

**INFLUENCE OF LIFESKILLS EDUCATION ON REPRODUCTIVE HEALTH  
AMONG PRIMARY SCHOOL PUPILS IN MBEERE SOUTH SUB-COUNTY,  
EMBU COUNTY, KENYA**

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**DECLARATION**

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

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## **DEDICATION**

This study is dedicated to my husband Lukas and my two daughters Tina and Hilda for their overwhelming love, support, encouragement and understanding throughout the research period.

## **ACKNOWLEDGMENTS**

All the glory goes to God for granting me the grace to accomplish this task. My heartfelt gratitude goes to my supervisor, Professor Lucy Kibera for her guidance and support in various stages of the preparation of this project.

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## **ABSTRACT**

The purpose of the study was to investigate the influence of Life Skills Education on reproductive health among primary school Pupils in Mbeere South sub –county. The objectives of study was to determine the adequacy of Life Skills Education curriculum for equipping learners with knowledge ,Skills and attitudes towards reproductive health, to establish the influence of Life Skills Education on pupils sexual behavior, and to find out teachers and pupils attitude towards implementation of Life Skills Education in primary schools. The researcher used descriptive survey research in which 345 respondents comprising 15 head teachers, 30 Life Skills Education teacher and 300 class eight pupils from the 15 sampled schools. The data was collected using questionnaires and interview schedules. The data collected was analyzed using descriptive statistics in the form of frequencies and percentages presented in tables facilitated by Statistical Package for Social Science (SPSS).

The study established that the availability of teaching and learning materials are inadequate by 50% and 56% and adequate by 18% and 20% from teachers and pupils respectively. This influences implementation of Life Skills Education in public primary schools to some extent as lack of some materials such as video tapes, films, textbooks and posters made it difficult for the effective teaching and learning of Life Skills Education. Based on the findings of this study the government needs to put more training courses to train more teachers on Life Skills Education.

The study also established that Life Skills Education create self-awareness to the pupils on the reproductive health on various aspects as follows: reproductive organs (59.33%), menstrual cycle (92%), abstinence (91%) and HIV/AIDS (72%), respectively. Finally, the study also established a large number of boys 63.53% and large number of girls 60.22% engage in sex. Based on this all the stakeholders in Education need to factor this as a concern in Gachoka Division hence, the study recommended that all the schools in Gachoka Division Mbeere South Sub-County, Embu County should supervise implementation of Life Skills Education so that it can be used to help the pupils learn importance of avoiding premarital sex.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

LSE	:	Life Skills Education
KICD	:	Kenya Institute of Curriculum Development
KIE	:	Kenya Institute of Education
MOE	:	Ministry of Education.
WHO	:	World Health Organization
UNICEF	:	United Nations Children’s Fund.
UNESCO	:	United Nations Educational Scientific and Cultural Organization.
STI	:	Sexually Transmitted Infections
UNGASS	:	United Nations General Assembly Special Session (on HIV and AIDS).
AIDS	:	Acquired Immune Deficiency Syndrome.
HIV	:	Human Immune Deficiency Virus
NGO	:	Non-Governmental Organization
PSS	:	Psycho-social Skills.
QASO	:	Quality Assurance and Standards Officer
SRH	:	Sexual and Reproductive Health
USAID	:	United States Agency for International Development.
BECCAD	:	Basic Education Child Care development
EFA	:	Education for All.

LSBE	:	Life skills Based Education
STDS	:	Sexually Transmitted Disease
SACMERQ	:	Southern and Eastern Africa Consortium for Monitoring Education Quality
UNAIDS	:	United Nations Program on HIV/ AIDS
KESSP	:	Kenya Education Support Sector Program
KARHP	:	Kenya Adolescent Reproduction Health Project
SCT	:	Social Cognitive Theory
CDC	:	Centers for Disease Control and Prevention
KNBS	:	Kenya National Bureau of Statistics
KDHS	:	Kenya Demographic and Health Survey
LSP	:	Life Skills Promoters

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1. Background to the study.**

Globally, education is a deliberate and purposeful activity directed at the achievement of range of ends which could potentially include the development of knowledgeable individuals who are able to think rationally (Rizvi and Lingard, 2010). The term education has normative implications for it suggests that something worthwhile is being intentionally transmitted some values are achieved through it. Tyler (1949) also noted that philosophers have always sought to explain how education should serve moral, social, political and economic ends.

The Kenya Institute of Education (KIE 2002a) states that; Education is the means by which individuals are equipped with knowledge, skills and values that enable the youth become productive citizens. One of the subjects included in primary school curriculum is Life Skills Education and its aim is to equip pupils with knowledge and skills to assist them grow into responsible people in terms of reproductive healthy and managing interpersonal relationships (KIE, 2002b).

Tyler (1949) argues that, the purpose of schooling should be closely tied to the pressing problems of the contemporary society hence the government of Kenya use schooling to strengthen national identity and inculcate citizenship values. Further, Tyler (1949) sees the school as the agency for helping young people deal effectively with critical problems of the contemporary life among children and the youth from ages 0-19.

These are formative years are critical for the development of behavior and skills in an individual. During this period, pupils in pre-school, primary and secondary schools including those with special needs in learning face varied challenges as a result of the fast changing world which need to be addressed. These challenges include among others, negative peer pressure, gender bias, violence, early marriages, teenage pregnancies, indiscipline, and school unrest, poor career choices, school dropouts, poor performances, early sexual onset, drug and substances abuse, rape, incest, suicide and HIV and AIDS pandemic (KIE, 2002b).

As a result, the Ministry of Education through the Kenya Institute of curriculum Development (KICD) developed the Life Skills Education (LSE) curriculum which is designed to empower the youth with psychosocial skills and values that would allow them cope up with life challenges. This was done through a series of educational programs such as HIV and AIDS, and guidance and counseling and recently Life Skills Education (GoK, 1999). Life Skills Education curriculum was perceived as a stop gap measure hence integrated and mainstreamed into the primary school curriculum in 2003 (KIE, 2002b).

Through Life Skills Education, learners were expected to acquire and develop skills such as critical thinking, problem solving, decision making, interpersonal relationships, stress and anxiety management, effective communication, self-esteem and assertiveness. Based on study findings, UNICEF (2006) encouraged countries to move away from the integrated approach and offer Life Skills Education curriculum as a separate or stand-alone subject.



This was implemented in Kenya in 2008. Life Skills is being adopted in many countries around the world as a means to empower the youth in challenging situations such as; peer pressure influence, drugs and substance abuse, early sexual onset and HIV infections which are some of the outcomes of poor reproductive health.

Since 1993, the World Health Organization (in collaboration with the United Nations Agencies such as the UNICEF and UNESCO) have partnered with member countries such as the Caribbean's, Armenia, Vietnam, Thailand, Malaysia and given the technical support to the efforts in implementing Life Skills Education (WHO 2001). United States of America initiated several Life Skills programs for the prevention of drugs and substance abuse, and violence in schools and colleges. UNICEF (2006) notes that in south Asia, Life Skills programming is general in nature, helping learners make better choices targeting risk behaviors and situations. In the African region, countries such as; Lesotho, Swaziland and Zimbabwe have adopted the Life Skills Education as a measure to equip learners with various skills in an attempt to promote acceptable attitudes and behavior (UNICEF, 2006). This also happened in countries such as Nigeria, Malawi, Uganda and South Africa which have the highest HIV and AIDS prevalence rate. In Nigeria young people between the ages of 15 and 24 account for nearly half of the 3.1 million people currently lives with HIV in Nigeria. (National population Commission, 2008) This is typified by a data which show that 21.5% of young people. 15-19 years experienced their first sexual intercourse by age 15. About 30% are sexually active, 23% of females have begun childbearing and about 33% have had high risky sexual intercourse in a year (National population commission, 2008).

Researchers have observed that as part of the aftermaths of these risky behavior, young people are disproportionately affected by reproductive mobility including STI and HIV, unwanted pregnancies and their complications with various everyday social and health problems affections. Rooth. (2005) argues that Life Skills Education can delay the onset of drug usage, prevent high risk sexual activities and promote good reproductive health behaviour. The Kenya Adolescent Reproductive Health Project (KARHP) was introduced as a pilot/research project which was introduced in two districts in western province in 1999 for the purposes of educating adolescents and youths about their sexuality and reproductive health.

Later in 2008, MOE circular NO.324 signed by professor Ongeru authorized the introduction of Life Skills Education in Kenyan primary and secondary schools as a stand-alone non examinable subject in schools. The Life Skills Education aimed at empowering students with psychosocial competencies that would help them builds health relationships, empathize with those in need and manage their reproductive health. The Kenya demographic and health survey (KDHS, 2012) estimated that over 1.5 million people in Kenya between the ages of 15 to 49 were infected with HIV and AIDS. The prevalence of HIV and AIDS among drugs users was higher compared to those who did not (Beckerleg et el 2005). This is because they often have several multiple sexual partners at the same time.

Eastern Kenya where Embu County is located, has HIV prevalence of 4.6 per cent followed by central Kenya counties with 3.6 per cent and North Eastern counties with 0.81 per cent. Mbeere South Sub-County is one of the sub-counties which form Embu County. It is in the lower part of Embu County.

Its rainfall is not reliable and ranges between 550-1100 mm, temperature ranges from 20 degrees to 32 degrees. These climatic conditions enable the growing of miraa in the region especially Gachoka division. Kenya Demographic and Health Survey (KDHS 2012)

According to the welfare monitoring survey of 2003, poverty level was 56 percent. High poverty levels has had negative consequences like school dropouts, early pregnancies, drug and substance abuse, HIV and AIDS infections which are associated with Miraa growing and chewing. This risky behavior associated with youth and adults who grow and chew miraa in Mbeere South Sub-County has led to the poor reproductive health outcomes and poor academic performance especially among schools located in Gachoka division where miraa is grown in plantations. Most of young men who have been economically empowered by miraa growing are school dropouts. They spend their money as incentive to persuade young girls especially in class 6-8 to have them as their sexual partners and this has led to HIV infections leading poor reproductive health outcomes (Ciomwari, 2012). The ultimate goal is to improve Kenyan pupils' ability to protect themselves from poor health results including HIV infection through dissemination of appropriate information on reproductive health through Life Skills Education. Thus, Life Skills Education is expected to make significant contributions to the healthy development of children and adolescents including avoidance of risky behaviors that often results in HIV/AIDS and other sexually transmitted diseases. This study therefore determines the extent to which Life Skills Education has empowered primary school pupils towards good reproductive health practices in Gachoka Division, Mbeere South Sub-county, and Embu County, Kenya.

