grandmother Ruth, sisters Jescah, Ruth and Rose and brother Joseph for their moral support and financial assistance.

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ABREVIATIONS AND ACRONYMS

AEO	-Area Education Officers
AIDS	-Acquired Immune Deficiency Syndrome
ARH&D	-Adolescent Reproductive Health and Development
ARRM	-AIDS Risk Reduction Model
CBS	-Central Bureau of statistics
CSA	-Centre for Study of Adolescent
CSE	-Comprehensive sexuality education
FGM	-Female Genital Cutting
FHI	-Family Health International
HBM	-Health Belief Model
HIV	-Human Immuno-deficiency Virus
ICPD	-International Conference on Population and Development
IPPF	-International Planned Parenthood Federation
KAIS	-Kenya Aids Indicator Survey
KARHP	-Kenya Adolescent Reproductive Health Project
KDHS	-Kenya Demographic and Health Survey
MENA	-Middle East and North Africa
MGSCSS	-Ministry Gender, Sports, Culture and Social Services
MOE	-Ministry of Education
MOEST	-Ministry of Education, Science and Technology
MOH	-Ministry of Health
MPND	-Ministry of Planning and National Development
MSM	-Men who have sex with men
NSHP	-National School Health Policy
PATH	-Program for Appropriate Technology in Health
PRB	-Population Reference Bureau
SHEP	-School Health Education Program
SLT	-Social Learning Theory
SPSS	-Statistical Package for Social Sciences
SRH	-Sexual Reproductive Health
SRHR	-Sexual Reproductive Health and Rights
STDs	-Sexually Transmitted Diseases
STIs	-Sexually Transmitted Infections
TSC	-Teachers Service Commission
SCT	-Social Cognitive Theory
UNAIDS	-United Nations Programme on AIDS
UNESCO	-United Nations Educational, Scientific and Cultural Organizatio
UNFPA	-United Nations Population Fund
WHO	-World Health Organization

ABSTRACT

Comprehensive sexuality education (CSE) has the potential to be a powerful way to educate children and adolescents about the risks and implications of sex. There currently is a debate about whether to adopt comprehensive sexuality education in the Kenyan school system and incorporate it in the curriculum and the extent and type of information that should be appropriately delivered to students in school. The purpose of this study was to investigate the inhibitants of comprehensive sexuality education in secondary schools in Karemo Division in Siaya District, Siaya County. The objectives of this study were; to determine the extent to which cultural values, to establish the extent to which religious values, to examine the extent to which government policies and to investigate the extent to which teachers' awareness of sexuality inhibit the adoption of comprehensive sexuality education in secondary schools. 'The study adopted the descriptive survey research design to study the inhibitants of comprehensive sexuality education in rural secondary schools. The target population was 7 secondary school heads of subject departments (teachers), the principal, 9 BOG representatives from the 15 secondary schools and the Area Education Officer (AEO) Karemo Division which is 256. Therefore the sample for this study was 155. The sampling technique that was used was purposeful selection of 1 girls' boarding school (Ng'iya girls), 1 boys' boarding school (Barding boys) and simple random selection of 10 schools out of 12 remaining schools. The research instruments that were used in this study for data collections were questionnaire and interview schedule. The interview schedule was administered to the school principals/deputy principals and the AEO. A pilot study was done in 2 schools in Boro Division, Siaya District to clarify the research instruments and avoid contamination of results. Validity of research instruments was achieved at piloting stage and also through expert judgement by the study supervisors. In order to ensure reliability of the instrument, the split-half technique was used applying the Spearman's Brown Prophecy Formula to calculate the reliability coefficient where a coefficient correlation of 0.724 was found and deemed adequate for this study. Frequency tables were used to analyze the quantitative data. The study paid attention to the inhibitants of comprehensive sexuality education in secondary schools. It was established that culture has a significant influence on adoption of CSE. Religious beliefs seem to influence what parents, guardians and teachers regard CSE to be, and hence low perception. Government has not done enough to support the adoption and implementation of CSE in schools in terms of resource allocation and facilitation. Teachers seem to be willing to implement given necessary support though older ones are still reserved. Continuous sensitization and community education will help to address the hiccups, religious and faiths groups to play a proactive role and be open. The government need to channel more resources towards CSE and teacher education motivation and facilitation will enhance the adoption of CSE in secondary schools.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

About 50% of the world's population is under the age of 20 years (NSHP, 2009) and are at the highest risk of sexual and reproductive health problems; thus making sexuality root of most sexual and reproductive health problems. The increasing population of adolescents in our society with inadequate information of sex education is witnessing an unprecedented "wound" in traditional rules and norms and behavioural controls. The outcome is rampant rape, unwanted pregnancies, unsafe abortions, sexually transmitted diseases (STDs), Human Immuno Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and increasing number of multiple sexual partners.

Below is a summary of findings of a recent review of the impact of sexuality education on sexual behaviour. It was commissioned by UNESCO in 2008 as part of the development of the International Guidelines. The review considered 87 studies from around the world (see Table, appendix J); 29 studies were from developing countries, 47 from the United States and 11 from other developed countries. All of the programmes were designed to reduce unintended pregnancy or STIs, including HIV; they were not designed to address the varied needs of young people or their right to information about many topics. All were curriculum-based programmes, 70 per cent were implemented in schools and the remainder were implemented in community or clinic settings. Many were very modest, lasting less than 30 hours or even 15 hours. The review examined the impact of these programmes on those sexual behaviours that directly affect pregnancy and sexual transmission of HIV and other STIs. It did not review impact on other behaviours such as health-seeking behaviour, sexual harassment, sexual violence or unsafe abortion.

Survey research shows that Canadian parents want the schools to provide broadly based sexual health education. The socio-economic outcomes of teen pregnancy and parenthood are complex and do not lend themselves to simplistic notions of cause and effect (Bissell, 2000). However, it is fair to assume that, particularly for younger teens, unintended pregnancy and childbearing can have social and economic consequences for the young woman, her family, and the community.

As documented, there is strong evidence that well developed broadly based sexual health education programs can significantly reduce unintended pregnancy and HIV/STI sexual risk behaviour among youth. Thus, the provision of high quality sexual health education programs in the schools has the potential to be of significant social and economic benefit to Canadian society. The existing literature on the direct costs and economic benefits of conducting school-based sexual health promotion interventions with youth suggests that such programming is not only cost effective but often results in significant cost savings (Wang, Burstein, & Cohen, 2002; Wang, Davis, Robin, et al., 2000).

Because of the high monetary costs associated with negative sexual health outcomes such as HIV/AIDS, other STI, and unintended pregnancy in youth, even programs with very modest behavioural impacts are likely to result in substantial cost savings to the community (McKay, 2000).

A series of surveys of Canadian parents have consistently found that over 85% of parents agreed with the statement "Sexual health education should be provided in the schools" and a majority of these parents approved of schools providing young people with information on a wide range of sexual health topics including puberty, reproduction, healthy relationships, STI/AIDS prevention, birth control, abstinence, sexual orientation, and sexual abuse/coercion.

According to a publication in the Population Reference Bureau (PRB), in the Middle East and North Africa (MENA) region, young people's lives today differ dramatically from those of their parents and grandparents. In the past, the transition from childhood to adulthood occurred abruptly through early marriage and early childbearing. But today, both young men and women spend more years in school and marry later. With puberty also starting earlier, largely because of better nutrition, the interval between childhood and assuming adult roles has lengthened. During this extended period of adolescence and young adulthood, young people may have sexual relations before marriage, putting them at risk for unintended pregnancies and sexually transmitted infections. Young married women also risk contracting these infections, even more so because they often marry older men who have had prior sexual relationships and who may have more than one partner after marriage (Jocelyn DeJong et al, 2007).

A survey of adolescents in Egypt shows that only 7 percent of adolescent boys reported learning about puberty from their fathers, while 42 percent of those fathers reported they had discussed such matters with their sons. Another survey of young people in Algeria revealed that 95 percent of male respondents and 73 percent of female respondents had learned about puberty on their own without assistance from adult family members or professionals.

Without accurate information on reproductive health, young people who become sexually active—regardless of their marital status—risk having unintended pregnancies and unsafe abortions, and risk acquiring STIs, including HIV/AIDS. Studies show that while the majority of people in MENA have heard of HIV/AIDS, they may not know how it is transmitted, and they have heard little about other STIs.

In the past two decades, in part as a result of the HIV/AIDS pandemic, young people and their health needs have been the subject of greater attention worldwide. International Conference on Population and Development (ICPD) held in 1994 in Cairo, Egypt, endorsed the rights of adolescents and young adults to obtain the highest levels of health care. In response more health policies and services are becoming 'youth friendly'; staff are being trained to be more sensitive to the needs of the youth, fees for young clients are being reduced and services and outreach activities are being offered at convenient hours for people who attend school and who work. Some clinics now provide services to young men or offer reproductive health care to young women before they have had their first child.

The risks associated with sexual relationships, both married and unmarried, are heightened by young people's lack of access to information and services related to sexual and reproductive health. Programs that provide such information and services would benefit young people whether they are sexually active now or not—preparing them to make more informed decisions about marriage, sexual relationships, and childbearing.

The debate over the significance of sexuality is also recognised by UNESCO which remarked inter alia:

"The challenge for sexuality education is to reach young people before they become sexually active, whether this is through choice, necessity (e.g. in exchange for money, food or shelter), coercion or exploitation. For many developing countries, this discussion will require

attention to other aspects of vulnerability, particularly disability and socio-economic factors. Furthermore, some students, now or in the future, will be sexually active with members of their own sex. These are sensitive and challenging issues for those with responsibility for designing and delivering sexuality education, and the needs of those most vulnerable must be taken into particular consideration" (UNESCO, 2009).

According to research conducted by Iwu et al in 2011 in Nigeria, it was recommended that the full participation and integration of adolescent boys and girls in secondary schools require proper management of their sexual and reproductive lives. This can be achieved through education, which remains virtually the only vaccine currently available for warding off risks of sexual infection. Three research questions guided the formulation of a 30 item questionnaire. One hundred and two teachers from Owerri, Orlu and Okigwe educational zones of Imo state formed the sample population. The data generated was analyzed using percentage. Research findings support an association between high knowledge and positive attitude to sexuality education. 58.6% had adequate knowledge of the subject matter. However, 55.8% were willing to teach sexuality education while 37.2 and 24.5% indicated that, the possible barrier to the integration of sexuality education into the curriculum were parents and religious leaders respectively. The study recommended that, parents be sensitized on the benefits of sexuality education likewise religious leaders and curriculum planners should prepare a quality and comprehensive programme on sexuality education at the secondary school level (Iwu et al, 2011).

Adolescents in Kenya face an extraordinary lack of information about sexuality where young people 10-24 years constitute 36% of the total population and adolescents 10-19 years constitute 25.9% of the total population. (Ministry of Planning and National Developmnet, 1999 census). As young people stand on the threshold of adulthood, they need authentic knowledge that helps them to understand the process of growing up, with particular reference to their sexual reproductive health needs. It is important to equip them to assist them in coping with the needs during the transitional phase – from adolescence to adulthood. Unfortunately, sexuality education is denied to adolescents because the subject is considered to be culturally sensitive and controversial for discussion in the classrooms of Kenyan schools.

The Adolescent Reproductive Health and Development (ARH&D) Policy of 2003 recognizes that the optimal health of the adolescent population of Kenya will increase their productive capacity to

contribute to the nation's development. Specific problems experienced by adolescents and youth, as outlined in the policy, include unprotected sexual activity, malnutrition, menstrual problems, school dropout, harmful practices (female genital cutting, early forced marriage, sexual violence and abuse) and mental health problems (National Reproductive Health Policy 2007).

One of the key barriers to improved sexual and reproductive well being and quality of life of Kenya's young people identified in the policy is inadequate access by adolescents and youth to reproductive health information and youth friendly services. The subsequent priority action outlined by the policy is to ensure that adolescents and youth have full access to sexual and reproductive health information and services.

1.2 Statement of the problem

Stressing the importance of appropriate information through sexuality education, Olayinka (1981) in his work titled "sex education and marital guidance" pointed out that the moral decadence which adults complain of among youths was due to the fact that those youths were not given the facts they deserved to know about sexuality education and this has led to moral degeneration. He further explained that youths need right persons and body of knowledge to guide them. This he insists will ensure proper behaviour and better use of their sexual urges for the right purposes and with the right persons.

With a high rate of illiteracy in rural Nyanza Province, the only source of correct sexuality and sex is the school system. Appropriate information on sexuality and sex is a vital source of enhancing the quality of life of our youths. It helps them cultivate the right attitudes and behaviour for a good quality of life. Most parents hardly spend quality time with their children to discuss issues about life. This could be because our culture hardly encourages conversations between children and adults, talking down to children or ordering is a better accepted norm (Olayinka 1981)

The present educational system has ignored the introduction of reproductive health and sexuality education in the school curricula and neglected sexuality education among adolescent students even in the content of health and family life education. The needs and rights of adolescents in this area have been largely ignored by the existing programmes in the educational systems and the society at large. This goes to say that, the reproductive health education available to adolescent

students in secondary schools is primarily the inaccurate and inadequate information from their peers and friends (GHARF, 1999). To achieve these, there is the need to know how equipped the secondary school teachers are in terms of knowledge, attitude and willingness to provide sexuality education to adolescent students, the barriers contributing to students not receiving information on sexuality education.

The HIV/AIDS scourge has had devastating effects on the economy, communities and the country at large. The official KAIS report (2007) states that, HIV prevalence among adults aged 15-64 years in urban areas was 8.4% and in rural areas was 6.7%. An estimated 1,027,000 adults living with HIV in Kenya resided in rural areas, and 390,000 in urban areas. Of all HIV-infected adults aged 15-64 years, over half (51.4%) lived in Nyanza and Rift valley provinces (KAIS 2007).

The report also indicate that HIV prevalence among adults aged 15-49 years in urban areas decreased from 10.0% in the 2003 KDHS to 8.7% in KAIS, while HIV prevalence in rural areas increased from 5.6% to 7.0% (KAIS 2007).

The overall prevalence of HIV among youth (aged 15-24 years) was 3.8%. Young women had a higher HIV prevalence than young men, ranging from 3.0% in women 15 years old to 12.0% in women 24 years old. Prevalence among men aged 15-24 years ranged from 0.4% to 2.6%. Among young women, prevalence rose with increasing age and by 24 years of age, women were 5.2 times more likely to be infected than men of the same age (12.0% and 2.3%, respectivel)

Table 1.1; Enrolment at various levels of education for males and females

	2004		**2005**		**2006***	
	Boys (000)	Girls (000)	Boys (000)	Girls (000)	Boys (000)	Girls (000)
Primary	3,815.5	3,578.3	3,902.7	3,688.8	3,896.6	3,735.5
Secondary	**490.5**	**435.6**	**494.2**	**440.0**	**546.1**	**484.0**
University	51.5	30.6	57.9	33.5	57.3	32.6
Other	58.0	33.6	58.8	33.5	68.3	43.9

Source: Central Bureau of Statistics, Economic Survey 2007, Ministry of Education 2007. *Provisional

A study done by CSA (Centre for Adolescent Studies) observed that there were high rates of teenage pregnancies and related drop outs. At the national level teenage pregnancy stands at 23% while for Nyanza province it is 29% with Kisumu and Siaya being the leading districts in the province (KDHS, 2004). A 2003 CSA survey conducted among secondary school students indicated that 13% had become pregnant by age 14 years. KDHS data indicate that 1 in 5 adolescents have begun childbearing by age 17 and by 18 years 3 in 10 will have began childbearing (CBS, 2004). In total an estimated 390 babies are born to teenage girls every day, which works out to more than 142,000 babies annually (CSA, 2004).

The MOE recognizes that pregnancy and subsequent drop out of the girls from school contributes to the very disparities the educational policy seeks to eliminate. The statistics on school drop out of the teenage mothers in Kenya reveal that the problem requires urgent attention from both government and community.

In 2005, the Ministry of Education released the first national policy document that placed emphasis on objectives and verifiable indicators for managing sexual maturation. Efforts have also been made to ensure that information on sexuality is integrated within relevant subjects across the curriculum. The Kenya Institute of Education (KIE) - Kenya's leading curriculum/materials development institution - developed a life skills education curriculum for primary and secondary schools and a number of sexuality education issues (UNESCO 2010).

However despite concerted the efforts by the government to introduce comprehensive sexuality education or family education in order to raise the level of awareness in secondary schools in order to make the students understand issues of their sexuality and make informed choices as they grow up into adulthood, there are factors that have inhibited this development such as; cultural values, religious values, government policies, parent-child communication and teachers' awareness of sexuality issues.

1.3 Purpose of the Study

The purpose of this study was to investigate the inhibitants of comprehensive sexuality education in secondary schools in Karemo Division in Siaya District, Siaya County.

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1.3 Purpose of the Study

The purpose of this study was to investigate the inhibitants of comprehensive sexuality education in secondary schools in Karemo Division in Siaya District, Siaya County.

1.4 Objectives of the Study

The following objectives guided the study:-

(i) To determine the extent to which cultural practices inhibit adoption of comprehensive sexuality education in secondary schools.

(ii) To establish the extent to which religious values inhibit the adoption of comprehensive sexuality education in secondary schools.

(iii) To examine the extent to which school policies inhibit the adoption of comprehensive sexuality education in secondary schools.

(iv) To investigate the extent to which teachers' awareness of sexuality inhibits the adoption of comprehensive sexuality education in secondary schools.

1.5 Research Questions

From the objectives of the study, the following research questions were formulated:-

i) To what extent do cultural practices inhibit the adoption of comprehensive sexuality education in secondary schools?

ii) To what extent do religious beliefs inhibit the adoption of comprehensive sexuality education in secondary schools?

iii) To what extent do school policies inhibit the adoption of comprehensive sexuality education in secondary schools?

iv) To what extent do teachers' awareness of sexuality inhibits the adoption of comprehensive sexuality education in secondary schools?

1.6 Significance of the Study

It is hoped that the research findings on the inhibitants of comprehensive sexuality education in secondary schools in Karemo Division, Siaya District, Siaya County, will provide useful information to all the stakeholders involved in adolescent and youth affairs in the region. The study will pay attention to the inhibitants of comprehensive sexuality education in secondary schools. School-based sexuality and reproductive health education is one of the most important and widespread ways to help young people improve their reproductive health hence in the long run, the youth will benefit. Such information would be useful for stakeholders and education planners in designing customized and more effective strategies or interventions to the problems arising from adolescent sexuality. Government on its part normally formulates policies at an aggregate level, which at times misses out on context specific opportunities and individual

characteristics hence the need for an integrated research to formulate relevant policies on education to effectively achieve desired reproductive and sexual health targets. The parents and teachers could gain a solid foundation of knowledge and skills to break the usual barriers to openness and discussion on sexuality with the youth. Non-governmental organizations (NGOs) and other stakeholders carrying out youth and school-based sexuality education programs will find the information and its applicability to the experiences in Siaya County, Nyanza province and Kenya at large useful for programme designing. Finally, the information collected would add to the scanty information that is available on the inhibitants of comprehensive sexuality education in secondary schools and form a basis for further research.

1.7 Delimitation of the Study

The study was carried out in Karemo Division, Siaya District, Siaya County in Nyanza Province. The District has three Divisions namely; Karemo, Boro and Uranga. The District has 35 secondary schools. Karemo is one of the three administrative divisions in Siaya District. Karemo Division has 15 secondary schools constituting 1 Girls' boarding school, 1 Boys' boarding school and 13 mixed day schools (Siaya Municipal Council, TSC unit, 2012).

