

**THE SIGNIFICANCE OF SECONDARY SCHOOL LIFE SKILLS EDUCATION  
IN ADDRESSING THE STUDENTS' SEXUAL AND REPRODUCTIVE HEALTH  
INFORMATION NEEDS AND KNOWLEDGE GAPS IN RUIRU SUB-COUNTY,  
KENYA**

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**DECLARATION**

This project paper is my original work and has not been presented for examination to any other university.

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This project paper has been submitted for examination with my approval as the University supervisor

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Signature .....

Date.....

## **DEDICATION**

I dedicate this paper to my family who sacrificed their resources and time and gave me moral support throughout the development of this paper.

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All the glory goes to God for granting me the grace to accomplish this task. I acknowledge the support and input of everyone who contributed to the success of this research paper. My greatest appreciation goes to my supervisor, Dr. Khamati Shilabukha for his tireless efforts in reading and correcting my work. Your constructive critics and encouragement were of great value. I would also like to thank the University of Nairobi, particularly the Institute of Anthropology, Gender and African Studies faculty, who thoroughly prepared me during course work thus enabling me to conduct this study professionally. I also wish to extend special thanks to all the Life Skills Education teachers in Ruiru Sub-County of Kiambu County who accepted, out of their tight schedule, to spare time to respond to the interviews and allow for lesson observation. My sincere gratitude goes to the UN Women for the guidance and assistance they accorded me. I also extend my sincere appreciation to the youths who participated in this study during data collection. I also wish to acknowledge my family members for the moral and financial support they gave me. I also appreciate my colleagues for their input in refining my work. To those who contributed in one way or another to the success of my studies I appreciate you very much

Thank you

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

<b>AACSE</b>	Age Appropriate Comprehensive Sexuality Education
<b>ARHD</b>	Adolescent Reproductive Health and Development Policy
<b>ARHDP</b>	Adolescent and Reproductive Health and Development Policy
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>LS/SRH</b>	Life Skills and Sexual and Reproductive Health
<b>LSE</b>	Life Skills Education
<b>MoEST</b>	Ministry of Education Science and Technology
<b>MoH</b>	Ministry of Health
<b>SLT</b>	Social Learning Theory
<b>SRH</b>	Sexual and Reproductive Health
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization

## ABSTRACT

This project presents the findings of a study on significance of the nature of secondary school life skills education in addressing the students' sexual and reproductive health information needs and knowledge gaps in Ruiru sub-county, Kenya. Kenya's Vision of introducing life skills education in 2008 as a compulsory component of the basic education was to meet the adolescents' sexual and reproductive knowledge gap. However, several factors militate against this Ministry of Education plan. The central problem of the study was to investigate the nature of secondary school life skills education in addressing the sexual and reproductive information and knowledge gaps of youths in Ruiru Sub-County. To achieve this purpose, the study was guided by three-fold objectives, namely: to examine life skills curriculum policy on sexual and reproductive health in Kenya secondary schools in terms of content and pedagogy; to establish how students experience sexual and reproductive health programming in life skills education; and to examine the teachers' perception towards life skills and sexual and reproductive health education. Quantitative data collected were analyzed using descriptive statistics and presented in form of tables and frequencies. Qualitative data were collected using secondary sources, semi-structured interviews and key informant interviews. Data were analyzed thematically in line with study objectives and juicy quotes used along the presented of findings to project participant's voices. Findings show that LSE curriculum is well designed to promote psycho-social competences which, would enable students develop adaptive and positive behavior so as to deal effectively with challenges and demands of everyday life. Findings show that the main focus of the curriculum are: skills for day-to-day living, such as self-appreciation, improving interpersonal relationships, acquiring decision-making skills, respecting other people's rights and coping with stress and emotions. Pedagogical approach of LSE curriculum was found not to be standard participatory approach as prescribed by the MoEST and as such invited inefficiencies in content delivery. Many young boys and girls who have gone through LSE indicated that is greatly impacted on their lives in terms of decision making over their sexual lives. The study concludes that the conventional methods of teaching sex education cannot exclusively meet the needs of the students. There is need for continuous rethinking on more innovative, proactive and participatory methods that needs the current needs of students within a multi-sectoral approach to the teaching sex education which accounts for the views of students as well. The study recommends that the government should set aside funding that is specifically meant to support life skill education programs by investing in elimination online child sexual exploitation and abuse that gives students alternative conflicting information hence creating vulnerability. The study suggests that an elaborate study on the experiences of teachers towards the teaching of sex education in secondary schools should be carried out. Such a study would shed light on their views of how to tackle youth sexuality issues since they are very instrumental in the actual implementation of the curriculum at the classroom level

## **CHAPTER ONE**

### **BACKGROUND TO THE STUDY**

#### **1.1 Introduction**

Young people between the ages of 10-24 years account for more than 1.75 billion individuals in the world (WHO, 2008). This population segment has specific health and development needs including access to Sexual Reproductive Health (SRH) information and services. For better life there is a need for adolescents to make responsible choices about their sexual and reproductive health. The majority of young adolescents lack the knowledge to make these responsible decisions, thus leaving them vulnerable to unintended early pregnancy, STIs and HIV/AIDS, forced sex, unsafe abortions, and early marriages.

Globally, unplanned teenage pregnancies, early sexual engagements, and involvement in unsafe sex practices remain a challenge to sustainable development WHO (2018). An estimated 16 million girls aged 15 to 19 years and 2.5 million girls aged under 16 years become pregnant in Sub-Sahara region every year. Approximately 3.9 million of these girls undergo unsafe abortions every year. The Kenya Demographic and Health Survey report that teenage pregnancy rates in Kenya stand at 18% (KDHS, 2014). The United Nations Population Fund report that 378,397 adolescent girls in Kenya aged between 10 and 19 years became pregnant between July 2016 and June 2017. These reports show a health and education crisis. Therefore, early teenage pregnancy is one of the leading causes of maternal and child mortality. It is also a major contributor to the intergenerational cycle of poverty and poor health (WHO, 2018). This report is a clear indicator of a need for comprehensive SRH education.

There is a research gap existing when trying to assess adolescent's knowledge and attitude towards reproductive health (Haberland and Rogow, 2015). Measures to establish working policies have been taken by the global community to address the young peoples need for information and skills in regard to SRH. The Cairo agenda (1994) International Conference on Population and Development's Programme of Action, appeals on governments to promote the well-being of adolescents through sexuality education. Such

SRH education should take place at schools and at the community level. Sexuality education should also be age appropriate and begin early in age. Sexuality education should aim at fostering mature decisions among adolescents. Commission on population 2009 and 2012 reaffirms the Cairo agenda, calling on the government to provide comprehensive SRH to youths. The comprehensive education should not only include human sexuality but also aspects of gender equity and human rights.

Kirby (2001) states that SRH education program to be effective, the program should provide information about sexuality, including human body development, sexual relationships, interpersonal skills, sexual health, sexual behavior and sociocultural information in related to human sexuality. The program should also provide opportunities for learners to explore, interrogation and assess sexual behavior and attitudes. This will help them develop values; create self-esteem, have the ability to relate with both genders and develop an understanding of their responsibilities to others. The SRH education should aim at developing interpersonal skills, including ability to create health and satisfying relationships, dealing with peer pressure influence, communication, assertiveness, decision making and problem-solving skills. The program should enable the learners to take responsibility regarding sexual relationships. Having gone through the programme, the adolescents should be able to address issues, including abstinence, the ability to resist pressure and encourage involvement in safe sex.

There is commitment by Kenyan government to addressing issues of sexual and reproductive health among the youths. Kenya developed its first Adolescent and Reproductive Health and Development Policy in 2003. (Republic of Kenya, 2003) Kenya is also a signatory to the 2013 ministerial Commitment on Comprehensive Sexuality Education and SRH Services for adolescents and young people. This is an incentive that shows ministries of Education, Health, Gender, and Youth and Senior Government Officials from Eastern and Southern Africa collaborate and strengthen sexual and reproductive health and rights. (Eastern and Southern Africa Commitment One Year in Review 2013-2014).

Sexual and reproductive health in Kenya is guided by the 2015 National Adolescent Sexual and Reproductive Health Policy. (National Adolescent Sexual and Reproductive Health Policy 2015) In the policy the Kenyan government has set outline for addressing sexual and reproductive issues affecting adolescents. This (ASRH) policy is in line with different international human rights treaties and declarations that Kenya is a signatory. One of its objectives is to provide adolescents with comprehensive and age appropriate ASRH education This policy aims at reinforce ASRH information and AACSE programs for both in and out of school adolescents; and also enhance the relationship between ministry of education and ministry of health as both are key in the provision of ASRH education and services (MoEST and MoH). (ASRH, 2015).

Sexual and reproductive health education in Kenya is taught both at primary and secondary schools under the subject Life skills. Under life skills subject different sexual and reproductive health topics are integrated. Life skills education is in line with international recommendations to counter the challenges facing young people today. Life skills education was integrated in different subjects during the revision of the curriculum. Kenya Institute of Education (2003). Sidze *et al.*, (2017) state that although Kenyan government is in support for sexuality education the SRH education in Kenya is limited in scope as it largely promotes HIV education and focuses more on abstinence. The subject is not examinable, this has led to little attention and a lack of interest on the subject from both the students and teachers.

## **1.2 Statement of the Problem**

In recent years, Kenya has seen adolescent sexuality and reproductive health issues become a source of increasing social concern because of the exposure to the possible negative impacts of early sexuality, which may affect other aspects of adolescent development (Maticka-Tyndale et al.2005). Early sex is associated with health problems including: sexually transmitted infections (STIs) like HIV and AIDS; early and unwanted/unplanned pregnancy, unsafe abortion, sexual coercion or violence and infertility (De Romero and Ray 2007). Reproductive health means that people are able to have a safe sex life with the ability to reproduce when they want and how often they

want. Both males and females have a right to access reproductive health information to enable them to make responsible decisions about their sexuality. It is a universal concern especially for women in terms of decision-making matters. The leading causes of teenage pregnancy are lack of information and manipulation from other partners to have unprotected sex.

The government of Kenya endorsed the UN commitment to dedicate an enhanced sexual education program to students in 2013 in response to HIV/AIDS and the SRH education and health of young people. Despite the government launching SRH education in the school curriculum the number of teenage pregnancies has been on the rise. This is according to the recorded number of young adults visiting hospitals for maternal healthcare. (UNFPA Kenya Annual Report 2017) The rising number of STIs infections and teenage pregnancies in Kenyan schools is mostly attributed to limited information and unproductive sexual education.

The question of the effectiveness of the SRH education program in Kenyan schools persists. This study seeks to find out the nature of SRH education in secondary schools and how it impacts on youth's sexual and reproductive health behaviors and engagements. Life skills education was introduced to help school children, and their teachers respond to challenges facing young people especially in the era of HIV/AIDS. Its aim is to provide students with skills that will help them respond to situations requiring decisions making, problem solving, communication and dealing with their sexuality and peer influence. Therefore, life skills education programme promote positive health choices, practicing healthy behavior, recognizing and avoiding risky behaviors and taking informed decisions. (Bearinger, Sieving et al. 2007). The study therefore, examined the nature of life skills education in Kenya secondary schools and how it addressed the students' sexual and reproductive health information needs and knowledge gaps. The study was designed to find answers to the following research questions:

1. What is the life skills curriculum policy on sexual and reproductive health in Kenya secondary schools in terms of content and pedagogy?
2. How do students experience sexual and reproductive health programming in life skills education?

3. What is the teachers' perception towards life skills and sexual and reproductive health education?

### **1.3 Objectives of the Study**

#### **1.3.1. Overall Objective**

To provide an insight on the significance of the nature of life skills education in Kenya secondary schools and how it addresses the students' sexual and reproductive health information needs and knowledge gaps.

