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## **Abstract**

Over the recent years, health systems in many countries have recognized the importance of providing students with reproductive health services and education. This has been attributed to early initiation of students into sexual activities, which have resulted in unwanted pregnancy, early marriages, abortion, and sexual transmitted infections. Reproductive health education aimed at changing the sexual behavior of the students. This study seeks to establish barriers to sexual and reproductive health education on students' sexual behaviour in secondary schools in Likuyani division of Lugari district, Kenya. The study utilized a Descriptive survey research design and targeted Form Two students in six selected schools in the study area. Primary data was collected using two questionnaires, one for students and another for teachers from a random sample of 241 students and 30 teachers. Secondary data was collected from documented information on adolescent reproductive health education. Data collected was analyzed using both Descriptive and inferential statistics with the aid of computer statistical package for social science (SPSS) version 17. The study findings confirm that policy and programmatic gaps exist in addressing the RHE needs of students. This is attributed to, lack of clear guidelines on how to address the RHE of students, challenges of dealing with students RHE in general as well as cultural constraints. The study therefore recommended the need for, clear guidelines on dealing with RHE of students in schools; demystify the cultural beliefs and attitude towards sex and reproductive education that hinder its implementation and providing training and reorientation of RHE providers. The findings of the study will assist all stakeholders, who include Ministry of education, health and the general public in appreciating the value of reproductive health education, in changing student's sexual behavior.

## **Barriers to Reproductive Education and Services**

Students reproductive needs are many, but so are the obstacles they face in trying to maintain good reproductive health. The public negative attitude towards reproductive health education constrains open discussion about it and therefore creates barriers that may inhibit or prevent students from receiving accurate, unbiased and complete information. (Schueller & Barnet 2000). Moreover, for those who are young and are sexually active, negative social norms and attitudes concerning what age one should access the services hinders access to the services, thereby increasing the risk of unwanted pregnancy and infection including HIV/AIDs. In many countries, Kenya included, services and information to students is very sensitive. Anytime efforts are made by the government to introduce it in schools, is always met with a lot of resistance and protest from the public.

Deeply held cultural and social beliefs by the public on reproductive health education, makes it hard for the providers to give information to students. Their needs have not received universal recognition and services that are designed to meet their needs lack adequate funding or technical makes support (Senderwitz, 2000). Being a special population, the group requires alternative mechanism of passing knowledge and information, for example separate hours, rooms or clinics

which are lacking. Putting them in the same rooms with adult members of society make them shy away from the services. (PATH, 1998).

Providers also create barrier due to their judgmental attitudes towards students' reproductive life. Providers have set standards of what they accept of the students. How and when they should behave in certain ways. All this create barriers to reproductive health and services. Open discussion on reproductive health education or sex remains a taboo in majority of societies.

On the part of female students, they are reluctant to discuss matters in the belief that their innocent should be protected. Male students on the other hand may remain ignorant and ill prepared because adults assume they already have information on reproductive issues (Youth Net, 1998). To add to these, dominant masculinity ideologies may prevent boys from asking about sex for of appearing ignorant and therefore unmanly. While ideologies on the feminity may make girls fear that their reputation may be at stake when they appear to know too much about their reproduction. This therefore makes them not seek information and services on reproductive health education (WHO, 2002)

Students are also greatly disturbed and affected by a feeling or suspicion that their sensitive and intimate issues will be shared with other persons. Unless they are sure that their right to privacy and confidentiality will be respected, most of them will not come forward. The service providers have to cultivate confidence with the students that no information coming to them in the course of their responsibility will be leaked to any person including the parents (MOH, 2004).

### **RATIONAL OF CURRENT STUDY**

Students in secondary school are in adolescent stage which is a time of transition from childhood to adulthood. It is a period in which significant physical and psychological changes take place, and a time when young people develop many of the habits, behaviours and relationships they carry into adult lives. While these changes occur at the level of each individual, students in secondary schools who are in adolescent make up a large proportion of Kenya's population. Currently, adolescents (10-19) comprise about one-quarter of the population. The government thus faces the crucial task of promoting healthy behaviour, preventing disease and enabling a healthy transition to adulthood for entire student population. This can be achieved through provision of reproductive health education. The government therefore has to deal with challenges that face its implementation, in order to realize its results.