The study was confined to secondary school teachers, principals, two members of the Board of Governors (BOG) (one which represents sponsor and another one is a parents' representative) and the Area Education Officer (AEO) in Karemo Division. The study will be concerned with inhabitants of comprehensive sexuality education in secondary schools in Karemo Division. Only public secondary school teachers, principals, BOG representatives and the AEO will participate in the study because public schools have similar set up guided by policies from the Ministry of Education.

1.8 Limitation of the Study

The study was faced with a number of limitations. First was the obvious perception and negativity on issues of sex. However the purpose of the study was explained to the research participants to allay fears that their participation could be approving sexual practice in schools. Secondly was the financial constraint because of the vastness and the terrain of the area under study. The cheapest and convenient means of transport was used where schools were clustered for easier visits to avoid daily traversing across the division. Appointments were made in advance to cut on incidences of bouncing or missing the respondents for interview schedules. Lastly, there was very

little information and records on the implementation of comprehensive sexuality education. Key resource persons and literature review were used to bridge this gap.

1.9 Assumptions of the Study

During the study, the following assumptions were considered; that all respondents would give honest responses. It was also be assumed that the sample taken will represent the population adequately. The data collection instrument will have validity and will measure the desired outcomes for the study. Finally, though the whole discourse of sexuality is still eliciting controversy, the adoption of comprehensive sexuality education would help stem the grave effects of insufficient knowledge on adolescent reproductive health and related issues.

1.10 Definition of Significant Terms

Inhibitants:	-Refers to those factors or issues that hinder the realization of or inclusion or implementation of comprehensive sexuality education in secondary schools.
Comprehensive	-Refers to in depth and detail, covering all aspects of sexuality.
Comprehensive sexuality education	- A rights-based approach to education that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.
Education	-Refer to the attainment of knowledge and skills to enable students to determine their sexuality.
Cultural values	-Refer to values and views held by a society or community or a culture regarding the practice of sexuality
Religious beliefs	-Refer to values and views held by a religion or church or a spiritual affiliation regarding the practice of sexuality
Educational policies	-Refer to guidelines or framework provided for by the government to govern the content and practice of implementing sexuality education

Teachers' awareness of sexuality issues-Refer to how much information the teachers know, their attitudes and practice regarding sexuality

1.11 Organization of the study

The study is organized in five chapters: Introduction, Literature review and Methodology. It has a cover page with the title and the details of the researcher. The preliminary pages contain declaration, dedication, acknowledgement, abstract, table of content, list of figures, list of tables, abbreviations and acronyms and the pagination will be in roman numbers.

Chapter one (Introduction) contains; background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, delimitation of the study, limitations of the study, assumptions of the study, definition of significant terms and the organization of the study.

Chapter two (Literature review) contains; Introduction, cultural values and comprehensive sexuality education, religious beliefs and comprehensive sexuality education, educational policies and comprehensive sexuality education, teachers' awareness of sexuality issues and comprehensive sexuality education, theoretical framework, conceptual framework, extraneous variables and summary.

Chapter three (Research methodology) contains; Introduction, research design, target population, sampling procedures and sample size, data collection instruments and their validity and reliability, methods of data collection, data analysis techniques, operational definition of variables, ethical considerations and summary.

The study also has references clearly outlined in the APA style and appendices; letters of introduction to school heads of departments, school principals/AEO and BOG representatives. Questionnaires for the school heads of departments and BOG representatives, interview schedule for school principals/AEO, relevant tables, time schedule and research budget.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides the reviewed literature of the studies that have been done on the inhibitants of the adoption of comprehensive sexuality education in secondary schools. The chapter deals with the inhabitants of comprehensive sexuality education such as; cultural values, religious beliefs, educational policies and teachers' awareness of sexuality issues.

2.2 Cultural practices and comprehensive sexuality education

Cultural values such as perceptions on premarital sex, perceived innocence by parents and society towards youth and sex being shrouded in secrecy hence silence, inhibit acquisition of knowledge on sexuality by adolescents and youths even at school. Cultural practices such as women inheritance, ceremonies and events being associated with sex and gender imbalances have a bearing on comprehensive sexuality education. Cultural taboos are major obstacles to informed discussions about sexual and reproductive health issues, particularly with regard to young people. Premarital sexual relationships are forbidden, and talking about them or about sexuality in general is often considered taboo. The silence stems in part from the high value that society puts on girl's virginity before marriage and the belief that talking openly about sexual and reproductive health might encourage unmarried youth to have premarital sex.

Issues around sex and sexuality are taboo in many cultures, and perceived stigma and embarrassment can lead to a reluctance to discuss and address sexual health issues. Taboos are even more pronounced for people who do not conform to socially accepted norms of behaviour such as adolescents who have sex before marriage and men who have sex with men (MSM). Unmarried adolescent girls are routinely denied or have limited access to SRH services even though they are vulnerable to violence and sexual abuse, and the consequences of early sexual experiences including unwanted pregnancy, STIs and unsafe abortions. In West Africa, some donors are apprehensive to fund research and support the service needs of MSM for fear that these activities might fuel anger in some communities and restrict progress made on less sensitive reproductive health programmes.

Culture also conditions patterns of production and consumption, and provides a basis for identity. Tackling the inequality of women is not simply a matter for women. Men should declare zero tolerance for violence against women and be committed to their daughters' education and help alleviate the burden of care placed on women. Polygamy easily drives women into extra-marital sex making them vulnerable to infectivity. In these indiscriminate sexual activities, they look for fulfilment outside marriage (Aseka 2006).

Culture is a social process and a matrix of relations and of social production of cultural works and creations or standards. Culture as a matrix of or relations defines social standards which have been assumed as comprising social rules, values, cultural codes and symbols. From its matrix of social relations, several spaces of antiquated definitions of sexual encounter are said to stem as defined by cultural processes. These encounters undermine justice in gender relations and they have a bearing on destructive sexual practices and patterns. As such, culture passes on stereotypical views about sex and enforces some bad sexual practices prevailing at a given time in a cultural community. Violence against women which is culturally circumscribed emanates from the overarching influence of some of these prevalent stereotypes (Aseka 2006).

However reviews of sex education programs worldwide have concluded that sex education does not encourage early sexual activity, and can delay first intercourse and lead to more consistent contraceptive use and safer sex practice.

Young people perceive more information to be beneficial. In a survey of university students in Gazvin, Iran, two-thirds of respondents said that they did not believe educating young people about unintended pregnancies and sexually transmitted infections (STIs) would lead to sexual immorality. Another survey conducted among male adolescents in Tehran in 2002 concluded that their limited knowledge regarding STIs and contraceptives poses a significant threat to the sexual and reproductive health of Iranian adolescents.

Early marriage resulting in sexual intercourse at a very young age is sometimes defended on the grounds that it is a traditional cultural custom. The same defence is sometimes made of female genital cutting (FGC). While it is important for health services to be sensitive to cultural customs, this cannot be at the cost of damaging the health and well being of vulnerable young people. The

Convention of the Rights of the Child, the most widely adopted in the world, is clear on this point. Article 24, gives children and adolescents a right to health care.

According to a study conducted in Botswana by Dr. Peggy Gabo Ntseane (2004), from five different ethnic groups, the analysis of the rich and thick description of each ethnic groups' sexual behaviour and experience revealed the following findings with unwavering consistency: that for all ethnic groups, sex has a social function, including procreation, pleasure, family property, exchange, personal interaction, healing/cleansing, religion/spirituality interrelationships and control/oppression means, that sex is culturally regulated, and accepted types of sexual behaviour are learnt through socialization and each ethnic group has access to national HIV/AIDS education processes but also felt the message has ignored the cultural aspect of sex and health education that most people identify with.

The Luo community which is predominant in the study area is still rooted into traditional culture where wife inheritance is revered; most ceremonies are punctuated by sexual activities like the start of the planting and harvesting seasons. Polygamy is still rife in the community and having multiple sexual partners is not forbidden. These practices are therefore supposed to be handed down to the younger generation which in this case is found in the schools. Therefore any teaching or concept such as sexuality education that seeks to free the adolescents and young people from this kind of bondage seems to violet this is seen to be anti cultural hence little approval.

2.3 Religious beliefs and comprehensive sexuality education

Religious beliefs and the church's view of sexuality such as prohibited pre marital sex, emphasis that sex is sacred and prohibited discussions about sexuality have an effect on the teaching of comprehensive sexuality education. Religious organizations and churches play an important role in the education sector since schools provide the avenues for them to inculcate their values and beliefs. This is the reason religious organizations have set up schools countrywide and are represented in management boards and committees to safeguard their interests.

Religious fundamentalism expressed through policy and funding decisions undermine progress towards achieving universal access to SRH services. Conservative Christian attitudes towards sexuality in the United States have led to government funding restrictions on services for sex workers, and the promotion of narrow sex education programmes for young people which focus

only on abstinence as a means of STI prevention. These policies limit access to and information about contraceptives and safe abortions, and neglect the complexities and realities of peoples' lives, for example the prevalence of rape (including marital rape) and sexual coercion of unmarried girls. Similarly, the Vatican's stance against contraception has compromised the promotion of condoms for STI/HIV prevention, and "pro-life" movements linked to both have hampered efforts to reduce unsafe abortions, for instance by blocking access to emergency contraception.

Many societies recognize the reproductive health threats facing young people—especially HIV infection and unwanted pregnancy—and see the schools as an appropriate venue for addressing such threats. They are, however, also concerned with upholding traditions and beliefs, including the expectation that young people abstain from sexual activity until marriage. Thus, traditional and religious leaders—who view themselves as the repository and transmitters of community values and beliefs—are often in the forefront of opposition to sexuality education in the schools. These conservative forces often mobilize parents and some teachers as allies.

Conversely, some religious groups have taken action to improve access to SRH services and information. Catholics for a Free Choice (www.catholicsforchoice.org) advocate the use of condoms (www.condoms4life.org); and Christian Aid has adopted an approach to HIV prevention which promotes safer practices, available medications, voluntary counselling and testing, and empowerment as an alternative to abstinence strategies.

"Education for family life is an appropriate [illegible] in the school. It is needed to supplement instruction in the home and church. Public school [illegible] should include information about the body, sex organs, and the reproductive system, but the emphasis should be on values and relationships. Teachers who are responsible for this task should be well trained and themselves be worthy models of mature and responsible sexuality. The church supports responsible family-life education in the public school as long as the religious commitment of all students and residents of the community is respected. Family-life education will not solve all sex, marriage, and family problems. The task requires the coordinated efforts of home, school, and church." (*Family-Life Education 1983)*

2.4 School policies and comprehensive sexuality education

School policies such as national strategies for promotion, support and coordination among the relevant ministries, practice modules from the curriculum for delivery of information to youth, skilled personnel, provision of materials and other resources (budgetary) and mechanisms to supervise, monitor and evaluate are factors that have interplayed to inhibit adoption of comprehensive sexuality education in secondary schools.

Young people are a country's future; therefore it is in the interest of policymakers to ensure that young people can become healthy and active citizens. It is also a responsibility of policymakers to ensure that young people have the support they need to make informed choices about a wide range of issues, including their sexual and reproductive health. The way that young people approach and express their sexuality – and the sexual and reproductive health choices they make today – has a major impact on the future direction of their lives.

Policy is crucial in upholding young people's basic rights, which are embodied in a number of international treaties, agreements and conventions, and which include the right to comprehensive sexual and reproductive health information, education and services; to be active citizens; to have pleasure and confidence in their sexuality; and to make their own choices without exploitation, oppression, or physical or emotional harm.

There is an urgent need to address the issues around young people's SRHR, and to promote the healthy development of young people through information and services that are appropriate, affordable, accessible, and integrated into a sustainable and comprehensive response to their needs.

'The SAFE Project: A European partnership to promote the sexual and reproductive health and rights of young people' developed a series of broad recommendations for creating SRHR policy for young people in five key areas. The following sections summarize some of the recommendations, and are intended to guide policymakers and programmers in creating a more supportive policy environment for young people. (IPPF EN, 2007).

The first policy area recommended by SAFE project revolved around information, education and communication. Young people's right to information and education is embodied in several international treaties and conventions, and includes sexuality education. High quality information

and comprehensive sexuality education can equip young people with the knowledge, skills and attitudes they need to make informed choices now and in the future.

The recommendations of the SAFE project on information, education and communication included; make age-appropriate sexuality education mandatory in primary and secondary schools, provide information and education in a variety of settings in and out of school, support programmes that involve parents, professionals and peers, link to other sexual and reproductive health services, including referrals for health services and include information on sexuality in public information campaigns.

In deference to the wishes of parents, many countries make sexuality education an optional course, offering students the chance to opt out of part or all of the sessions they or their parents may find objectionable. In Britain for instance, where sexuality education is optional, only a tiny percentage of students have withdrawn from the course based on parental objections (OFSTED, 2002). The Chilean program had a similar experience, with few students withdrawn (Murray et al, 2000).

In organizing the programme, countries vary in their approach. Some introduce the curriculum as a stand-alone course and others integrate it into another course with similar goals and objectives. Some make it an "examinable" and others do not test students on their achievements in learning the subject matter (Senderowitz, 2000). Countries often set national guidelines that local schools can modify. For both political and practical reasons this arrangement makes sense. It allows groups with opposing philosophies to compromise to reach students with essential messages, while allowing for some variation. Countries with linguistic and cultural diversity often translate curricula, and approve local adaptation of materials to ensure cultural relevance. In such circumstances, national officials must monitor such adaptation closely so that the changes do not make the curriculum ineffective.

The following are examples of local adaptation; Schools in the Netherlands are expected—though not required—to include sexuality education in their curricula. As Greene, Rasekh, and Amen (2002: 48) note, "95 percent of secondary schools and about 50 percent of primary schools do so [include sexuality education]. Schools can choose the materials, methods, approach, and time spent on each objective but pregnancy, STIs, sexual orientation and homophobia, value

clarification, respect for differences in attitudes, and skills for healthy sexuality are obligatory topics. The core message is that young people should take responsibility if they decide to have sex, and the underlying goal is that they learn to distinguish between safer and unsafe sexual practices and to care for their health and well-being. Students are taught the life skills they need to negotiate these practices."

Once a programme is designed to achieve outcomes, it requires the systems in place to ensure it is successfully implemented. Many of the issues and questions regarding planning, design and implementation raised in a review of key elements for successful school-based programmes (Birdthistle and Vince-Whitman, 1997) are relevant to a broader set of programmes and remain unanswered in many developing-country settings. The review pointed to a number of obstacles to implementing programmes for adolescents, including legal, financial, cultural and religious barriers, as well as opposition from school administrators, teachers, parents and students. At the policy level, obstacles included: lack of commitment and coordination among the relevant ministries (including health and education); limitations in skilled personnel, materials and other resources; weak or non-existent mechanisms to supervise, monitor and evaluate programmes; lack of well-defined national strategies for promotion, support and coordination; and a lack of innovative approaches in developing instructional materials (WHO, 1995).

Kenya has faced many challenges in relation to the effective implementation of Growing Up and Sexual Maturation (GUSM) at the primary school level. These include responding to opposition from various stakeholder groups. In the mid-1990s, a minority of Roman Catholic and Muslim groups vigorously campaigned against the introduction of a school-based family life education programme. As a result, the programme was withdrawn. The situation gradually improved, particularly in light of the efforts of Quality Education for Social Transformation (QUEST). More recently, the response to GUSM has been more positive. For example, aspects of GUSM have been integrated into the national HIV programme and within the more recent life skills education programme that is now being taught in schools (UNESCO, 2010).

Work leading up to the adoption of GUSM in schools involved a long process of sensitizing stakeholders. At the beginning of the process, stakeholders reported that many Kenyan communities had not opened up to frank discussions about sexuality and maturation, which some considered as taboo or immoral. In the past, anything related to sexuality education was frowned

upon, not only by parents, but also by government officials and religious leaders, who were uncomfortable about what their children would be taught in school (UNESCO, 2010).

The sensitization process has included educating the public through radio talk shows and television, songs, drama and public meetings chaired by community leaders. Organized youth clubs, debates and booklets have been useful for reaching children and young people outside the school setting. Other challenges include the fact that while suitable teaching and learning materials exist they are not available in sufficient quantity; the fact that information on growing up and sexual maturation is not examinable; and that there is a lack of continuity of staff within the Ministry of Education (UNESCO, 2010).

Excellent teaching and learning materials are available, but only in a minority of primary schools. For the implementation of GUSM to be effective, teaching and learning materials need to become universally accessible. There are ongoing concerns also about the quality and reach of implementation and about evaluation of the impact of current programmes. In the last few years, the Ministry of Education and the Kenya Institute of Education have focused heavily on material development and teacher training of sexuality education, thereby paying less attention to the quality and implementation of the overall sexuality education programmes. Efforts initiated by the Quality Assurance and Standards Section in the Ministry of Education have started to address this gap. Monitoring and evaluation activities are supported by data collected by research officers in the field (UNESCO, 2010).

2.5 Teachers' awareness of sexuality issues and comprehensive sexuality education

Teachers' awareness of sexuality such as understanding young people, information about HIV/AIDS, risk situations and prevention, their attitudes towards sex education and their teaching and facilitation skills are crucial in adopting the comprehensive sexuality education in secondary schools.

Some teachers and school administrators find sexuality education personally objectionable or lack sufficient understanding of the subject and thus are reluctant or refuse to go along with such programs (Smith, Kippax, and Aggleton, 2000). For instance, such opposition from teachers and teacher organizations is a problem in South Africa (Department of Education, 2002). Other school

officials may have no personal objection but resist sexuality education because they fear overcrowding the existing curriculum, taking on increased responsibilities with no increase in compensation, or complaints from irate parents (McCauley and Salter, 1995).

Teacher training is a challenge everywhere, including in developed countries. A recent national review of sexuality education in Britain recommends that, "teachers should be given further guidance about content and methods in teaching about sexuality," and schools should establish expert teachers (OFSTED, 2002: 38). A study of sexuality education in the Asia-Pacific region found that lack of teacher training is a barrier to quality programs (Smith, Kippax, and Aggleton, 2000).

Teacher selection and motivation is often problematic. The question of who should teach the curriculum also depends on whether the course is stand-alone or integrated within existing courses. Ensuring that teachers are motivated is also a challenge. Not unreasonably, some teachers expect extra compensation for the added responsibility. One of the lessons learned from the SHEP program in Tanzania is the difficulty of motivating teachers to carry out sexuality education. Already lacking incentives, teachers expect extra pay for anything outside their normal duties. These attitudes can reduce the effectiveness of the course (World Bank, 2003). The experience in Senegal shows that in-depth knowledge of the school environment is essential to teacher motivation and successful implementation. Officials running the program there argue that only education professionals thoroughly familiar with schools should manage and implement sexuality education. Furthermore, those involved must see it as an essential part of their work and not something extra that merits additional compensation (World Bank, 2003).

Kenya cannot live in isolation of other parts of the world. Kenyan youths now experience their first sexual acts at an earlier age than their parents without adequate preparation and exposure to correct information like their counterparts in other cultures that are more sexually expressive. This agrees with the findings of Asama (2003) which revealed that most Africans no longer have control over their children and our adolescents are now exposed to behaviours like their counterparts in the western world. This also reinforces Carchan and Marshall (1997) that suggests that the failure to discuss sexuality could lead to behaviours that could result in pregnancy and school dropout, the increase in the rate of sexually transmitted disease, teenage pregnancies, abandoned babies, death through abortion, school dropouts and destitute (Chokora) which has

constituted both social and health problems is an indication of an urgent need for a proper planning and implementation of a good sexuality and sex education in Kenyan schools to reduce this ugly trend.

Youths will develop the right type of attitudes about their sexuality if they are properly educated to do so. However, it is very crucial for teachers of sexuality education to divorce their personal attitudes and values when teaching students. Religious beliefs should not be used as a reason for withholding sincere and correct information on sex. Misinformation and misconceptions should be corrected before fatal mistakes are made.