#### **1.3.2 Specific Objectives**

1. To examine life skills curriculum policy on sexual and reproductive health in Kenya secondary schools in terms of content and pedagogy.
2. To analyse the influence of students' experience sexual and reproductive health on programming in life skills education.
3. To find out the teachers' perception towards the relevance and significance of life skills and sexual and reproductive health education.

### **1.4 Assumptions of the Study**

1. Secondary school Life skills curriculum policy is compatible with the sexual and reproductive health programme in terms of content and pedagogy.
2. Students' experiences on sexual and reproductive health are influenced by life skills education programme.
3. The teacher's perception towards life skills and sexual and reproductive health education play a role in the delivery of life skill education.

### **1.5 Justification of the Study**

The findings of this study would help inform on better and efficient ways to articulate accurate sexual information in schools. Adolescence is a stage of rapid change and a transition period from childhood to adulthood. This is the best time to lay proper foundation for health and fulfilling sexual and reproductive life. This is also the time that a person is expected to make critical decisions that will affect their life. Healthy

adolescents are critical to a nation's and a big step towards sustainable development, thus a need for proper SRH education. Study findings would also contribute to the existing literature on sexuality education in Kenya and would be useful for other researchers who would use the information to advance their knowledge. The government would also use the research as a basis on policy formulation to enable efficiency in the delivery of information on sexuality education that would lead to a reduced number of teenage pregnancies.

### **1.6 Scope and Limitations of the Study**

The study investigated the content and pedagogy in life skills education, the students' perception and the teachers' perception of life skills education. This study relied on secondary sources of data and analyzed the existing curriculum policies and implementations from the ministry of education, The Kenya Institute of Curriculum Development, Ministry of Health Division of Reproductive. The study also examined the various programs that looked at SRH in Kenya schools and existing literature on the nature of SRH education in Kenya secondary schools.

The primary data collection relied on in depth interviews with youths who completed their secondary education in 2017. These respondents were suitable as they gave information about their experiences of SRH education in their high schools, and the extent to which they felt the life skills education specifically SRH education prepared them for social life outside and after school. There were interviews with life skills teachers in different schools in the Ruiru Sub-County. The life skills teachers provided their perspective on life skills education and how it met students' needs. The Ruiru Sub-County was chosen since it could provide diverse and in-depth information with different perspectives having to comprise of rural, urban and informal settlements.

Life Skills Education being a new subject in the school curriculum, limited literature exists which discusses specifically on its implementation in Kenya. To take care of this, the researcher accessed relevant information from the journals, thesis, and literature from other countries where life skills education has been implemented. The research topic is of sensitive nature as sexuality issues are taboo in most African societies. This made it



uncomfortable for the respondents to answer some questions honestly, with some giving what they think is desirable answers to the questions. Another limitation of this study was the fear of victimization by respondents, especially where life skills subject is not taught adequately or is not fully implemented. The researcher explained to the respondent the purpose of the study and assured the respondents that their responses to the interview questions would be treated with utmost confidentiality. Finally, the study also focused on students who completed form four in 2017, thus leaving out the others who completed form four in other years and those who attended non-formal institutions.

### **1.7 Definition of terms**

**Life skills education**: refers to a structured education programme that promotes positive behavior that enables a person make informed decisions, take positive action, practice healthy behavior and effectively deals with challenges of everyday life. It comprises skills set to prepare students for choices they face in sexual relations. It offers health information to bridge the gap between students' knowledge in HIV/AIDS and sexuality.

**Sexual and reproductive health**: a state of complete physical, mental and social wellbeing in relation sexuality/reproductive system. This means that people are able to have safe and fulfilling sex life and a freedom to decide if, when and how often to reproduce. It means that people are provided with the right and accurate information about their sexuality to enable them make informed decisions about their reproductive health.

**Sexual and reproductive health education**: This is education that tries to approach sexuality as natural and important part of human life. It encompasses all aspects of sexuality including human anatomy, puberty, dating, relationships, sexual orientation, values, pregnancy, family planning and contraceptive use, sexually transmitted infections (STIs) and HIV/AIDS. It also addresses emotions involved in sexual relationships and experiences and try to help young people develop knowledge and skills such as decision making, problem solving, communication and negotiation skills.

**Sexuality**: It is the features of male and female reproductive elements. It comprises sex, sexual organs, sexual function, sexual orientation, eroticism, gender identity and roles, intimacy and reproduction.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter focuses on the literature relevant to the research problem. The literature is viewed using the following sub headings: life skills education and sexual and reproductive health, sexual and reproductive health education curriculum, sexual and reproductive health education curriculum in Kenya and teachers' attitude towards SRH education. The chapter also reviews the theoretical framework that will guide the study.

#### 2.2 Life Skills Curriculum Policy on Sexual and Reproductive Health

Kirby (2001) studied Curricula-Based SRH education Programs in USA. Nearly every teenager receives some form of SRH education. The SRH curricula always vary in the intensity and its focus. She places the curriculum in to two main groups: abstinence-only education and Sex or HIV education. Studies show that Abstinence-Only Programs does not show total positive outcome on adolescents' sexual behavior or any effect on contraceptive use among participants who are sexually active (Sidze *et al.*, 2017; Koagh *et al.*, 2018). On the other hand, there is positive impact on some Sex and HIV Education Programs showing a delay in the onset of sex, decrease in number of sexual partners and reduced frequency of sex. There is an increase in condom and contraceptive use among the youths. SRH programs should aim at helping teenagers make safer sexual choices, become responsible teenagers and making a difference in their life.

Koagh *et al.*, (2018) reveals ten characteristics of the SRH programs that have impact on adolescent sexual behavior. Such programs should focus on teaching sexual behaviors that reduce unintended pregnancy, STIs and HIV infection. SRH programs be based on theoretical approach that aim at influencing other health behaviors and should target adolescents' specific important sexual experiences. The programs should teach and reinforce clear message about abstinence, safe sex, condom and contraceptives use. The program should provide basic, correct information about the adolescent sexual activities, risks involved and how to avoid premature intercourses. Programs should also teach on methods of protection against pregnancy and STDs and HIV. The program should include interpersonal skills like communication skills, decision making, negotiation skills

and peer refusal skills. It should also include activities that address societal and social pressures that influence sexual behavior. Programs should employ participatory teaching methods that helps students personalize the information. It should incorporate behavioral goals and age appropriate sexual information. Materials should be age appropriate, sexual experience, and social culture background of the students. Sufficient time should be allocated for sexual and reproductive health education and teachers should be well trained to handle the subject.

Sidze *et al.*, (2017) did an analysis of policies and programs on SRH education in Kenya. They examined the sexual and SRH education in Kenya and the SRH education implementation in schools. The study also examined concepts and messages that are delivered in line with the broad approach to sexuality education. Adopting cross-sectional assessment of three counties: Homa Bay, Mombasa, and Nairobi. The study acknowledges the government's commitment to providing sexuality education from its adoption of international and regional polices on SRH education and the government development and revision of SRH education policies.

Sidze *et al.*, (2017) study found out that the SRH education in Kenya has had setbacks because of the conservative social cultural norms, lack of comprehensiveness in topics coverage, lack of teacher training on the subject matter and lack of teaching and learning materials. The study recommends that sexuality and reproductive health education should be comprehensive and should be prioritized from primary schools. There is also a need for integration and incorporating broad range of SRH topics into life skills. The subject should be examinable and sufficient time should be allocated for the subject in the class timetable. There is a need to improve teacher training and develop programs to monitor and evaluate the teaching of SRH education in schools. There should also be coordination between the government, NGOs and other bodies that run SRH education and programs for adolescents in Kenya.

Keogh *et al.*, (2018) postulate that school-based comprehensive SRH education is key to the achievement of adolescents sexual and reproductive health and rights. With age appropriate school-based SRH education, the adolescents will also achieve full potential

in other areas of their life. In analyzing the challenges to the implementation of national CSE curricula, they did a study in four countries from two different regions (Latin America and Africa). They picked one country from each region that is relatively more advanced in its CSE implementation (Peru and Ghana), and the other country at a relatively earlier stage of implementation (Guatemala and Kenya). From the study, there are almost similar challenges encountered in the implementation of national CSE across these countries. The problems highlighted include program planning related challenges like lack of adequate funding for CSE programs, poor or lack of coordination between different stakeholders in CSE programs and lack of adequate monitoring and evaluating tools and systems. Curriculum implementation-related challenges included lack of goodwill to integrated CSE into other subjects, the problem in the CSE curriculum adaptation to local contexts that meet the sexual and reproductive needs of the adolescents, and lack of goodwill and poor participation of different CSE curriculum development stakeholder. Despite the similar challenges to CSE across the four countries, the different countries employed different strategies to overcome the challenges and make the CSE programs in school. These strategies offer useful lessons to other countries facing similar implementation challenges.

### **2.3 Students Experiences on Sexual and Reproductive Health Programs**

In analyzing student experiences on sexual and RH programmes, Kalanda (2010) looked at how Life skills and SRH education changes behavior in students and teachers an evidence from Malawi. He observed that one of the issues affecting the youth was school dropout, HIV/AIDS and drug abuse. In an effort to address these issues the government of Malawi introduced Life Skills and SRH (LS/SRH) education. He assessed the extent to which LS/SRH objectives have been achieved in the period of 6 years from 2002. His study evaluates the level of knowledge among the primary school pupils and secondary school students after the successful introduction of LS/SRH in schools. It also looks at the effectiveness of LS/SRH looking at reported behavior changes in pupils, students, and teachers.

From Kalanda (2010) study, the knowledge of LS/SRH content among pupils is low with most areas having a score of less than 50%. This is an indication that LS/SRH is not

adequately taught in primary schools. This is attributed to inadequate teaching and learning due to inadequate teaching and learning materials, shortage of teachers, lack of proper orientation of teachers to the subject and inadequate time allocation of LS/SRH subject. The score was higher among secondary school students which is attributed to a longer period of exposure to LS/SRH education. The study indicates that most teachers felt that LS/SRH is changing the behaviors of pupils and students. The teachers that have taught LS/SRH reported having benefited from the subject. The study recommends that in the long term, LS/SRH should be introduced in all university faculties and in all teacher training institutions. The ministry should increase LS/SRH resources and also make the subject examinable to increase the level of seriousness towards the subject.

Moletsane (2014) looks at the need for quality SHR education in addressing barriers to adolescent girls' educational outcomes in South Africa. She noted that education and research policies in South Africa fail to consider sexual and reproductive health (SRH) issues as one of the main factors in adolescent girls dropping out of school. Her study focuses on what schools can do differently in order to provide effective SRH education to mitigate the problem of unplanned pregnancies among adolescent girls. To address early pregnancy as a barrier to girls' education SRH programs should integrate gender in the SRH programs. There is also a need to teach both genders critical thinking skills, thus a need for a comprehensive program on interpersonal skills. Unless the SRH programs develop gender sensitive programs that look at girls needs gender equity in South Africa education will not be achieved. She identified poor SRH and the lack of knowledge about SRH rights as one of the factors that have a negatively impacted on girls' access to schooling and their educational outcomes in South Africa. The SRH curricula currently provided in South African schools are largely inadequate and this has resulted to negative health outcomes for adolescent girls, including unplanned pregnancies, early marriages and HIV/STIs, that have negative impact on girls' success in school.

While looking at trends and interventions of adolescent SRH in developing countries Hindin and Fatusi (2009) noted that the environment in which youths make sexual and reproductive health decisions is rapidly evolving. The rates of sexual initiations among adolescents is rising, childbearing and marriages are progressively unlinked, multiple

sexual partners and HIV/AIDS prevalence add to risk associated to early sexual activities. All these risk factors have led to a conclusion that there is a need for more comprehensive SRH education comprising more than abstinence only message. There is need for well-designed impact evaluations about the quality and content of SRH education and intervention. There is a need to target young people in-school and out-of-school, there should be programs in schools and at the community level. There is need for programs that goes beyond HIV to focus on wide range of SRH topics. There is need for attention to gender and integrate gender perspectives in SRH education. There are different sexual and reproductive needs among the genders and some of the consequences of sexual activities are gender specific. SRH education need to be gender-sensitive, and it should also aim at empower adolescents, particularly young women, young women should be taught negotiation behavior on the basis of accurate information. They noted that there should be a shift from SRH education focusing on abstinence-only and the ABC (abstinence, be faithful, use condoms) which was the main focus in the last few years as it had little or no impact on the desired SRH outcome of young people. Thus, a rethink of broader concept to SRH education should be adopted to meets the needs of young people.