## **1.2. Statement of the problem.**

The changes in many cultures and lifestyles in modern society present learners with valid challenges such as, negative peer pressure, gender bias, violence, early marriages, teenage pregnancies, indiscipline, poor career choices, early sexual onset, drug and substance abuse, rape, incest, HIV and Aids pandemic among others. Therefore, failure to equip young people sufficiently with Life Skills to help them deal with increased demands and stress may leave them vulnerable in terms of their reproductive health. This may have resulted from collapse of traditional mechanisms as extended family, emergence of single family units and break down of family systems of passing sexual related information on adolescent children among factors. Formal Education system therefore, in addition to imparting academic knowledge, should equip pupils with psychosocial skills to enable adolescents deal with challenges of growing up. Thus, there is need for the youth to be enabled to develop positive values, attitudes, skills and health behavior in order to help them deal effectively with challenges of everyday life.

## **1.3. Purpose of the study.**

The purpose of this study was to investigate effects of Life Skills Education on reproductive health among pupils in public primary schools in Gachoka Division, Mbeere South Sub-County. The opinions from head teachers, Life skills and guidance and counseling teachers, and pupils provided the Ministry of Education with data and strategies to improve Life skills curriculum delivery and implementation so that it can be able to enable pupils to improve their reproductive health outcomes.

#### **1.4. Specific objectives of the study.**

The study has four specific objectives. These seek to:

1. Determine the adequacy of Life Skills Education curriculum for equipping learners with knowledge, skills and attitudes towards reproductive health.
2. Establish the influence of Life Skills Education on pupils' sexual behavior.
3. Find out teachers' and pupils' attitudes towards implementation of Life Skills Education in primary schools.

#### **1.5 Research questions.**

1. To what extent was Life Skills curriculum effective in equipping pupils with knowledge, skills and attitude towards reproductive health behavior?
2. What was the influence of Life Skills Education on pupils' reproductive health?
3. What were the attitudes of teachers and the learners towards the implementation of Life Skills Education?

#### **1.6. Significance of the study.**

The study provided important valuable information to the policy makers, primary schools' head teachers, teachers, pupils, stakeholders and the community on the extent to which Life Skills Education has helped the learners make effective decisions on various issues that they encounter. The information provided can be used by the Ministry of Education to improve Life Skills Education program in primary schools.

The study findings can be used as a base of monitoring and evaluation of Life Skills Education implementation

### **1.7 Delimitation of the study.**

The study was conducted only in Mbeere South Sub-County which was limited geographically to get valid results for the whole country. Environmental factors in Mbeere are unique compared to other parts of the country, which may affect pupils' behavior differently from other parts of the country. This study will only involve head teachers, Life Skills Education teachers, and class eight pupils. Stakeholders such as parents, religious leaders, chiefs and the community at large will not be involved although Life Skills may have effects on them indirectly.

### **1.8 Limitation of the study**

The main limitation of this study arose from the ex-post facto-design used. According to Kerlinger (1973), the limitations of the ex-post factor design are that the researcher does not have direct control of the independent variables because their manifestations have already occurred or they are inherently not manipulated.

For example, there may be variation in the teacher's knowledge and skills to handle Life Skills Education due to experience and training. Some schools have trained Life Skills teachers while others do not have. Others are more experienced than others on the subject matter.

## **1.9 Basic assumptions.**

The study was based on the following assumptions:

1. That the responses from the respondents were truthful, honest and objective.
2. That ministry of education through the Kenya Institute of Curriculum Development (KICD) has provided all schools with instructional resources to teach Life Skills Education in primary schools in Kenya.
3. That Life Skills Education has influenced behavior positively.
4. That all schools have a trained Life Skills Education teacher.

## **1.10 Definition of significance terms.**

**Life skills** – refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively and develop coping and self-management skills that may help develop a healthy and productive life.

**Life Skills Education** – refers to educational interventions that seek to address psychosocial issues.

**Reproductive health**-A state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity in all matters relating to the reproductive system and its functions and processes at all stages of life.

**Education** – a process of teaching, training and learning to improve knowledge and develop skills.

**Public school**- government funded schools.

**Psychosocial competence** – is a person’s ability to deal effectively with the demands and challenges of everyday life.

**Stand-alone** – Life Skills Education curriculum not integrated nor mainstreamed in other subjects but taught as an independent subject with lesson time and teacher allocated on the timetable (KIE, 2008).

**Behavior** – is the manner of conducting oneself or anything that one does involving action or response to stimulation.

**Knowledge** – is how much one can remember, recall or recognize facts. It is the range of one’s experiences or understanding of something.

**Attitudes** – someone’s opinions or feelings about something, manifested by their behavior.

**Challenge** – refers to problems or difficulties encountered in life.

**Competence** – having sufficient skills, knowledge, and ability to deal with a certain problem.



## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1.Introduction**

This chapter is organized into seven subtopics. These include: Definition of Life Skills Education, teaching and learning resources for Life Skills curriculum, methodology for teaching Life Skills Education curriculum, training of teachers on Life Skills Education implementation, youth sexual and reproductive health in Kenya and sexually transmitted HIV and AIDS infection.

#### **2.2.Definition of Life Skills Education**

Life skills Education refers to psychosocial competences that enable individuals to develop adaptive and positive behavior in order to deal effectively with challenges and demands of everyday life (Rungu, 2008). It is the study of abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life (KIE, 2008). Life Skills Education program is a body of knowledge with twelve life skills divided into three categories namely skills of knowing and living with one self, skills of knowing and living with others, and skills for effective decision making.

#### **2.3 Teaching and learning resources for life skills education**

Teaching and learning resources are the materials used by the learners and the teachers jointly to facilitate learning. KIE (2008) asserted that resources are valuable possessions used to enhance the learning and teaching process.

They maybe tangible or intangible, human or non-human. Resources in Life Skills Education which are tangible include materials, equipment, media (tapes and magazines) and books. Intangible resources include human skills, energy and knowledge. They make it easy for the learners to acquire concepts and skills which enable them fit in the society. Resources encourage learners to retain knowledge, skills and attitudes learnt. It is possible for the learners to understand abstract ideas, clarify concepts and ideas. Finally, they provide stimulus variation in the learning and teaching process, thus making the lesson captivating (KIE 2008) In many countries including Kenya, the education sector is resource constrained across the board in terms of teachers and the learning materials. Resource constrains were used by respondents as the most limiting factor to successful teaching of Life Skill Education curriculum (UNESCO, 2010).

A study by Orodho (2013) demonstrated that most schools in Kenya did not have adequate and appropriate instructional resources. A policy brief by African Population and Health Research Center (APHRC) No. 23 of November 2010 revealed that provisions of educational materials were crucial in planning and implementing a successful Life Skill program. In Malawi, in addition to teaching and learning materials such as textbooks, Life Skills Education (LSE) was imparted through resource people such as health workers to facilitate Health Education activities. Ithagi (2007) observed that books were commonly used for teaching Life Skills Education in Kenya, however, charts, posters and tapes were also provided by organizations and churches. However, he noted that in Kenya, most schools had a shortage of the required materials.

Teachers felt that other than textbooks, they required film facilities, video tapes and resource persons to facilitate Life Skills sessions. They also needed right pictures to help learners understand Life Skills content through illustrations.

#### **2.4 Methodology for teaching Life Skills Education curriculum**

Life Skills Education syllabus and its teacher guides 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 (MOE 2006) participatory teaching and learning methods assume that learning is best achieved by requiring learners to be actively involved during lessons.

A variety of teaching and learning methods are used depending on the nature of the contents, the learner and the resources available. A poor approach to Life Skills curriculum by the stakeholders and the teachers creates confusion and affects the effective implementation of the subject. The use of different teaching methodologies in a lesson accompanied by relevant learning resources triggers the desired learning activities which result in learning concepts in any subject including Life Skills Education. Teachers require a variety of methods to cater for individual differences of the learners (Boyd, 2011) and this can only be done if the teachers are adequately prepared with the right training. Rungu (2008) agrees that Life Skills curriculum require a variety of teaching methods to make the learners lively and engaged in the learning process.

An active participation of the learners is an effective way of making them own the program hence developing a positive attitude towards it. Teachers need to be trained to apply method that will place them at par with the learners to make the learning interesting

and productive. (WHO, 2003). Other studies have also revealed that methods for teaching Life Skills Education such as debates, songs and dances are effective. However Ithagi (2007) in her study of Kamukunji Division in Nairobi revealed that although the above methods are effective, discussions and storytelling seemed more effective. In order to develop positive and constructive behavior, Life Skills concepts and values of peace, human relationship and citizenship had to be taught using experimental methods (UNESCO, 2010)

## **2.5 Training of Teachers on the implementation of Life Skills Education curriculum.**

Effective implementation of a new curriculum is determined by the competences of the implementers (Shiundu and Omulando, 1992). Malawi's Life Skills Education, study revealed urgent need to train teachers, develop learners with skills such as decision making, problem solving, effective communication, assertiveness and conflict resolutions among others, but there was lack of appropriate teaching, learning methodologies for effective learning of skills related to safe behavior. The successful implementation of any curriculum innovation is vested in the competence of the teacher; only competent teachers are effective and efficient in performance. Quality of teaching and learning depends on the competence of teachers which is acquired through initial training.

Urevbu (1991) clarified that no new curriculum can achieve the desired results unless among other factors teachers are properly initiated into it.

He further noted that teachers need to be led, through training to understand and be able to communicate with other less trained teachers, learners and parents on any new curriculum. Training should be supported by intensive workshops and a sense of in-

service courses in order to develop the necessary content background of the theory underlying the new program (Olembo, et al 1992).

## **2.6 Youth sexuality and reproductive health in Kenya.**

The impact of HIV/AIDS infection and related opportunistic diseases affect both individuals and the country as a whole, therefore quality Life Skills Education content, when implemented well is likely to influence youth behaviors in a way that improves sexual health reproductive outcomes. Poor youth sexual health reproductive education can stifle growth both for individuals and nations because young people make up a large percentage of Kenya's population. 43 percent are below age of 15 years. The choices they make as they mature will affect the country's future (Kenya National Bureau of Statistics (2012). Thus; quality Life Skills Education can play an important role in Kenya's national development. Kenya Adolescent Productive Health Project (KARHP) was introduced as a pilot or research project in two districts in western province in 1999. KARHP was a three-pronged program implemented in schools, communities, and health facilities to provide health services. It was found to be effective in achieving positive reproductive health outcomes for young people when it was evaluated in 2004 (Evellia et al, 2010).

Over the following years the project was replicated and scaled up by the government and partners to cover seven provinces. Past and extensive research undertaken in Kenya documents both the nature and the scale of the SRH issues experienced by young people. According to the most recent National Aids indicator survey, the median age for sexual debut in Kenya is 17.5 among men and women ages 15 to 24, and more than 20 percent of these group reports having had sex before the age of 15 (Ministry of Medical Services,

2012). These early sexual debuts make HIV infection and unplanned teenage pregnancy common. HIV prevalence is 3.8 percent among those ages 15-24, with young women four times more likely to be infected compared to young men at 5.6 percent and 1.4 percent, respectively (Ministry of Medical Service, 2012).