Teachers of sexuality education should try and find out what children know (information they have) about their sexuality. This is very important because adolescents know only half truths for those who know anything about their sexuality at all. A study carried out by Hake (1972) showed that the Hausa's in Northern Nigeria have a very unfavourable attitude towards sexuality education. He found that sexuality education was non-existent in Northern Nigeria and its teaching was considered as sin. And adolescent boys were hardly given any information on the change taking place in their bodies.

In Masaka District, Uganda, many teachers put their reputations and jobs at risk by teaching about sexuality and life skills deemed inappropriate by authorities and community members. Such social sensitivities are one of the key barriers to broader implementation of youth programmes. However, despite the social risks, teachers recognized the importance and value of the content. They also found an increased level of openness and trust among students, with students asking them for additional support and advice in caring for parents with AIDS (Kinsman et al., 1999).

Adolescents need to be told all they need to know about puberty. Information about all what they should expect as adolescents should be given to them in plain clear language. This should include information about the different changes that occur in the bodies and personal hygiene.

Teachers should endeavour to tell adolescents all they should know about relationships. Teenagers need to be told why it is worthwhile to practice sex at the appropriate time; this may become a permanent feature in the determination of all attitudes toward sex and conduct. Problems associated with sex should be properly explained to students: they should be taught all

the risks involved in the sex act. The implication of lack of self-control like the rate of underdevelopment and the loss of valuable human resources should be adequately explained to them. Sexuality education is best taught using multiple strategies. It is better if it is learner centred.

It is important to acknowledge that teachers have their own personal, cultural and traditional beliefs and values. These may affect their comfort, willingness and ability to teach sensitive topics in the appropriate language. Like other members of society, teachers live within a network of cultural and traditional beliefs that must be acknowledged and addressed if they create a barrier to effective teaching. Male teachers, for example, are likely to find menstruation an especially sensitive topic to discuss in the classroom. In addition, language policy may be a barrier to effective sexuality education at various levels of the education system. At lower primary level, the language of instruction is the mother tongue, but some teachers have admitted to using English in order to avoid having to answer difficult questions from learners. Clear guidance on these issues is vital to ensure quality education for learners.

2.6 Theoretical Framework

Attempts to explain sexuality and HIV/AIDS generate several theoretical models in literature. Some of these models focus on individual processes, some emphasise social relationships, and still others centre on structural processes (UNAIDS, 1999). The theoretical multiplicity has been attributed to the fact that sexuality is dynamic in terms of underlying determinants of sexual behaviour, which are reflected in outcomes of desires, social, economic and cultural relations, and environmental processes. Consequently, there is a need to design multi-sectored integrated theoretical approaches to effectively address sexual health since no one theoretical position generates adequate hypotheses to study sexual behaviour in its multiple manifestations (Djamba, 1997).

For the purposes of integrated approaches, drawing clearly defined borders among any perceived analytical models is futile and ends up in overlaps. The apparent divisions only converge in recognition of contextual nature of sexual behaviour and interactions of individual and contextual factors (UNAIDS, 1999). As noted, the application of multiple theories for analysis of sexuality confronts several challenges, which makes it difficult for focused studies on specific interventions

hence the need to identify integrative models. The major reason for an integrated approach lies in the fact that studies on sexual health appreciate models that focus on catalysts of associations of individuals and background factors to provide an adequate contextual understanding of determinants of sexual health in any setting (Boerma & Weir, 2005).

Health Belief Model (HBM) views health-seeking behaviour as a function of individual socio-demographic characteristics, knowledge and attitudes. The most crucial attitudes in HBM are: perception of susceptibility, health status of the individual, effectiveness of adopted behaviour, clues to expected health status, and rewards and barriers to expectations (FHI, 2000). HBM takes into account possibility of changing individual personal attitudes, which involves a trade-off between perceived benefits against opportunity costs in terms of current behaviour patterns. For example, it is cited that HIV interventions programmes target perception of infection risks, HIV/AIDS attitudes, opinions on condom use and initiation of sexual activity (UNAIDS, 1999).

Social Learning Theory (SLT) emphasises consequences of modelling behaviour experiences upon perceived conventional patterns in society. The theory considers human behaviour as a continuous process of interaction involving cognitive, behavioural and environmental factors (UNAIDS, 1999). Social Learning Theory asserts that people serve as models of human behaviour and that some people (significant others) are capable of eliciting behavioural change in certain individuals, based on the individual's value and interpretation system (Bandura, 1986). The dynamism of SLT presumes self-efficacy and benefits of expected outcomes of adopted health-seeking behaviour. Integration of information and attitudinal change thus becomes imperative in effective HIV risk-reduction. The integration focuses on personal experiences of others as well as safe sex and beliefs in experiences and barriers to HIV risk reduction efforts (FHI, 2002).

The Social Cognitive Theory (SCT) explains health-seeking behaviour as a dynamic process of knowledge acquisition, behaviour modification and natural influences upon the individual. The processes build on experiences, which generate the need for awareness of precedent behaviour experiences (UNAIDS, 1999). SCT views information as geared towards reward of acceptable behaviours and motivated through the desire to avoid harm and remain healthy in the midst of undesirable realities such as HIV/AIDS and its consequences. For example, adolescents'

intervention programmes should focus on experiences on sex discussions, condom use and environmental risks and consequences of unsafe sexual behaviour (UNAIDS, 1999).

The present study therefore, uses the AIDS Risk Reduction Model (ARRM) to explain an hypothesised link between education and adoption of comprehensive sexuality as well as probable risk of HIV infection. ARRM provides a framework for explaining sexual behaviour change attributable to education. The major reason in applying ARRM is that it borrows from Health Belief Model and Stages of Change Model to come up with an integrated approach (UNAIDS 1999). ARRM sets three stages for behaviour change: i) recognising and labelling behaviour as risky, ii) making a commitment to reduce high HIV risk sexual activities, and iii) taking action to reduce chances of HIV infection. Action is again divided into information seeking, obtaining remedies and solutions (FHI, 2002).

ARRM proposes motivators to behaviour change such as education since sexual activity is largely a social construct apart from its biological components. The social construction uses ARRM to look at a multiplicity of populations, including adolescents and their reproductive health practices and behaviours (UNAIDS 1999). ARRM thus adopts a socio-economic approach, which emphasises biological, cultural, environmental, and physical settings contributions (FHI, 2002). Consequently, ARRM's socio-economic approach explains understanding education as an intervention (Djamba, 1997).

The independent variables are inhibitants such as; cultural values, religious beliefs, government policies and teachers' awareness of sexuality issues. The dependent variable is the adoption of comprehensive sexuality education. The independent variables are factors that inhibit adoption of comprehensive sexuality education which is the dependent variable. The inhibitants affect the adoption of comprehensive sexuality education leading to insufficient knowledge on sexuality which in turn increases the incidences of early and unwanted pregnancies, HIV/AIDS prevalence and contraction of other STIs. Inhibited adoption of comprehensive sexuality education is the presumed result of independent variable.

Cultural values seem affect adoption of comprehensive sexuality education through cultural perception of sex, open discussion about sex, existing taboos and inhibitions, relationships, gender roles and women inheritance. Religious beliefs seem affect adoption of comprehensive sexuality education through the teachings on sex (pre marital), values on relationships and the churches' in input in the curriculum. Government policies seem affect adoption of comprehensive sexuality education through commitment and coordination among the relevant ministries, design of programmes to equip personnel, materials and other resources, mechanisms to supervise, monitor and evaluate and national strategies for promotion, support and coordination. Teachers' awareness of sexuality seem affect adoption of comprehensive sexuality education through understanding young people, information about HIV/AIDS, risk situations and prevention, their attitudes toward sex education, their facilitating skills and practice modules from curriculum for delivery to youth.

Comprehensive sexuality education as a dependent variable has indicators such as improved sexual decision making and life skills, teaching about male and female physical development, encouraging respect for diversity, secondary prevention (e.g., to help pregnant girls to stay in school), teaching about the family and integrating sexuality in personal growth and open and frank discussions about sexuality with teachers, peers and even parents.

However the intervening variables like parent-child communication, guidance and counselling and sufficient resources comes in between the independent and dependent variables. The intervening variables influence the dependent variables in that although there are factors which can inhibit the adoption of sexuality education, parent-child communication, guidance and

counselling and sufficient resources once enhanced can enrich the knowledge of sexuality by adolescents. The study will clearly show the relationship between these variables.

Parent-Child Communication and comprehensive sexuality education

Parent-child communication is a moderating variable for this study. Young people are generally reluctant to seek information about sexuality and reproduction from their parents, fearing their parents will assume they are engaged in forbidden activities. Parents may wish to discuss sexuality with their children but are not well prepared to do it. Some studies have shown contradictions in parents' and children's perceptions.

Environment and social-cultural factors

Environment and social-cultural factors are intervening variables for this study. The environment is also crucial in shaping young people's sexuality. The influence of the media has played a big role in exposing the youth and opening up their mind set to sexual issues through the radio, Tvs, mobile phones, internet (facebook and tweeter) and other modes of communication. Currently students are already accessing materials on sexuality and at times learning from peers without the intervention of teachers though many a times there is the danger of misinformation.

2.8 Operational definition of variables

This is presented in a table (Matrix) form and tries to link the specific objectives of the study with their indicators, data collection instruments and means of analysis. The columns show the research objective, source of data to satisfy the objective, type of information that will be sought, data collection instrument, the type of measuring scale that will be used and the data analysis techniques that will be use.

Table 2.2; Operational definition of variables

Objective/ research question	Source	Type of information	Data collection instrument	Measuring scale	Analysis techniques
1. To what extent do cultural values inhibit the adoption of comprehensive sexuality education in secondary schools?	• School heads of department • School principals • Sponsor's representative • PTA chairman • AEO	1. Frequencies and percentages of opinions, approvals and agreements 2. Qualitative responses on practices	• Questionnaire • Interview schedule	Ordinal	Quantitative - Frequencies and percentages
2. To what extent do religious beliefs inhibit the adoption of comprehensive sexuality education in secondary schools?	• School heads of department • School principals • Sponsor's representative • PTA chairman • AEO	1. Frequencies and percentages of opinions, approvals and agreements 2. Qualitative responses on practices	• Questionnaire • Interview schedule	Ordinal	Quantitative - Frequency and percentages
3. To what extent do government policies inhibit the adoption of comprehensive sexuality education in secondary schools?	• School heads of department • School principals • Sponsor's representative • PTA chairman • AEO	1. Frequencies and percentages of opinions, approvals and agreements 2. Qualitative responses on practices	• Questionnaire • Interview schedule	Ordinal	Quantitative - Frequencies and percentages
4. To what extent do teachers' knowledge, attitude and practice inhibit the adoption of comprehensive sexuality education in secondary schools?	• School heads of department • School principals • Sponsor's representative • PTA chairman • AEO	1. Frequencies and percentages of opinions, approvals and agreements 2. Qualitative responses on practices	• Questionnaire • Interview schedule	Ordinal	Quantitative - Frequencies and percentages

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the descriptions of methods that will be used to carry out the study. The subsections includes research design, target population, sampling procedures and sample size, data collection instruments and their validity and reliability, methods of data collection and data analysis. In addition, this chapter includes data quality and analytical methods employed such as frequency distributions, ethical considerations and summary.

3.2 Research Design

A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure (Claire Selltiz et al, 1962). Kothari (1990) also defines a research design as the conceptual structure within which research is conducted constituting the blueprint for the collection, measurement and analysis of data. As such the design includes an outline of what the researcher will do from writing the hypothesis and its operational implications to the final analysis of data (Kothari 1990). Collectively, the authors define a research design as the scheme outline, or plan that is used to generate answers to research problems.

The research design employed for this study was descriptive survey. The study adopted the descriptive survey research design to study the inhibitants of comprehensive sexuality education in rural secondary schools. Descriptive survey is a method of collecting information by way of interview or administration of questionnaire to a sample of individuals. According to Lovell and Lawson (1971) descriptive research is concerned with conditions that already exist, practices that are held, processes that are on-going and trends that are developing .

Descriptive survey research design is most appropriate when the purpose of study is to create a detailed description of an issue (Mugenda & Mugenda, 1999). The study of inhibitants of comprehensive sexuality education in rural secondary schools are attitudes, practices and conditions that already exist, making the design appropriate for the study. Descriptive survey

adopted here would provide both qualitative and quantitative description of inhibitants of comprehensive sexuality education in rural secondary schools in Karemo Division.

3.3 Target Population

According to Mugenda and Mugenda (1999) a target population is that population which the researcher wants to generalize results. The target population for this study is secondary school heads of subject departments (teachers), principals, BOG members and the Area Education Officer (AEO) Karemo Division. The Ministry of Education policy provides for around seven departments (both academic and non-academic) in each secondary school Kenya. According to the Siaya Municipal Council, TSC Unit (2012) there is one public girls' boarding, one boys' boarding and 13 mixed day secondary schools. Therefore, in the 15 secondary schools there are approximately seven heads of departments (teachers), one school principal, nine BOG members each making 17 per school and the AEO. Therefore the total target population for this study will be (15x17=255) plus one AEO hence 256 respondents.

3.4 Sample Size and Sampling Procedure

This section describes the sample size and sampling procedure to be employed for this study

3.4.1 Sample Size

According to Kothari (1985), Mugenda and Mugenda (1999) and Peter (1996) in a descriptive survey, a sample enables a researcher to gain information about the population. According to Krejce and Morgan (1970) tables (refer to Appendix F), a suitable sample size of 250 as a target population is 152 and 260 is 155. Since 256 is closer to 260 then the sample size for this study was 155.

3.4.2 Sampling Procedure

Out of the sample size of 155, one of them was the AEO, this left 154 (155-1) and since there were 15 schools, then each was expected to produce (154/15=10.27) 10 respondents. As per the Ministry of Education requirements, a school is expected to have around seven departments, thus seven heads of departments and one principal made it eight, and then the remaining two respondents were selected from the BOG members. Of the two BOG members, one was purposely selected as the PTA chairperson to represent the parents who elected him/her and the other was randomly selected from the three seconded by the sponsor (church) to the school.

All the 15 schools participated but of particular interest will be the girls' (Ng'iya) and the boys' (Barding) which will be expected provide insight and gauge the influence of student gender on comprehensive sexuality education. Also one school from the township (Siaya Township) will be expected to provide information on the effect of urbanization on comprehensive sexuality education.

3.5 Research Instrumentation

The research instruments that will be used in this study for data collection will be questionnaire and interview schedule. Questionnaires will be useful instrument of collecting the primary data since the respondents can read and then give responses to each item and they can reach a large number of subjects (Orodho, 2004). There will be two sets of questionnaires; one for the heads of departments and another for BOG representatives (parents' representative and sponsor).

The questionnaires for the heads of departments will have five sections. Sections A will seek for general background information with nine questions. Section B will consist of 16 closed and open ended questions which will seek for information relating to culture and comprehensive sexuality education, section C will consist of 15 closed and open ended questions which will seek for information relating to religious beliefs and comprehensive sexuality education, section D will consist of seven closed and open ended questions which will seek for information on how government policies affect the implementation of comprehensive sexuality education and lastly section E will consist of 22 closed and open ended questions which will seek for information on the understanding of sexuality, that is, knowledge, attitude and practice, of comprehensive sexuality education.

The heads of departments will be selected because they are expected to have more information on the subjects they man, available teaching and learning materials and the subject teachers do consult them on regular basis besides chairing crucial subject committees.

Questionnaires for BOG representatives will have six sections. The first five section will be similar to the ones of the heads of departments but the extra sixth section F will have open ended items touching on the policies espoused by the church and parents with regard to the implementation of comprehensive sexuality education.

The BOG representatives selected to participate in this study will be the parents' representative and the sponsor. The parents' could probably be the PTA chairman elected by parents hence (s)he is trusted and can represent the parents views, values and preferences on any issue that pertains the school such as the subject of this study. The sponsor is a representative of the church and therefore expected to champion or advocate for the stand taken by the church on matters academic. Therefore this is a stakeholder in the process and the study will be banking on him or her to establish the stand of the church (s)he represents.

The interview schedule will be administered to the school principals/deputy principals and the AEO. The interview schedules make it possible to obtain data required to meet specific objectives of the study (Mugenda & Mugenda, 1999). It also helps to standardize the interview such that the interviewer can ask the same questions in the same manner.

The interview schedule for the school principals/deputy principals and AEO will have two sections: Section A will seek for background information. Section B will consist of open ended questions related to policy issues concerning adoption of comprehensive sexuality education in secondary schools and possible solutions.

3.5.1 Pilot testing

Piloting ensures that research instruments are clearly stated and that they have same meaning to the respondents. A pilot study was done in Boro Division, Siaya District to avoid contamination of results. This was because the schools in Boro Division have a formal set up as those in Karemo Division. Besides, the two Divisions have similar social cultural set up. Two schools (Kaluo mixed secondary schools Rambula mixed secondary school) and the AEO were used to pilot the research instruments. The schools were selected through simple random sampling procedure.

A total of six heads of departments, two school principals and four BOG representatives and one Area Education Officer were used for piloting. Pre-testing was done to enable the researcher modify, restructure and eliminate any ambiguous items.

3.5.2 Validity

Both face Validity and content validity was checked. Face validity refer to the possibility that a question would be misunderstood or misinterpreted. Pre–testing was done during piloting stage to identify those items and then the items were modified accordingly. This was to increase face

validity. The researcher prepared the document in close consultation with the supervisors. Borg and Gall (1985) points out that validity of an instrument is improved through expert judgment. The examiners during proposal defence and the supervisors therefore gave expert judgment which helped improve content validity. The necessary adjustments were then made on the instruments to enhance their validity.

3.5.3 Reliability

Mugenda & Mugenda, (1999) defines reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trials. In order to ensure reliability of the instrument, the split-half technique which involves administering only one testing session and taking the results obtained from one self of the scale items and check them against the other half of items to determine their correlation coefficient will be used.

The study will use Spearman Brown Prophecy Formula to calculate the reliability coefficient. The formula for this test will be as follows;

$$\text{Reliability on scores on total test} = \frac{2x \text{ reliability for } ½ \text{ test}}{1 + \text{reliability for } ½ \text{ test}}$$

Mugenda & Mugenda, (1999) suggested that a correlation of 0.6 for such studies indicate high reliability.

Using the SPSS data analysis package, a correlation of 0.724 was obtained which was sufficient for the study.

3.6 Data Collection Procedure

The researcher obtained an introduction letter from the University of Nairobi to obtain a research permit from the National Council for Science and Technology. After this, the researcher again obtained an introduction letter from the District Education Officer, Siaya District to operate in the area. The researcher then booked appointments with principals of the sampled schools and BOG representatives to visit and administer the questionnaires and interview schedules.

The researcher then visited each of the sampled schools and personally administered the questionnaires. The respondents were guided on how to respond and were assured of

confidentiality after which they will be given the questionnaires to fill. The data collection process is expected to take two months.

3.7 Methods of Data Analysis

Data collected from the field was coded and cleaned to remove outliers or missing values and categorized manually according to the questionnaire items using frequency distribution tables and percentages. Simple descriptive statistics such as percentages have an advantage over more complex statistics since they can easily be understood especially when making results known by a variety of readers. The coded data was then transferred to a computer sheet and was processed using Statistical Package for Social Sciences (SPSS) version 19.0. Martin and Acuna (2002) observe that SPSS is able to handle large amounts of data; it is time saving and also quite efficient.

Frequency and percentage tables were used to analyze the quantitative data. The responses to open ended items (qualitative data) in form of phrases and words were organized followed by creating categories, themes and patterns related to research questions. This was analyzed and reported by descriptive narrative (Mugenda & Mugenda, 1999). The results of the data gave the researcher a basis to make conclusions about the study.