#### **2.4 Teachers' Attitude towards Life Skill Education and SRH Education**

A number of factors influence success for conducting effective SH and relationships education among young people in schools. For instance, Dyson *et al.*, (2003) identified learning environment as an important factor to consider. Their view is that SRH curriculum content is very different from other school subjects in both the setting and the approach thus special attention is needed in teaching and learning. Teachers should be approachable to enable students ask questions regarding their sexuality. Teacher should be protector and friend to the students, there should be trust nurtured between students and the teacher and the program should be fun and educative. Teachers should also work towards students' interpersonal skills like communication, decision making, negotiation and maintaining an approachable manner. In regard to the environment, teacher's attitude is identified as influential in the success of any program they present. Teacher characteristics, attitudes, conceptions of self, and intellectual and interpersonal dispositions can influence the outcome of education program. They noted that most education programs tend to focus on the program components, reliability, validity and

outcomes and not on teacher qualities. Teachers involved in teaching SRH programs should have interest and feel comfortable with sex education, they should be knowledgeable on the subject and should have the necessary skills to deliver it. To inspire students, the teachers are expected to be role models thus they need to high levels of integrity, realist and confidence.

Smitha and Harrison (2013) investigated the teachers and school administrators' attitude towards SRH education in rural South Africa schools, looking at how attitudes affect Life Skills and school-based SRH education. In most schools it was noted that formal life skills training was mostly attended by female teachers. The training was usually a short intensive life skills education teacher's programme. Life skills and school based SRH education in most of the schools was allocated to female teachers. Those who went for the trainings also confirmed sharing the learnt information with only female teachers and students. In most of the schools there were no follow up by school administrators and few of these teachers gave any official reports after the training and others reported sharing information informally especially among friends. Heavy work load, lack of interest by other subject teachers, lack of support by administrators and time constrain were cited by more than one-third of all respondents to sharing the learned information. They also noted that most teachers who are assigned life skills education preferred to focus on teaching those subjects that students take formal examinations. Teachers are also in a rush to finish the syllabus.

According to Smitha and Harrison (2013) teachers' descriptions and their attitude towards SRH education shown their discomfort with teaching some of the SRH topics. Some teachers have coded language that they used to teach about intercourse, body parts, condom and contraceptive use. Teachers' depicted judgmental attitudes towards sexuality, especially for girls. They were very critical towards pregnant learners and they equated sexual behavior with immorality. The teachers were very judgmental while teaching SRH topics on intercourse, pregnancy, contraceptive and condom use terming them as poor choices and irresponsible behavior, thus failing to teach on positive aspects of adolescent sexuality and strategies to minimize risky sexual behaviors and HIV infection. It was also noted that most of the Life Skills teachers were afraid of HIV tests.

This is a clear sign of how HIV stigma may unsuspectingly be perpetuated even by teachers who are supposed to be role models in the promotion of HIV/AIDS awareness and prevention. Teachers' inability to promote HIV/AIDS awareness and lack of comprehensive SRH education in most schools reflect the teachers own limited self-efficacy and lack of proper knowledge and training in SRH education.

Smitha and Harrison (2013) also reveals much about their own personal beliefs and attitude about SRH matters as members of the communities they serve. It was also noted that despite having clear national education policies planned at keeping pregnant girls in school, some school administrators had often set informal school policies that aimed at frustrating and discouraging their attendance. The study recommends an intervention aimed at training teachers in SRH education, the teacher training programs should also assess teachers' attitudes towards SRH and measure the teacher's actual knowledge about SRH education. School-based SRH programs should teach on healthy sexuality as a normal part of human life and also address the different life experiences, different cultural backgrounds that define adolescent sexuality instead of focusing on only on the negative potential consequences of sex.

Traore *et al.*, (2004) go further to discuss the importance of teacher training in SRH education. Teacher training is a great determinant of content delivery. This is more so in SRH and HIV/AIDS. With higher need for SRH information among the adolescences, SRH school-based programs is a reasonable place to reach many youths. There is thus an urgent need for teacher training in SRH education in Africa. Teacher training colleges should offer SRH education as a teaching subject as teachers are identified as critical avenue to providing valuable information about SRH and HIV/AIDS to youth. With proper training in SRH Teachers can function as advocates and role models, guiding students, mentoring and providing accurate SRH and HIV/AIDS information. Teachers need support from educational system and the school community. For teachers to be effective in content delivery on SRH and HIV/AIDS there is a need for proper understanding of the subject, appropriate teaching techniques, and an understanding of what is age appropriate and culturally appropriate in SRH education. Teacher attitudes, perception and experiences affect the delivery of SRH and HIV/AIDS education.

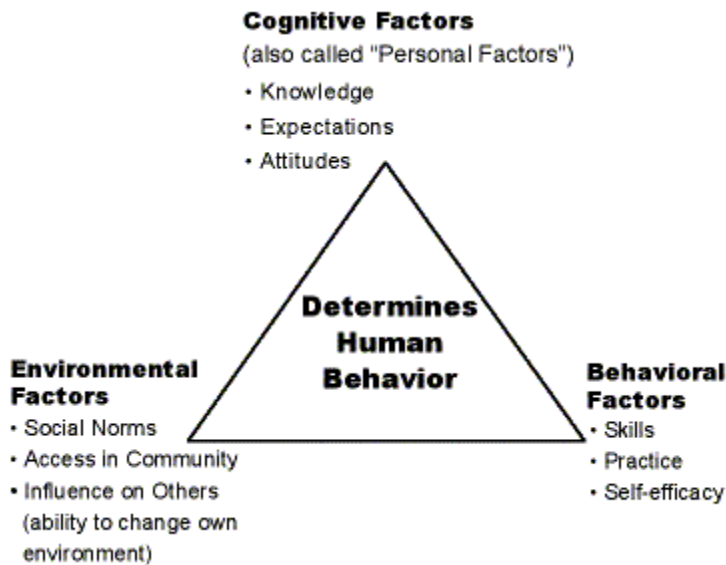


Teacher training on the SRH subject give opportunity for teachers to explore their own social cultural beliefs, attitudes and concerns about SRH topics. It also helps them increase their competence and confidence.

## **2.5 Theoretical Framework**

This study adopted the social learning theory propounded by Albert Bandura in 1977. The theory explains that behavior is learned through the process of observation, imitation and modelling (Bandura, 1977). Through observation, a child may imitate the behavior of a person (model) of the same gender. Although, behavior may be imitated whether it is 'gender appropriate' or not, the response to the behavior imitated either with reinforcement or punishment will determine whether the behavior is inhibited or continues. Similarly, the consequences that another person suffers as a result of a certain behavior also determines whether the observer will copy the behavior or not, also known as vicarious reinforcement (Bandura, 1977). The Social Learning Theory was later renamed the Social Cognitive Theory (Bandura, 1986) to take cognizance of the mental processes that contribute to certain behavior.

Human behavior is explained in terms of continuous interaction of cognitive, behavioral and environmental determinant in the theory. The theory tries to explain how people behave and the aspects that determine their behavior. According to the theory human behavior is determined by a three-way relationship between cognitive factors, environmental influences, and behavior as shown in figure 2.1 below.



**Figure 2.1: Social Cognitive Theory**

Bandura, (1977) there are three main components in SLT. One of the components is that people learn through observation, known as observational learning. The second concept in learning is intrinsic reinforcement. Lastly, learning does not necessarily lead to a change of behavior and it follows by modeling process. Children thus learn behavior through observation, imitation, and modeling. The study used key principles of Bandura’s social learning theory to look at the impact of life skills education on adolescent’s SRH behaviors and engagements. SLT is applied to SRH education because SLT aims at behavior change. It is a good fit for prevention based sexual programs in schools as sexual behavior is influenced by factors that are addressed in SLT which include, personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences. Youths having a good model in healthy sexual related behavior is important.

The first key principle is observational learning. According to Social Learning Theory, we learn through observation. This can be somebody physically demonstrating, teaching a behavior or describing a task verbally. To understand the implication of life skills education on adolescent SRH behaviors we need to look at the content, methodology and attitude of the teachers who act as models.

The second principle is retention and context. Learning means the ability to internalize information and the ability to recall that information. Attaching context and emotional connections make information memorable. In SRH education the content should enable students to relate to their personal experiences and the students need to connect with the information. Learning should be interesting and engaging to help in the retention of information. Teachers should employ different techniques like storytelling to make the subject memorable. Teachers should create opportunities for collaboration teaching and learning, encourage knowledge sharing and support among the learners.

The third principle is motivation and reward. For any learning to take place there has to be motivation for learning. Motivation originates from either rewards or punishment. One of the best ways to inspire students is through reward. The last principle is the state of the mind. State of the mind is important in social learning theory. Internal rewards are important in learning. Both external reinforcements' also known as intrinsic reinforcement and internal rewards affects learning and behavior. Internal reinforcement comes with feeling good after effectively performing a task which leads to a sense of accomplishment and increased self-confidence.

The social learning theory lays emphasis on ability to mentally resolve the crisis of autonomy versus shame and doubt through imitation. There is a tendency for young people to imitate characters who are aggressive and prestigious, holding them as their role model. Through observation, young people get acquainted to specific behaviour and the general situation thereby enabling them to choose whether to imitate or not. Exposure to sexual behaviour at a tender age propagates positive attitudes towards the vice thereby encouraging the individual to continually engage in it even as they grow up.

According to Bandura (1963), self-efficacy is one's belief in their ability to succeed in specific situations. The development of personality is mainly shaped by observational learning and social experiences. The behaviour that an individual observes influences their actions, reactions, cognitive processes and behaviours into adolescence and adulthood. Peer pressure and the quest for dominance compel the youth to engage in risky sexual behaviours. These tendencies are inhibited in schools by boys against girls or girls against boys, male teachers against female students, male teachers against female

teachers or female teachers against male students. In the homes and society in general, the learning (socialization) takes a stronger hold such that the males subdue the females, in most cases, with no recourse.

According to Bandura (1986), a person's capacity to learn by observation enables him to acquire large integrated units of behaviour by example without having to build up the patterns of gradually by tedious trial and error.