The 2012 Kenya Demographic and Health Survey (KDHS) reports that 17.7 percent of young women ages 15-19 surveyed either already had a child or were pregnant (Kenya National Bureau of Statistics and International Camping Fellowship (ICF Macro, 2010), of this women, 47 percent either wanted to have a child later or did not desire any more children at the time they became pregnant. Unplanned pregnancies lead many Kenyan girls, including young women, to seek abortions. There are roughly 29 abortions spontaneous and induced, for every 100 live births in Kenya and of the women seeking care for abortion-related complications, 16 percent are teenagers. A 2009 study by Chiao and Mishra examined KDHS data from 1999 to 2013 to determine primary and secondary abstinence trends among Kenyan youth; they found that never-married male and female youth in school were four to five times more likely to abstain from sex compared to those who were not in school.

However, there were important gender differences among those surveyed for example, female youth who had a secondary or higher education were much more likely to abstain from sex than male youth with the same educational background. These findings demonstrated the protective effects of school attendance for women, but they also show that this effect varies by gender.

An article written to examine the context in which sexual activity occurs provides more clarity on statistics. Maticka –Tyndale and colleagues (2005) described the sexual scripts

of young Kenyans. The study found that the majority of youth believed that sexual acts are inevitable. Therefore, they felt little or no personal responsibility for their sexual behavior. Also, both youth and adults reported that boys could not control their sexual urges once they reached puberty, and myths about negative consequences of delaying sexual debut; that boys' sperms would be ruined while girls' vaginas would be blocked, reinforced the perceived need for early sexual debut.

Nzioka (2004) provides additional information on the persistence of unprotected sex in Kenya. Nzioka conducted a study on eight focus groups with girls age 15-19 in a rural area of Kenya's Eastern Province and found that although girls knew the dangers of unprotected sex and understood that condoms could help to protect them from HIV and unplanned pregnancy, they continued to engage in risky sexual practices. Girls listed lack of access to condoms, embarrassment when purchasing condoms, fear of the side effects of contraceptives, a desire to remain obedient to their religion and an inability to negotiate condom use as the main reasons for not using protection. (Nzioka, 2004). Kabiru and Orpinas (2008) found the same findings as those Nzioka in relation to sexual behavior among students in Nairobi schools.

A recently completed Southern and Eastern Africa Consortium for monitoring Education Quality (SACMEQ) study shows that in the area of HIV prevention among children and young people, the knowledge gap is vast and shows signs of worsening. This was proved in a study of more than 60,000 students in East and Southern Africa, only 36 percent of pupils reached the "minimal" knowledge level, and only seven percent of pupils reached the "desirable" level (Dolata and Ross, 2010). These facts underscore the importance of

equipping large numbers of youth with the information and skills they need to protect themselves from poor sexual reproductive health outcomes.

### **2.7 Adolescents' sexuality and HIV infection.**

Many adolescents between ages 15 to 19 engage in sexual intercourse with multiple partners and without condoms. They engage in sexual behaviors that place them at risk of contracting sexually transmitted diseases (STDS) including HIV. In addition, particular groups of adolescents such as males who have sex with males, injection drugs users, and teens who have sex for drugs engage in even greater risk-taking behavior (Office of National Aids Policy, 1996).

Accordingly, professionals concerned with adolescents have developed school and community programs to reduce adolescent sexual risk-taking behavior. Some of these programs have been effective at changing behavior. In many countries throughout the world, sexually transmitted disease and unplanned pregnancy have always occurred among adolescents. Many adolescents began having sexual intercourse with multiple sexual partners prior to marriage, and this of course facilitates STD and HIV transmission.

This may explain why the Government of Kenya through MOE introduced Life Skills Education to equip the learners with psychosocial competencies to enable them overcome such challenges as the infection of HIV/AIDS and unplanned pregnancies among others. (UNESCO, 2010).



## **2.8 Theoretical framework.**

This study was based on social learning theory which is also known as the social cognitive theory by Albert Bandura (1986). According to this theory behavioral change is determined by environmental, personal, and behavioral features. The theory explains that children learn to behave through both formal instructions and observation. For example how parents, teachers and other authorities and role models tell them to behave. Their behavior is reinforced or modified by consequences of their actions and responses of others to their behaviors. They learn to behave, through observation and social interaction, rather than just verbal instructions. Similarly students are taught skills through the process of rehearsal and feedback rather than just instructions.

In the school situation, social cognitive theory contends that teachers teaching Life Skills Education need to create an appropriate environment where skills teaching need to replicate the natural process by pupils learn positive behavior through role-modeling, observation and social interaction. Teachers' reinforcement is important in the teaching/learning of Life Skills Education and shaping students' behavior.

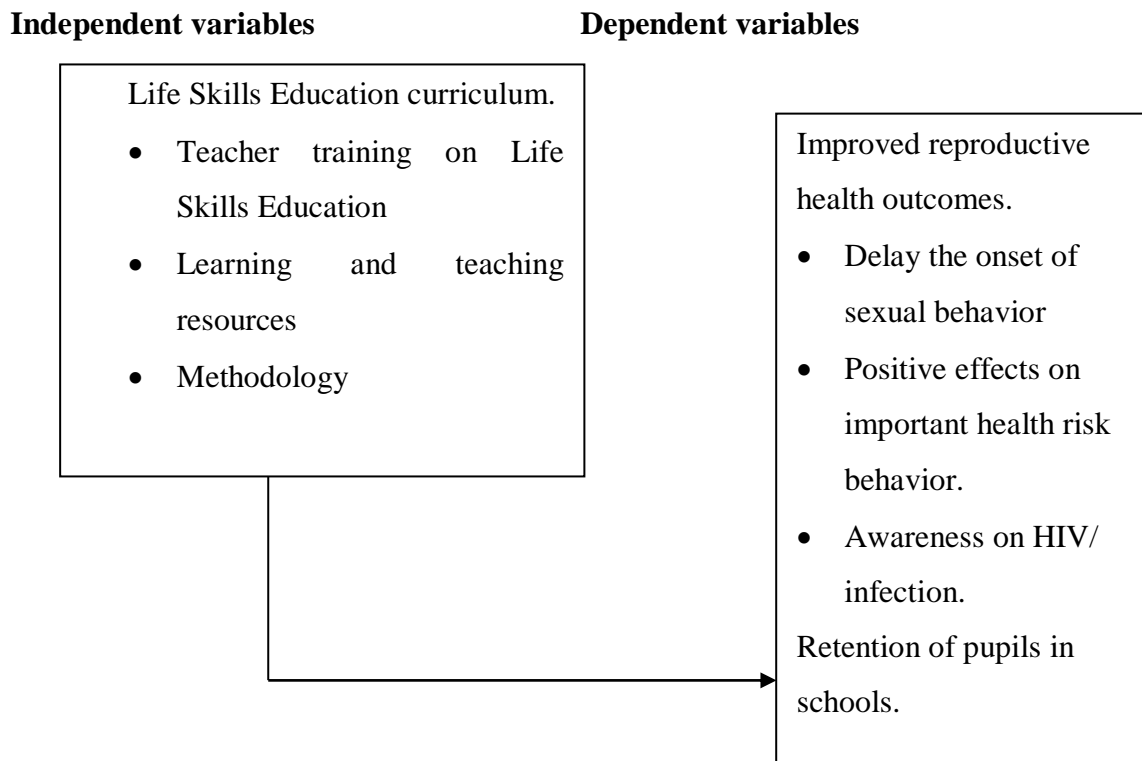
They are important role-models, standard setters and source of influence so that they need appropriate training to be able to handle Life Skills Education; they also need positive attitude towards Life Skills Education so that they make students develop similar attitudes towards the subject.

Teachers need to use teaching and learning materials which can effectively implement Life Skills Education and finally use participatory methods in which students identify their own problems, discuss solutions, plan and carry out effective action.

## 2.9 Conceptual Frame Work

The conceptual framework shows the relationship between the variables of the study. According to Orodho, (2009a, 2013), a conceptual framework is a model of presentation where a researcher represents the relationships between variables in the study. These relationships are presented in Figure 2.1

**Figure 2.1 Conceptual framework**



The above Conceptual framework shows the relationship between Life Skills Education curriculum and reproductive health among pupils in primary schools. It seems to suggest that Life Skills Education is likely to have to influence delay in onset of sexual behavior and retention of pupils in schools.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

The chapter has described the research methodology which was used to conduct the study. It has presented the research design, target population, sample and sampling techniques, data collection procedures and data analysis techniques.

#### **3.2 Research Design.**

The study will employ a descriptive survey research design. According to Best (1970) surveys can be defined as systematic descriptions of the facts and characteristics of a given population accurately and objectively. A survey can be extensive and cross-sectioned, dealing with a relatively large number of cases at a particular time. Mugenda and Mugenda (2003) give the purpose of descriptive research as determining and reporting the way things are. Borg and Gale (1989) noted that descriptive survey research is intended to produce statistical information about effects of education that interest policy makers and educators.

#### **3.3 Target population.**

Target population is a large population from which a sample population is selected (Brinker 1988). Mugenda and Mugenda (2003) define a population as an entire group of individuals, events or objects having common observable characteristics. According to Kothari (2004), target population is the number of respondents in the total environment of interest to the researcher. The target population for this study consisted of all public primary school headteachers, teachers and class eight pupils in Gachoka division Mbeere South Sub County.

According to the statistics from Mbeere South Sub County Education Office there were 38 public primary schools in Gachoka Division. The target populations for this study were 38 primary school head teachers, 304 teachers and 1596 class eight pupils.

### **3.4 Sample and sampling procedure**

A sample is a small population selected for observation (Best and Kahn, 2002). An ideal sample should be large enough to serve as an adequate representation of the population about which the researcher wishes to generalize and small enough to be selected economically in terms of subject availability and experience to both time and money. Gay (1992) recommends that when the target population is small, that is less than 1000 members; a minimum sample of 20% is adequate for educational research. This study used 15 head teachers who were purposively sampled out of the 38 schools in the Division. Out of 15 schools the study also used purposive sampling to select 2 teachers from each school to make a total of 30 teachers. This was Life Skills Education and guidance and counseling teachers in these 15 sampled schools. The study used simple random sampling to select 20 class eight pupils from the sampled schools making a total of 300 pupils. The total size of 345 respondents was identified for the study.

### **3.5 Data collection instruments.**

The research instruments used were questionnaires. A questionnaire is a carefully designed instrument for collecting data directly from people (Gay 1992). Gay also maintains that questionnaires give respondents freedom to express their views or opinions also to make suggestions.