3.8 Ethical considerations

The researcher will first assure the respondents that the responses they will give will remain confidential. The respondents will not be required to indicate their names on the questionnaires. The respondents will also be informed of the purpose of the study and that the findings of the study will not be hidden at any time.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATIONS AND INTERPRETATIONS

4.1 Introduction

This chapter covers the findings, presentations and discussions of the results for the study on inhibitants of Comprehensive Sexuality Education in secondary schools. The main sub headings include demographic characteristics of the respondents, instrument return rate, cultural values and comprehensive sexuality education, religious beliefs and comprehensive sexuality education, government policies and comprehensive sexuality education, teachers' awareness, knowledge, attitude and practice and comprehensive sexuality education and measures that can be taken to enhance delivery of relevant information to the adolescents and youths in secondary schools.

4.2 Questionnaire Return Rate

This study targeted the major stakeholders in school system that included the heads of departments or teachers who represented departments, the school principals, the BOG representatives and the Area Education Officer (AEO).

Table 4.1; Target population

The table shows the distribution of respondents for this study.

Target category	Number targeted	Number responded	Return rate (%)
Heads of departments/teachers	105	75	71.4
BOG members	30	22	73.3
School principals	15	10	66.7
Area Education Officer (AEO)	1	1	100.0
Total	**151**	**108**	

Out of 105 questionnaires distributed to heads of departments or teachers, 75 were filled and returned representing a return rate of 71.4% (75/105x100).

Out of the 30 questionnaires distributed to the BOG representatives, 22 were filled and returned representing a return rate of 73.3% (22/30x100).Therefore the overall questionnaire return rate is

$$\frac{97}{135} X\ 100 = 71.85$$

Only 7 of the 15 school principals were interviewed because others had various engagements out of their stations, 3 deputy principals agreed respond to the questionnaire on behalf of their principals therefore 10 interviews were accomplished.

The AEO was out of office and could not be found and therefore the District Quality and Standards Officer honoured the schedule.

4.3 Demographic Characteristics of the Respondents

This section presents the demographic characteristics of the respondent with the aim of establishing the general background of the respondents that participated in the study. The areas that to be discussed include gender, religion, age, highest academic qualification, school categories, the heads of departments teaching subjects and their teaching experience (how long they have been in the teaching profession).

4.3.1 Respondents by Gender

An item was included in the questionnaire which sought information on the gender of the head of the head of department. Out of the 75 heads of departments 69.3% were male and 30.7% were female. From the study, it was revealed that majority of the heads of departments were male.

Table 4.2; Respondents by gender

This table represents respondents' distribution by gender.

	HOD/Teachers		BOG members		School principals	
Gender	Frequency	percent	Frequency	percent	Frequency	percent
Male	52	69.3	15	68.2	6	60
Female	23	30.7	7	31.8	4	40
Total	**75**	**100**	**22**	**100**	**10**	**100**

4.3.2 Respondents by religion

Religion plays a big role in terms of determining individuals' beliefs, attitudes and practice towards certain aspects of life such as the subject of this study. An item was included in the questionnaire that sought information on the religion of heads of departments. Out of 75 heads of departments and teachers, 71.6% are Christians of protestant faith, 21.6% are Christians of the catholic faith 5.4% belong to other faiths such as Muslim, Jehovah witness among others while 1.4% indicated not to belong to any faith. Table 4.3 present the graphical distribution of the heads of departments and teachers by religion.

Table 4.3; Respondents by religion

This table shows the distribution of respondents by religion.

	HOD/Teachers		BOG members	
Religion	Frequency	percent	Frequency	percent
Christian-protestant	53	71.6	11	50.0
Christian-catholic	16	21.6	9	40.9
Muslim	0	0	2	9.1
Other, specified	4	5.4	0	0
None	1	1.4	0	0
Total	**74**	**100**	**22**	**100**

Since the school principals and the AEO are supposed to operate in all environment without prejudice under the guidance of [policy, their religious affiliation was not considered for this study.

4.3.3 Respondents by age

An item was included in the questionnaire that sought information to estimate the range of the age of the heads of departments and the teachers. Out of 75 heads of departments and teachers, 38.7% were found to be below 30 years old, 33.3% had their ages between 30-40 years old, 20% were between 40-50 years old and 8% were above 50 years old. Figure 4.3 present the graphical representation of the heads of departments and teachers by age.

Table 4.4; Respondents by age

The table shows the distribution of respondents by age

	HOD/Teachers		BOG members	
Age	Frequency	percent	Frequency	percent
Under 30 years	29	38.7	4	18.2
30-40 years	25	33.3	7	31.8
40-50 years	15	20.0	5	22.7
50-60 years	6	8.0	2	9.1
Over 60 years	0	0	4	18.2
Total	**75**	**100**	**22**	**100**

The study revealed that majority of the heads of departments and the teachers were young. This is because most of the schools are based in rural set where staffing is grossly inadequate and most of the members of staff are not government employed, perhaps just recent graduates employed by the school board or serving their long vacation before resuming their studies. However there seems to be no large variations among the BOG members

4.3.4 Respondents by highest level of academic qualification

An item was included in the questionnaire that sought information on the religion of heads of departments. Out of 75 heads of departments and teachers, 8% had attained certificate level of education, 24% were diploma holders, 65.3 were degree holders and 2.7% had post graduate degrees.

Table 4.5; Respondents' academic qualification

The table describes the distribution of heads of departments and teachers by level of qualification.

Level of qualification	Frequency	percent
Certificate	6	8.0
Diploma	18	24.0
Degree	49	65.3
Masters	2	2.7
Total	**75**	**100**

Study revealed that majority of the heads of departments and teachers are graduate degree holders and a good number are diploma holders. This perhaps could be because the Ministry of Education's requirement that teachers at this level should be degree and diploma holders unless otherwise. But understaffing in rural areas forces some schools to engage the services of

unqualified people like former students and those still pursuing their college education to bridge the staff gaps. This item was not put to the BOG members and the school principals and the AEO

4.3.5 Category of School

An item was included in the questionnaire for heads of departments and teachers and BOG members which sought for information on the type of school. The study revealed that majority of the schools was mixed day secondary schools as presented on Figure 4.5.

The study revealed that 86.67% of schools which represents 13 schools were mixed day school category, 6.67% of schools which represent 1 school was a boys' boarding school and 6.67% of schools which represent 1 school was a girls' boarding school. The study revealed that most of the heads of departments and teachers came from mixed day schools. All the schools came from similar social cultural set up and therefore the inhibitants of Comprehensive Sexuality Education in secondary schools are common to all.

Table 4.6; Schools' category

The table provides the distribution of respondents from schools by category

School category	Frequency	percent
Boys' boarding	4	5.3
Girls' boarding	6	8.0
Mixed boarding	2	2.7
Mixed day	63	84.0
Total	**75**	**100**

4.3.6 Respondents teaching subjects

An item was included in the questionnaire that sought for information on the teaching subjects of the heads of departments and the teachers. The study revealed that all heads of departments and teachers in secondary schools teach more than one subject though for this study only the first subjects were being recorded, mathematics and science subjects engaged students and teachers more because they are believed to be the hardest than other subjects categorized as humanities, languages and technical.

Table 4.7; HOD/teachers teaching subjects

This table presents the frequency and percentage distribution of subjects taught by the respondents.

School category	Frequency	percent
Mathematics	19	25.3
English	10	13.3
Kiswahili	6	8.0
Biology	18	24.0
Physics	5	6.7
Geography	5	6.7
History & Government	10	13.3
Business studies	2	2.7
Total	**75**	**100**

4.3.7 Respondents teaching experience

An item was included in the heads of departments and the teachers' questionnaire which sought for information on teaching experience.

Table 4.8; Respondents teaching experience

This presents information on heads of departments and the teachers teaching experience.

Duration	Frequency	percent
Less than 1 year	7	9.3
1-3 years	20	26.7
3-5 years	14	18.7
5-8 years	9	12.0
8-10 years	2	2.7
Above 10 years	23	30.7
Total	**75**	**100**

The study revealed that 9.3% had a teaching experience of less than 1 year, 26.7 % between 1 to 3 years, 18.7% between 3 to 5 yrs, 12% between 5 to 8 years, 2.7% between 8-10 years and 30.7% had work experience of above 10 years. The study indicated that majority of the respondents had teaching experience of between 10 to 15 years. Murithi (2006) observed that job satisfaction increase with experience. Therefore majority of teachers have more work experience which makes them create and sacrifice more of their time in handling issues affecting students other than academic. These teachers can also give more counselling to the students.

4.4 Cultural values and comprehensive sexuality education

This section attempts to look at the extent to which cultural values inhibit the adoption of comprehensive sexuality education. Noting that around 61% of the heads of departments and teachers who participated in this study were above 30 years of age, it is assumed that majority of them are parents who have children at various stages of growth. Regarding the aspect of cultural values and comprehensive sexuality education, the questionnaire items sought to find out from the teachers themselves and what they think about the parents' opinion would be regarding the same as far the cultural expectations are. This section looks at three aspects of health problems affecting young men and women, the cultural perspective of comprehensive sexuality education and parents' attitudes and opinions concerning sexuality education.

4.4.1 Health problems affecting boys/young men and girls/young women and their causes

The teachers and BOG members were asked to generally if they are or would be supportive of their adolescents' children behaviour. 9.3% of teachers said don't or would not while 65.3% said 'yes' and 12% said 'yes very much'. However 40.9% of BOG members indicated they don't or would not while 54.5% said 'yes'.

Table 4.9; Supportive of adolescents' decisions

This table represents the responses by respondents on whether they are or would be supportive of their adolescent children decisions.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
No	7	9.3	9	40.9
Yes	49	65.3	12	54.5
Yes, very much	9	12.0	0	0
Don't know	5	6.7	1	4.5
No response	5	6.7	0	0
Total	**75**	**100**	**22**	**100**

Negative attitudes toward adolescents may inhibit access and reinforce perceptions that young people should not receive information. This will establish clarity of information given, as well as responsiveness to the expressed developmental needs of adolescents. To many adolescents,

however, the nature of the contact and interaction with teachers, confidentiality and privacy determine whether or not they will seek for information again.

An open ended question item that sought to allow respondents explore some of the health problems that affect boys or young men and girls or young women not just in the school but also in the area, their causes and whether there are other organizations working outside the school top help young men and women.

Table 4.10; Main health problems

The table summarizes the main health problems mentioned that affect boys/men or girls/young women in the study area.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
HIV/Aids	4	5.4	9	40.9
STIs	8	10.8	12	54.5
Early pregnancy	2	2.7	0	0
Stress	1	1.4	0	0
At least two	24	32.4	0	0
Other problems	12	16.2	1	4.5
No response	24	31.1	0	0
Total	**75**	**100**	**22**	**100**

Even though 31.1% of the respondents did not mention any health problem affecting boys/young men and girls/young women, the rest mentioned several problems. Exclusive mentioning was given as 5.4% for HIV/AIDS, 10.8% for STIs, 2.7% for early pregnancy, 1.4 for stress but 32.4% of the respondents were able to mention a combination (at least two) of the aforementioned problems which are directly linked to sexuality. 16.2% of the respondent mentioned other problems not related to sexuality such as malaria, typhoid, and poor hygiene among others.

On the causes of the aforementioned problems, 36.5% of the respondents gave no response. Exclusive mentioning was given for unprotected sex by 2.7%, other irresponsible behaviours by 2.7%, drinking alcohol and smoking by 1.4%, poverty by 2.7%, poor hygiene by 1.4%. 29.7% of the respondents were able to mention a combination (at least two) of the causes related to sexuality while 23.0% mentioned other causes like peer influence, exposure among others.

Table 4.11; Causes of the health

The table summarizes the main health problems mentioned that affect boys/men or girls/young women in the study area.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Unprotected sex	2	2.7	9	40.9
Irresponsible behaviour	2	2.7	12	54.5
Drinking alcohol/smoking	1	1.4	0	0
Poverty	2	2.7	0	0
Poor hygiene	1	1.4	0	0
At least two	22	29.7	0	0
Other causes	17	23.0	1	4.5
No response	28	36.5	0	0
Total	**75**	**100**	**22**	**100**

On whether there are other organizations outside the school working to help young men and women, 73.4% indicated 'yes' while 26.6% responded 'no'.

These results mean that teachers are quite aware of health problem and their causes. Most of them were able to mention at least two problems and at least two causes; this was also corroborated by the findings from the BOG members who also mentioned similar problems and causes.

4.4.2 Parents attitudes and opinions

Question items to seek for information on what the parents' feelings about the subject of the study are were put to the respondents.

Table 4.12; Parents feelings about adolescent behaviour

The table provides the responses as recorded by the respondents.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Are too traditional	Not happy	24	32.0	13	59.1
	Happy	23	30.7	2	9.1
	Very happy	10	13.3		
	Don't know	14	18.7	4	18.2
	No response	4	5.3	3	13.6
Total		**75**	**100**	**22**	**100**

Are too ignorant (stupid)	Not happy	67	89.3	16	72.2
	Happy				
	Very happy				
	Don't know	4	5.3	5	23.8
	No response	4	5.3	1	4.0
Total		**75**	**100**	**22**	**100**
Are reasonable	Not happy	3	4.0		
	Happy	24	32.0	10	45.5
	Very happy	45	60.0	10	45.5
	Don't know	2	2.7		
	No response	1	1.3	2	9
Total		**75**	**100**	**22**	**100**
Are not understood	Not happy	53	70.7		
	Happy	1	1.3	10	45.5
	Very happy	4	5.3	10	45.5
	Don't know	12	16.0		
	No response	5	6.7	2	9
Total		**75**	**100**	**22**	**100**
Spend very little time with them	Not happy	44	58.7		
	Happy	11	14.7	10	45.5
	Very happy	4	5.3	10	45.5
	Don't know	15	20.0		
	No response	1	1.3	2	9
Total		**75**	**100**	**22**	**100**

Figure 4.12 summarizes the parents' feelings towards their adolescent children behaving in various ways. 33.8% of respondents feel that parents would not be happy if their adolescent children are too traditional but a significant 32.4% would still be happy and 14.1% will be very happy though 19.7% were sure or did not know. On what would be the parents' feelings when their adolescent children are too ignorant (timid) 94.4% thought the parents would not be happy while 5.6% did not know or not sure.

Regarding the parents' feelings when their adolescent children are reasonable, 60.8% of respondents thought the parents would be very happy, 32.4% would be happy yet 4.1% indicated that the parents would not be happy. When asked how they think the parents' would feel when their adolescent children are not understood, 75.7% thought the parents would not be happy, 1.4%would be happy, 5.7% would be very happy while 17.1% did not know. 59.5% of

respondents thought the parents would not be happy if their adolescent children spend little time with them, 14.9% would be happy, 5.4% very happy while 20.3% were not sure or did not know (Figure 4.12 above)

A questionnaire item asked the respondents to compare themselves with their parents' openness when they were growing up, would they have been or would be more open, less open or remain the same. 80% said they would be more open, 11% less open while 8% indicated that their openness would remain the same.

Table 4.13; Compared with their parents when they were growing up

The table compares the openness of earlier parents with their current counterparts.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Less open	8	10.7	13	59.1
About the same	6	8.0	2	9.1
More open	59	78.7	0	0
Don't know	1	1.3	4	18.2
No response	1	1.3	3	13.6
Total	**75**	**100**	**22**	**100**

The heads of departments and the teachers were asked to comment on the parents' familiarity with the comprehensive sexuality education in their respective schools. The respondents had different feelings, 45% reported that the parents were not too familiar, 26% somewhat familiar, 16% were not familiar at all, 1% thought the parents were very familiar while 12% did not know.

Table 4.14; Familiarity with CSE programs

This table summarizes the familiarity of respondents with CSE programs

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Not familiar at all	12	16.0	5	22.7
Not too familiar	33	44.0	9	40.9
Somewhat familiar	19	25.3	5	22.7
Very familiar	1	1.3		
Don't know	9	12.0	3	13.6
No response	1	1.3		
Total	**75**	**100**	**22**	**100**

Another item sought to find out from the heads of departments and the teachers whether they feel parents have discussed with their adolescent children some of the topics considered to be sensitive. About the biology of sex and pregnancy, 37.0% felt that parents discuss or have discussed the topic with their adolescent children, 28.8% felt they did not or do not discuss while 34.2% did not know. About avoiding sexually transmitted diseases (STDs) and HIV/AIDS, 17.8% felt that parents discuss or have discussed this topic with their adolescent children, 65.8% felt they did not or do not discuss while 16.4% did not know. On the issues concerning dating and relationships and becoming sexually active, 35.6% felt that parents discuss or have discussed this topic with their adolescent children, 34.2% felt they did not or do not discuss while 30.1% did not know.

On the issues concerning condoms use and other ways to prevent pregnancy or diseases if you become sexually active, 53.5% felt that parents discuss or have discussed this topic with their adolescent children, 23.3% felt they did not or do not discuss while 23.3% did not know. About whether to wait to have sex until they are married, 17.8% felt that parents discuss or have discussed the topic with their adolescent children, 65.8% felt they did not or do not discuss while 16.4% did not know. Lastly, on ethical, moral and religious considerations about sexual activities, 13.7% felt that parents discuss or have discussed this topic with their adolescent children, 53.4% felt they did not or do not discuss while 32.9% did not know.

Table 4.15; Sensitive subjects parents may talk about

This table summarizes the outcome of the discussion between respondents and their adolescent children on topics considered to be sensitive.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
The biology of sex and pregnancy	Yes-discussed	27	36.0	5	22.7
	No-did not discuss	21	28.0	5	22.7
	Don't know	25	33.3	11	50.0
	No response	2	2.7	1	4.5
Total		**75**	**100**	**22**	**100**
Avoiding STDs and HIV/AIDS	Yes-discussed	13	17.3	2	9.1
	No-did not discuss	48	64.0	4	18.2
	Don't know	12	16.0	16	72.7
	No response	2	2.7	0	0
Total		**75**	**100**	**22**	**100**

Issues about dating and relationships and becoming	Yes-discussed	26	34.7	5	22.7
	No-did not discuss	25	33.3	9	40.9
	Don't know	22	29.3	7	31.8
	No response	2	2.7	1	4.5
Total		**75**	**100**	**22**	**100**
Condoms and other ways to prevent pregnancy or diseases if you become sexually active	Yes-discussed	38	50.7	7	31.8
	No-did not discuss	34	45.4	3	13.6
	Don't know	1	1.3	5	22.7
	No response	2	2.7	7	31.8
Total		**75**	**100**	**22**	**100**
Whether to wait to have sex until they are married	Yes-discussed	13	17.3	5	22.7
	No-did not discuss	48	64.0	3	13.6
	Don't know	12	16.0	14	63.6
	No response	2	2.7	0	0
Total		**75**	**100**	**22**	**100**
Ethical, moral and religious considerations	Yes-discussed	10	13.3	6	27.3
	No-did not discuss	39	52.0	10	45.5
	Don't know	24	32.0	2	9.1
	No response	2	2.7	4	18.2
Total		**75**	**100**	**22**	**100**

This study reveals that most teachers, parents and guardians are still conservatives where sensitive topics bordering on sexuality are avoided. This avoidance in turn leaves the adolescents and young men and women to be vulnerable to incorrect and misinformation.

The study also sought to find out if the respondents thought the discussion about the aforementioned topics was a result or triggered by the discussions in the classrooms at their school, 45.7% of teachers thought so, 31.4% disagreed while 22.9 did not know while . It implies that some awareness is being or has been created that arouse the students curiosity to understand themselves and their environment.