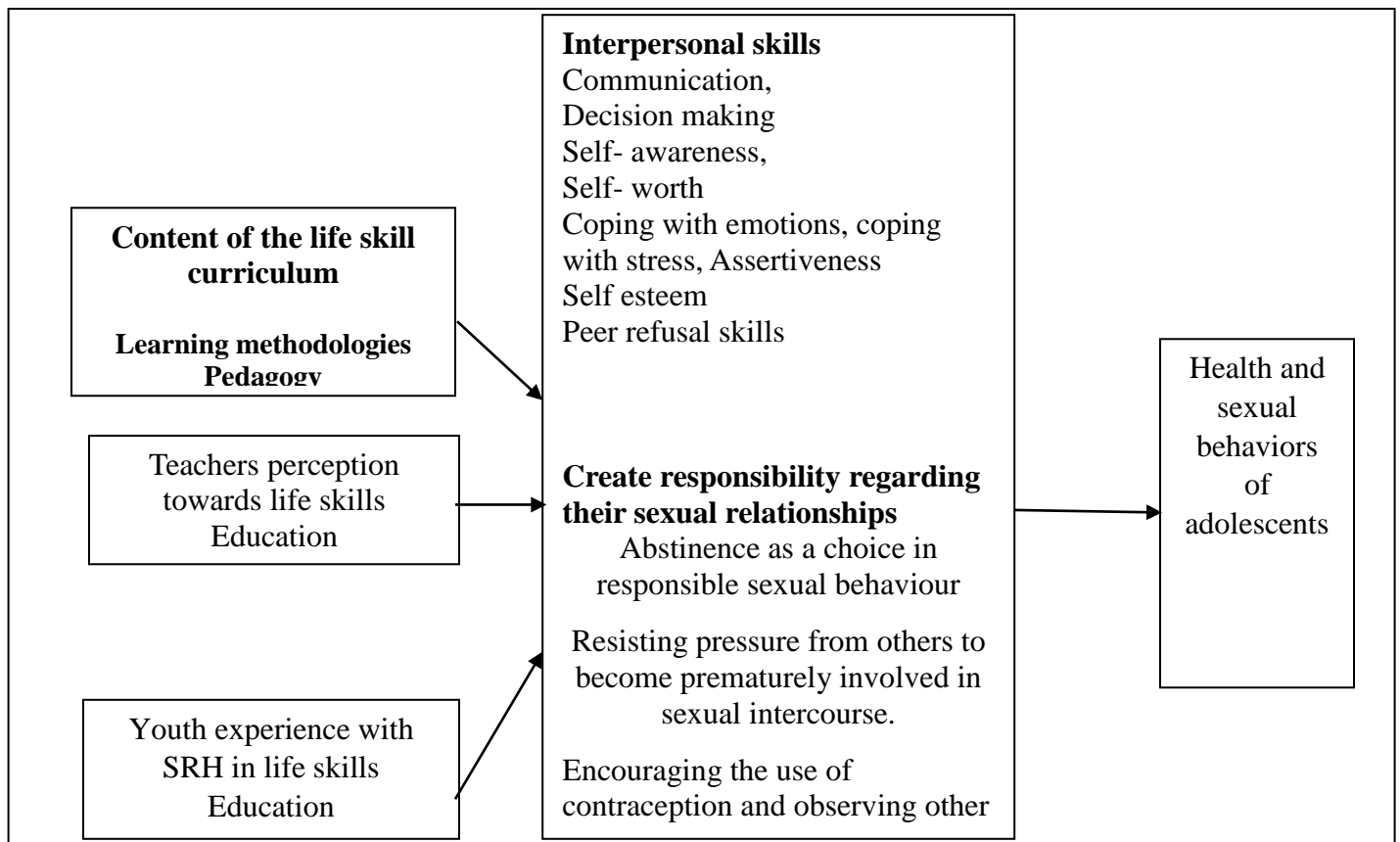
### **2.5.1 Relevance of the theory to the study**

The social learning theory approach, later renamed social cognitive theory (Bandura, 1986) takes into account thought processes which determine whether a behaviour will be imitated or not. The Social Learning Theory underscores mediational processes which include: attention, retention, reproduction, motivational and reinforcement processes all of which occur between stimuli and responses. This theory is therefore applicable to the study in that we are able to examine the life skills education curriculum policy on sexual and reproductive health education in terms of content and pedagogy which are mainly designed to shape the mental frame of children. Similarly, the theory has helped in analysing students' experiences of sexual and reproductive health programming in life skills education as well as examine teachers' perception towards the relevance of life skills and sexual reproductive health education. From the findings established, learning institutions, government, academicians and other players have a basis to come up with strategies to address the deficiencies of the curriculum in order to meet the needs of the children sexual education.

In this case, boys may learn from observing the teachers (models) and imitate the behaviour. On the other hand, if a teacher antagonized and insisted on the need for abstaining, this behaviour could be later exhibited in the boys and girls who listened and observed the act that was modelled by the teachers. In this particular context therefore, the arguments posited in the Social Learning Theory would to a great extent contribute to achieving the objectives of the study. This theory is however limited in that it does not adequately account for the development of other varied behaviour including feelings and thoughts. It therefore does not explain all behaviour (McLeod, 2016).

## 2.6 Conceptual Framework

To understand the impact of life skills education on adolescent's sexual and reproductive health behaviors and engagements the study was guided by SRH education conformity to best practices. Kirby (2001) Best practice serves as an index or scale on how SRH program has incorporated key elements of SRH into curricula and materials, it looks at the extent to which SRH education contains most of the features identified as best practice. The study thus sought to examine the content analysis of the curriculum and pedagogy. SRH education indicators reflect on how well the program covers key aspects of SRH education and how appropriate the content is for the age-group of adolescents reached and the learning methodologies. The teachers' perspectives on the program as the key agent in the delivery of SRH education in schools and self-reported questionnaires from youth who participated in the program are important aspect when looking at the impact of SRH education in life skills education in Kenya secondary schools.



**Figure 2.2: Conceptual framework**

## CHAPTER THREE

### METHODOLOGY

#### 3.1 Introduction

This chapter describes the methodology that was used in the study. It gives details on the research site, research design, study population and unit analysis, sample population, sampling procedure, data collection methods, data processing, and analysis and ethical consideration that were adhered to throughout the study process.

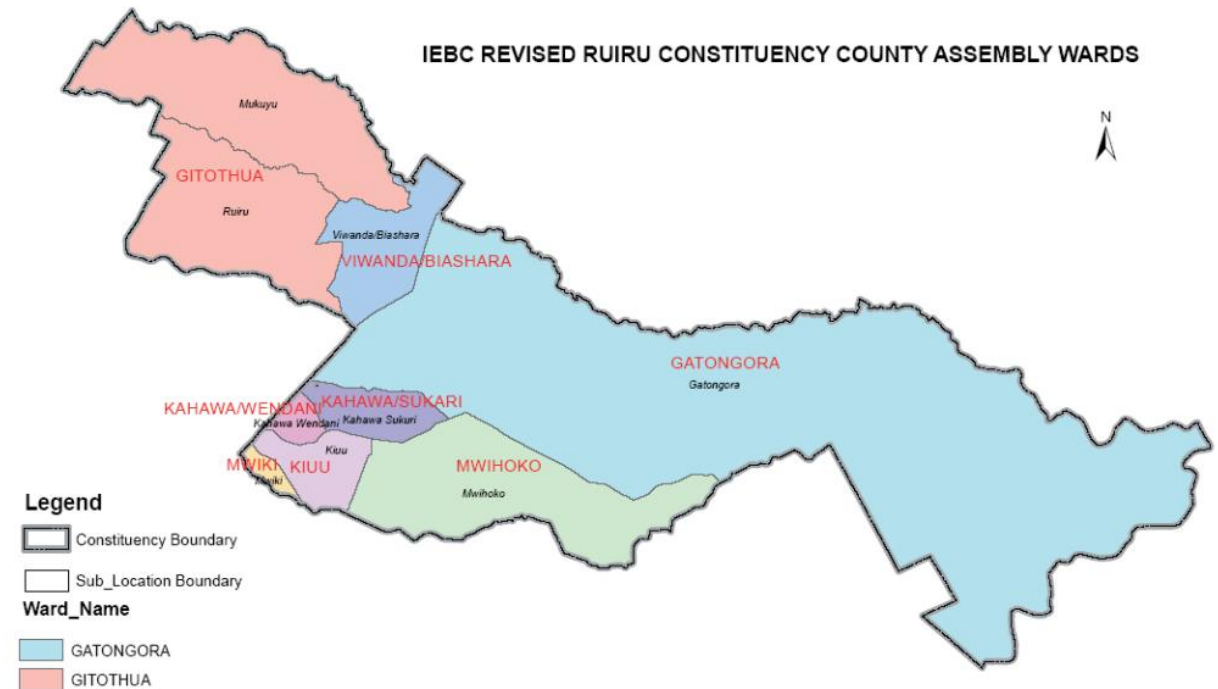
#### 3.2 Research Site

The study was carried out in Ruiru Sub-County, Kiambu County which is one of the counties of central Kenya region. Kiambu County is adjacent to the northern border of Nairobi County. The county is 40% rural and 60% urban owing to Nairobi's steady growth northwards. Kiambu County has twelve (12) sub-counties and Ruiru sub-county is among them. Ruiru Sub-County is further divided into 8 wards which are Biashara, Gatongora, Kahawa/Sukari, Kahawa Wendani, Kiuu, Mwiki and Mwihoko Ward.



**Figure 3.1: Map of Kiambu County**

Source: Kiambu County Government, Information Cradle



**Figure 3.2: Map of Study Site**

Source: Kiambu Sub- County Government, Information Cradle

### 3.3 Research Design

The study adopted a descriptive research design. This design facilitated the collection of data to respond to questions concerning the current status of the SRH curriculum. The study particularly used descriptive design which looks at conditions or relationships that exist; practices that prevail; beliefs, points of views, or attitudes that are held; processes that are going on; effects that are being felt; or trends that are developing. Descriptive research designs also focus on how what is or what exists is related to some previous event that has influenced or affected a present condition or event (Creswell, 2009). This was appropriate in that the study was conducted within a short period of time with the aim of capturing a snapshot of the level of gender mainstreaming in the institution. The study collected data using both qualitative and quantitative methods because the study was concerned with investigating the impact of life skills education on adolescents' sexual and reproductive health behaviors.

The analysis of secondary data to inform the research questions constituted the quantitative data that was used to inform the qualitative component. Qualitative interviews were conducted with knowledgeable persons in the study area of interest who were purposively sampled. The qualitative collected from the key informants were recorded, transcribed, checked for clarity and then analyzed thematically in line with the study objectives. Verbatim quotes have been used alongside presentation of the findings to project the voices of the informants.

### **3.4 Study Population and Unit of Analysis**

For the primary data the study population consisted of all the youths who completed secondary school education in 2017 in Ruiru Sub-county. Unit of analysis was the individual youth who completed secondary education in 2017.

### **3.5 Sample and Sampling Procedure**

The sample size was 60 youths (29 boys and 31 girls) who completed secondary school in 2017 in Ruiru Sub-County. The youths were divided on the basis of their gender, thus boys and girls and the different regions, classified into rural villages, urban and informal settlements to obtain a wider perspective of the study. From each region, 20 respondents were randomly sampled. To get the 20 respondents in each region the researcher used purposive and snowball sampling methods. Stratified random sampling was used to select the participants for the semi-structured interviews. A list of youths who had completed secondary school in the year 2017 from the schools the study site was obtained from three secondary schools. The schools were purposively sampled to represent the three regions in of the study site. The inclusion and exclusion criteria were used to complete the selection in that those whose names and contacts were taken from the schools must have been those who resided in the study site was obtained from the secondary schools in Ruiru Sub-County. From the list, the researcher randomly sampled 60 youths who were interviewed the from their current location (Table 3.1). Majority of the respondents at the time of the study were already in the tertiary level of education while others had not yet started tertiary education.



**Table 3.1: Sample size.**

<b>Schools</b>	<b>Sample obtained</b>	
	<b>Boys</b>	<b>Girls</b>
Murera Secondary School	11	9
Ruiru Township School	10	10
Kwihota Secondary School	8	12
<b>Total</b>	<b>60</b>	

### **3.6. Data Collection Methods**

#### **3.6.1 Secondary data**

Analysis of secondary data provided results for the study. Ministry of Education, Kenya Institute of Curriculum Development, Ministry of Health Division of Reproductive Health and Local Not for Profit Organizations dealing with sexual and reproductive health were sources of the key documents reviewed as secondary sources of quantitative data. Key measures were: Demographics; content and pedagogical approach, experiences and perceptions of students as well as perceptions of teachers of life skills education addressing reproductive health information needs and gaps among adolescents.

#### **3.6.2 Semi-structured interviews**

Semi-structured interviews were administered to the 60 respondents. According to Bernard (2006), semi-structured interviewing is best used when the researcher will not get more than one chance to interview someone and when you will be sending several interviewers out into the field to collect data. The semi-structured interviews provides a clear set of instructions for interviewers and can provide reliable, comparable qualitative data and are often preceded by observation, informal and unstructured interviewing in order to allow the researcher to develop a keen understanding of the topic of interest necessary for developing relevant and meaningful semi-structured questions. The interview guide (Appendix III) was designed to have both closed and open-ended questions. This was useful in the exploration of the perceptions and attitudes of respondents regarding SRH in Life skills education. It also helped in the clarification of answers and probing for more information from the respondents. It captured the

demographic information of the respondents and the experiences and perception of the respondents on sexual and reproductive health in life skills education.