There were three questionnaires namely; the head teachers ,Life Skills Education teachers and for the learners.

Each questionnaire had two sections; the first section was collect data on the background information of the respondents. The other section was to seek information related to the Life Skills Education in primary schools in respect to its effects on sexual behavior.

### **3.6 Validity of the instruments**

Validity is the accuracy and meaningfulness of inferences based on research results (Mugenda and Mugenda, 1999). It is the ability of the instruments to measure what it purports to measure. The items in the questionnaire were tested for content validity. The items were ordered from general to specific and were related to the research questions. A pilot study was carried out prior to the actual study.

### **3.7 Reliability of instruments**

Reliability is the degree of consistency that the instrument or procedure demonstrates. Mugenda and Mugenda (2003) define reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trials. To test reliability of the instruments, the researcher will employ split half reliability method. Koul (1994) states that the split half method can be used to establish internal consistency during pre-testing. The test was divided into two halves of even and odd number items. These were administered to 1% of the sample population. The results from one half were compared to the results from the other half.

### **3.8 Data collection procedure**

A research permit was obtained from the National Council of Science, Technology and Innovation, after the approval of the report by the University. A copy was presented to the Sub-County Education Officer, Mbeere South Sub County. The researcher visited the selected schools and administered the questionnaires to the head teachers and teachers sampled. They were left with questionnaires for one week to fill them after which the questionnaires were collected.

### **3.9 Data Analysis Techniques**

After data collection, the questionnaires were checked for incompleteness. The completed questionnaires were then coded for analysis. Data analysis was done using descriptive statistics with the help of Statistical Program for Social Science (SPSS). The results of data analysis were presented using frequency distribution tables and pie chart.

### **3.10 Ethical considerations**

Consent and confidentiality was valued during the entire duration of this study. The researcher informed the respondents the purpose of the study, for research purpose only and therefore data gathered was protected from unauthorized access and in addition treated with utmost anonymity. Since targeted children were under eighteen years of age permission was sought from parents through the school authorities.

**CHAPTER FOUR**  
**DATA ANALYSIS AND INTERPRETATION**

**4.1 Introduction**

This chapter focuses on the analysis of data, presentation and interpretation of findings on the influence of Life Skills Education on reproductive health among primary school pupils in Mbeere Sub-County, Embu County, Kenya. It also presents the pupils' and teachers' demographic characteristics. In addition, it summarizes data on the effect of availability of teaching and learning materials on the influence of different methodologies of teaching Life Skills Education.

**4.2 Demographic Data**

This section has summarized the demographic information of the respondents which include; age, gender and marital status, highest qualification of teachers, work experience and the age and gender of the pupils.

The information on teacher demographics is presented in the table 4.1 below.

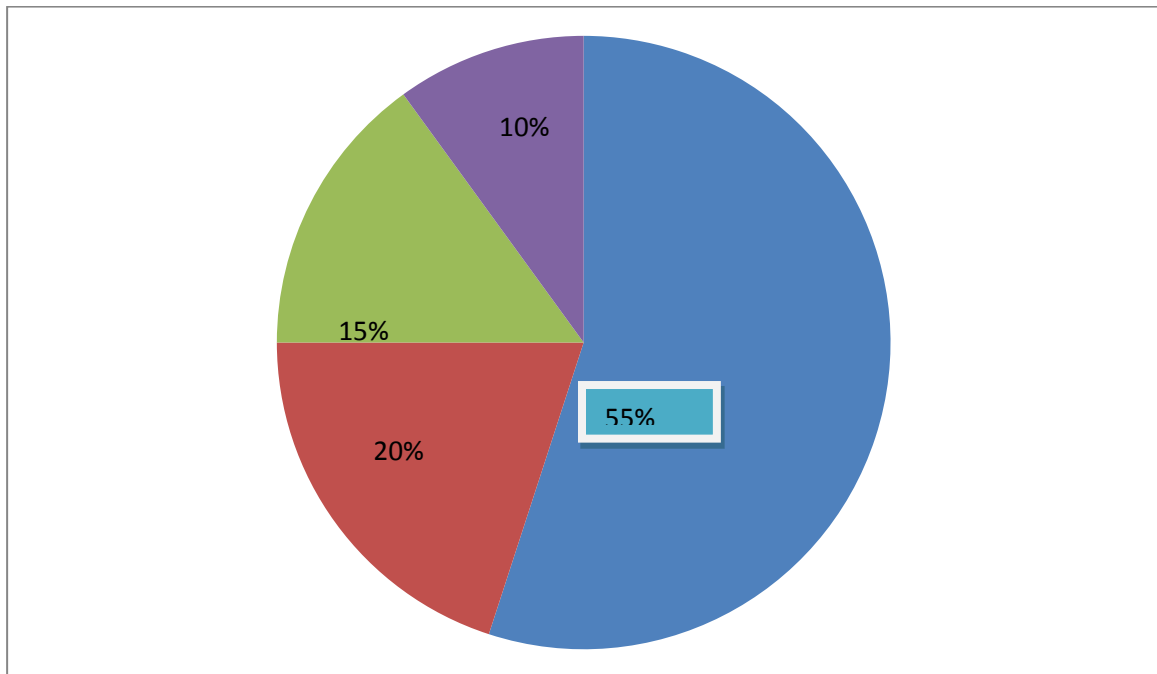
**Table 4.1 distribution of teachers by age.**

<b>Age (years)</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Less than 30</b>	6	20.00
<b>31-40</b>	14	46.67
<b>41-50</b>	7	23.33
<b>50 and above</b>	3	10.00
<b>Total</b>	30	100

Data in Table 4.1 has indicated that majority of the teachers (70%) were aged between 31 to 40 years, followed by those who were aged between 41-50 years with 23.33%. The rest 20 % and 10 % respectively fell between ages less than 30 and over 50 years.

The researcher sought to find out teachers' academic qualifications has illustrated in Figure 4.1.

**Figure 4.1 Teachers' academic qualifications.**



**55% - Primary Teacher**

**20%- Bachelor Degree of Education**

**15%- Diploma Holders**

**10%- Approved Teacher one**



Information in the Figure 4.1, shows that majority of the teachers (55%) were P1, 20% held a bachelor degree of education, 15% were diploma of Education holders while 10% were approved teacher 1(ATS)

The study further sought information on the gender, of teachers and pupils. The analysis on the gender of teachers and pupils is summarized in **Table 4.2**

**Table 4.2 Gender Distribution of Head Teachers, Teachers and Pupils.**

Respondents	Male		Female		Totals	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Head teachers	11	73.33	4	26.67	15	100
Teachers	12	60.00	18	40.00	30	100
Pupils	686	42.98	910	57.02	1596	100

The findings presented in Table 4.2, have revealed that, out of 15 head teachers sampled, 11(73.33%) were males, 4(26.67%) were females since most of the female teachers fear leadership and also some are discouraged by their husbands and the community. On the other hand out of 30 teachers 12(40%) were male and 18(60%) were female. Most of the female teachers follow their husbands who work in Embu town in various government and county departments and hence are posted to work in Gachoka Division.

This is likely to explain why numbers of female teachers are more than males in Gachoka Division.

### 4.3 Education levels of the sampled head teachers and teachers in Gachoka division, Mbeere South Sub County.

The findings on the education levels of respondent head teachers and teachers are summarized in Table 4.3

**Table 4.3 Level of education of the Head teachers and teachers**

Level of Education	Head teachers		Teachers	
	Frequency	Percentage	Frequency	Percentage
Secondary school	—	—	4	13.33
Tertiary college	5	33.33	19	63.33
University degree	8	53.33	5	16.62
Post graduate	2	13.34	2	6.72
Total	15	100	30	100

The findings of the result in Table 4.3 indicate that 5(33.3%) of head teachers had tertiary education, 8(53.33%) had university degree while 2(13.33%) had post graduate degree. The qualification level of head teachers required adequate experience and skills to influence quality service delivery at the schools on Life Skills Education. The knowledge they have should support other teachers in implementing Life Skills Education in their schools. Such skills can be attained through formal training on Life Skills Education. The head teachers in sampled schools had the appropriate qualifications on training of Life Skills Education.

This is because all of them had attended induction courses on Life Skills Education and seminars which had been organized in 2008 in the three zones of Gachoka Division by the Ministry of Education in conjunction with U.S. Agency for International Development (USAID) (DEOs Mbeere South Office, 2008)

#### **4.4 The researcher sought information on work experience of teachers.**

The researcher sought information on work experience of teachers of Life Skills Education. This information is contained in Table 4.4

**Table 4.4 Distribution of work experience of teachers**

<b>Period</b>	<b>Frequency</b>	<b>Percentage</b>
Less than 3 years	6	20.00
3-5 years	7	23.34
5-7 years	11	36.66
Over 7 years	6	20.00
Total	30	100.00

The data in Table 4.4 have indicated that, 6(20%) of the teachers had worked for less than 3 years, 7 (23.33%) had worked for 3-5 years, 10(33.33%) had worked for 5-7 years while 7(23.33%) for more than 7 years. This information shows that most of the teachers had enough experience as primary school teachers. However, effective teaching also depends on availability of learning resources.

#### **4.5 Availability of teaching and learning resources of the sampled schools.**

To establish the availability of teaching and learning resources for the implementation of Life Skills Education, the respondents were asked to indicate whether the learning and teaching resources were adequate. The responses given by the teachers and pupils are summarized in Table 4.5

**Table 4.5 Teachers’ and Pupils’ assessment of adequacy of learning and teaching resources.**

<b>Status</b>	<b>Teachers</b>		<b>Pupils</b>	
	Frequency	Percentage	Frequency	Percentage
Adequate	6	20	54	18
Enough	9	30	78	26
Inadequate	15	50	168	56
Total	30	100	300	100

The findings in Table 4.5 show that majority of the teachers 15(50%) and pupils 168(56%), indicated that, teaching and learning resources were inadequate, 9(30%) and 78(26%) teachers and pupils respectively indicated that, the materials were enough while 6(20%) and 54(18%) of teachers and pupils respectively indicated that teaching and learning materials were adequate.

Further, teachers reported that the Ministry of Education Science and Technology was responsible for the provision of teaching and learning resources in Gachoka Division, Mbeere South Sub-County.

Teachers again reported that text books and other teaching and learning materials such as charts, pictures, films, posters and video tapes were also inadequate. Shortages of these resources may have compromised the quality and effective teaching of Life Skills Education in Gachoka division, Mbeere South Sub-County.