Table 4.16; Topics as a result of class program at school

The table shows if the discussions were possibly triggered as a result of classroom discussions.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
No	32	42.7	8	36.4
Yes	22	29.3	4	18.2
Don't know	16	21.3	10	45.5
No response	5	6.7	0	0
Total	**75**	**100**	**22**	**100**

4.4.3 The cultural perspective of comprehensive sexuality education

There were items in the questionnaire to the heads of departments and teachers aimed at eliciting responses concerning the cultural perspective of comprehensive sexuality education. The question item asked the respondents to indicate their level of agreement or disagreement on various statements relating to cultural considerations on sexuality.

Table 4.17; Parents feelings about adolescent behaviour

The table below shows how respondents feel about various adolescent behaviours.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
It is against our norms/values for adolescents to have sexual intercourse while unmarried	Strongly disagree	1	1.3		
	Disagree	3	4.0	5	22.7
	Not sure	1	1.3		
	Agree	23	30.7	8	36.4
	Strongly agree	45	60.0	9	40.9
	No response	2	2.7		
Total		**75**	**100**	**22**	**100**
Parents should not respect the ideals and opinions of adolescents about sex	Strongly disagree	23	30.7	4	18.2
	Disagree	26	34.7	5	22.7
	Not sure	4	5.3	2	9.1
	Agree	14	18.7	8	36.4
	Strongly agree	5	6.7	3	13.6
	No response	3	4.0	0	0
Total		**75**	**100**	**22**	**100**
Adolescents' values and beliefs about sex should match those of their parents/guardian.	Strongly disagree	19	25.3	2	9.1
	Disagree	26	34.2	5	22.7
	Not sure	8	10.3	9	40.9
	Agree	10	13.3	5	22.7

	Strongly agree	12	16.9	1	4.5
	No response	0	0	0	0
Total		**75**	**100**	**22**	**100**
Discussing sexual matters with adolescents is forbidden and a taboo	Strongly disagree	42	56.0	6	27.3
	Disagree	25	33.3	9	40.9
	Not sure	0	0	0	0
	Agree	4	5.3	7	31.8
	Strongly agree	4	5.3	0	0
	No response	0	0	0	0
Total		**75**	**100**	**22**	**100**

On whether it is against our norms/values for adolescents to have sexual intercourse while unmarried, 61.6% strongly agreed, 31.5% agreed, 1.4% were not sure, 4.1% disagreed where as 1.4% strongly disagreed with the statement. Concerning whether parents should not respect the ideals and opinions of adolescents, 6.9% strongly agreed, 19.4% agreed, 5.6% were not sure, 36.1% disagreed while 31.9% strongly disagreed with the statement.

A statement on whether adolescent values and beliefs about sex should match those of their parents or guardians, 15.1% strongly agreed, 13.7% agreed, 10.9% were not sure, 34.2% disagreed while 26% strongly disagreed with the statement. Lastly, on whether discussing sexual matters with adolescents is forbidden and a taboo, 4.2% strongly agreed, 5.6% agreed, 33.3% disagreed while 56.9% strongly disagreed with the statement. Table 4.17 (above) gives a graphical presentation of responses on the various statements.

Two questionnaire items aimed at gauging the students' level of preparedness in dealing with sexuality issues and how helpful sexuality education programs would be to students were presented to the heads of departments and teachers. 4.2% felt that students were not prepared at all, 33.3% felt students were not very prepared, 27.8% were somewhat prepared while thought students were very prepared to deal with sexuality issues while 4.2% did not know and 5.6% thought the programs are non-existent.

Table 4.18; Confidence about preparedness

The table below shows the confidence levels of respondents about the preparedness.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Not confident at all	3	4.0	3	13.6
Not too confident	24	32.0	8	36.4
Somewhat confident	20	26.7	7	31.8
Very confident	18	24.0	3	13.6
Don't know	7	9.3	1	4.5
No response	3	4.0	0	0
Total	**75**	**100**	**22**	**100**

Whether sexual education programs would be helpful to students in dealing with sexuality issues, 5.6% thought the programs would not help at all, 1.4% thought they would not be very helpful, 31.0% indicated the programs would be somewhat helpful and 52.1% thought they would be very helpful. Only 4.2% did not know and 5.6% said the programs were non-existent.

Table 4.19; Helpfulness of sex education for students to deal with sexuality issues

The table below shows how the respondents feel about helpfulness of CSE.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Not at all helpful	4	5.3	0	0
Not very helpful	1	1.3	0	0
Somewhat helpful	22	29.4	4	18.2
Very helpful	37	49.4	14	63.6
Don't know	7	9.3	4	18.2
No response	4	5.3	0	0
Total	**75**	**100**	**22**	**100**

Finally on the aspect of cultural perspective regarding sexuality, it was imperative to find out how certain cultural practices that are predominant in this community are regarded. The heads of departments and teachers were therefore asked to indicate their level of agreement or disagreement on a number of practices listed.

On whether 'men and women, boys and girls are free to share household chores without stigma from the community', 4.2% strongly disagreed, 23.6% disagreed, 12.5% were not sure, 29.2% agreed and 30.6% strongly agreed with the statement. Regarding 'women and girls are free to own property such as land, animals etc from their parents' 9.9% strongly disagreed, 29.6%

disagreed, 19.7% were not sure, 22.5% agreed and 18.3% strongly agreed with the statement. On whether 'both boys and girls have equal rights to education', 1.4% strongly disagreed, 11.6% disagreed, 4.3% were not sure, 24.6% agreed and 58.0.8% strongly agreed with the statement.

Comments on whether 'children's sex is still a determinant for the success of marriages where boys are preferred' were; 15.7% strongly disagreed, 24.3% disagreed, 17.1% were not sure, 30.0% agreed and 12.9% strongly agreed with this statement. On whether the 'the practice of polygamy is still rampant and widely practised', 4.3% strongly disagreed, 21.4% disagreed, 10.0% were not sure, 44.3% agreed and 20.0% strongly agreed with this statement. Lastly, regarding whether 'the practice of wife inheritance is still rampant and widely practised', 5.6% strongly disagreed, 25.4% disagreed, 11.3% were not sure, 43.7% agreed while 14.1% strongly concurred with the statement.

Table 4.20; Statement about cultural practices

The table summarizes the responses as given by the respondents about beliefs and practices.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Men and women, boys and girls are free to share household chores without stigma from the community.	Strongly disagree	3	4.0	1	4.5
	Disagree	17	22.7	2	9.1
	Not sure	9	12.0	15	68.2
	Agree	21	28.0	4	18.2
	Strongly agree	22	29.4	0	0
	No response	3	4.0	0	0
Total		**75**	**100**	**22**	**100**
Women and girls are free to own property such as land, animals etc from their parents	Strongly disagree	7	9.3	1	4.5
	Disagree	21	28.0	9	40.9
	Not sure	14	18.6	8	36.4
	Agree	16	21.3	4	18.2
	Strongly agree	13	17.3	0	0
	No response	4	5.3	0	0
Total		**75**	**100**	**22**	**100**
Both boys and girls have equal rights to education.	Strongly disagree	1	1.3	0	0
	Disagree	8	10.7	0	0
	Not sure	3	4.0	7	31.8
	Agree	17	22.7	15	68.2
	Strongly agree	40	53.3	0	0

	No response	6	8.0	0	0
Total		**75**	**100**	**22**	**100**
Children's sex is still a determinant for the success of marriages where boys are preferred.	Strongly disagree	11	14.7	0	0
	Disagree	17	22.7	8	36.4
	Not sure	12	16.0	14	63.6
	Agree	21	28.0	0	0
	Strongly agree	9	12.0	0	0
	No response	5	6.7	0	0
Total		**75**	**100**	**22**	**100**
The practice of polygamy is still rampant and widely practised.	Strongly disagree	3	4.0	1	4.5
	Disagree	15	20.0	6	27.3
	Not sure	7	9.3	10	45.5
	Agree	31	41.3	5	22.7
	Strongly agree	14	18.6	0	0
	No response	5	6.7	0	0
Total		**75**	**100**	**22**	**100**
The practice of wife inheritance is still rampant and widely practised.	Strongly disagree	4	5.3	0	0
	Disagree	18	24.0	5	22.7
	Not sure	8	10.7	14	63.6
	Agree	31	41.3	3	13.6
	Strongly agree	10	5.3	0	0
	No response	4	5.3	0	0
Total		**75**	**100**	**22**	**100**

The first objective of this study was to determine the extent to which cultural values inhibit the adoption of comprehensive sexually education in secondary. Reports from the interviews conducted to the principals and the AEO attest to this where 8 out of 11 interviewed seemed to suggest a strong link between the cultural practices and sexuality education. The decision of inclusion or exclusion into educational curriculums is tied up to societal change. This is a responsive way to curriculum development and can be seen in the way that HIV/AIDS education was included into most curriculums only after it became a threat to human life. This study agrees with Parker and Aggleton (2005) who underscored that indeed societal values play a role in this process as curriculums are expected to have the wider goal of socializing the learners into society.

Rabenoro (2004) on a study conducted in Bestimisaraka region of Madagascar yielded similar result where culturally, 'sex' is a taboo subject, shows that this cultural trait affected the sexuality

education offered in schools which was widely considered "useless" partly because many dropped out before joining the upper classes where it was taught. Though not mentioned in the report, teachers in such a cultural background are likely to be unwilling to cover sexuality topics within the classroom freely.

Personal attitudes and social norms surrounding sexual relations are important to measure because they can guide current and future behaviours. These beliefs can influence a youth's decisions and actions and play a role in determining if a youth practices protective sexual behaviours or engages in risky ones

4.5 Religious beliefs and comprehensive sexuality education

This section presents the responses towards fulfilling the second research objective which sought to establish the extent to which religious values inhibit adoption of comprehensive sexuality education. Religious orientation of a community has a potential to either hinder or foster adoption and uptake of new ideas, values and aspects other than the usual norms and practices. The study area is predominantly Christian and most of the schools are sponsored by churches. This objective can be looked at as an aspect of family rules and interactions.

4.5.1 Family rules and interactions

The questionnaire therefore set out to unearth some underlying facts concerning religious practices and sexuality education. This section had a mixture of both closed and open ended items.

Table 4.21; Family rules and regulations

The table summarizes the responses for the closed ended items on various issues related to the family and religious beliefs.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Do you set rules over what your children can read or watch	Yes	39	52.0	6	27.3
	No	31	41.3	16	72.7
	No response	5	6.7	0	0
Total		**75**	**100**	**22**	**100**
Do you believe you have quality interaction with your	Yes	35	46.7	8	36.4
	No	32	42.3	13	59.1

adolescent children	No response	8	10.7	1	4.5
Total		**75**	**100**	**22**	**100**
Have you ever discussed sexual matters with any of your adolescent children	Yes	47	62.7	10	45.5
	No	18	24.0	9	40.9
	No response	10	13.3	3	13.6
Total		**75**	**100**	**22**	**100**
Do you feel comfortable discussing sexual matters with them	Yes	36	48.0	9	40.9
	No	12	16.0	9	40.9
	No response	27	36.0	4	18.2
Total		**75**	**100**	**22**	**100**
Do you believe you have enough knowledge to discuss sexual matters with your children	Yes	35	46.7	6	27.3
	No	27	36.0	16	72.7
	No response	13	17.3	0	0
Total		**75**	**100**	**22**	**100**
Have you ever discussed your values on premarital sex with your adolescent children	Yes	48	64.0	13	59.1
	No	16	21.3	9	40.9
	No response	11	14.7	0	0
Total		**75**	**100**	**22**	**100**
Do you think reproductive health information should be provided in schools	Yes	68	90.7	21	95.5
	No	2	2.7	1	4.5
	No response	5	6.7	0	0
Total		**75**	**100**	**22**	**100**
Would you allow your adolescent children to seek reproductive health services from a health facility	Yes	62	82.7	16	72.7
	No	6	8.0	5	22.7
	No response	7	9.3	1	4.5
Total		**75**	**100**	**22**	**100**

To those who had indicated that they set rules for their children on what to watch and read, an item asked them to mention some of the rules they set, regulation of the programs to be watched on the family TVs, what to be listened on the radio and what to be read in the house were given express mentioning taking 66.7%, emphasis on the school work was also mentioned at 10.3%. Another item sought to find out whether the respondents have or have had quality interaction with their adolescent children, 47.8% recorded 'no' while 52.2% responded 'yes'.

Table 4.22; Family rules

The table summarizes some of the rules as given by the respondents.

Reasons	HOD/Teachers		BOG members	
	Frequency	Percent	Frequency	percent
Regulating TV watching and radio listening	28	37.3	4	18.2
Education / school work first	18	24.0	3	13.6
At least two rules	19	25.3	15	68.1
No response	10	13.3	0	0
Total	**75**	**100**	**22**	**100**

The item went further to find out what a quality interaction would entail, 60.0% of those who gave their responses exclusively indicated that a quality interaction entails open and free discussions and dialogues with and among the family members. General happiness was recorded at 8.6%, other indicators were recorded at 5.7% while 25.7% who those responded 'yes' to having quality interactions in their families did not respond to this item.

Table 4.23; Quality interaction

The table summarizes the findings of the respondents on what entails quality interaction.

Reasons	HOD/Teachers		BOG members	
	Frequency	Percent	Frequency	percent
Open/free discussion /dialogue on various topics	21	28.0	6	27.3
General happiness	13	17.3	5	22.7
At least two rules	10	13.3	5	22.7
No response	31	41.3	6	27.3
Total	**75**	**100**	**22**	**100**

To find out whether the respondents had enough information to discuss sexual matters with their children, 80.6% responded 'yes' while 19.4% said 'no'. Those who recorded 'no' the next item went ahead to find out some of the topics or areas of discussion they inadequate in or had no enough information on.

Table 4.24 summarizes the topics as mentioned by the respondents where 7.7% mentioned family planning among adolescents, 7.7% felt short on issues of STIs infection and prevention, 7.7% said they had or may experience difficulties to introduce sexuality education to young people, 23.1% thought more information on adolescent behaviour would be required, 15.4% wanted more information on dynamics of sex and sexuality, 15.4% were able to list at least two of the aforementioned topics. Other topics were recorded by 7.7% while 15.4% of those who recorded not having enough knowledge did not respond to this item.

Table 4.24; What topics would you like to receive more information on

The table shows some of the topics mentioned by the respondents that they feel insufficiently informed.

Topics	HOD/Teachers		BOG members	
	Frequency	Percent	Frequency	percent
Adolescent family planning	8	10.7	0	0
STIs	7	9.3	0	0
When and How to introduce sexuality education	13	17.3	0	0
Adolescent behaviour	15	20.0	3	13.6
Dynamics of sex	12	16.0	3	13.6
Any two topics	10	13.3	0	0
Other topics mentioned	4	5.3	0	0
No response	6	8.0	16	72.7
Total	**75**	**100**	**22**	**100**

On whether the respondents have ever discussed their values on pre marital sex with their adolescent children, 75% reported 'yes' while 25% said they have not or would not. Those who reported 'no' were further asked to provide the possible reasons as to why they did not or have not or would not discuss it. The summaries of the responses as shown in table 4.27 indicate that 16.7% thought their children are or would still be young for the topic, 5.6% thought the topic is too sensitive for discussion, 33.3% cited other reasons while 44.4% did not attempt to give a response.

Table 4.25; Reasons for non discussion

The table shows some of the reasons mentioned by respondents for not discussing premarital sex with their adolescent children.

Reasons	HOD/Teachers		BOG members	
	Frequency	Percent	Frequency	percent
Children still young	13	17.3	3	13.6
Sex issues still too sensitive	17	22.7	4	18.2
Other reasons mentioned	23	30.7	3	13.6
No response	22	29.3	10	45.5
Total	**75**	**100**	**22**	**100**

It is clear that bridging the gap between parents or guardians and adolescents is a pipe dream when these aspects are still being treated with contempt. To most parents bit is a no go zone, a

mere mention is not encouraged. Therefore there should be a deliberate effort to tackle the issues head on and free and open discussions are necessary to reverse these trends.

Finally, an item sought to find out whether parents were closely following the school programs and whether they receive information or reports or description of what the curriculum covers including sexuality education. The study revealed that majority of parents does not bother to know what their children undergo or are taught at school where 73.9% recorded 'no', 9.32% responded 'yes', 9.32% did not have a response while 7.7% insisted that comprehensive sexuality education is not offered in their schools.

Table 4.26; parents receive description

The table shows how responses on whether parents receive a description about the sex education curriculum topics to be covered.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Yes	6	8.0	2	9.1
No	48	64.0	8	36.4
Don't know	6	8.0	9	40.9
CSE not offered	5	6.7	2	9.1
No response	10	13.3	1	4.5
Total	**75**	**100**	**22**	**100**

School provides an easily accessible way to reach large numbers of youth through primary grades, when attendance is nearly universal. Faith-based organizations and churches provide an important opportunity as 90 percent said they attended religious services at least once a week. This study revealed that parents and guardians are so much concerned with what their children are watching or listening to or reading hence need to regulate what they watch, listen or read. Also, about a third of youth are members of youth clubs or organizations that have activities for youth. The mass media, particularly radio, provides another important resource for reaching out-of-school youth.

Programs for sexually active youth need to emphasize the importance of faithfulness to one partner (ideally, one who knows his or her HIV status) or partner reduction, even when condoms are used. Faithfulness messages need to address the complexities of this protective strategy.

Social, cultural, and gender norms around faithfulness will require more investigation if programs are to be successful in promoting this strategy.

4.6 Government policies comprehensive sexuality education

The third objective of this study sought to examine the extent to which government policies inhibit comprehensive sexuality education in secondary schools in Karemo division, Siaya district, Siaya County. The Ministry of Education plays a pivotal role in ensuring that all educational programs are adhered to strictly. It outlines the policies and structures in which educational institutions are run. For about a decade now, the government in its quest to pursue MDGs, the vision 2030 and its obligations to the citizenry, decided to subsidize the cost of secondary school education and has been meeting most of the expenses. This puts it in a central position to dictate how programs are implemented in terms of resource provision among others.

4.6.1 Availability of resources for CSE implementation

A questionnaire item was put to the respondents to establish whether the school provides for resources to teach comprehensive sexuality education. The study revealed that 49% of the respondents recorded 'no', 40% recorded 'yes' while 11% did not respond to the item. Table 4.29 illustrates the outcome on this item.

Table 4.27; School resources

The table indicates the responses on whether the schools provide resources to teach CSE.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Yes	30	40.0	9	40.9
No	37	49.3	13	59.1
No response	8	10.7	0	0
Total	**75**	**100**	**22**	**100**

Another item seeking to establish the teachers' comments on the availability of resources in their schools, the outcome was as follows; on the availability of text books and other learning materials, 47.1% reported that they were not adequate at all, 26.5% reported that they were

somehow adequate, 14.7% thought they had adequate, 4.4% said they were very adequate and 7.4% did not know.

On the availability of notice boards for display of messages, 46.3% reported that they were not adequate at all, 22.4% reported that they were somehow adequate, 20.9% thought they had adequate, 4.5% said they were very adequate and 6% did not know.

On how often the schools invite resource persons for talks, 29.4% reported that they were not adequate at all, 32.4% reported that they were somehow adequate, 26.5% thought they have or are doing that adequately, 5.9% said they were very adequate and 5.9% did not know.

Whether teachers attend short term courses and seminars, 44.1% reported that this was not adequate at all, 25% reported that it was somehow adequate, 17.6% reported that it was adequate, 4.4% said it was very adequate while 8.8% did not know.

Health personnel and experts provide a lot of insight into some technical aspects regarding health. Whether their invitation was satisfactory, the study established that 23.9% reported that they were not adequate at all, 26.5% reported that they were somehow adequate, 14.7% thought they had adequate, 4.4% said they were very adequate and 7.4% did not know.