### **Objectives of the current study**

**The following objectives guided the study**

- i. To determine the differences in the level of awareness of reproductive health education between boys and girls in secondary schools.
- ii. To establish factors that hinders the effectiveness of reproductive health education and services among secondary school students.

### **Research questions**

- i. Is there any difference in the level of awareness of reproductive health education between boys and girls?
- ii. What factors hinder the effectiveness of reproductive health education and services among secondary school students?

### **Hypothesis of the study**

Ho<sub>1</sub> There is no significant differences in the level of awareness of reproductive health education between boys and girls

### **Ethical Issues**

- (i) Completing the survey was voluntary and students were assured of confidentiality
- (ii) Students had an option of answering the questions or not
- (iii) The researcher obtained a letter from Egerton university, which was used to get research authorization and clearance from the district education office in Lugari District

### **Methodology**

#### **Study Design**

The study was cross-sectional descriptive survey that focused on barriers to reproductive health education in secondary schools in both private and public secondary schools in Likuyani Division.

#### **Study Location**

The study was carried out in Likuyani Division of Lugari district, Kenya. Lugari district has 30 secondary schools. Lukuyani Division has 13 secondary schools.

#### **Participants**

A total of 1312 form two students in 13 secondary schools in the division` formed the accessible population. Six sampled schools with a population of 650 took part in the study. Multi-stage,

proportionate to size, stratified and simple random sampling method was used to select the participating schools, students and teachers.

### Data Collection and Statistical Analysis

Two questionnaires, one for teachers and the students were used to collect data. Level of awareness on reproductive health education was measured by asking students on their knowledge on reproductive issues. Barriers to RHE was measured through asking students questions on challenges they encounter in accessing information and services on RHE

## RESULTS

### Gender Difference in the Level of Awareness of Reproduction Health Education

The first objective of the study sought to determine whether there is any gender difference in the level of awareness about reproductive health education in secondary schools in the study area. Accompanying this objective was the null hypothesis, which stated that there is no significant difference in the level of awareness of reproduction health education between boys and girl students. Two statistical analyses were used to test this hypothesis and included independent sample t-test and Chi square. Table 1 summarizes the output of the t-test.

Table 1: T-Test Analyses on the Level of Awareness of Boys and Girls

<i>Variable (gender)</i>	<i>N</i>	<i>Awareness</i>	<i>Mean</i>	<i>T</i>	<i>P value</i>
Boys	123	68.24	-0.55	-0.605	0.546
Girls	118	68.79			

Since  $p > 0.05$ , we do not reject the null hypothesis stated that there is no significant difference in the level of awareness of reproduction health education between boys and girls students. It can therefore be concluded that there is no significant difference in the level of awareness on reproductive health education between boys and girls in secondary schools. This suggests that both boys and girls are facing the same kind of schooling environment, adolescent stage and source of information about reproductive health issues.

The above results using independent sample T-test are also supported by chi square test using cross tabulation. Table 2 shows across tabulation of the level of awareness by gender of the students.

Table 2: Level of Awareness about Reproductive Health Education by Gender.

	<i>Gender</i>		<i>Total</i>
	Boys	Girls	

<i>Level of awareness</i>	Moderate	95 77.2%	86 72.9%	181 75.1%
	High	28 22.8%	32 27.1%	60 24.9%
Total		123	118	241

From table 2 it can be observed that there is almost same pattern of distribution of boys and girls in the two levels of awareness about reproductive health education with majority (77 and 73 percent, respectively) of them falling in the moderate awareness category in almost equal Proportions. These suggest that it is unlikely for there to be difference in the level of awareness about reproductive health education between boys and girls in a school. This is further supported by the chi-square value, which suggests that there is no significant difference in the level of awareness about reproductive health education between boys and girls in a school. This could be attributed to the same kind of schooling environment, adolescent stage and source of information about reproductive issues that both students are facing.

**Factors that Hinder Effective Reproductive Health Education and Services among students.**

Objectives two of these studies sought to establish the factors that hinder effective reproductive health education and services in secondary schools in Likuyani division. The student’s sample respondents cited a number of key factors that hinder them from accessing reproductive health education and services in secondary schools in the study area. Table 4 shows a summary of these factors.