#### **4.6 Teaching methodology.**

The researcher sought information on the influence of teaching methods used by teachers in Gachoka Division, Mbeere Sub-County on effectiveness of teaching Life Skills Education in primary schools. To determine this, learners were asked to indicate the teaching method they preferred their teachers to use when teaching them Life Skills Education. The information on the methods which the pupils preferred when being taught Life Skills Education is captured in Table 4.6.

**Table 4.6 The findings on the methods used in the Life Skills Education.**

<b>Teaching methods</b>	<b>Frequency</b>	<b>Percentage</b>
Story telling	105	35. 00
Discussion	38	12. 67
Drama	58	19. 33
Lecture	2	0.67
Demonstration	22	7. 33
Question and answer	8	2. 67
Role play	58	19. 33
Group work	9	3. 00
Total	300	100. 00

The results in Table 4.6 show different types of teaching methods used for Life Skills Education. Most of the learners 105(35%) preferred story telling method, 38(12.67%) preferred discussion, 58(19.33%) preferred drama and role play, 22(7.33%) preferred demonstration. 8(2.67%) preferred question and answer, 9(3%) preferred question and answer while the least method preferred by the learners was lecture method 2(0.67%) The findings have given a clear indication that learners' preferred use of methods such as storytelling, drama and role play that involved them in active participation of the lesson compared with teacher controlled method such as lecture method 2(0.67%).

#### **4.7 Types of assignment for pupils in Life Skills Education.**

An item in the questionnaire was developed to seek information on types of assessments Life Skills Education teachers used to assess pupils on Life Skills Education Curriculum. The findings are presented in **Table 4.7**.

**Table 4.7 Assessment of pupils' work on Life Skills Education**

<b>Status</b>	<b>Frequency</b>	<b>Percentage</b>
Written test	21	7 . 00
Continuous assessment test	50	16 . 67
Story telling	123	41 . 00
Composition	23	7 . 67
Not assessed	83	27. 67
Total	300	100. 00

The analysis in Table 4.7 shows that, the most common method of assessment used by Life Skill Education teachers was through storytelling 123(41%), continuous assessment test,50 (16.67%) composition writing 23(7.67%) written test 21(7%)while 83(27.67%)of the pupils reported that their teachers did not assess their work. This was a clear indication that teachers of Life Skills Education did not take assessment of their work covered seriously. This may be explained by the fact that the subject is not examinable. Therefore the Ministry of Education should make this subject examinable so that teachers can take it seriously. The number of lessons per week should also be increased from one lesson to at least two lessons.

#### 4.8 Effect of Life Skills Education on Self-awareness.

The researcher sought information on whether Life Skills Education curriculum created awareness to the pupils on the important aspects regarding their reproductive health. The findings of the 300 pupils sampled are presented in Table 4.8.

**Table 4.8 Responses on Self Awareness of pupils on reproductive health.**

Statements on pupils' self-awareness on their reproductive health	Responses				
	n	Strongly Agree	Agree	Strongly Disagree	Percentage
Create awareness on the importance of abstinence.	300	61.33	29.67	9.00	100
Create awareness of menstrual cycle among girls	300	66.00	26.00	8.00	100
Impart to the pupils knowledge on HIV/AIDS prevention and infection and other sexually transmitted diseases.	300	39.33	32.67	28.00	100
Enable pupils to avoid early sexual onset	300	41.00	20.33	38.67	100
Equip pupils with the necessary psychosocial skills to be able to realize the importance of good reproductive health.	300	38.00	21.33	40.67	100
Enable pupils make informed and sound decisions.	300	67.33	20.67	12	100



The findings presented in Table 4.8 of the pupils out of 300 class eight sampled, 61.33% strongly agreed that life skills education curriculum create awareness on the importance of abstinence, 29.67% agreed with the statement while 29.00% strongly disagreed with the statement. Again a large number of pupils 66.00% strongly agreed that Life Skills Education created awareness of menstrual cycle among girls, 26.00% agreed with the statement where else 8.00% strongly disagreed with the statement.

Another statement was to find out whether Life Skills Education curriculum imparted to the pupils knowledge on HIV/AIDS prevention and infection and other sexually transmitted diseases, 39.33% strongly agreed with the statement, 32.67% agreed with the statement while 28.00% strongly disagreed with it. Further, 41.00% of the pupils strongly indicated that Life Skills Education curriculum, enable pupils to avoid early sexual onset and teenage pregnancies, 20.33% agreed with the statement, while 38.67% strongly disagreed with the statement. In addition to that, out of the 300 pupils sampled, 38.00% strongly agreed that Life Skills Education curriculum equipped pupils with the necessary psychosocial skills to be able to realize the importance of good reproductive health, 21.33% agreed with the statement while 40.67% strongly disagreed with it. Finally 67.33% of the pupils strongly agreed that Life Skills Education curriculum enable pupils make informed and sound decisions, 20.67% agreed with the statement while 12% strongly disagreed. These findings agree with that of (KIE, 2002b) that Life Skills Education curriculum is important to the pupils in terms of creating awareness on their reproductive health.

#### 4.9 Opinions of teachers on the importance of Life Skills Education to pupils' understanding of reproductive health.

The researcher further sought to find out from the Life Skills Education teachers whether Life Skills Education helped to equip pupils with the knowledge and skills on reproductive health aspects listed in Table 4.9.

**Table 4.9 Teachers' opinions on importance aspects of Life Skills Education.**

Statements	Responses				
	n	VL.EX	L.EX	SM.EX	Percentage
Enables pupils acquire knowledge on the importance of abstinence.	30	46.67	30.00	23.33	100
It helps prevent teenage pregnancies.	30	50.00	10.00	40.00	100
Helps pupils acquire knowledge on the dangers associated with abortion.	30	63.33	20.00	16.67	100
Imparts knowledge to the pupils on HIV/AIDS prevention and infection.	30	53.33	26.67	20.00	100
Creates awareness of other sexually transmitted diseases.	30	40.00	33.33	26.67	100
Equips pupils with skills to be able to avoid drug abuse.	30	43.33	23.33	16.67	100
Improves school discipline.	30	53.33	26.67	20.00	100
Improves teacher pupil relationship.	30	43.33	16.67	40.00	100
Delays sexual onset.	30	40.00	26.67	33.33	100

**Key: VL.EX-Very Large Extent**

**L.EX-Large Extent**

**SM.EX-Small Extent**

As presented in Table 4.9, out of the 30 Life Skills Education teachers, 46.67% indicated that Life Skills Education curriculum contributed to very large extent to enabling pupils acquire knowledge on the importance of abstinence, 30% recorded that it contributed in a large extent while 23.33% recorded that it contribute in small extent . Another statement which was investigated stated that Life Skills Education curriculum helps in the prevention of teenage pregnancies , 50% indicated that it contribute in a very large extent ,10 % indicated that it contribute in a large extent while 40% indicated that it contribute in small extent. Again , 63.33% indicated that Life Skills Education curriculum helped pupils acquire knowledge on the dangers associated with abortion in a very large extent, 20% recorded that it contributed in a large extent , where else 16.67% recorded that it contributed in a small extent .

Further 53.33% of the Life Skills Education teachers sampled indicated that life skills education curriculum contribute in a very large extent to imparts knowledge to the pupils on HIV/AIDS prevention and infection , 26.67% of them indicated that it contributed in a large extent , where else 20.00% indicated that it contribute in a small extent. In addition to that, 40.00% indicated that Life Skills Education curriculum contributed to a very large extent in creation of awareness of other sexually transmitted diseases, 33.33% recorded that it contribute in a large extent while 26.67% recorded that it creates in a small extent. Moreover, 43.33% indicated in a very large extent that Life Skills Education curriculum equips pupils with skills to be able to avoid drug abuse, 23.33% indicated that it contribute in large extent where else 16.67% indicated that it contribute in a small extent.

Another statement stated that Life Skills Education curriculum contributed in a very large extent to improve school discipline, 53.33% indicated that it contribute in a very large extent. 26.67 Indicated that it contributed in large extent while 20.00% indicated that it contribute in a small extent. Some 43.33% out of the 30 teachers sampled also , recorded that Life Skills Education curriculum contributed in a very large extent towards improving teacher pupils relationship , 16.67% indicated that it contribute in a large extent , 40.00% indicted that it contribute in small extent . Finally , 40.00% recorded that Life Skills Education curriculum contributed in a very large extent to help pupils delay sexual onset, 26.67% recorded that it contribute in a large extent while 33.33% recorded that it contributed in a small extent. This analysis was an indication that life skills education needs to be taught effectively since it is perceived to contribute positively to some of the important aspects in life.

#### 4.10 Sources of information to the learners on reproductive health.

The findings on the sources of information to the learners on reproductive health are summarized in Table 4.10.

**Table 4.10 Sources of Information for learners on reproductive health.**

Sources	Responses				
	n	VI	I	N.I	Percentage
Teachers	300	39.33	26.67	34.00	100
Parents	300	38.33	24.33	37.34	100
Peers	300	41.00	24.33	34.67	100
Places of worship	300	11.33	45.33	43.34	100
Media (radio, Tv, internet)	300	14.00	15.33	70.67	100
Life Skills Curriculum	300	38.00	26.67	35.33	100
Grandfather	300	10.00	14.67	75.33	100
Grandmother	300	27.00	10.33	62.67	100

**Key**

**VI-Very Influential**

**T- Total**

**I-Influential**

**NI- Not Influential**

The information in Table 4.10 as indicated that, out of the 300 class eight pupils sampled, 39.33% of the pupils indicated that teachers are very influential in giving information regarding reproductive health to pupils, 26.67% indicated that teachers are influential while 34.00% indicated that teachers are not influential. With regard to parents, as a source of knowledge on reproductive 38.33% indicated that parents are very influential, 24.33% said that they are influential, while 37.34% indicated that parents are not influential. However, 41.00% of the pupils indicated that peers are very influential as it pertains matters related to reproductive health, 24.33% indicated that peers are influential while 34.67% indicated that peers are not influential.

In addition, 14.00% indicated that media (Radio, TV, Internet) are very influential, 15.33% indicated that media is influential where else, 70.67% are not very influential to some of the matters regarding their reproductive health. Moreover, 10.00% pupils recorded that grand fathers are very influential, 14.67% recorded that they are influential while 75.33% recorded that they are not influential. Further, 27.00% of the pupils indicated that grand mothers are very influential, 10.33% indicated that grandmothers are influential, 62.67% indicated that they are not influential. This was an indication that parents , grandfathers and grandmothers who were the source of information to the adolescents in the past has changed due to family set up whereby parents have let their roles to teachers and peers.

Finally , 38.00% indicated that Life Skills Curriculum is very influential on the issues regarding pupils reproductive health , 26.67% indicated that Life Skills Education Curriculum is influential on the matters related to the pupils reproductive health while 35.33% indicated that Life Skills Education is not influential on the matters related to their reproductive health . These results suggest strongly that Life Skills is critical in teaching pupils about their reproductive and therefore all efforts should be made to ensure that it is given proper attention through provision of relevant and adequate learning and teaching resources and adequate time allocation on the time table.