### **3.6.3 Key informant interviews**

These interviews were carried out among people who had first-hand knowledge on the information that was required. These interviews were conducted 15 key informants. They included 15 life skills teachers in 15 different schools in the study area. The informants were purposively selected on the basis of their expertise and knowledgeability on the subject matter to explore the link between life skills education and sexual reproductive health among adolescents in order to give a deeper understating of the nature, content and teaching methodologies, attitudes of students and teachers as well as classroom and school environment factors. Data was collected using the key informant interview guide (Appendix IV).

### **3.7 Data Processing and Analysis**

The quantitative data collected from the secondary data and semi-structured interviews were analyzed using the Statistical Package for the Social Science (SPSS) Version 24. The computed data was checked for consistency, cleaned and then analyzed using descriptive statistics and presented in form of frequencies, means, and percentages. On the other hand, qualitative data collected were translated and transcribed. Transcription was verbatim. The transcripts were then checked for clarity and completeness. What followed was sorting the data into themes, categories and patterns. Data analysis was done thematically in line with the study objectives. Verbatim quotes have been used alongside presentation of the findings to project the voices of the informants. The set of variables of this study were categorized based on Bandura's (1977, 1986) conceptual framework of social learning theory. The variables included; the content of SRH/LSE, pedagogy, students' perception of SRH/LSE and teachers' attitude towards SRH/LSE.

### **3.8 Ethical Considerations**

Before administering the research instruments, a thorough explanation on the details of the research was shared and room given for clarify on any grey areas. An informed

consent was sought, and for this study, verbal consent from the semi-structured respondents and key informants was viewed as a go ahead to carry on with the exercise. A participant's refusal to participate in the study and their withdrawal in the course of study would be respected. Additionally, anonymity was guaranteed to all participants. To hide identities of participants, pseudonyms have used in the event that names were not mentioned. Participants were also assured of privacy and confidentiality in that their personal, sensitive or potentially threatening information were not revealed and information was only used for academic purposes which is the development of this work. Findings on the study would be availed and disseminated to the relevant stakeholders and information obtained from the study will be availed through copies of published papers and the final thesis availed at the University of Nairobi library.

## CHAPTER FOUR

### PRESENTATION AND DISCUSSION OF FINDINGS

#### 4.1 Introduction

This chapter is a presentation of research findings on the nature of secondary school life skills education in addressing students' sexual and reproductive health information needs and knowledge gaps. In this chapter, the findings are presented based on the study objectives and its divided into four major sections. The first section presents the demographic characteristics of the study respondents. While the second and the third sections presents the findings on content and pedagogy of life skills school education and students' experiences and perception of sexual reproductive health education in life skills education respectively, the fourth section presents the findings on teachers' perception of sexual and reproductive health education in life skills education.

#### 4.2 Demographic characteristics of the respondents

##### 4.2.1 Age of the respondents

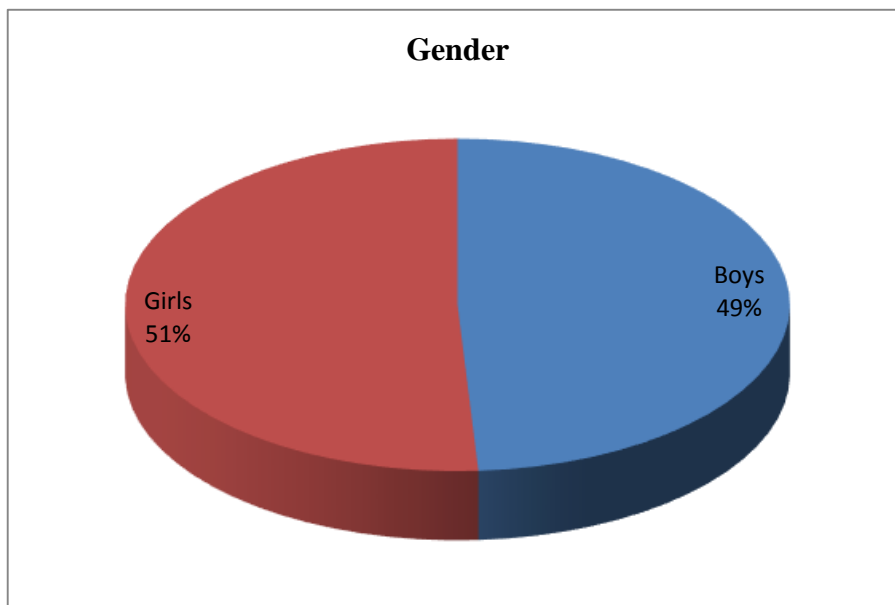
The findings of the study show that majority of the respondents were aged 20 years accounting for 48.3% of the total respondents. Those who were aged 18 years accounted for 10% of the total respondents while those aged 19 years accounted for 15% of the total respondents. Those who were aged 21 years accounted for 26.7% of the total respondents (Table 4.1). Age was considered an important variable in this study because it could reveal the appropriate age bracket that is exposed to life skills education and in understanding the experiences and perceptions of this particular cohort. Results of the study show that majority of those aged 21 years were boys while all those aged 18 years were only girls.

**Table 4.1: Respondents' age**

Age (years)	Frequency (n)	Percentage (%)
18	6	10
19	9	15
20	29	48.3
21	16	26.7
<b>Total</b>	<b>60</b>	<b>100</b>

#### 4.2.2 Gender of respondents

Findings of the study show that majority of the respondents were girls accounting for 51% of the study respondents while boys were 49% of the study respondents. Gender was an important variable in this study owing to its contentious relationship with youths' sexual and reproductive health behaviour in school and other spaces in the community. Also, given the study's interest in understanding the gendered forms of youths' experiences with sexuality education, it was important for participation of both adolescent boy and girls to capture different opinions.



**Figure 4.1: Gender of respondents**

#### 4.3 Content and Pedagogy of Life Skills Education Policy on Sexual and Reproductive Health

The study first objective sought to examine life skills curriculum policy on sexual and reproductive health in Kenya secondary schools in terms of content and pedagogy. It was established that life skills education has been taught in secondary schools in Kenya for close to two decades, a period which the country should have established a strong framework for developing and delivering this type of learning. According to the quantitative findings, life skills education was introduced in the curriculum when HIV/AIDS was declared a national disaster. Initially LSE was taught as a single topic of

HIV/AIDS. In 2002 however, there was a review and LSE were integrated in different subject, languages and humanities were very good host for implementation. However, it was discovered that the teaching of LSE within the host subject depended on the teacher's competences, creativity and innovativeness and therefore not bearing good results. In 2006 there was a recommendation that LSE be taught as a standalone subject. In 2007, a national situational analysis was carried out to establish the level of psychosocial competences in learners. was found to be extremely low. In 2008, an LSE curriculum, teachers' handbook and a manual were developed. Findings indicate that in situating life skills education within school curriculum helped in ensuring efficacy in delivery and meeting the needs of the young boys and girls.

Findings show that the life skills curriculum policy was developed with the major objective aimed at equipping the adolescents with psycho-social competences which, would enable them to develop adaptive and positive behavior so as to deal effectively with challenges and demands of everyday life. This objective was to be achieved through three main areas: skills of knowing and living with one's self, knowing and living with others, and making effective decisions over one's life. Analysis of the curriculum content policy stipulates that life skills lesson was allocated one lesson per week for all form levels in secondary schools replacing physical education lesson. This finding is supported by one key informant who asserted the following:

“The Ministry and all the stakeholders designed the life skills lesson to be taught instead of the physical education because we never wanted the students to feel overburdened.....you with the new curriculum we must not give students additional classes but instead maximize on what we already used to.....” (KII 3, Life Skills Teacher).

Findings from the curriculum reveal that in life skills education, sexual and reproductive health education is covered to a great extent and in line with WHO guidelines. It is the mandate of the Kenya Institute of Curriculum Development to design the sexual and reproductive health education curriculum. in this regard study results show that it is always a process that involves multiple stakeholders from different sectors in the county including the religious groups. This shows that the students themselves who are targeted are never involved in the design and development stage. According to the key informant, *the actors involved in the development of the curriculum and policies include teachers,*

*government departments and ministries, civil society organizations, activists and professional groups, but not adolescents themselves. The exclusion of the views and experiences of students the intended beneficiaries have an effect on the design and development of sexual and reproductive education curriculum (KII 7, Life Skills Teacher).*

It was established that with the new syllabus, life skills education is designed to promote general skills for day-to-day living, such as self-appreciation, improving interpersonal relationships, acquiring decision-making skills, respecting other people’s rights and coping with stress and emotions. Within life skills education, sexual and reproductive health education is also covered and not examinable as well as shown in table 4.1 below. The latter point is relevant to curriculum implementation because more emphasis is given to examinable subjects like those that are academically scored and teachers prefer teaching those subjects.

**Table 4.2: Topics covered in life skills education**

Topics	Objectives
<ul style="list-style-type: none"> <li>• Self-awareness</li> <li>• Self-esteem</li> <li>• Coping with emotions</li> <li>• Coping with stress</li> <li>• Friendship formation and maintenance</li> <li>• Assertiveness</li> <li>• Empathy</li> <li>• Effective communication</li> <li>• Negotiation skills</li> <li>• Decision making</li> <li>• Nonviolent conflict resolution</li> <li>• Effective decision-making skills</li> <li>• Self-understanding</li> </ul>	<ul style="list-style-type: none"> <li>• To equip the adolescent with values and develop skills that will enable him/her to function effectively</li> <li>• To appreciate the importance of life skills in everyday life</li> <li>• To enable the students, appreciate self as a unique human being and develop self-esteem</li> <li>• To develop and demonstrate ability to cope with stress and emotions in everyday life</li> <li>• To enable the student, appreciate the need for peaceful coexistence and demonstrate ability to apply the acquired skills to relate and coexist peacefully with other people</li> <li>• To enable the learner, develop skills that enable him/her to make informed and appropriate decisions in life</li> <li>• The learner demonstrate ability to apply the relevant life skills in dealing with emerging issues and other challenges effectively</li> <li>• Develop and apply life skills that enhance performance in education</li> <li>• Develop and apply life skills to enhance positive behavior formation and change</li> </ul>

Source: Life skills education curriculum policy (2017)

Results also show that content of sexual reproductive health within life skills education is structured to include age-appropriate content that stipulate what is taught to students from form one to form four. The curriculum reasonably covers communication skills for the adolescents' that broadly focuses on refusal skills and risk avoidance. The curriculum is also structured to have gender specific messages for both boys and girls at different age bracket. This was illustrated by one respondent who noted that:

“Our teacher would separate us from girls when she wanted to tell them something that she felt that was only relevant to the girls and not boys.....” (Respondent 39. Male 20 years)

Equally, another respondent confirmed the above finding by indicating that some schools would have messages that are tailored to them because of their sex of the school. One respondent said:

“Our teacher would tell us in details about sex and reproduction freely and also touch on a few things about boys just to let us know” (Respondent 11, Female 18 years).

In as much as it is required that the life skills teachers tailor the sexual education to the needs of boys and girls and sometimes separate them in cases of mixed schools, some respondents noted that LSE was conducted in the same classroom for both boys and girls. This is exemplified by the following comment:

“When we were being taught life skills, we were never divided.... the teacher would come just like in other lessons teach us in our class while we are just together” (Respondent 23, Male 19 years).