Table 4.28; Comments on CSE resource provision in schools

The table shows the respondents' comments on various resources provided by the schools

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Text books and other learning materials	Not adequate at all	32	42.7	11	50.0
	Somehow adequate	18	24.0	5	22.7
	Adequate	10	13.3	1	4.5
	Very adequate	3	4.0	3	13.6
	No response	12	16.0	2	9.1
Total		**75**	**100**	**22**	**100**
Notice boards for display of messages	Not adequate at all	31	41.3	6	27.3
	Somehow adequate	15	20.0	6	27.3
	Adequate	14	18.6	7	31.8
	Very adequate	3	4.0	3	13.6
	No response	12	16.0	0	0

Total		**75**	**100**	**22**	**100**
Resource persons invited for talks.	Not adequate at all	20	26.7	5	22.7
	Somehow adequate	22	29.3	8	36.4
	Adequate	18	24.0	9	40.9
	Very adequate	4	5.3	0	0
	No response	11	14.6	0	0
Total		**75**	**100**	**22**	**100**
Teachers sponsored for short term courses and seminars	Not adequate at all	30	40.0	6	27.3
	Somehow adequate	17	22.7	9	40.9
	Adequate	12	16.0	2	9.1
	Very adequate	3	4.0	1	4.5
	No response	13	17.3	4	18.2
Total		**75**	**100**	**22**	**100**
Invitations of health personnel/experts to give talks on health issues and sensitive topics by the school	Not adequate at all	16	21.3	3	13.6
	Somehow adequate	23	30.7	8	36.4
	Adequate	17	22.7	4	18.2
	Very adequate	6	8.0	1	4.5
	No response	13	17.3	6	27.3
Total		**75**	**100**	**22**	**100**

When asked to state some of the challenges or limitations in the learning and teaching of comprehensive sexuality education, the responses were categorized, coded and analyzed. Exclusive mentions were made for insufficient time and busy schedules at 8.5%, students' naivety and luck of awareness at 8.5%, parental resistance at 4.2%, lack of resources was mentioned by 15.5% but again 15.5% of respondents mentioned more than one challenges (at least two) while 2.8% mentioned other limitations where as 45.1% did not respond to this item.

Table 4.29; Challenges and limitations

The table gives a summary of the challenges and limitations stated by the respondents.

	HOD/Teachers		BOG members	
Limitations	Frequency	Percent	Frequency	percent
Insufficient time/busy schedules	6	8.0	1	4.5
Students naivety/luck of awareness	6	8.0	1	4.5
Parental resistance	3	4.0	0	0
Lack of resources	11	14.7	10	45.5
Any two limitations/challenges	11	14.7	3	13.6
Other challenges mentioned	2	2.7	0	0

No response	36	48.0	7	31.8
Total	**75**	**100**	**22**	**100**

4.6.2 CSE and teacher education

Whether the respondents think comprehensive sexuality education should be incorporated in teacher education, there was an overwhelming response of 94.3% giving it a nod as compared to the 5.7% who objected.

Table 4.30; CSE and teacher education

The table shows the responses on whether CSE should be incorporated in teacher education

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Yes	66	88.0	21	95.5
No	4	5.3	1	4.5
No response	5	6.7	0	0
Total	**75**	**100**	**22**	**100**

Four competences were listed and the respondents asked to rank the emphasis they thought each one of them should be given during teacher training. The outcome of this item is illustrated in the table 4.31. On comprehensive sexuality education skills and concepts, 16.1% thought this aspect should not be emphasised, 44.6% slightly emphasised while 39.3% said it should really be emphasised. On comprehensive sexuality education planning, learning, teaching, assessment and evaluation, 33.9% thought this aspect should not be emphasised, 42.9% slightly emphasised while 23.2% said it should really be emphasised. On collaboration and networking with other professionals, 31.5% thought this aspect should not be emphasised, 33.3% slightly emphasised while 35.2% said it should really be emphasised. Finally, on social, ethical and cultural issues in relation to comprehensive sexuality education, 33.9% thought this aspect should not be emphasised, 42.9% slightly emphasised while 23.2% said it should really be emphasised.

Table 4.31; Ranking competences for teacher education

The table records the respondents' feelings about the relative emphasis on various skills in teachers' education.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent

Comprehensive Sexuality Education skills and concepts	Not emphasized	9	12.0	0	0
	Slightly emphasized	25	33.3	9	40.9
	Really emphasized	22	29.3	13	59.1
	No response	19	25.3	0	0
Total		**75**	**100**	**22**	**100**
Comprehensive Sexuality Education planning, learning, teaching, assessment and evaluation	Not emphasized	19	25.3	0	0
	Slightly emphasized	24	32.0	16	72.7
	Really emphasized	13	17.3	6	27.3
	No response	19	25.3	0	0
Total		**75**	**100**	**22**	**100**
Collaboration and networking with other teaching professionals	Not emphasized	17	22.7	3	13.6
	Slightly emphasized	18	24.0	17	77.3
	Really emphasized	19	25.3	2	9.1
	No response	21	28.0	0	0
Total		**75**	**100**	**22**	**100**
Social, ethical, cultural and humanity issues in relation to Comprehensive Sexuality Education	Not emphasized	11	14.7	2	9.1
	Slightly emphasized	23	30.7	12	54.5
	Really emphasized	22	29.3	8	36.4
	No response	19	25.3	0	0
Total		**75**	**100**	**22**	**100**

Two items to gauge the teachers' knowledge and understanding on the aspect that is closely linked to comprehensive sexuality education were put to the respondents. To find out their opinion about pregnancy rates in secondary schools in Kenya, 30.3% thought they rates have decreased, 19.7% thought the rates have stayed the same, 42.4% believed the rates have increased while 7.6% said they don't know.

Table 4.32; Pregnancy rates in secondary schools in Kenya have

The table shows how the respondents' opinion about the pregnancy rates in Kenya.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Decreased	20	26.7	12	54.5
Stay bout the same	13	17.3	10	45.5
Increased	28	37.3	0	0
No response	14	18.7	0	0
Total	**75**	**100**	**22**	**100**

Lastly, to the respondents who believed the secondary pregnancy rates have decreased, they were asked to rank some of the reasons for the drop. Whether it is the fear of HIV/AIDS, 72.9% considered it a major reason, 15.3% thought it was a minor reason while 11.9% reported that it was not a reason at all. If it was due to changing moral values, 28.6% considered it a major reason, 44.6% thought it was a minor reason while 26.8% reported that it was not a reason at all. Whether it is was due to the CSE programs that include information about contraception, 56.1% considered it a major reason, 29.8% thought it was a minor reason while 12.3% reported that it was not a reason at all. Whether it is due to the abstinence education in schools, 28.1% considered it a major reason, 47.4% thought it was a minor reason while 22.8% reported that it was not a reason at all. Whether it is due to the news and entertainment programs about safer sex, 36.2% considered it a major reason, 34.5% thought it was a minor reason while 25.9% reported that it was not a reason at all. Lastly, whether they thought it was due to public health campaigns, 35.0% agreed it was a major reason, 41.7% thought it was a minor reason while 18.3% reported that it was not a reason at all.

Table 4.33; Possible reasons for pregnancy drop

The represents the observations about the various reasons for the drop of pregnancy rates in Kenya.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Fear of HIV/AIDS	Not a reason at all	7	9.3	1	4.5
	Minor reason	9	12.0	1	4.5
	Major reason	43	57.3	12	54.5
	No response	16	21.3	8	36.4
Total		**75**	**100**	**22**	**100**
Changing moral values	Not a reason at all	15	20.0	2	9.1
	Minor reason	25	33.3	7	31.8
	Major reason	16	21.3	3	13.6
	No response	19	25.3	10	45.5
Total		**75**	**100**	**22**	**100**
Comprehensive sex education programs that include information about contraception	Not a reason at all	7	9.3	0	0
	Minor reason	17	22.7	7	31.8
	Major reason	32	42.7	6	27.3
	No response	19	25.3	9	40.9
Total		**75**	**100**	**22**	**100**

Lastly, to the respondents who believed the secondary pregnancy rates have decreased, they were asked to rank some of the reasons for the drop. Whether it is the fear of HIV/AIDS, 72.9% considered it a major reason, 15.3% thought it was a minor reason while 11.9% reported that it was not a reason at all. If it was due to changing moral values, 28.6% considered it a major reason, 44.6% thought it was a minor reason while 26.8% reported that it was not a reason at all. Whether it is was due to the CSE programs that include information about contraception, 56.1% considered it a major reason, 29.8% thought it was a minor reason while 12.3% reported that it was not a reason at all. Whether it is due to the abstinence education in schools, 28.1% considered it a major reason, 47.4% thought it was a minor reason while 22.8% reported that it was not a reason at all. Whether it is due to the news and entertainment programs about safer sex, 36.2% considered it a major reason, 34.5% thought it was a minor reason while 25.9% reported that it was not a reason at all. Lastly, whether they thought it was due to public health campaigns, 35.0% agreed it was a major reason, 41.7% thought it was a minor reason while 18.3% reported that it was not a reason at all.

Table 4.33; Possible reasons for pregnancy drop

The represents the observations about the various reasons for the drop of pregnancy rates in Kenya.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Fear of HIV/AIDS	Not a reason at all	7	9.3	1	4.5
	Minor reason	9	12.0	1	4.5
	Major reason	43	57.3	12	54.5
	No response	16	21.3	8	36.4
Total		**75**	**100**	**22**	**100**
Changing moral values	Not a reason at all	15	20.0	2	9.1
	Minor reason	25	33.3	7	31.8
	Major reason	16	21.3	3	13.6
	No response	19	25.3	10	45.5
Total		**75**	**100**	**22**	**100**
Comprehensive sex education programs that include information about contraception	Not a reason at all	7	9.3	0	0
	Minor reason	17	22.7	7	31.8
	Major reason	32	42.7	6	27.3
	No response	19	25.3	9	40.9
Total		**75**	**100**	**22**	**100**

Abstinence education in schools	Not a reason at all	13	17.3	1	4.5
	Minor reason	27	36.0	9	40.9
	Major reason	16	21.3	4	18.2
	No response	19	25.3	8	36.4
Total		**75**	**100**	**22**	**100**
News and entertainment programs about safer sex	Not a reason at all	15	20.0	4	18.2
	Minor reason	20	26.7	6	27.3
	Major reason	21	28.0	4	18.2
	No response	19	25.3	8	36.4
Total		**75**	**100**	**22**	**100**
Public health campaigns	Not a reason at all	11	14.7	1	4.5
	Minor reason	25	33.3	7	31.8
	Major reason	21	28.0	6	27.3
	No response	18	24.0	8	36.4
Total		**75**	**100**	**22**	**100**

This study seems to bring out that generally teachers are appreciative of the role of sexuality programs which are ranked higher as compared to the abstinence education as one of the reasons for the drop of pregnancy rates. The current Kenya teacher education syllabus (KIE, 2004a & 2004a) are an improvement of previous syllabuses first introduced in 1986 and revised in 1994. Cited in these, are educational fora, 'The Third Teacher Education Conference' of 1994 and 'Conference of the College Principals Association' of 2000, which had emphasized changes within teacher education to correspond to societal changes in Kenya. Key to these improvements was the infusion and integration of HIV and AIDS, drug and substance abuse, human rights and gender awareness. The Education Sector Policy on HIV/AIDS (GoK, 2004) envisioned an education curriculum sensitive to culture and religious beliefs and is appropriate to gender, language, special needs and context of HIV/AIDS.

Infusion stands for the introduction of selected concepts across a traditional curriculum as they deem fit such as introducing topics in reproductive health within the science subject. Integration is a philosophy of teaching in which content is drawn from several subject areas to focus on a particular topic or theme such as using population data on deaths experienced in a region due to HIV/AIDS has led to decrease in people in the course of teaching a subject such as mathematics.

The content included infused and integrated within the current teacher education syllabus is in no way adequate for teacher trainees' development of meaningful knowledge, skills and attitudes towards sexuality. The nature of infusion and integration also offers challenges:

The tutors (trainers in teacher training colleges) are not likely to handle sexuality training satisfactorily if they lack training in sexuality. Infusion and integration leaves very little room for monitoring progress and evaluation of the effects of the content being brought in to the existing curriculum. As the topics in sexuality are not offered as a fully-fledged course within these institutions, specialization on sexuality is not viable. As a result, the contents have less attention in terms of time and resources. Majority of extracurricular activities with aspects on sexuality education have been fitted within guidance and counselling units.

Studies carried out on the experiences of other country's educational systems, which have since included messages of HIV/AIDS show dissatisfaction with infusion and integration modes. Kann, et al., (1995) on a study in the US shows that compared to health educators, HIV/AIDS infusion teachers were less likely to be adequately trained, and would not cover necessary topics. Many preferred to focus on the science and biological aspects and missed out on the more sensitive issues such as prevention. In general, they also spent less time on the subject and failed to utilize available resources and methodological teaching skills. Gachuhi (1999) analyses HIV/AIDS education in countries in sub-Saharan Africa and makes a case against infusing and integration preferring curricula where HIV/AIDS and other skills based subjects are taught as individually.

4.7 Teachers' awareness of sexuality issues and comprehensive sexuality education

The fourth objective of this study was to investigate the extent to which teachers' knowledge, attitude and practice inhibit the adoption of comprehensive sexuality education in secondary schools. It is believed that adequate teacher professional preparation for any subject is necessary. This preparation should involve understanding by the teacher of the content, nurturing of positive attitudes to subject matter and acceptable understanding on 'what it means to teach'. Akyeampong (2000) and Tabulawa (1997) in Botswana and Ghana respectively, describe how the socio-cultural backgrounds of teacher's understanding of what the process of teaching and learning is affects classroom norms. Teaching and learning of sexuality education requires facilitative methods.

4.7.1 CSE and teacher education

The questionnaire items in this section sought to gauge the teachers understanding of comprehensive sexuality education. The first item aimed at establishing if teachers can correctly define comprehensive sexuality education. 47.8% of those who attempted this item gave the correct definition of comprehensive sexuality education, 7.2% incorrect while 44.9% did not attempt. This can be interpreted to mean that most of them are yet to understand this new aspect in the education sector.

Table 4.34; CSE definition

The table indicates how the respondents defined comprehensive sexuality education.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Correct	33	44.0	6	27.3
Incorrect	5	6.7	4	18.2
No response	37	49.3	12	54.5
Total	**75**	**100**	**22**	**100**

From the high percentage of respondents who did not respond and those who incorrectly did so, it can be deduced that there is still a grey as far as the understanding and practice of sexuality education is as concerned. It means teachers are not conversant to the extent that pros and cons are not properly understood.

The school principals confirmed that the subject is yet to sink as only three out of the 11 interviewed admitted to have sponsored the members of their staff for seminars on sexuality outside the school. Seven heads of schools were objected that the community focuses on immediate tangible outcomes like high performances in national exams but has low regard for other programs aimed at behaviour change. The District Quality and Assurance Officer on behalf of the AEO confirmed that emphasis is focused on how the schools are run, how funds and resources are utilized and performance in exams. Little time and resources are set aside for non academic programs such as promoting sexuality education.

Table 4.35; Advantages of teaching Comprehensive Sexuality Education

The table shows the various advantages as mentioned by the respondents

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Creates awareness on growth and changes	11	14.7	3	13.6
Exposure and preparedness for future responsibilities	4	5.3	4	18.2
Students understand their sexuality	4	5.3	3	13.6
Instils good morals	2	2.7	3	13.6
At least two advantages	25	33.3	6	27.3
No response	29	38.7	3	13.6
Total	**75**	**100**	**22**	**100**

Another item which was open ended asked the participants to state the advantages of CSE where 31.9% did not attempt while the rest attempted. This magnifies the knowledge gap that seems to exist among the teachers who are supposed to back stop the learning and teaching in the educational institutions. Similarly, stating of the advantages. Some of the advantages mentioned exclusively included creating awareness on growth and body changes at 15.9%, exposure and preparing young for future responsibilities was at 5.8%, helping students understand their sexuality 4.3% but 36.2% were able to mention at least two advantages as shown in table 4.37.

Since only 36% of the respondents were able to mention at least two advantages of comprehensive sexuality education, then it meant that more sensitization would be required to create awareness and explain its full benefits to all the stakeholders.

An item was included to find out from the respondents how effective CSE has been or would be to students in various aspects, avoiding HIV/AIDS and other STIs was the only aspect to have been allocated the highest level of effectiveness at 50.8%. The study reveals that change in a society is gradual and at this moment doubt and sceptism is expected and majority of people are stuck at somewhat level. This means proper strategies and campaigns are required to change the societal perspective and increase awareness concerning the subject.

Table 4.36; Effectiveness of CSE in secondary schools

The table shows how the respondents rated the effectiveness of CSE in helping students in various aspects.

	HOD/Teachers	BOG members

	Response	Frequency	percent	Frequency	percent
Avoid getting HIV/AIDS and other sexually transmitted diseases (STIs)	Not effective at all	2	2.7	0	0
	Not too effective	2	2.7	0	0
	Somewhat effective	25	33.3	9	40.9
	Very effective	32	42.7	8	36.4
	No response	14	18.7	5	22.7
Total		**75**	**100**	**22**	**100**
Avoid pregnancy	Not effective at all	2	2.7	0	0
	Not too effective	9	12.0	2	9.1
	Somewhat effective	31	41.3	13	59.1
	Very effective	21	28.0	4	18.2
	No response	12	16.0	3	13.6
Total		**75**	**100**	**22**	**100**
Postpone having sexual intercourse	Not effective at all	8	10.7	1	4.5
	Not too effective	17	22.7	2	9.1
	Somewhat effective	21	28.0	12	54.5
	Very effective	10	13.3	4	18.2
	No response	19	25.3	3	13.6
Total		**75**	**100**	**22**	**100**
Make responsible decisions about sex	Not effective at all	3	4.0	0	0
	Not too effective	11	14.7	2	9.1
	Somewhat effective	28	37.3	16	72.7
	Very effective	20	26.7	1	4.5
	No response	13	17.3	3	13.6
Total		**75**	**100**	**22**	**100**
How to deal with the emotional issues	Not effective at all	3	4.0	0	0
	Not too effective	13	17.3	7	31.8
	Somewhat effective	27	36.0	11	50.0
	Very effective	18	24.0	1	4.5
	No response	14	18.7	3	13.6
Total		**75**	**100**	**22**	**100**
How to talk with parents about sex and relationship issues	Not effective at all	8	10.7	1	4.5
	Not too effective	18	24.0	4	18.2
	Somewhat effective	18	24.0	12	54.5
	Very effective	15	20.0	2	9.1
	No response	16	21.3	3	13.6
Total		**75**	**100**	**22**	**100**

An item to gauge the feeling towards young people engaging in various behavoiur and activties was fronted to the respondents. Generally the behavoiur and activites mentioned were disapproved by the majority as shown in table 4.37 which revealed the society's strict code of conduct.

Table 4.39; Feeling towards young people

The table summarizes approval and disapproval of youth behavoiur by respondents.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Premarital sex	Disapprove	64	85.3	20	90.9
	Approve	2	2.7	1	4.5
	No response	9	12.0	1	4.5
Total		**75**	**100**	**22**	**100**
Buying contraceptives	Disapprove	42	56.0	14	64.6
	Approve	19	25.3	7	31.8
	No response	4	5.3	1	4.5
Total		**75**	**100**	**22**	**100**
Drinking beer and other alcoholic beverages	Disapprove	65	86.7	21	95.5
	Approve	0	0	0	0
	No response	10	13.3	1	4.5
Total		**75**	**100**	**22**	**100**
Smoking	Disapprove	66	88.0	20	90.9
	Approve	0	0	0	0
	No response	9	12.0	2	9.1
Total		**75**	**100**	**22**	**100**
Joining clubs or organizations, either in school or in the community	Disapprove	22	29.3	10	45.5
	Approve	40	53.3	10	45.5
	No response	13	17.3	2	9.1
Total		**75**	**100**	**22**	**100**
Living with someone of the opposite sex	Disapprove	49	65.3	21	95.5
	Approve	7	9.3	0	0
	No response	19	25.3	1	4.5
Total		**75**	**100**	**22**	**100**

An item to find out the percentage of the teachers who have undergone a comprehensive sexuality education was also included. An overwhelming majority of 79.7% of the respondent said they have never undergone the training in the last three years by any organization or the government.