#### **4.11 Teachers attitudes towards handling Life Skills Education Curriculum.**

The researcher developed an item in the questionnaire to seek information on whether the Life Skills Education teachers felt comfortable in teaching all the topics in Life Skills Education Curriculum. The responses of teachers as to whether they were comfortable in teaching Life Skills Education curriculum are summarized in Table 4.11.

**Table 4.11 Status of Teachers in handling Life Skills Education Curriculum**

<b>Status of teachers in handling Life Skills Education.</b>	<b>Frequency</b>	<b>Percentage</b>
Comfortable	21	70
Not comfortable	9	30
Total	30	100

The findings of the information indicated that, out of the 30 Life Skills Education teachers sampled, 21 (70%) indicated that they were comfortable teaching all the Life Skills Education topics, while 9 (30%) indicated that they were not comfortable teaching some topics. The reason given by those who felt uncomfortable teaching some of the Life Skills Education topics said that, they found it difficult to discuss matters related to sex freely with young boys and girls. Others said they were too shy to explain matters related to sex.

#### 4.12 General Statements about Life Skills Education Curriculum

The teachers were further asked to indicate the extent to which they agree with the following statements about Life Skills Education in their schools.

**Table 4.12 General Statements**

Status	Responses					
	n	S.A	A	D	S.D	Percentage
Life Skills Education is taught in schools	30	100	-	-	-	100
Life Skills Education guides are easy to use when teaching	30	60	33.33	6.67	-	100
Life Skills Education is taught as per the time table	30	3.33	23.34	40.00	33.33	100
Life Skills Education curriculum leads to good discipline	30	53.34	33.33	13.33	-	100
Life Skills Education leads to good academic performance	30	46.67	33.33	20.00	-	100

**Key**

**S.A –Strongly Agree**

**A-Agree**

**D-Disagree**

**S.D-Strongly Disagree**



The data in Table 4.12 also indicated that 100% of the teachers strongly agreed that Life Skills Education is taught in primary schools where 60.00% strongly agreed that Life Skills Education guides were easy to use when teaching, 33.33% agreed with the statement while 6.67% disagreed with the statement. Nevertheless only, 3.33% of teachers strongly agreed, 23.34% agreed with the statement, 40.00% disagreed with the statement while 33.33% disagreed with the statement, In addition, 53.34% strongly agreed with the statement Life Skills Education curriculum leads to good discipline, 33.33% agreed that Life Skills Education curriculum leads to good discipline while 13.33% disagreed with the statement. Lastly, 46.67% strongly agreed that Life Skills Education leads to good academic performance, 33.33% agreed with the statement while 20.00% disagreed with it.

These findings support information found in the literature review that Life Skills Education curriculum if delivered effectively, would lead to good discipline in schools which in turn would result in improved academic performance. Further, these analyses confirm that most of the Life Skills Education teachers did not teach Life Skills Education curriculum as timetabled since it is not examinable. They preferred to teach other subjects such as Mathematics and English which are examinable during Life Skills Education lessons.

#### 4.13 Information on whether primary school pupils engage in Sex

The researcher also wanted to find out whether primary schools pupils in Gachoka division, Mbeere-South Sub-County engage in sex. The result on this subject is illustrated in Table 4.13.

**Table 4.13 Information on engagement in sex by primary school pupils.**

Status	Boys		Girls	
	Frequency	percentage	Frequency	percentage (%)
Engage in Sex	69	60.53	112	60.22
Do not engage in Sex	45	39.47	74	39.78
Total	114	100.00	186	100.00

The findings of the study in Table 4.13 indicated that, out of the 300 sampled class eight boys, 69(60.53%) engage in Sex while 45(39.47%) don't engage in Sex. On the other hand, out of 186 sampled class eight girls 112 (60.22%) engage in Sex while 74(39.78%) don't engage in Sex.

This information shows that a large number of Boys and Girls in Gachoka division engage in Sex. Life Skills Education teachers have realized the importance of teaching Life Skills Education Curriculum to create awareness to the pupils on the dangers associated with premarital sex. Also parents and other stakeholders in education should improvise for ways of helping these pupils so that they can realize the dangers associated with premarital sex.

**4.14 Teachers and pupils' attitude towards the implementation of Life Skills Education in primary schools.**

The third objective of the study sought to find out teachers' and pupils' attitudes towards the implementation of Life Skills Education. The Table 4.14 shows responses of teachers and pupils on their attitudes towards implementation of Life Skills Education.

**Table 4.14 Attitudes of teachers and pupils towards implementation of Life Skills Education.**

Status	Teachers		Pupils	
	Frequency	Percentage	Frequency	Percentage
Positive attitude	22	73.33	276	92.00
Neutral	3	10.00	8	2.67
Negative attitude	5	16.67	16	5.33
Total	30	100.00	300	100.00

The analysis in Table 4.14 shows that 22(7.33%) and 276(92%) of teachers and pupils respectively indicated that both teachers and pupils have a positive attitude towards implementation of Life Skills Education. These findings are in agreement with those of Shiundu and Omulando 1992, on the importance of teaching Life Skills Education Curriculum to pupils.

Finally, the study sought to find out what can be done to improve the teaching and learning of Life Skills Education in primary schools. To this end, Pupils were asked to give recommendations on what can be done to improve teaching of Life Skills Education in their schools. The pupils' responses are contained in Table 4.14.

**Table 4.15 Recommendations on what can be done to improve teaching of Life Skills Education.**

<b>Pupils' Responses on how to Improve teaching of Life Skills Education.</b>	<b>Responses</b>			
	<b>n</b>	<b>R.A</b>	<b>N.R</b>	<b>Percentage (%)</b>
Increase lessons from one to two per week	300	81.00	19.00	100
Increase teaching and learning resources such as text books, video tapes, films and posters	300	88.67	11.33	100
Make Life Skills Education examinable	300	26.00	74.00	100
Teachers to give work and mark	300	62.67	37.33	100
Give time to pupils to narrate their experiences	300	64.00	35.67	100
Teach Life Skills Education according to the timetable instead of teaching other subjects such as mathematics	300	70.33	29.67	100

**Key**

**R.A – Recommended Action**

**N.R – Not Recommended**

The findings of the study in Table 4.15 show that out of the 300 class eight pupils sampled, 81.00% recommended that Life Skills Education lesson should be increased from one to two per week, 19.00% did not give a recommendation on this statement. Again, some 88.67% of the pupils recommended that teaching and learning resources such as text books, video tapes, films and posters need to be increased, 11.33% did not record down that recommendation.

Another recommendation was where by 26% recommended that Life Skill Education should be made examinable, 74% did not record that recommendation. In addition, 62.67% of pupils recommended that teachers need to give work in Life Skills Education and mark, but 37.33% did not support that recommendation. Further, 64.00% recommended that, teachers should give time to pupils to narrate their experiences, 35.67% did not agree with this recommendation. Finally, 70.33% recommended that, Life Skill Education teachers should teach Life Skills Education according to the time table instead of teaching other subjects such as mathematics, 29.67% did not have that as one of their recommendation. The results in Table 4.15 suggest that Life Skills Education can be taught more effectively if suggestions given by pupils can be implemented in the teaching Life Skills Education.

## CHAPTER 5

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter has presented the summary of the study, conclusions and recommendations. Further, it has given suggestions for further research.

The study sought to find out the influence of Life Skills Education on reproduction health among pupils in primary schools in Mbeere South Sub-County, Embu County, Kenya. The purpose of the study was to investigate the influence of Life Skills Education on reproductive health among public primary schools. Three objectives were developed to guide the study. The objectives were: to determine influence adequacy of Life Skills Education curriculum for equipping learners with knowledge, skills and attitudes towards reproductive health, to establish the influence of Life Skills Education on pupils' sexual behavior and to find out teachers and pupils attitude towards implementation of Life Skills Education in public primary schools in Gachoka division, Mbeere-South Sub-County, Embu Kenya. The study was confined to head teachers, teachers and class eight pupils in Gachoka division, Mbeere Sub-County Embu Kenya.

Literature review was on resources for Life Skills Education, methodology for teaching Life Skills Education curriculum, training of teachers on the implementation of LSE curriculum, youth sexual and reproduction health in Kenya, and adolescent's sexuality and HIV infection. In addition, theoretic and conceptual frameworks were discussed and presented.

In chapter three, research methodology was presented. The study was conducted using descriptive survey research design. The targeted population of the study was 38 head teachers, 304 teachers and 1596 class eight pupils in Mbeere South Sub-county.

Simple random sampling was used to select 15 public primary head teachers out of the 38 who were purposively sampled, 2 teachers each from the 15 schools making a total of 30 Life Skills Education teachers, 300 class 8 pupils out of 1576 pupils were sampled in the 38 schools. Questionnaires and an interview schedule were used for data collection. Validity of the instruments was ensured through expert judgment of faculty members, supervisors and a pilot study. The researcher administered the instruments to all the respondents. The research findings were coded and analyzed using SPSS.

## **5.2 Research findings.**

The research findings were presented in frequency tables, percentages, pie charts and figures. The study found out that teaching and learning resources for Life Skills Education, training of teachers on the implementation of Life Skills Education curriculum, youth sexual and reproductive education in Kenya and adolescents' sexuality and HIV infection were the major influence of Life Skills Education on reproductive health among primary school pupils. The study found out that the teaching and learning resources, Teachers 15(50%) and learners 168 (56%) described the availability for Life Skills Education as inadequate respectively, 6(20%) and 54(18%) described the resources as adequate in Gachoka division, Mbeere South Sub-County, Embu County, Kenya. The shortage of these learning resources like teachers' guide, textbooks, video tapes, posters and films made it difficult for teaching and learning activities to be implemented effectively.

This therefore, led to ineffective teaching of Life Skills Education in Gachoka Division, Mbeere South sub-county. The study also found out that story telling (35%) and drama and role play (19.33%) were highly preferred by learners as compared to lecture method with (0.67%). This shows that learners preferred active participation during Life Skills Education lessons. The study also found that Life Skills Education creates awareness to primary schools pupils on the reproductive health some at 169 (56.33%) of sampled standard eight pupils out of 300 pupils sampled in Gachoka division stated that Life Skills Education was very effective in creation of awareness about their reproductive health.