Study findings indicate that the curriculum appears to be have deficiencies in a number of areas such as the exclusion of key topics such as practical aspects of reproduction, abortion, information on access to condoms and sexual health services, and omission of other social and contextual aspects, such as harassment and parental monitoring. These was supported by one key informant noted the following: *The life skills education curriculum to deliver on its objectives it has to be context-specific so that issues happening here in Kiambu County are contextualized and looked at differently to issues in other parts of the country. There are some cultural practices in some areas that the curriculum must speak to or else it stands to fail....You see you might not want to use the same methodology to talk about HIV, or even the same emphasis when you are doing it in*



*Kisumu areas with high HIV prevalence as compared to some other areas which are considered to have low prevalence rates.” (KII 11, Life Skills Teacher).*

Moreover, the results reveal that the curriculum was a weak focus on gender and human rights issues, such as the rights of people living with HIV. Equally, topics such as forced sex, gender-based violence and intimate partner violence were largely ignored. These findings show that the information provided to students SRH was not sufficient to help in reducing the risk unintended pregnancies which is a menace in the country, helping the adolescents know their sexual rights and be able to detect sexual violence of any nature/ The quantitative findings were corroborated by qualitative findings from the semi-structured interviews and key informant interviews. Majority of key informants agreed that sexuality education offered in secondary schools was not comprehensive. The following voices amplify the above statements:

“The life skills education curriculum is not the best for the needs of students. It is focused on biology and more so the physical and excludes topics related to sexual reproductive health and rights, and the approach prescribed by the ministry is more academic and theoretical.....with little attention to improving students’ practical skills.....” (KII 10, Life Skills Teacher).

“Sexuality education must include information on contraceptives and pregnancy prevention, and take a holistic approach to education to provide adolescents with the requisite skills to transition to adulthood.....” (KII 15, Life Skills Teacher).

Conversely, one key informant had a different opinion in regards to the content of life skills curriculum. She lauded the curriculum as well articulated and that it meets the needs of adolescents and held a more restrictive viewpoint citing religious and cultural inhibitions about discussing sexual matters with students. These assertions are corroborated by the following quote:

“For me I feel it covers what these young boys and girls needs to know at that particular age.....We must be careful not introduce these young people into sexual behavior with what we are teaching them thinking that it will help them. Topics such as abortion, contraceptives and sexual orientation should be excluded from sexual and reproductive education initiatives targeting adolescents” (KII 8, Life Skills Teacher).

In regards to pedagogical approach, the show that the LSE curriculum in general moved from using prescriptive and fear-based traditional teaching methods that lacked depth in its overall content and does not foster enough critical thinking to more participatory methods that puts the adolescents at the center and are meaningfully involved in the learning process. The ministry of education guides the approach and framework used to teach life skills education in schools. The life skills education curriculum and its teachers' guide suggest that teachers use of participatory teaching and learning methods in which learners identify their own problems, discuss solutions, plan and carry out effective action programs. It was established that participatory teaching and learning methods assume that learning is best achieved by requiring learners to be actively involved during lessons. Findings show that a variety of teaching and learning methods are used depending on the nature of the contents, the learner and the resources available.

Teachers were asked to indicated the approach that they use in teaching life skills education. Findings show that life skills teachers adopted participatory methods such as lectures or talks, small-group discussions, charts and drawings, role playing, theater, debates, art projects, dance, poetry, storytelling, demonstrations, group work and demonstrations. Majority of the teachers interviewed also indicated that they would give students written test, continuous assessment test, composition as a way of measuring their understanding of the concepts taught in life skills and sexual reproductive health education. The teachers confirmed that the variety of teaching methods gave them flexibility and they could cater for individual differences among the learners. The following quotes from the beneficiaries of life skills education support the position of teachers:

“We used to be put in small groups to discuss issues around sexual and reproductive health’ (Respondent 3, Female 19 years).

“.....even in debate the life skills teachers would design a good topic for us so that we debate on it in our debate club.....” (Respondent 30, Male 20 years old).

Our teachers would use different methods depending on what he wanted us to know.....he used charts and we were the ones who would draw and fill in some of the things he wanted us to know” (Respondent 33, Male 20 years old).

The above statements were expanded by one key informant who noted that:

“The use of different teaching methodologies in a lesson accompanied by relevant learning resources triggers the desired learning activities which result in learning the intended concepts....” (KII 1, Life Skills Teacher).

Findings of the study also show that the teachers who are involved in teaching life skills education are selected by the school administration. The selection is based on gender and the subject orientation of the teachers. Results show that female teachers are the ones who mostly teach life skills education. Further, results of the study also show that the teachers who teach Biology and Christian Religious Education are in most cases prepared fit to teach life skills education. One of the key informants confirms these sentiments by stating the following:

“You will find that in most cases it’s the female teachers that teach life education, although there are male teachers who do but they are very few. Again, these teachers, whether male or female, you will find that they are drawn mostly from Biology and CRE subjects.....” (KII 7, Life Skills Teacher).

Analysis of the life skills curriculum content clearly shows the need for variety of teaching methods to make the learners lively and engaged in the learning process. Engaging the learners in the learning process is an effective way of making them own appreciate the benefits of the class and hence developing a positive attitude towards it. Apart from the teachers guided methodology in delivering life skills education to students, some youths and teachers reported to have adopted student driven approaches. Student leaders in school were often used as leaders in educating their fellow students. Some teachers reported to have engaged students elected as peer counsellors to engage their fellow students in sexual and reproductive health education. In practice, however, the teachers noted to have experienced many constraints to the effective implementation and fulfilment of this potential. Some students would not take the peer counselors seriously and also the peer counselors themselves would not extensively cover the subject matter because of their experience level.

Thus, despite the weaknesses of the content and methodological approach of sexual reproductive health education in life skills education, they suffice as relevant to needs of

adolescents and touches on concepts that the young boys and girls require to develop a positive and constructive behavior and values and are delivered using approaches that involve the learners. These findings corroborate those Sidze *et al.*, (2017) who examined the sexual and SRH education in Kenya and the SRH education implementation and the concepts and messages that are delivered in line with the broad approach to sexuality education in primary and secondary schools in Homa Bay, Mombasa, and Nairobi of Kenya. The study acknowledged that the government's commitment to providing sexuality education from its adoption of international and regional policies on SRH education and the government development and revision of SRH education policies. The study found that SRH education in Kenya has had setbacks because of the conservative social cultural norms, lack of comprehensiveness in topics coverage, lack of teacher training on the subject matter and lack of teaching and learning materials.

These findings are also in agreement with those of Keogh *et al.*, (2018) who postulated that school-based comprehensive SRH education is key to the achievement of adolescents sexual and reproductive health and rights. With age appropriate school-based SRH education, the adolescents will also achieve full potential in other areas of their life. In analyzing the challenges to the implementation of national CSE curricula, they did a study in four countries from two different regions (Latin America and Africa). They picked one country from each region that is relatively more advanced in its CSE implementation (Peru and Ghana), and the other country at a relatively earlier stage of implementation (Guatemala and Kenya). From the study, there are almost similar challenges encountered in the implementation of national CSE across these countries. The problems highlighted include program planning related challenges like lack of adequate funding for CSE programs, poor or lack of coordination between different stakeholders in CSE programs and lack of adequate monitoring and evaluating tools and systems. Curriculum implementation-related challenges included lack of goodwill to integrated CSE into other subjects, the problem in the CSE curriculum adaptation to local contexts that meet the sexual and reproductive needs of the adolescents, and lack of goodwill and poor participation of different CSE curriculum development stakeholder.

#### **4.4 Students Experience of Sexual Reproductive Health Programming in life Skills Education**

The study sought to establish how students experience sexual reproductive health programming in life skills education. Findings show that all the students who participated in the semi-structured interviews had taken lessons on life skills and sexual education. The study established that the students were able to make informed and sound decisions after undergoing through the life skills curriculum. This is amplified by the following voices:

“I know I am responsible for my own life and I can make decision that I know will affect me.....yes the lessons we got have enabled me decide on issues around my sexuality in a better way.....” (Respondent 56, Female 21 years old)

“It has helped to know when, where and how I can do things about sex.....” (Respondent 9, Male 20 years old)

It was established that some of the youths who participated in the study noted that sexual reproductive education in life skills education created their self-awareness on importance of abstinence. Abstinence was noted as one of the main topics that life skills teachers used to put more emphasis on. The youths noted that the teachers promoted abstinence from sexual activity as part of the curriculum, and taught students on how to resist pressure for unwanted sex or that which they are not ready for. One respondent who is a former student of a girls agrees with this observation by stating that: *In our school the life skills teachers adopted “abstinence-only-until-marriage” approach that taught us the social benefits and health gains that we may realize as girls by abstaining from sex...* (Respondent 22, Female 20 years old).

An overwhelming majority of the respondents (52 out of the 60) indicated that they were not satisfied with what they were taught in the life skills curriculum while only a few (8 out of the 60) indicated to have been satisfied by the life skills education content. Consider the following quotes:

“..... I felt that it was not enough for me because there are things I am facing now as a young woman that the curriculum ought to have prepared me for....” (Respondent 39, girls 20 years).

“Yes, it was good enough for me because I think I was taught all I needed to know then.....” (Respondent 11, Boy 20 years old).

“The curriculum was so keen on preventing pregnancies only yet some of us are well aware of that.....things like what to do when I get pregnant was not there and that’s why I think it is not sufficiently meeting the needs of those in high school” (Respondent 26, girl 20 years old).

Besides the fact that the life skills curriculum was perceived by students to be limited in meeting their needs, there quite a number of benefits that students gained from the life skills teaching. Results show that while sexual education enabled youths to avoid early sexual onset to others it made them know and start engaging in sexual activities early. The youths noted that sexual education made them knowledgeable on sexual matters and as such they went ahead to experiment. Some of the respondents confirmed that they engaging in sexual activities while in school and are still sexually active. This can be attributed to high numbers of teenage pregnancies and motherhood that is rampant across the country. Consider the following quotes:

“.....the teaching was good but on abstaining that was not possible for some of us....in fact the life skills education gave us more information on sexual matters and I remember I could laugh about with my boyfriend while going home in the evening....” (Respondent 54, Female 20 years old).

“I have three girlfriends now and I engage in sex with them all.....sometimes I use condom but other times I don’t.....the lessons were enjoyable but it is just difficult to keep off sex in the name of abstinence.....” (Respondent 11, Male 21 years old).

The above assertions are supported by one key informant who say that:

“We can’t hide from the truth that these people are having a lot of sex ..... Some were sexually active while still in school and being taught on a few issues about their sexuality. We could also see that sometimes they were the ones who acted as bad influence to others who wanted to take up abstinence...” (KII 7, Life Skills Teacher).

The study findings showed that sex education equipped learners with necessary psychosocial skills to be able to realize the importance of good reproductive health. The youths noted that life skills education curriculum imparted the students with knowledge on HIV/AIDS prevention and transmission and other sexually transmitted diseases. These findings are given weight by the following statements from the youths:

“I know the consequences of engaging in sexual activities and therefore I try to be safe from that by using condom with my boyfriend.....” (Respondent 31, Female 19 years old).

“We know there is HIV and other sexual transmitted infections and I choose to abstain so that I don’t risk my life.... I will wait until marriage for me to start having sex properly with my wife... (Respondent 25, Male 20 years old)

“..... even now that I am in the university, I am still single and I want that to continue until God gives me a partner that I will live with for life” (Respondents 9, Female 21 years old)

The respondents were requested to indicate the sources of information on sexual and reproductive health besides the life skills education curriculum. The responses were presented on a five likert scale of 1-5 where 1=Very low extent, 2=Low extent, 3=Moderate extent, 4=High extent and 5=Very high extent. The findings are shown in table below.