**Table 3:** Factors That Hinder Effective Reproductive Health Education and Services.

Factors	Response (percent)	
	Yes	No
Fear of being seen in the clinic	54.4	45.6
Staff asking many questions	50.2	49.8
Time consuming	43.6	56.4
Lack of confidentiality	37.3	62.7
Services are far away	36.5	63.5
The services are expensive	36.1	63.1
Judgmental staff	33.6	66.4
Services meant for adult and married people only	33.2	66.8
Going for the services portray one as promiscuous		
32.4	67.6	

N=241

Data in Table 4 can be categorized as fear to be seen in the clinic, attitude of the staff, and accessibility. 54 percent of the respondents reported that they fear going to the clinic because the

services are meant for adult and married people only; might meet older people there, and it portrays one as promiscuous. This fear emanates from the cultural influence whereby adolescent have been made to believe that matters concerning with reproduction are a preserve of the adults and married people only. Society also has a belief that when adolescent are given reproductive health education they become promiscuous, (PATH, 2001). Various study done indicate that when students get accurate information on reproductive health education they can be able to make responsible decision on their sexuality. Information does not encourage sexual activities.

For those who have managed to go to the clinics, the attitude of the staff does not encourage one to freely and openly get the required services. The staffs are too inquisitive, unfriendly, and judgmental, and cannot be trusted with such sensitive information. The staffs also assume that no adolescent can just go to the clinic for advice only and therefore they do not really trust and serve them effectively.

Lastly, respondents reported that there is lack of accessibility (physically and financial) to these services. Some of the clinics are located far away from the schools or homes and one has to spend a lot of time in order to get there, for those clinics that can be easily located the services are not offered free. This is an expense that most adolescents are not ready and able to meet.

Teacher respondents, on the other hand, reiterated the same factors and enumerated a number of key challenges facing students in accessing reproductive health education and services in secondary schools in the study area. 20 summarize these challenges.

**Table 4:** Challenges in Accessing Reproductive Health Education and Services

Challenges	Frequency	Percent
Cultural factors	8	27.6
Lack of resource center and reference Materials	4	13.8
Peer pressure	7	24.1
Lack of role models	3	10.3
Limited time allocated for the services	4	13.8
Fear of victimization	3	10.3
Total	29	100.0

From table 4, the cultural background of both the teacher who is supposed to provide this knowledge and the student to receive it impedes free and open access to reproductive health education and services. Some of the teachers and students believe that matters relating to sex are sacred and not supposed to be spoken in the open, especially between people of different age groups. To be effective in communicating information teachers should reflect upon their attitude,

feelings, beliefs, experience and behaviour regarding reproductive health education (Barnnet & Schueller, 1997) peer pressure limits access to accurate information as one attempt to copy what his/her peers are doing and be part of them. Many peers lack factual knowledge and instead believe in actual experimentation as the best way to learn. Other students fear to openly and freely seek for this information thinking they will be victimized by the teachers (providers) as having loose morals and involved irresponsible sexual behaviour.

Most schools, the researcher visited lacked the necessary resource centre and reference materials that can assist students get in-depth understanding of issues surrounding their reproductive health. In other schools, the providers are not good role models or people of integrity to effectively disseminate this information. This includes those teachers who at times involve themselves in irresponsible sexual behaviour with students. Such teachers cannot therefore convince students on the importance of good sexual behaviour. There is also the problem of limited or lack of specific time allocation for the programme on school timetable and instead it is carried out as part of the normal school curriculum included in various subjects and topics for the sake of examinations. This denies the subject appropriate time and seriousness it deserves.

### **Conclusion**

A large proportion (78 percent) of the student respondents reported that they have never talked to someone about family planning issues. This could attribute to cultural factors and social beliefs that recognize students as still very young and are not supposed to engage in sexual activities

Over half of the respondents fear going to the health clinic because the services are assumed to be meant for adult and married people only, might meet older people there and it portrays one as promiscuous.

### **Recommendations.**

- (i) Open communication through mass media at a more personal level helps remove the taboo from discussing adolescent sexuality and also can provide information, redefine social norms, and change attitude and behaviour
- (ii) Accurate and understandable information can defuse conflict and mobilize support for programs by demonstrating the magnitude of students reproductive health problems.

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