### **5.3 Conclusions.**

The study established that the availability for Life Skills Education resources are inadequate, 15 (50%) and 168 (56%) according to teachers and pupils respectively. In addition, it was found that 105 (35%) of the learners said that story telling as a method of teaching Life Skills Education was preferred by most of the learners compared to lecture method 2 (0.67%) This is an indication that learners preferred active participation during Life Skills Education lesson. It was also found that Life Skills Education is not taught as per the time table since Life Skills Education teachers prefer to teach other subjects such as English and Mathematics 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 pupils (over 70%) agreed that Life Skills Education Curriculum creates self-awareness on pupils on their reproductive health. This shows that, Ministry of Education together with other stakeholders in education need to support Life Skills Education in all primary schools. In addition to that the researcher also found out that a large number of boys and girls (over 60%) engage in sex. This is an indication that there is a need to emphasis on morality in Gachoka Division. Parents and teachers should emphasize on the importance of abstinence to young boys and girls and also take responsibility to educate them on the dangers associated to premarital sex such as school drop outs, teenage pregnancies and HIV infection. The study further found out that both teachers and pupils have a positive attitude towards implementation of Life Skills Education in primary schools with 73.33% and 92% respectively. This shows that both teachers and pupils have supported Life Skills Education.

#### **5.4 Recommendations.**

The study established that there is need for the Ministry of Education Science and Technology to provide enough teaching and learning resources in Gachoka division, Mbeere Sub County to enable Life Skills Education be implemented effectively. The study also recommended that, the government and other stakeholders should come up with more training courses to train more teachers on the implementation of Life Skills Education for effective teaching. The study also recommends that headteachers should supervise the teaching of Life Skills Education as time tabled to make sure Life Skills Education teachers do not use the lesson to teach other examinable subjects like English and Mathematics.

The study also recommends that the Ministry of Education to increase the number of periods allocated to teach Life Skills Education from one lesson to at least two lessons per week.

### **5.5 Suggestions for further research.**

The study suggests that similar studies should be replicated in other parts of the country to compare with the findings in Gachoka division, Mbeere South Sub County, on the influence of Life Skills Education on reproductive health among primary school pupils. In addition a study should be carried out to find out why the majority young boys and girls in primary school are engaging in sexual activities instead of delaying such activities to later cycle of their life and the effects of such activities on their education and over all development.

## REFERENCES

- Baker, D. and Tendre. (2005). *National differences, global similarities*. Standford: universities press.
- Bandura, A. (1986). *Social learning theory*. Englewood cliffs, NJ: prentice- Hall.
- Beckerleg, S. (2005). *The rise of injecting drug use in east Africa*. Nairobi: Harm reduction journal.
- Best, J. and Kahn. (2002). *Research in Education*. Boston: ally and Bacon.
- Best, J.W. (1970). *Research in Education (2<sup>nd</sup> ed)*. New Jersey: Prentice Hall.
- Borg, W. and Gale, M. (1989). *Education Research: An introduction (4<sup>th</sup> ED)*. New York: Longman.
- Boyd, E. (2011). *International journal for the scholarship of teaching and learning*. Georgia: southern university.
- Brinter, H. (1988). *Sociology*. New York: West Publishing Company.
- Centers for disease control and prevention .(1993). *Divisioning STD/HIV prevention 1992 annual report*. Atlanta, GA. CDC Press.
- Chiao, C. and Mishra, V. (2009). "Trends in primary and secondary abstinence among Kenyan youth. Nairobi: AIDS care.
- Ciomwari, J .(2012). *women participation in miraa business and academic performance of primary schools in Embu*. Nairobi: international journal of Humanities.
- Cohen, L. and Manion .(1979). *Research Methods in education. An introduction (6<sup>th</sup> ed)*. Boston: Allyn Bacon.
- Dolata, and Ross, K .(2010). *How effective are HIV- AIDS prevention education programs* Nairobi: SACMEQ.
- Evellia et, al. (2010). *Ten years of Kenya Adolescent reproduction health project*. Nairobi: Health population council.

- Gay. (1992).*Educational research competences for analysis and application*. New York: Macmillan publishers.
- Gok. (1999).*Totally integrated quality education and training*. Nairobi: Kenya Institute of Education.
- Ithagi, M. (2007).*perceptions of teachers towards Life Skills Education on HIV AIDS in Kamukunji division*.Nairobi:(un published project).
- Kabiru and Orpinas.(2009). *Factors associated with sexual activity among high school student in Nairobi*. Nairobi: journal of adolescence.
- Kenya national bureau of statics (KNBS) and ICF macro (2010). *Kenya demographic and health survey 2008-2009*. Calverton many land: KNB and ICF macro.
- Kenya National Bureau of statistiscs(KNBS).(2012).*Kenya Demographic and health survey*.Nairobi: KNBS.
- Kerlinger, F.N. (1973). *Foundation of Behavioral research*. New York: Holt Rinchart and Winston.
- KIE. (2002a).*Life Skills Education for the youth*.Nairobi: Kenya Institute of Education.
- KIE. (2002b). *National Needs Assessment Survey Report*. Nairobi: Kenya Institute of Education.
- KIE. (2006).*Report on monitoring of like skills education in Kwale*.Nairobi: Kenya Institute of Education.
- KIE. (2008).*Secondary Life Skills Education Teacher's Handbook*, Nairobi: Kenya Institute of Education.
- Kothari,C.(1994). *Research methodology methods and techniques*. New Delhi: New age international: New Delhi.
- Koul, L. (1984). *Methodology of educational research*. New Delhi: Vani educational

- Maticka, G. et al. (2005). *The sexual scripts of Kenyan young people and HIV prevention*. Nairobi: culture, health and sexuality.
- Mbeere South Welfare Monitoring Survey (2003). *welfare monitoring survey*. Embu: unpublished journal.
- Ministry of medical services, et al. (2012). *Kenya AIDS indicator survey 2007*. Nairobi: Kenya institute of education.
- MOE. (2006). *Primary Life Skills teacher hard book*. Nairobi: KIE.
- Moore, K. et al. (1998). *A statistical portrait of Adolescents Sex, Contraception and Childbearing*. Washington D.C.: National Campaign to prevent teen pregnancies.
- Mugenda and Mugenda. (2003). *Research methods: Quantitive and Qualitative approaches*. Nairobi: Acts Press.
- Mugenda, O. and mugenda, A. (1999). *Research methodology: qualitative approaches*. Nairobi: AC.
- National Population commission and macro. (2008). *Demographic and health survey*. Calverton, Mary land: National population commission.
- Nzioka, C. (2004). *Unwanted pregnancy and sexual transmitted infection among young women in rural Kenya*. Nairobi: culture, Health and sexually.
- Office of National AIDS Policy. (1996). *Youth and HIV/AIDS*. Washington DC: Office of National AIDS Policy
- Olembo, J et al. (1992). *management in education*. Nairobi: Longhorn publishers.
- Orodho, A. (2009a). *Element of education and social science research methods*. Maseno: Kanezja publishers.
- Orodho, A. (2013). *Techniques of writing research reports in education and social sciences*. Maseno : Kanezja publishers.
- Rizvi, and Lingard. (2010). *Globalizing education policy*. New York: Routledge, Taylor and Francis Group.

- Rooth, E. (2005). *An investigation of the status and practice of life orientation in South African schools in two provinces. Unpublished Phd thesis.* Cape Town: University of Western Cape.
- Rungu, J. (2008). *factors influencing implementation of Life Skills Education in primary schools in Lang'ata Division* Nairobi: unpublished report.
- Shiundu, J. and Omulando, S. (1992). *Curriculum theory and practice in Kenya.* Nairobi: oxford university press.
- Tyler, R. (1949). *Basic principles of curriculum and instructions.* Chicago: The University of Chicago press.
- UNAIDS. (2002). *Report on the Global HIV/AIDS Epidemic.* Geneva: UNAIDS Publication Press.
- UNESCO. (2010). *Summative Evaluation of the primary school Education curriculum.* Paris: International Institute for Education planning.
- UNGASS. (2001). *Specific Session on HIV/AIDS.* New York: UNGASS Publication Press
- UNICEF. (2006). *The state of the world's children's 2000.* New Geneva: UNICEF.
- Urevbu, A. (1991). *curriculum studies.* Hongkong: Longman
- WHO. (2003). *Life Skills Education in schools.* Geneva: WHO.

## **APPENDIX 1: QUESTIONNAIRE FOR THE LEARNERS**

My name is Elizabeth Muthoni Njoka, a student at the University of Nairobi. I am carrying a study on effects of Life Skills Education on reproductive health among primary school pupils in Mbeere South Sub-County, Embu County, Kenya. Your assistance in supplying information on this topic was highly appreciated. Kindly provide honest responses. Your responses was treated with utmost confidentiality and therefore do not put your name in this questionnaire.

**Instructions: Please tick or fill where appropriate.**

### **Section A: background information**

- What is your gender?      Male ( )      female ( )
  - How old are you?
    - 10-12 ( )      12-13 ( )      13-14 ( )
    - 14-15 ( )      over 16 years ( )
  - Indicate with a tick(√) the category of your school?
    - Mixed Boarding ( )      day mixed ( )      mixed day and boarding ( )
    - Boarding girls ( )      boarding boys ( )
  - Indicate with a tick (√) marital status of your parents
    - Married ( )      single ( )      separated ( )      divorced ( )

**Section B: Teaching and Learning resources**

5(a) Does your school have teaching and learning resources for Life Skills Education curriculum? Yes ( ) No ( )

(b) If yes please indicate with tick (√) the availability of the resources in your school.

<b>Teaching and learning materials on Life skills Education</b>	<b>Adequate</b>	<b>Inadequate</b>	<b>Not available</b>
Life Skills text books			
Video tapes			
Life Skills Hand book			
Charts			
Pictures			
Films			
Posters			



### Section C: Self Awareness

6. Indicate with tick (√) the extent to which you agree with the statements listed here below with regard to Life Skills Education Curriculum. Tick (√) the appropriate column.

Statements on usefulness of Life Skills Education to learners.	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
Enables pupils to make informed decisions on sexual matters.					
Equips pupils with the necessary psychosocial skills to be able to realize the importance of good reproductive health outcomes.					
Enables pupils to avoid early sexual onset					
Helps teenage to avoid pregnancies.					
Impart to the pupils knowledge on HIV/AIDS prevention and infection and other Sexually transmitted diseases.					
Create awareness of the importance of abstinence from sexual activities.					
Create awareness of menstrual cycle among girls					
Informs girls who experience menstruation that they can get pregnant					
Creates awareness of wet dreams among boys					
teaches the names of sexual organs					

7. (a) Do boys from your school engage in sex?                      Yes    ( )    No    ( )

(b) Explain why some boys engage in sex

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

Explain why some boys do not engage in sex

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8. (a) Do girls from your school engage in sex?                      YES    ( )    NO    ( )

(b) Explain why some girls engage in sex?

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(c) Explain why some girls do not engage in sex

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

9. Indicate with a tick (✓) the main influential source of information on reproductive health. Tick (✓) the appropriate column for each of the source indicated here below.