**Table 4.3: Sources of information**

Sources of Information	N	Mean	S.D
Parents	60	3.8085	1.11598
Peers	60	4.6827	1.14579
Places of worship	60	4.4676	1.14614
Radio	60	3.7234	1.13640
Television	60	4.2766	1.15537
Life skills curriculum	60	4.5567	1.1286
Social Media (Whatsup, Facebook, Youtube)	60	4.4255	.74439
Relatives	60	4.0648	1.09155
Others	60	3.8213	.97648

From the findings majority of the respondents indicated that Peers are the main source of information for adolescents in schools (mean=4.6827). The respondents indicated that places of worship contributed highly as a source of information on sexual education among adolescents (mean=4.4676). Also, the respondents indicated that Life Skills

Curriculum and Social media contributes highly to informing adolescents on sexual and reproductive health by having scores of (mean=4.5567) and (mean=4.4255) respectively. The respondents cited that the fact that most of them watch television, some adolescents get information on sexual reproductive health from Television (mean=4.2766). Relatives contributed highly too (mean=4.0648), further, parents were also noted as one the sources of information on sexual reproductive health (mean=3.8085). Equally, radio was seen as a source of information on sexual reproductive health (mean=3.7234). Other sources were also seen as sources of information on sexual and reproductive health was indicated by the respondents (mean=3.8213).

The above quantitative findings were corroborated by qualitative findings on the sources of information on sexual and reproductive health among the adolescents. The life skills teachers also confirmed the plethora of sources of information on that have potential of shaping the youths' sexual behavior. Some noted the sources such as those from the internet must be checked because students are always abused. The following voices exemplify the situation among the adolescent in study area:

“If we don't tell them as much as they are supposed to know they will still know it anyway and there are many others sources that will give them this information like their peers who are already knowledgeable.....” (KII 1, Life Skills Teacher).

“There is Internet, Television, Social Media like the Facebook, Whatsup, Chatrooms and many others.....They will get information from here unless we be comprehensive on what we teach them by even using videos and chart....” (KII 2, Life Skills Teacher).

“.....there are so many alternative sources. Just begin from the family and community where the students hail from....” (KII 11, Life Skills Teacher).

Almost all students indicated that sexual and reproductive education taught in schools informed them about unintended pregnancy, HIV/AIDs and STIs, which perhaps lead students to recognize the multiple benefits of sexuality education in addressing various issues that they perceive as prevalent in their lives. The youths experience regarding the sexual and reproductive education they received were positive because the vast majority reported that it had been useful or very useful in their personal lives. While a major aim



of sexuality education is to impart the practical skills and knowledge needed for adolescents to safely navigate their sexual reproductive lives, comprehensive sexuality education programs should seek to teach adolescents to exercise their sexual and reproductive rights safely and responsibly by recognizing that sexual activity at their normative age which involves them.

Moletsane (2014) found similar results while looking at the need for quality SHR education in addressing barriers to adolescent girls' educational outcomes in South Africa. Her study focuses on what schools can do differently in order to provide effective SRH education to mitigate the problem of unplanned pregnancies among adolescent girls. To address early pregnancy as a barrier to girls' education SRH programs should integrate gender in the SRH programs. There was also a need to teach both genders critical thinking skills, thus a need for a comprehensive program on interpersonal skills. Unless the SRH programs develop gender sensitive programs that look at girls needs gender equity in South Africa education will not be achieved. She identified poor SRH and the lack of knowledge about SRH rights as one of the factors that have a negatively impacted on girls' access to schooling and their educational outcomes in South Africa. The SRH curricula currently provided in South African schools are largely inadequate and this has resulted to negative health outcomes for adolescent girls, including unplanned pregnancies, early marriages and HIV/STIs, that have negative impact on girls' success in school.

These findings also agree with those of Hidin and Fatusi (2010) while looking at trends and interventions of adolescent SRH in developing countries which they noted that the environment in which youths make sexual and reproductive health decisions is rapidly evolving. The rates of sexual initiations among adolescents is rising, childbearing and marriages are progressively unlinked, multiple sexual partners and HIV/AIDS prevalence add to risk associated to early sexual activities.

#### **4.5 Teachers Perception Towards Life Skills Education and Sexual and Reproductive Education**

The study sought to examine teachers' perception towards life skills education and sexual reproductive health education. The life skills teachers were asked to indicate whether they had attended any form of training on life skills education. Findings of the study show that majority of the life skills teachers in the study area had attended some training on life skills education. The trainings were facilitated by the ministry of education. The concepts that many of the life skills teachers indicated to have been trained on included self-awareness and esteem, coping with emotions and stress, friendship formation and maintenance, assertiveness, effective communication and negotiation skills, effective decision-making skills, self-understanding, abstinence, contraceptives, and HIV and AIDS.

The teachers noted that abstinence was actively encouraged by most life skills teachers as it would enable students have knowledge on the need for abstinence and the benefits that comes one when maintains such status. This is exemplified by one key informant who noted the following:

“My role is to emphasize consequences of sexual activity, until teens understand consequences..... they should abstain...” (KII 14, Life Skills Teacher)

According to the findings, the teachers noted that the topics of HIV and AIDS, and other STIs were also covered and they were deemed necessary because the students got awareness on prevention and transmission of HIV/AIDs and others sexually transmitted diseases. One key informant takes on this as follows: *Sex education is really helping these young people while they are still in school and even after they have finished. They know that being sexually active comes with consequences with the most dangerous being infection with either HIV or STIs.....this is good for them because we will sit pretty knowing that they can protect themselves from these diseases and even educate their partners on the same* (KII 15, Life Skills Teacher).

Results also show that contraceptives are one of the concepts in life skills education is instrumental. Some of the teachers indicated that they covered contraceptives methods including how to use them and where to get them. Thus, the teachers associated

contraceptives with reduction of unintended pregnancies. The life skills teachers emphasized that sexuality education helps prevent unintended pregnancies and helps teenagers engage in safe sex. The following voices exemplify the situation as perceived:

“These young do have sex and that is a fact we have to accept as teachers.....so we emphasize on abstinence but also on the use of condoms when they can't avoid having sex.....” (KII 7, Life Skills Teacher).

“..... and even show them how the contraceptives are used, where they should get them and the prices. We have girls we have come up to tell us how they engage in sex but they use protection which we think is good for them because they are safe” (KII 1, Life Skills Teacher).

The study established that when students are aware of themselves and who they are, they are able to take care of themselves which boosts their self-esteem, confidence and improves school participation and performance. One life skills teacher says the following:

“Teaching these boys and girls about their sexuality is important for their own growth. We have seen performance even improve because of this knowledge.....” (KII 11, Life Skills Teacher).

Findings of the study indicate that sexuality education in life skills education curriculum helps improves adolescents' relationships in school and even at home. This is seen as a catalyst to deter sexual and gender-based violence and support healthier growth and development among young people. The teachers indicated that the rampant sexual abuse in secondary can only be contained through sexuality education. Including and covering sexual violence was reported as critical is educating the young people on factors, nature, coping and mitigations strategies to sexual abuse. These findings are supported by the voices of life skills teachers who had this to say.

“Teaching sex education has really help students because they would stop their peers if they feel they have been touched inappropriately.....” (KII 10, Life Skills Teacher).

“..... the school head teacher is so concerned about sexual exploitation and abuse and this school being a mixed school you are rest assured that we have many of these occurrences. We have seen positive response from our students because they have been able to report to us some of the teachers, fellow students and other community members who have made them feel like they are being sexuality abused” (KII 5, Life Skills Teacher).

Sexuality education was perceived by the teachers as useful to students because it helped them acquire knowledge on dangers associated with abortion and delay sexual onset and even marriage. One key informant noted the following: “.....besides telling them to abstain you there are those who wont just do it our way and end up being pregnant and so we also insist that those who get pregnant should not think of abortion as an option because of its dangers.....they can dies in the process and how will that look on us as life skills teachers.....it is the same case now with the rampant teenage pregnancies. For us we tell them to give birth and come back to school.....” (KII 2, Life Skills Teachers).

Majority of the teachers concluded that life skills education and sexual reproductive health education in secondary schools was adequate and had enough depth to impart sexuality knowledge to the young boys and girls. Despite the overwhelming support for the life skills curriculum, some cited the need for improvement and to make the concepts covered in the curriculum as comprehensive as possible. This is because as much as most schools covered the key areas that are stipulated in the curriculum, the nature of information should vary according to schools and contextual underpinnings. The information provided by teachers confirmed that the sex education messages most of them delivered on sexuality education were focused on abstinence and use of condom, and these two approaches set the tone for what students were learning. This antagonized sex that which adolescent are so fascinated about in terms of exploration or debut.

The finding of this study echoes the sentiments of Oluoch (1982) and Bizimana and Orodho (2014) who aver that a teacher who has a positive attitude towards life skills education and uses appropriate instructional strategies is likely to influence the students develop the same attitude.

The study also found that students disagreed with the statement that the aims and objectives of teaching of Life Skills Education are irrelevant and unattainable. This is an indication that students recognized the importance of Life Skills Education in their schools. Regarding the attitude of the teachers to the teaching of Life Skills, the study found that most of the teachers had negative attitude towards the teaching of Life Skills Education. This was evidenced by the fact that many of the teachers had not been trained

on the Life Skills Education. Witt (2002) argue that teaching methods are influenced by the teachers' attitude towards the teachers' competence in regard to the subject matter; a teacher uses teacher centered method which allows her full control of the class. If she/he is competent, she/he allows children to learn on their own and gives help when necessary. Grogarn (2003) adds that cultivation of positive attitude is of paramount importance to a school teacher

The teachers were asked about their perceptions on school factors as related to teaching of life skills education. The findings show that the life skills teachers face a multitude of challenges when teaching topics related to sexuality education. Majority of the teachers alluded to individual factors as shaped by socio-cultural backgrounds having an effect on how they deliver life skills education content. Half of the life skills teachers reported to feel ashamed and embarrassed sometimes when discussing sexual topics and mentioning sexual organs by name. This is seen to affect the depth and details about sexual and reproductive health education that the students receive. Further, this embarrassment when discussing sexual organs is also linked to the fact that some life skills teachers have a parent-child relationship which lead teachers to experience inhibitions similar to those that constrain parents in discussing sexuality with their children. The following is the voice of one key informant who support the above findings:

“These are our children and we really want them to be responsible adults in future but I find it difficult sometimes mentioning male and female sexual organs in front of them.....now with new guidelines that even require to demonstrate to them I don't know how that will turn out for me...” (KII 2, Life Skills Teacher).

“.....its very tough for me and I think they normally see it on my face.....they ask very embarrassing questions that I even sometimes answer using related word but not the exact words.....” (KII 10, Life Skills Teacher).

There were teachers expressing continuing concern or discomfort in delivering sensitive topics that challenge some of their pre-existing attitudes. The perceived incompatibility of LSE content with 'local values', for instance, was reported in a number of teachers' responses whilst one teacher freely admitted to omitting topics including the prevention of sexually transmitted diseases and methods of contraception that she felt were unsuitable for secondary students.

Conversely, a few of the life skills teachers disagreed with the fact that life skills teacher can be ashamed of talking about sexual organs directly to students. The teachers reiterated that teaching life skills require teachers who trained and have it takes to discuss with students' issues around sexuality without a problem. One teacher said that: *“Life Skills Education Teachers who are embarrassed when mentioning sexual organs or even demonstrating how to use things like condoms have got no place in teaching sexual education.....they have to have it in them and be ready to impart knowledge in a participatory matter that students are involved and they are free to ask questions.....”* (KII 15, Life Skills Teacher).

Another key informant corroborated this statement by asserting that:

“...I don't subscribe to that because if you are a keen life skills teacher, you'll realize that learners are quite attentive when you start mentioning these things to them. They get interested because they want to know more, it's like they don't have information about themselves, and especially, when they reach certain stages, maybe adolescence, they want to know why, why are these changes coming up.....They would even request some teachers to repeat the topic and therefore we don't have the luxury of embarrassments at all.....” (KII 3, Life Skills Teacher).

It was also established that nearly all life skills teachers reported that they were supported by the school's principle and others teachers because they all supported sexuality education. Many of the key informants noted that for SRH to achieve its objectives then the attitudes held by teachers and principals may influence the teaching of sexuality education, and in turn impact students' learning experience and ultimately shape their attitudes, knowledge, behavior and sense of agency.