Table 4.38; Comprehensive Sexuality Education training

The table shows how many teachers have had training on sexuality in the last three years.

	HOD/Teachers	
Response	Frequency	percent
Yes	13	17.3
No	51	68.0
No response	11	14.7
Total	**75**	**100**

On what the effect of CSE is or would be, an item was put to the respondents and table 4.39 shows interesting outcomes. It was revealed that condom and contraception uptake had increased or would increase by 75.4% and 73.8% respectively. Other behaviours were reported to have or would decrease considerably. This is an indication that there is an enthusiasm to and a change of stand and practice since not long ago these comments would not be attributed to the CSE, sustained sensitization and public campaigns among other means of communications and message delivery.

Table 4.39; Effect of CSE on adolescent behaviour

The table demonstrates the respondents' opinion about the effect of CSE on adolescent behaviour.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	Percent
Period of initiation of sex	Decreased	27	36.0	6	27.3
	No effect	6	8.0	9	40.9
	Increased	17	22.7	6	27.3
	No response	25	33.3	1	4.5
Total		**75**	**100**	**22**	**100**
Frequency of sex	Decreased	35	46.7	18	81.8
	No effect	11	14.7	3	13.6
	Increased	6	8.0	0	0
	No response	23	30.7	1	4.5
Total		**75**	**100**	**22**	**100**
Number of sexual partners	Decreased	30	40.0	18	81.8
	No effect	15	20.0	2	9.1
	Increased	6	8.0	0	0

	No response	24	32.0	2	9.1
Total		**75**	**100**	**22**	**100**
Use of condoms	Decreased	4	5.3	0	0
	No effect	4	5.3	0	0
	Increased	46	61.3	19	86.4
	No response	21	28.0	3	13.6
Total		**75**	**100**	**22**	**100**
Use of contraception	Decreased	3	4.0	3	13.6
	No effect	6	8.0	4	18.2
	Increased	45	60.0	13	59.1
	No response	21	28.0	2	9.1
Total		**75**	**100**	**22**	**100**
Sexual behaviour (prostitution)	Decreased	32	42.7	16	72.7
	No effect	12	16.0	1	4.5
	Increased	8	10.7	2	9.1
	No response	23	30.7	3	13.6
Total		**75**	**100**	**22**	**100**

Whether the teacher education curriculum the respondents underwent prepared them adequately to handle comprehensive sexuality issues in schools, 32.8% said 'yes' and 67.2% said 'no'. This was also confirmed by the school principals and the District Quality Assurance and Standards Officer. They agreed that the teacher education curriculum is yet to completely change in order to reflect the emerging issues such as the ICT and HIV/AIDS and sexuality. They cited a case where the government conducts SMASSE during every school brake to enhance the ICT knowledge for teachers but other issues of grave concern such as sexuality are not given similar weight and consideration.

Table 4.40; Teacher education preparedness

The table shows the respondents response on whether teachers training programs adequately prepare teachers to handle sexuality issues in schools.

	HOD/Teachers		BOG members	
Response	Frequency	percent	Frequency	percent
Yes	19	25.3	6	27.3
No	39	52.0	16	72.7
No response	17	22.7	0	0
Total	**75**	**100**	**22**	**100**

The strategies of handling sexuality issues are also changing and taking a new dimension. The trends emerging from the respondents indicated a situation that is torn in between. All the strategies received not varied differences a signal that equilibrium is yet to be found on the dynamics of sexuality education.

Table 4.41; Strategies of addressing sexuality issues

The table shows how the respondents view on the various strategies for addressing sexuality issues.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Abstinence from sexual intercourse is best for teens	Strongly disagree	3	4.0	2	9.1
	Disagree	15	20.0	4	18.2
	Not sure	19	25.3	8	36.4
	Agree	20	26.7	8	36.4
	No response	18	24.0	0	0
Total		**75**	**100**	**22**	**100**
Abstinence from sexual intercourse is best, but those who don't, sex education is appropriate/required	Strongly disagree	5	6.7	0	0
	Disagree	6	8.0	2	9.1
	Not sure	25	33.3	13	59.1
	Agree	23	30.7	7	31.8
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**
Sex education should focus on teaching students how to make responsible decisions about sex.	Strongly disagree	4	5.3	3	13.6
	Disagree	14	18.7	5	22.7
	Not sure	25	33.3	7	31.8
	Agree	15	20.0	6	27.3
	No response	17	22.7	1	4.5
Total		**75**	**100**	**22**	**100**

Finally, when asked to state the frequency of discussion of topics on sexuality, results summarized in the table 4.42 indicate that the frequency of discussion is determined by the complexity and sensitivity of the topics. Less complicated and sensitive topics were more oftenly discussed than those considered sensitive and complicated.

Table 4.42; Frequency of discussion of various topics

The table shows how often respondents think various topics are discussed in school.

		HOD/Teachers		BOG members	
	Response	Frequency	percent	Frequency	percent
Relationships	Never	2	2.7	1	4.5
	Rarely-Few times a month	20	26.7	12	54.5
	Often-twice or more a week	21	28.0	8	36.4
	Very often-Daily	16	21.3	1	4.5
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**
Values, attitudes and skills	Never	2	2.7	1	4.5
	Rarely-Few times a month	16	21.3	6	27.3
	Often-twice or more a week	21	28.0	13	59.1
	Very often-Daily	20	26.7	2	9.1
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**
Culture, society and gender roles	Never	6	8.0	1	4.5
	Rarely-Few times a month	15	20.0	14	63.6
	Often-twice or more a week	23	30.7	6	27.3
	Very often-Daily	15	20.0	1	4.5
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**
Human development	Never	7	9.3	1	4.5
	Rarely-Few times a month	24	32.0	5	22.7
	Often-twice or more a week	13	17.3	11	50.0
	Very often-Daily	15	20.0	5	22.7
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**
Sexual behaviour	Never	2	2.7	4	18.2
	Rarely-Few times a month	29	38.7	11	50.0
	Often-twice or more a week	19	25.3	7	31.8
	Very often-Daily	9	12.0	0	0
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**
Sexual and Reproductive Health	Never	5	6.7	1	4.5
	Rarely-Few times a month	28	37.3	9	40.9
	Often-twice or more a week	15	20.0	12	54.5
	Very often-Daily	11	14.7	0	0
	No response	16	21.3	0	0
Total		**75**	**100**	**22**	**100**

During the interviews with the school principals and the AEO, this came out clearly that the knowledge resource among the teachers is not adequate. There was an agreement that the government has not had enough resources to promote and embrace

Research has shown that HIV/AIDS education, as well as other skills based programmes which have aspects of sexuality have had various challenges. Boler et al. (2003) found that in both India and Kenya, though teachers played a major role in giving young people information on HIV/AIDS and sexuality they were constrained by social and cultural factors. The result of this is that teachers resulted to 'selective' teaching where they restricted teaching only to the biological aspects and left out those that have to do with sex and relationships. This study agrees with experiences by the Centre for British Teachers (CfBT, 2005) in Nyanza province, Kenya which was set to test the impact of teaching HIV/AIDS education in the upper primary school classes between 2000-2003 reveal that even though both teachers and pupils responded positively to this programme, teachers still had difficulties discussing issues such as condoms, even after training. Pupils also reported that they were aware their teachers were having difficulties teaching them, as some were giving contradictory information. The recommendation is that teacher training on issues of sexuality should look at the context within which the teachers teach and give them support with regard to this (Maticka-Tyndale et al., 2004).

Visser (2005) on an evaluation in South Africa on the implementation of life skills and HIV/AIDS education found that the programme failed because of teachers' non-commitment, poor teacher-pupil relationships, negative attitudes of teacher about teaching 'sex' as well as the understanding by the teachers that their role was to impart knowledge and not get emotionally involved with the learners. In their conclusion, Tijuana et al. (2004) offer that an effective sexuality education training for teachers has to first have an impact on the teachers before they gain the confidence needed to teach topics they consider sensitive and controversial.

Studies in teacher training on aspects of sexuality show that it is necessary, urgent as well as effective. Studies cited in Tijuana et al. (2004) which were carried out in various sub-Saharan countries have shown that teacher training on sexuality and HIV positively impacts on teacher sexual health, attitudes, nurtures positive attitudes to issues of young people's sexuality and makes them more committed to teach topics in sexuality. Muramutsa (2002) in Rwanda revealed major gaps in teacher attitudes, knowledge and practices necessary for the success of the

HIV/AIDS and life skills programmes (key components in sexuality education), to be introduced at the time in primary schools and teacher training colleges. In Zimbabwe, Chifunyise et al. (2002) evaluated a four-year HIV/AIDS education given to teachers in training institutions which was aimed at changing both the teacher's own behaviour as well as equipping them to teach it once they had graduated. The student teachers reported that the course had helped them to develop confidence to the teaching of sexuality issues and that they had also learnt skills in their negotiation for safer sex.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter covers summary of the findings, discussion of results and conclusions drawn from the study as well as recommendations based on the study findings and suggestions for further studies.

5.2 Summary of the findings

The study sought to find out the inhibitants of comprehensive sexuality education in rural secondary schools of in Karemo division, Siaya district, Siaya County. In chapter one of the report, the background information was well outlined. The statement of the problem was well stated as well as the problem under investigations.

The objectives of this study were; to determine the extent to which cultural values, to establish the extent to which religious values, to examine the extent to which government policies and to investigate the extent to which teachers' knowledge, attitude and practice inhibit the adoption of comprehensive sexuality education in secondary schools. Therefore the research questions were derived from the objectives and were as follows; to what extent do cultural values, religious beliefs, government policies, teachers' knowledge, attitude and practice inhibit the adoption of comprehensive sexuality education in secondary schools. The summary of this study can looked at in to two aspects; cultural perspective, government and teacher education.

From the study, it can be confirmed that cultural values that are espoused by the community inhibits the adoption of comprehensive sexuality education. 65.8% of the respondents admitted not to have discussed or will not discuss about delaying and postponing sexual practice. Also 65.8% again recorded that they don't or would not discuss with their adolescent about STIs and HIV/AIDS infection and prevention. Both the teachers BOG members did not have confidence that CSE programs can teach values similar to what they teach at home, their responses were 28% and 9.1% respectively. With regard to discussing sexual matters with their adolescent children, 5.3% of teachers agreed and 31.8% of BOG members disagreed. Given that the majority of the respondents were teachers who are widely informed as compared to the ordinary members of the

society, then it means there are little chances of the community embracing sexuality education. That means that culture the still treats this new phenomenon with contempt. Any attempt to openly discuss sexuality issues is perceived to be against the set norms and ethics of a particular society. Effective sexuality education provides young people with age-appropriate, culturally relevant and scientifically accurate information. It also provides young people with structured opportunities to explore attitudes and values and to practise the skills they will need to be able to make informed decisions about their sexual lives. Sexuality education is an essential element of HIV prevention and is critical to achieving universal access targets for prevention, treatment, care and support. While there are no programmes that can eliminate the risk of HIV and other sexually transmitted infections (STIs), unintended pregnancy, and coercive or abusive sexual activity, properly designed and implemented programmes can reduce some of these risks. A growing body of evidence exists to demonstrate what constitutes an effective school-based sexuality education programme. This forms the basis of the recent UNESCO publication, International Technical Guidance on Sexuality Education: an evidence-informed approach for schools, teachers and health educators.

Religious beliefs seem to influence approval of the youth behaviours such as open dialogue about sensitive issues. 85.3% of the respondents disapproved the discussion of pre marital topics with the young people or adolescents. The apparent fear is that these discussion will act as precursors to the practice and experimentation of sexual activities among youth.

Government policies are very much biased towards academic oriented school activities. 49.3% of teachers indicated that there is inadequate resource provision or allocated towards CSE, only 44% thought the resources were somewhat adequate. This was also confirmed by the BOG members where 38.1% thought the resources were not adequate while the rest had no idea. 94.3% of the teachers also suggested that sexuality education should be part and parcel of teacher education. The AEO and the principals unanimously agreed that more resources should be channelled towards equipping teachers with more knowledge on sexuality and its dynamics.

Teachers are gatekeepers of knowledge and skills for the large majority of young people (Tijuana, et al. 2004); most who live in developing countries and attend school at least in their early years. It is also among these populations that HIV infections are highest in the world (UNAIDS, 2006), as well as poor reproductive health outcomes. Given that only 47.8% of teachers were able to

correctly define CSE while 44.9% giving no response and only 36.2% were able to state at least two advantages of CSE. That means that expecting teachers to deliver on CSE would be an overstretched dream since 20.3% of teachers reported to have attended some training or a seminar on sexuality while 67.2% are of the view that teacher education should prepare teachers for the eventuality of handling sexuality issues in schools.

In Kenya, teachers work mainly in rural areas because this is where most schools are located. The Teacher's Service Commission (TSC) reports that there are more teachers teaching in rural areas than in urban (Education Sector Report, 2006). The Kenya Demographic and Health Survey (CBS, 2003) showed that females, young people and rural dwellers have higher HIV prevalence. These are all categories exist in communities where the schools fall. The mitigation of the effects of HIV/AIDS should therefore take necessary measures that would target young people in schools.

5.3 Conclusions

The WHO definition of sexual health, which describes it as encompassing more than the bio-medical aspects of human health; '...not just the absence of disease, dysfunction or infirmity' requires that all the other aspects of sexuality are addressed to all groups where sexuality education is offered. Teachers are already beneficiaries of other forms of education where partial topics in human sexuality are covered. As a sexual right, teacher trainees have the legal right to comprehensive sexuality education.

Sexuality has been described by the WHO as '...influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.' In a changing social environment, teachers need a source of knowledge for sexuality and its influences so that they can better understand it. Teacher comfort levels with topics in sexuality determine their willingness to teach the very topics.

Subjects covering topics in HIV and reproductive health education have been embraced in the school curriculum. However, there is evidence that teachers are not able to go beyond cultural taboos of sexuality and teach these topics effectively. This has led to failure of such programmes sometimes simply because teachers have their own biases with regard to teaching sexuality and in

some cases add their own values and attitudes when doing so. The success of school based HIV, life skills and reproductive health education is likely to be realized if teachers receive sexuality education.

The current Kenya teacher education syllabus has infused and integrated with selected topics from the field of sexuality, mainly HIV/AIDS and reproductive health which do not comprehensively cover all the necessary themes in sexuality. The responsibility of teaching infused and integrated sexuality messages profession to teachers who have no such training means that the issues may not to be handled competently; and there's the likelihood that they receive less attention. There's need for specialized training on sexuality in teacher training colleges.

The abolition of corporal punishment by the Government of Kenya offers guidance and counselling as an alternative. Teachers give counselling to young people on sexuality issues. It is necessary that teachers be informed on what would constitute sexual abuse to their pupils and how to help young people identify and report sexual abuse.

As gatekeepers of knowledge, teachers need knowledge to protect young people from aspects of sexual exploitation, abuse, early marriages, forced sex and female genital mutilation, which are all sexual risks that youth in Kenya face. Today, we are bombarded by many sexual choices and issues. Teachers need to be in a position to offer proper guidance on sexuality matters to their pupils and from a knowledgeable point.

Finally, youth-friendly SRHR policy respects diverse values held by a wide range of groups and provides age-appropriate information that addresses the realities of young people's lives. Good SRHR policy takes the perspective that sexuality is a positive force and not something to fear. Any policy development or area of legislation should also take into account and integrate a number of essential cross-cutting issues and principles related to young people's SRHR, including: involvement of young people, a gender focus, recognition of diversity and vulnerability, multi-sector support and effective monitoring and evaluation.

5.4 Recommendations

- School-based programs should be strengthened to reach younger youth with age-appropriate messages. The benefits of avoiding early pregnancy and STI/HIV infection, such as additional schooling and career opportunities, should be more strongly emphasized.

- The need to expand behaviour change communication efforts is evident throughout the results. The data suggest a need to build on information-based initiatives to include greater emphasis on skills-building related to protecting oneself from both disease and unintended pregnancy. In addition to the need to scale up educational efforts that promote the three protective strategies, the data highlight weaknesses in specific areas of knowledge. The most serious gap in knowledge concerns pregnancy prevention and contraceptive methods.

- Parents, guardians and schools management teams need sensitization and strategies are necessary to bring everybody on board and enhance the uptake and facilitate the smooth acceptance of these new ideas aimed at betterment of lives for both young men and women.

- Life skills programs must be supported to increase self-esteem, self-confidence, and negotiating abilities, especially young people. These skills can help youth match their stated desire to remain abstinent with their behaviours and make informed and responsible decisions in their lives.

5.5 Suggested areas for further study

- The influence of parent child communication with view of enhancing access to sexuality education.

- How the secondary schools can collaborate with health service providers in the ministry of health to enhance access to services by in school youth.
- The concept of family planning provision and condom use to young people is still a grey area that needs further investigation.
- Further investigation is required to find out how the social media such tweeter and facebook is informing and influencing the current young men and women.

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APPENDICES

APPENDIX A: REQUEST LETTER TO HEAD OF DEPARTMENT/BOG MEMBERS

NAMBANGA, BERNARD OKOTCH
FAMILY HEALTH OPTIONS KENYA
P.O. BOX 1109,
KISUMU.
bnambanga@yahoo.co.uk
REGISTRATION NO. L50/65004/2010

.....
.....
.....

Dear Sir/Madam,

RE: RESEARCH QUESTIONNAIRE

I am a Master of Arts student at the University of Nairobi specializing in Project Planning a Management. My research project is 'Inhibitants of Comprehensive Sexuality Education in ru secondary schools in Karemo Division, Siaya District, Siaya County'.

In order to gather data for the research, I have prepared a questionnaire to be filled by the heads departments. I kindly request your assistance in this academic endeavour by filling t questionnaire. I would like to emphasize that your responses are extremely valuable to me an would greatly appreciate you answering all the questions.

I assure you that the information provided here will be held in confidence.

Thank you in advance for your cooperation.

Regards.

Nambanga, Bernard Okotch.

APPENDIX B: QUESTIONNAIRE FOR HEAD OF DEPARTMENT/BOG MEMBERS

SECTION A: PERSONAL INFORMATION

In this section, you are kindly requested to provide your personal information but remember NOT TO WRITE YOUR NAME.

A1. Name of school.....

A2. What is your gender?

☐ Female ☐ Male

A3. What your religion?

☐ Christian-Protestant
☐ Christian-Catholic
☐ Muslim
☐ None
☐ Other. Specify.....

A4. How old are you?

☐ Under 30 years
☐ 30-40 years
☐ 40-50 years
☐ Over 50 years

A5. What is your highest level of academic qualification? (Tick where applicable)

☐ Certificate ☐ Masters
☐ Diploma ☐ PhD
☐ Degree ☐ Other, specify.....

A6. Which is the type of your school? (Tick where applicable)

☐ Boys' boarding
☐ Girls' boarding
☐ Mixed boarding
☐ Mixed day
☐ Other. Specify.....

A7. Which department do you head or are you in charge of? (Tick where applicable)

- ☐ Mathematics
- ☐ Languages
- ☐ Sciences
- ☐ Humanities
- ☐ Technical
- ☐ Games
- ☐ Guidance and counselling
- ☐ Other, specify.....