Sources of information on reproductive health	Very influential	Influential	Not influential
Teachers			
Parents			
Peers or other pupils			
Places of worship			
Community leaders			
Media (radio, TV, internet ) etc			
Life Skills Education Curriculum			
Schools			
Grandfather			
Grandmother			
Other (s) specify _____			

10. Listed here below are statements about Life Skills Education curriculum. Indicate your opinion with tick (√) on each of these statements. Tick the appropriate column for each statement.

<b>Statements on pupils perceptions about Life Skills Education</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Life Skill education should be examinable				
Life Skills Education is important for all learners				
Life Skills Education should be taught in upper classes only				

**Section C: Teaching Methodology**

11. Do you learn Life Skills Education in your school?      Yes ( )      No ( )

12. If yes, how many periods?

- 4periods ( )                      3periods ( )  
 2 periods ( )                      1period ( )      not taught at all ( )

13. (a) Does Life Skills Education teachers assess the work covered within a lesson?

Yes ( )

No ( )

(b) If yes, indicate how frequently each method indicated here below is used.

<b>Method</b>	<b>Very frequently</b>	<b>frequently</b>	<b>Rarely used</b>	<b>Not used at all</b>
Written test				
Continuous assessment test				
Story telling				
Composition writing				
Any other specify				
<b>(i)</b>				
<b>(ii)</b>				

14. Tick the teaching and learning methods you consider suitable for Life Skills Education curriculum.

Teaching methods	Most appealing	Appealing	Not appealing
Story telling			
Discussion			
Drama			
Lecture			
Demonstration			
Question and answer			
Role play			
Group work			
Others specify _____			

15 (a). Is Life Skills enjoyable as a subject?    Yes    ( )                      No    ( )

15 (b). If No state why? (Give at least two reasons)

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

16. Suggest what can be done to improve the teaching and learning of Life Skill Education in your school, give at least two suggestions.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

17. (a) Do you believe Life Skills Education is useful to pupils?

Yes ( )                  No ( )

(b) If “Yes” give reasons

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) If “No” give reasons

\_\_\_\_\_

Thank you for your assistance and cooperation.

## APPENDIX 2: QUESTIONNAIRE FOR LIFE SKILLS EDUCATION TEACHERS

My name is Elizabeth Muthoni Njoka, a student at the University of Nairobi. I am carrying a study on effects of Life Skills Education on reproductive health among primary school pupils in mbeere south sub-County, Embu County, Kenya. Your assistance in supplying information on this topic was highly appreciated. Kindly provide honest responses. Your responses was treated with utmost confidentiality and therefore do not put your name in this questionnaire.

### Instructions:

Please provide the information requested.

### Part A: Background Information.

1. What is your gender?    Male    (   )    female    (   )
2. What is your marital status?
  - (a) Married            (   )                            (c) Single                    (   )
  - (b) Divorce            (   )                            d) separated                    (   )
3. State age bracket you belong
  - Below 25 years            (   )                            25 – 30 years                    (   )
  - 30 – 40 years            (   )                            40 – 50 years                    (   )
  - Over 50 years            (   )
4. What is your highest professional qualification?
  - (a) P1                    (   )                            (c) Degree                    (   )
  - (b) Diploma            (   )                            (d)Masters                    (   )

Others specify .....



5. For how long have you been teaching Life Skills Education (duration in years)

(a) Less than three years (b) 3-6 years (c) 6-9 years (d) over 10 years

Statements	Very large extent	Large extent	Small extent	No extent
Leads to improved knowledge on the importance of abstinence				
Enables pupils acquire knowledge on the importance of abstinence				
It helps prevent teenage pregnancies.				
Helps pupils acquire knowledge on the dangers associated with abortion.				
Imparts knowledge to the pupils HIV/AIDS prevention and infection.				
Creates awareness of other sexually transmitted diseases.				
Equips pupils with skills to be able to avoid drug abuse.				
Improves school discipline.				
Improves teacher-student relationship				
Delays sexual onset.				

**(b) Part B: Effects, awareness, competences, attitudes and education support of Life Skills Education curriculum.**

1. Indicate with a tick (√) your agreement with statements about Life Skills Education. Tick to the appropriate column.

<b>Statements on Life Skills education</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Life Skills Education is taught in schools.					
Life Skills Education guides are easy to use when teaching					
Life Skills Education curriculum is taught as per the time table.					
Life Skills Education curriculum is important in helping pupils to make informed decisions about sexual behavior.					
Life Skills Education curriculum is important to in equipping learners with competences for effective decision making on social relationships					
Life Skills Education curriculum leads to good discipline					
Life Skills Education leads to good academic performance					

2. In your own opinion, to what extent has Life Skills Education curriculum implementation has helped pupils to improve on the following aspects:

3. How often do you receive in service training on Life Skills Education curriculum?

- (a) Frequently ( ) (b) Rarely ( ) (c) Not at all ( )

4. Who organized the in-service training you received?

- (a) Schools ( ) (c) Kenya Institute of Curriculum Development (KICD) ( )  
 (b) District ( ) (d) None ( )

Others (specify).....

5. Outlined here below are opinions towards Life Skills Education curriculum, tick (√) the alternative that best describes your opinion.

<b>Statements on Life Skills Education</b>	Strongly agree	Agree	undecided	Disagree	Strongly disagree
Teachers have positive attitudes towards Life Skills Education					
Many students enjoy learning Life Skills Education					
Teaching Life Skills Education is fascinating					
Life Skills Education should be examinable to make it effective					

6(a) Are you comfortable teaching all the topics in Life Skills Education curriculum?

- Yes ( ) No ( )

6(b) If No, give reasons (at least two reasons)

(a).....

(b).....

7(a) Are there benefits of Life Skills Education in your school? Yes ( ) No  
( )

7(b).If “Yes” specify

a) .....

b) .....

8. Are you able to give pupils much attention during the Life Skills Education lessons?

Yes ( ) No ( )

9. If no, explain your answer

.....

10 .(a) In your own opinion, has the management by the headteacher influenced the teaching of Life Skills Education in your school? Yes ( ) No  
( )

(b) If yes, explain in which way.

.....  
.....

11. (a) (i) Do boys from your school engage in sex? Yes ( ) No ( )

(ii) what percent of boys do you think engage in sexual activities among standard eight pupils.

Less than 5% ( ) 10% ( ) 20% ( )

40% ( ) over 50% ( )

(b)(i) Do girls from your school engage in sex? Yes ( ) No ( )

(ii) what percent of girls do you think engage in sexual activities among standard eight pupils.

Less than 5% ( ) 10% ( ) 20%

40% ( ) over 50% ( )

12. Suggest ways of making the teaching of Life Skills Education more effective

(a).....

(b).....

Thank you for your assistance and cooperation.

### **APPENDIX 3: QUESTIONNAIRE FOR PRIMARY SCHOOL HEADTEACHER**

My name is Elizabeth Muthoni Njoka, a student at the University of Nairobi. I am carrying a study on effects of Life Skills Education on reproductive health among primary school pupils in mbeere south sub-County, Embu County, Kenya. Your assistance in supplying information on this topic was highly appreciated. Kindly provide honest responses. Your responses was treated with utmost confidential and therefore do not put your name in this questionnaire.

Thank you very much for your assistance and co-operation.

#### **Instructions:**

**Please provide the information requested below.**

#### **Section one: General information.**

1. What is your gender?

Male ( )      female ( )

3. State age bracket you belong.

Below 25 years      ( )      25-30 years      ( )

31-45 years      ( )      36-40 years      ( )

41-45 years      ( )      over 45 year      ( )

4. State your level of education

Secondary school      ( )      Tertiary      ( )

University Degree      ( )      Post graduate      ( )

4. How many Life Skills Education teachers are in your school?.....

**PART B**

1. According to your observation. To what extent has Life Skills Education teacher portray understanding of the Life Skills Education curriculum?

- (v) Very large extent ( ) (ii) Large extent ( )  
(ii) Small extent ( ) (ii) No extent ( )

2 .What difficulties (if any) are the Life Skills Education teachers experience while teaching Life Skills Education?

- (a) \_\_\_\_\_  
(b) \_\_\_\_\_

3. In your opinion, what should be done to equip/ provide teachers with the necessary skills to teach Life Skills Education effectively?

- a) \_\_\_\_\_  
(b) \_\_\_\_\_

4. Indicate the adequacy of learning and teaching resources for Life Skills Education curriculum?

- (i) Adequate ( ) (ii) Enough ( ) (iii) in adequate ( )

5. To what extent has Life Skills Education curriculum been effective in aspects of sex education in your school?

<b>Statements on Life Skills Education</b>	Very large extent	Large extent	Small extent	No extent
Prevent teenage pregnancies				
Create awareness on negative peer pressure.				
Enable pupils' acquire knowledge on the importance of good Reproductive Health.				
Impart knowledge on HIV / AIDS.				
Reduces school dropout due to changes associated with sex.				

6(a) In your opinion, has Life Skills Education influenced academic performance in your school?      Yes ( )      No ( )

7(b) If yes, How? (give at least two way

(a) \_\_\_\_\_

(b) \_\_\_\_\_

8. Suggest possible ways of making Life Skills Education implementation effective?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

Thank you for your assistance and cooperation.



**APPENDIX 4: PUBLIC PRIMARY SCHOOLS IN GACHOKA DIVISION  
IN MBEERE SUB-COUNTY.**

**(a) List of Schools**

1. RIAKANAU
2. AIC WANGO BOARDING
3. CIORIDAGWA
4. NGIORI INTEGRATED
5. CONSOLATA KIRIA
6. GATAKA
7. GATIRARI
8. GATUMBIRI
9. GATURURI
10. GIKIIRO
11. GIKONDI
12. GWAKARIGU
13. IGUMORI
14. IRABARI
15. IRARI
16. IRIA ITUNE
17. IRIAMURAI
18. KABUGURI
19. KAURARI
20. KAWERU
21. KERWA
22. KIAMBEERE
23. KIAMETHO
24. KIAMUKUYU
25. KANDUKU
26. KIRATHE
27. KIRITIRI
28. KIRURIRI
29. MACHANGA
30. MATHIGAMERU
31. KARWIRO
32. MAYORI
33. MBITA
34. MBONDONI
35. MBURUTANI
36. MINURI
37. MURARU
38. MULINDI

**(b) Selected schools for the study**

1. NGIORI INTEGRATED
2. GATAKA
3. GATIRARI
4. GATUMBIRI
5. GIKIIRO
6. GIKONDI
7. IGUMORI
8. IRABABI
9. IRIAMURAI
10. MAYORI
11. KAMURUGU
12. KIRITIRI
13. KIAMUKUYU
14. MACHANGA
15. KERWA