The teachers were also asked on how sexual and reproductive health can be better handled at secondary school level. The study established that the teachers indicated that when teaching about HIV/AIDS infection and prevention in Life Skills, teachers need to draw on Bible knowledge where they should teach students that one should not commit adultery or pre-marital sex because it is against one of God's commandments as way of supporting abstinence as a key concept of the curriculum. Results also show that some of the teachers noted that when discussing sexually transmitted infections with adolescents,

there is need for teachers to collapse their cultural backgrounds and give deeper information where is necessary.

Thus, sexual reproductive health education in life skills education is meeting the needs of the young boys and girls although a lot still needs to be done to touch on areas that are not emphasized in the curricula but have substantial effect on the sexual and reproductive health lives of adolescents. These findings corroborate those by Smitha and Harrison (2013) who found that formal life skills training was mostly attended by female teachers. The training was usually a short intensive life skills education teacher's programme. Life skills and school based SRH education in most of the schools was allocated to female teachers. Those who went for the trainings also confirmed sharing the learnt information with only female teachers and students.

Similarly, Traore *et al.*, (2004) also observed that teacher training is a great determinant of content delivery. They further say that there is higher need for SRH information among the adolescences, SRH school-based programs is a reasonable place to reach many youths. There is thus an urgent need for teacher training in SRH education in Africa. Teacher training colleges should offer SRH education as a teaching subject as teachers are identified as critical avenue to providing valuable information about SRH and HIV/AIDS to youth. With proper training in SRH Teachers can function as advocates and role models, guiding students, mentoring and providing accurate SRH and HIV/AIDS information. Teachers need support from educational system and the school community.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter presents the summary of the study findings. It also provides the conclusion and the recommendations for policy action. The chapter ends with suggested areas for further research.

#### 5.2 Summary of Findings

The study sought to investigate the secondary school life skills education curriculum in addressing students' sexual and reproductive health information needs and knowledge gaps in Ruiru Sub-County. The study established the content life skills education curriculum was well structured to meet the needs of students. However, the findings revealed the inadequacies of the Kenyan LSE curriculum such as teaching approach and the content leaving some of the critical areas to sexual education. The students were found not to be adequately exposed to an organized school-based sex education. Indeed, the curriculum was found to stress of abstinence, condom use and HIV/Aids and STIs prevention and transmission which served to improve sexual behaviors among adolescents although not comprehensive enough to attend to all the information needs of the students. The students got the bulk of sex information from other sources apart from the school. Peers and media were identified as the most popular sources of information.

School based sex education was regarded quite appropriate by an overwhelming majority of the life skills teachers because they felt that the teaching of sex education empowered students in many areas such as making informed choices and giving them self-confidence as well as improving academic performance. The study also found that teachers socio-cultural background inhibits delivery of sexual education which call for thorough training for life skills teachers. Also, it was found that sexual reproductive health education in life skills education is meeting the current needs of the young boys and girls although there is need for contextual understanding of needs for both boys and girls in the age of intensives availability and use of internet.



With regards to the attitudes of students and teachers towards life skills education, it was found that students had positive attitude towards the teaching of Life Skills Education in schools. On the other hand, it was found that teachers had negative attitude towards teaching of life skills Education due to the fact that it was not examinable and had not trained on life skills education thus affecting its implementation in secondary schools. This was evidenced by the fact that over half of the students agreed with the statements that teaching of Life Skills Education will promote awareness and enhance behavior change and that the content of Life Skills education is easy to understand. It was also found that nearly two thirds of the students disagreed with the statement that the aims and objectives of teaching of Life Skills Education are irrelevant and unattainable. This is an indication that students recognized the importance of Life Skills Education in their secondary schools, while the teachers were not as enthusiastic as expected. This finding confirms that the teaching of life skills education still hangs on the balance

### **5.3 Conclusion**

The study findings established that the sexual and reproductive health education in life skills education is had inadequacies in terms of content not being as comprehensive as it should be. In addition, it was found that the majority of the youths in Ruiru Sub-County said that they benefited more from participatory approaches that meaningfully involved them. This is an indication that learners preferred active participation during life skills education lesson. It was also found that sexual and reproductive health education in life skills education is taught as per the time table since Life Skills Education teachers prefer to teach other subjects such as English which are examinable. The Ministry of Education Science and Technology should make it examinable and also conduct refresher courses to enlighten teachers on its importance, A large number of the youths agreed that sexual reproductive health education in life skills education curriculum created self-awareness on their reproductive health. This shows that, Ministry of Education together with other stakeholders in education need to support sexual education in schools.

Regarding teachers' and students' attitudes towards teaching of Life Skills Education in secondary schools, the study concludes that teachers have negative attitude towards the teaching of Life Skills Education on the basis that most of them have not been trained on Life Skills Education and because life skills education is not examinable subject.

Students are perceived to have positive attitudes towards the teaching of Life Skills although majority indicated that it did not meet their needs sufficiently. Education as evidenced by their participation through asking questions and discussions during the teaching of life skills education in secondary schools. On the level of availability and adequacy of resources for teaching and learning of Life Skills Education, the study concluded that the teachers stated that they had resources such as: charts and pictures, magazines, newsletters, pamphlets and video-tapes, but they were inadequate. The cumulative evidence has revealed that most schools are not yet prepared to implement life skills education in their respective schools.

The study further concludes that conventional methods of teaching sex education cannot exclusively meet the needs of the students. There is need for continuous rethinking on more innovative, proactive and participatory methods that needs the current needs of students. A multi-sectoral approach to the teaching sex education is required and this should account for the views of students as well.

#### **5.4 Recommendations**

The study makes the following recommendations.

- i. The Ministry of Education to compel principals to ensure sexual reproductive health education in life skills education is taught in the time allocated in all the forms. The schools working with the life skills teachers should develop a clear framework that outlines their clear implementation and monitoring plan with emphasis on creative participatory learning.
- ii. Teachers need to adopt appropriate teaching methodologies in their implementation of life skills education. Appropriate methodologies are those that focus on achieving the best learning outcomes among students. Since life skills education is a relatively new subject area, school administrators in collaboration with the Ministry of Education and other government agencies should provide specialized in-service training to help teachers master the best methods for effectively teaching life skills education.

- iii. The Ministry of Education, Ministry of Health and the Ministry of Social Protection to fund organized groups and local organizations that creatively encourage students and teachers about sexual education and life skills education in order to improve their attitude towards the same.
- iv. The government set aside funding that is specifically meant to support life skill education programs by investing in elimination online child sexual exploitation and abuse that gives students alternative conflicting information hence creating vulnerability.
- v. The Kenya Institute of Curriculum Development needs to conduct regular in-service training to equip the teachers with relevant skills on SRH and LSE curriculum in light of the ever-changing face of sexual education. Comprehensive sexual reproductive education should be characterized by a positive approach to sexuality that accepts sexual feelings, desire and pleasure as essential components of young people's sexuality.

### **5.5 Areas for further research**

- i. The study recommends further studies on the reasons why the county governments have not made any progress in supporting the implementation of life skills education and its influence on sexual reproductive health of adolescents in Kenya.
- ii. A study on the experiences of teachers towards the teaching of sex education in secondary schools should be carried out. Such a study would shed light on their views of how to tackle youth sexuality issues since they are very instrumental in the actual implementation of the curriculum at the classroom level.

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## APPENDICES

### Appendix I: Work Plan

Activity	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Development of the Research Proposal											
Research Proposal Defence											
Data collection											
Data Processing and Analysis											
Presentation of Draft Project Research											
Presentation of Final Project Research											
Article Development for Publication											
Article Publication											



## **Appendix II: Introductory Letter**

Dear respondent,

My name is Racheal Nyambura Njenga, a student at the University of Nairobi. I am conducting research study on “The Impact of Life Skills Education on Adolescents Sexual and Reproductive Health Behaviors and Engagements” I am happy that you have agreed to be take part in the study. In order to document your responses, I will take some notes and/ or fill in questionnaires. The information you give will strictly be kept confidential, it will only be used for the purpose of this research and will not be disclosed to anyone else. Do not indicate your name in the questionnaire for anonymity. Note that taking part in this research is voluntary and you are under no obligation to answer any question that feel uncomfortable. Your honesty during the interview is highly appreciated.

Thank you for your cooperation.

Yours sincerely,

Racheal Nyambura Njenga

### Appendix III: Semi-Structured Interview guide for Youths

To establish how students' experience sexual and reproductive health programming in life skill education.

My name is Racheal Nyambura Njenga, a student at the University of Nairobi. I am carrying a study on students' experience with sexual and reproductive health programming in life skill education. Your assistance in supplying information on this topic is highly appreciated. Kindly provide honest responses. Your responses will be treated with utmost confidentiality and therefore do not put your name in this questionnaire.

#### Section A: background information

- What is your gender?
- How old are you?

#### Section B: Questions

1. Did you learn Life Skills Education in your school?      Yes ( )      No ( )
2. What are some of the topics on SRH education did you learn in life skills education? Probe: teaching and learning resources,
3. Have you had any classes or lessons on sexual and reproductive health discussing the following topics in SRH/ LSE?

Topics	Many times	A few times	Once	No lesson	Cannot remember
Puberty					
How girls bodies develop					
How boys bodies develop					
Menstruation/ periods for girls					
Wet dreams					
Sexual feelings/ relationships/ emotions					

Pregnancy					
Marriage					
Abstinence					
Safer sex techniques					
Contraceptives					
HIV/AIDS					
Sexual transmitted infections					
Sexual violence and rape					
Violence against girls/women					
Violence against boys/men					
Female genital mutilation (FGM)					

4. What topics from the table above do you find useful in making informed SRH decisions in your life today? Probe: other topics covered,
5. What are some of the sexual and reproductive health challenges you face today? Probe:  *coping strategies, was SRH useful in shaping your decision, adolescents' health problems, role in helping reduce adolescent sexual health problems*
6. What are your sources of information on sexual and reproductive health? Rate them as following 1= Very low extent, 2= Low extent 3= Moderate extent, 4= High extent 5= Very high extent

<b>Sources of information</b>	<b>Very low</b>	<b>Low</b>	<b>Moderat</b>	<b>High</b>	<b>Very high</b>
Perents					
Peers					
Place of worship					

Radio					
Television					
Social media (Facebook, Youtube)					
Relatives					
Others					

7. Suggest what can be done to improve the teaching and learning of SRH/LSE in schools, give at least two suggestions.
8. Are you currently in any sexual relationship? Probe: reasons of being or not being in one, satisfaction in the relationship, decision-making in the relationship

**Thank you for your time and assistance**

## **Appendix IV: Key Informant Interview guide for Life Skills Teachers**

To examine the teachers' perception towards life skill education.

This study hopes to find the teachers perception or attitude towards sexual and reproductive health in life skills education. The questions are designated to seek your opinion and views regarding sexual and reproductive health in life skills education. Please complete each part, the information gathered will be used for academic purposes, your identity will remain confidential hence do not write your name.

### **Background information**

Gender: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Position: \_\_\_\_\_

### **Section One:**

1. Have you attended any life skills education in-service course? Probe: *who organized, where, usefulness in teaching SRH, topic covered.*
2. What are the criteria for choosing life skills teachers? Probe: *support from fellow staff, administration, topics covered, challenges experienced, has LSE/SRH addressed sexual and reproductive health needs?*
3. How has the life skills education and SRH impacted the lives of adolescents in and out of school? Probe: *sexual behavior pattern, decision-making,*
4. In your opinion, does the teaching of LSE/SRH education curriculum require a different approach from the other subjects? Probe: *adequacy of teaching/learning resources,*
5. What suggestions would you give to ensure that LSE and SRH are meeting the needs of students in schools in this area?
6. Is there anything else we have not discussed yet that you think is important especially in making implementation of LSE a success?

**Thank you for your time and assistance**