A8. What are your teaching subjects? (Tick all that apply)

- ☐ Mathematics
- ☐ English
- ☐ Kiswahili
- ☐ Biology
- ☐ Physics
- ☐ Chemistry
- ☐ Geography
- ☐ History & Government
- ☐ CRE
- ☐ Agriculture
- ☐ Business studies
- ☐ Computer
- ☐ Music/Art and Drawing
- ☐ Other, specify.....

A9. How long have you been in a teaching position or role? (Tick where applicable)

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ 5-8 years
- ☐ 8-10 years
- ☐ Above 10 years

a) It is against our norms/values for adolescents to have sexual intercourse while unmarried.	☐	☐	☐	☐	☐
b) Parents should not respect the ideals and opinions of adolescents about sex.	☐	☐	☐	☐	☐
c) Adolescents values and beliefs about sex should match those of their parents/guardian.	☐	☐	☐	☐	☐
d) Discussing sexual matters with adolescents is forbidden and a taboo	☐	☐	☐	☐	☐

B9. How well prepared do you feel is any of your student is to deal with sexuality issues – very prepared, somewhat prepared, not very prepared, or not at all prepared?

- ☐ Very prepared
- ☐ Somewhat prepared
- ☐ Not very prepared
- ☐ Not at all prepared
- ☐ Comprehensive sexuality education not offered

B10. Thinking about the sex education any of your children is receiving or has received in school, how much do you think it will help your child deal with sexuality issues? Will it be very helpful, somewhat helpful, not very helpful, or not at all helpful?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know
- ☐ Comprehensive sexuality education not offered

B11. Below are a few statements about some of the practices performed by the community around this school. Please indicate if you strongly agree, agree, disagree or strongly disagree (Tick where applicable).

Parents responses	4.Strongly	3.Agree	2.Disagree	1.Strongly disagree	88.Don't you know

SECTION B: CULTURAL VALUES AND COMPREHENSIVE SEXUALITY EDUCATION

In this section, you are kindly requested to give responses about comprehensive sexuality education in relation to cultural values in this locality. Feel free to skip any question that you feel uncomfortable to respond to.

B1. What are the five main health problems that affect boys/young men or girls/young women in this area?

.....

.....

.....

B2. What are the causes of the health problems you just mentioned?

.....

.....

.....

B3. In your opinion, how do parents feel if their adolescent children do the following? (Tick where applicable)

	3.Very happy	2.Happy	1.Not happy	88.Don't you know
a) Are too traditional (conservative)	☐	☐	☐	☐
b) Are too ignorant (stupid)	☐	☐	☐	☐
c) Are reasonable	☐	☐	☐	☐
d) Are not understood	☐	☐	☐	☐
e) Spend very little time with them	☐	☐	☐	☐

B4. Compared with your parents when you were growing up, do you think you have been or would be more open with your children about sex and sexual issues in general, less open, or about as open as your parents were with you?

☐ More open

☐ Less open

☐ About the same

☐ Don't know

B5. How are parents of your students familiar with the comprehensive sexuality education programs in the school? Would you say they are....

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not too familiar
- ☐ Not familiar at all
- ☐ Don't know

B6. Below is a list of some sensitive subjects parents might talk about with their children. Read each one and please indicate if you think they have discussed this topic with any of their own children who is/are in this school (Tick which applicable)

Subject	3.Yes-Discussed	2.No-did not discuss	1.Don't know	99.CSE no offered
a) The biology of sex and pregnancy.	☐	☐	☐	☐
b) Avoiding sexually transmitted diseases (STDs) and HIV/AIDS.	☐	☐	☐	☐
c) Issues about dating and relationships and becoming sexually active.	☐	☐	☐	☐
d) Condoms and other ways to prevent pregnancy or diseases if you became sexually active.	☐	☐	☐	☐
e) Whether to wait to have sex until they are married	☐	☐	☐	☐
f) Ethical, moral and religious considerations about sexual activities	☐	☐	☐	☐

B7. If these conversations have taken place, do you think it is as a result of a topic of a class or program at your school, or not?

- ☐ Yes
- ☐ No
- ☐ Don't know

B8. For the next four questions, indicate whether you agree or disagree with the statement and the extent to which you agree or disagree (Tick which is applicable).

	5.Strongly agree	4.Agree	3.Not sure	2.Disagree	1.Strongly disagree

a) It is against our norms/values for adolescents to have sexual intercourse while unmarried.	☐	☐	☐	☐	☐
b) Parents should not respect the ideals and opinions of adolescents about sex.	☐	☐	☐	☐	☐
c) Adolescents values and beliefs about sex should match those of their parents/guardian.	☐	☐	☐	☐	☐
d) Discussing sexual matters with adolescents is forbidden and a taboo	☐	☐	☐	☐	☐

B9. How well prepared do you feel is any of your student is to deal with sexuality issues – very prepared, somewhat prepared, not very prepared, or not at all prepared?

- ☐ Very prepared
- ☐ Somewhat prepared
- ☐ Not very prepared
- ☐ Not at all prepared
- ☐ Comprehensive sexuality education not offered

B10. Thinking about the sex education any of your children is receiving or has received in school, how much do you think it will help your child deal with sexuality issues? Will it be very helpful, somewhat helpful, not very helpful, or not at all helpful?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Don't know
- ☐ Comprehensive sexuality education not offered

B11. Below are a few statements about some of the practices performed by the community around this school. Please indicate if you strongly agree, agree, disagree or strongly disagree (Tick where applicable).

Parents responses	4.Strongly	3.Agree	2.Disagree	1.Strongly disagree	88.Don't you know

	agree				
a) Men and women, boys and girls are free to share household chores without stigma from the community.	☐	☐	☐	☐	☐
b) Women and girls are free to own property such as land, animals etc from their parents.	☐	☐	☐	☐	☐
c) Both boys and girls have equal rights to education.	☐	☐	☐	☐	☐
d) Children's sex is still a determinant for the success of marriages where boys are preferred.	☐	☐	☐	☐	☐
e) The practice of polygamy is still rampant and widely practised.	☐	☐	☐	☐	☐
f) The practice of wife inheritance is still rampant and widely practised.	☐	☐	☐	☐	☐

SECTION C: RELIGIOUS BELIEFS AND COMPREHENSIVE SEXUALITY EDUCATION

In this section, you are kindly requested to give responses about comprehensive sexuality education in relation to religious beliefs in this locality. Feel free to skip any question that you feel uncomfortable to respond to.

NO.	Item	YES	NO
C1	Do you set rules over what your children can read or watch?	☐	☐
C2	Do you believe you have quality interaction with your adolescent children?	☐	☐
C3	Have you ever discussed sexual matters with any of your adolescent children?	☐	☐
C4	Do you believe you have enough knowledge to discuss sexual matters with your children?	☐	☐
C5	Have you ever discussed your values on premarital sex with your adolescent children?	☐	☐
C6	If so, did you feel comfortable discussing sexual matters with them?		
C7	Do you think reproductive health information should be provided in schools?	☐	☐
C8	Would you allow your adolescent children to seek reproductive health services from a health facility?	☐	☐
C9	Does the school send parents a description of or have a meeting about the sex education curriculum telling them what topics would be covered, or does the school not send parents	☐	☐

	that information?		

C10. What are some of these rules set your family?

.....

.....

.....

C11. In your opinion, what makes it a quality interaction?

.....

.....

.....

C12. What topics would you like to receive more information on?

.....

.....

.....

C13. What are some of your reasons why you won't discuss pre marital sex with your adolescent children.

.....

.....

.....

SECTION D: GOVERNMENT POLICIES AND COMPREHENSIVE SEXUALITY EDUCATION

In this section, you are kindly requested to give responses about how government policies affect the implementation of comprehensive sexuality education in schools. Feel free to skip any question that you feel uncomfortable to respond to.

D1. Does the school provide resources to teach comprehensive sexuality education?

☐ Yes ☐ No

D2. What is your comment on the following resources as provided for by the school to for the teaching and learning of comprehensive sexuality education? (Tick where applicable)

	4.Very adequate	3.Adequate	2.Somehow adequate	1.Not adequate at all	88.Don't you know

a) Text books and other learning materials	☐	☐	☐	☐	☐
b) Notice boards for display of messages	☐	☐	☐	☐	☐
c) Resource persons invited for talks	☐	☐	☐	☐	☐
d) Teachers sponsored for short term courses and seminars	☐	☐	☐	☐	☐
e) How to deal with the emotional issues	☐	☐	☐	☐	☐
f) How to talk with parents about sex and relationship issues	☐	☐	☐	☐	☐
g) invitations of health personnel/experts to give talks on health issues and sensitive topics by the school	☐	☐	☐	☐	☐

D3. State other challenges or limitations in the teaching and learning of comprehensive sexuality education

.....

.....

.....

D4. Do you think Comprehensive Sexuality Education should be incorporated in teacher education?

☐ Yes ☐ No

D6. In the last few years, would you say that the pregnancy rates in secondary schools in Kenya have....

☐ Increased

☐ Decreased

☐ Stayed about the same

☐ Don't know

D7. If statistics show that the student pregnancy rate has decreased in the last few years. I am going to read you a list of possible reasons for this drop. Please tell me if you think each one is a major reason, a minor reason, or not a reason at all that the student pregnancy rate in Kenya has dropped in the past few years (Tick where applicable).

	3.Major reason	2.Minor reason	1.Not a reason at all	88.Don't know	99.Refuse
a) Fear of HIV/AIDS	☐	☐	☐	☐	☐
b) Changing moral values	☐	☐	☐	☐	☐
c) comprehensive sex education programs th include information about contraception	☐	☐	☐	☐	☐
d) Abstinence education in schools	☐	☐	☐	☐	☐
e) News and entertainment programs about safer sex.	☐	☐	☐	☐	☐
f) Public health campaigns	☐	☐	☐	☐	☐

SECTION E: TEACHERS' AWARENESS AND COMPREHENSIVE SEXUALITY EDUCATION

In this section, you are kindly requested to give responses about your awareness, understanding and practice of comprehensive sexuality education during your teaching and interactive sessions with students and the community. Feel free to skip any question that you feel uncomfortable to respond to.

E1. What do you understand by the term Comprehensive Sexuality Education?

.....

.....

.....

E2. State the advantages of teaching Comprehensive Sexuality Education in secondary schools

.....

.....

.....

E3. State the disadvantages of teaching Comprehensive Sexuality Education in secondary schools

.....

.....

.....

E4. How effective do you think Comprehensive Sexuality Education in secondary schools is in helping students in the following aspects? (Tick where applicable)

	4.Very effective	3.Somewhat effective	2.Not too effective	1.Not effective at all	88.Don't you know
a) Avoid getting HIV/AIDS and other sexually transmitted diseases (STIs)	☐	☐	☐	☐	☐
b) Avoid pregnancy	☐	☐	☐	☐	☐

c) Postpone having sexual intercourse	☐	☐	☐	☐	☐
d) Make responsible decisions about sex	☐	☐	☐	☐	☐
e) How to deal with the emotional issues	☐	☐	☐	☐	☐
f) How to talk with parents about sex and relationship issues	☐	☐	☐	☐	☐

E5. Approximately how many hours per week do you or members of your department teach Comprehensive Sexuality Education? .....

☐ Less than an hour a week

☐ Between 1 to 2 hours a week

☐ Between 2 to 3 hours a week

☐ Other.....

☐ None at all

E6. How do you feel about the secondary school students/ young people doing the following?

	3.Approve	2.Disapprove	1. No response	88.Don't you know
a) Premarital sex.	☐	☐	☐	☐
b) Buying contraceptives.	☐	☐	☐	☐
c) Drinking beer and other alcoholic beverages.	☐	☐	☐	☐
d) Smoking	☐	☐	☐	☐
e) Joining clubs or organizations, either in school or in the community	☐	☐	☐	☐
f) Living with someone of the opposite sex	☐	☐	☐	☐

E7. Did you receive any training in Comprehensive Sexuality Education in the last three years?

☐ Yes ☐ No

E8. What effect does teaching of Comprehensive Sexuality Education has on the following? (Tick appropriately)

TOPIC	Increase	Decrease	No effect	Don't know
Period of initiation of sex	☐	☐	☐	☐
Frequency of sex	☐	☐	☐	☐
Number of sexual partners	☐	☐	☐	☐
Use of condoms	☐	☐	☐	☐
Use of contraception	☐	☐	☐	☐
Sexual behaviour (prostitution)	☐	☐	☐	☐

E9. Do you think that the teacher education curriculum you underwent prepared teachers adequately to handle sexuality issues in the schools they were posted?

☐ Yes ☐ No

E10. Which of the following three statements is closest to your view about the best way to teach sex education?

Statement	4.Strongly agree	3.Agree	2.Disagree	1.Strongly disagree	88.Don't you know
Abstinence from sexual intercourse is best for teens. Sex education classes should not provide information about how to obtain and use condoms and other contraception.	☐	☐	☐	☐	☐
Abstinence from sexual intercourse is best for students, but some students do not abstain, so sex education classes should provide information about condoms and other contraception.	☐	☐	☐	☐	☐
Abstinence from sexual intercourse is not the most important thing. Sex education classes should focus on teaching students how to make responsible decisions about sex.	☐	☐	☐	☐	☐

E11. How frequently do you or members of your department discuss the following topics with your students in class?

TOPIC	4. Very ofte Daily	3.Often-twice or more a week	2.Rarely-Few times a month	1.Never
Relationships	☐	☐	☐	☐
Values, attitudes and skills	☐	☐	☐	☐
Culture, society and law	☐	☐	☐	☐

Human development	☐	☐	☐	☐
Sexual behaviour	☐	☐	☐	☐
Sexual and Reproductive Health	☐	☐	☐	☐

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY

GOD BLESS YOU

ADDITIONAL QUESTIONS ITEMS FOR THE BOG MEMBERS

A4. Which of the following position(s) do hold on the school board? (Tick all that apply)

- ☐ BOG chairman
- ☐ PTA chairman
- ☐ Sponsor representative
- ☐ Parents/class representative
- ☐ Other. Specify .....

A5. How old are you?

- ☐ Under 30 years
- ☐ 30-40 years
- ☐ 40-50 years
- ☐ 50-60 years
- ☐ Over 60 years

APPENDIX F: QUESTIONAIRRE/INTERVIEW SCHEDULE FOR PRINCIPALS/AEO

SCHOOL (If principal).....

1. For how long have been in this institution?
2. What is your area/subject of specialization?
3. Sexual health and Kenyan youth: How are we doing?
4. Why do we need sexual health education in the schools?
5. Do parents want sexual health education taught in the schools?
6. Do young people want sexual health education taught in the schools?
7. What values are taught in school-based sexual health education?
8. What are the key ingredients of behaviourally effective comprehensive sexuality education programs?
9. Should sexual health education teach young people about abstinence?
10. What is the impact of making condoms easily available to teenagers?
11. What should we be telling young people about the effectiveness of condoms in preventing sexually transmitted infections?
12. Is there good evidence that sexual health education programs can effectively help youth reduce their risk of unintended pregnancy and STI/HIV infection?
13. Does providing youth with sexual health education, including information on contraception and condom use, lead youth to become sexually active at an earlier age or to engage in more frequent sexual activity?
14. What are the social and economic benefits to society of implementing broadly based sexual health education in the schools?

15. How can Kenya's policy on Comprehensive Sexuality Education contribute to the initiation and maintenance of high quality Comprehensive Sexual health education programming in the schools?

Semi- structured questions

16. What has been your experience with developing and implementing sexuality education programmes in schools or in the formal education sector?
17. What has presented challenges?
18. What has been successful; what has worked?
19. What are the most important elements of quality comprehensive sexuality education programmes?
20. What is the best way for Ministries of Education to work with schools to get them to promote and implement comprehensive sexuality education approaches?
21. How can we move schools and communities towards comprehensive sexuality education verses abstinence-only-until-marriage approaches?
22. What is (are) the best school-based sexuality education programme(s) you know about?
23. How should the programme be taught (what are the entry points) in schools (e.g., as a separate subject, along with a carrier subject, or integrated throughout the curriculum)?
24. What is the best process (or most promising practises) for ministries of education to undertake when developing and implementing a sexuality education programmes in schools?
25. What is important to include in an international guidelines document for ministers and policy makers that will help them implement quality programmes?

APPENDIX G: LIST OF SCHOOLS

Table 3: Schools, Students and Teachers population and their sample sizes

School	School type	Population	
		Students	TSC Teachers
AGORO OYOMBE	Mixed day	527	13
AMBROSE ADEYA	Mixed day	301	9
BARDING BOYS	Boys' boarding	566	15
HOLY CROSS	Mixed day	170	5
MULAHA MIXED	Mixed day	237	4
NDURU	Mixed day	154	3
NG'IYA GIRLS	Girls' boarding	884	29
SENATOR OBAMA	Mixed day	233	10
SIAYA TOWNSHIP	Mixed day(urban)	453	18
NYAJUOK MIXED	Mixed day	142	4
RAMBO SEC.	Mixed day	149	3
ULAFU SEC.	Mixed day	289	5
MATERA	Mixed day	120	2
NG'IYA MIXED	Mixed day	133	4
BAR OLENGO	Mixed day	128	2

Source: Siaya Municipal Council, TSC Unit (2012)

APPENDIX H: TIME FRAME

This research proposal has been fully prepared and looking forward to for its presentation during the month of April 2012.This will pave way for the field visits and collection of necessary data during in the month of May and June. The data analysis will be done by July thereafter the research report will be ready for presentation.

Table 4: Work plan

ACTIVITY	MONTH							
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Proposal preparation								
Proposal presentation								
Field visits/Data collection								
Data analysis and interpretation								
Report presentation								

APPENDIX I: SAMPLE SIZE (S) REQUIRED FOR THE GIVEN POPULATION (N)

Table 5: Sample size and population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	256	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

NOTE; From R.V. Krejcie and D.W. Morgan (1970). Determining sample size for research activities, Educational and Psychological measurement, 30, 608. Sage publication.

APPENDIX K: SEXUALITY EDUCATION PROGRAMMES AND EFFETCS ON SEXUAL BEHAVIOURS

Table 6:The number of sexuality education programmes with indicated effects on sexual behaviours

		Developing Countries (N=29)	United States (N=47)	Other developed Countries (N=11)	All Countries (N=87)	
Initiation of Sex	Delayed initiation	6	15	2	23	38%
	Had no significant impact	16	17	7	37	62%
	Hastened initiation	0	0	0	0	0%
Frequency of Sex	Decreased frequency	4	6	0	10	31%
	Had no significant impact	5	15	1	21	66%
	Increased frequency	0	0	1	1	3%
Number of Sexual Partners	Decreased number	5	11	0	16	44%
	Had no significant impact	8	12	0	20	56%
	Increased number	0	0	0	0	0%
Use of Condoms	Increased use	7	14	2	23	40%
	Had no significant impact	14	17	4	35	60%
	Decreased use	0	0	0	0	0%
Use of Contraception	Increased use	1	4	1	6	40%
	Had no significant impact	3	4	1	8	53%
	Decreased use	0	1	0	1	7%
Sexual Risk-Taking	Reduced risk	1	15	0	16	53%
	Had no significant impact	3	9	1	13	43%
	Increased risk	1	0	0	1	3%

Source; UNESCO, 2008 Review

APPENDIX L: BUDGET ESTIMATES

Table 7: Budget

S/N	Item	Amount
1.	Transport	10,000.00
2.	Equipment and supplies	10,000.00
3.	Data collection and analysis	10,000.00
4.	Secretarial services	15,000.00
5.	Miscellaneous contingencies	6,000.00
	Total	**51,000.00**