INFLUENCE OF SCHOOL- BASED LIFE SKILLS EDUCATION PROGRAMME ON STUDENTS' SEXUAL BEHAVIOUR IN SECONDARY SCHOOLS IN NAIROBI AND BUSIA COUNTIES KENYA

BY

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A Research Thesis presented to the Institute of Postgraduate Studies and Research, Kabarak University in Partial Fulfillment of the Requirements for the Award of Doctor of Philosophy in Education (Guidance and Counselling Psychology) Kabarak University

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DECLARATION

I declare that this Thesis is my original work and it has not been presented for an award of a degree in any university.

Students' signature: _____ _____

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GDE/M/1014/9/10

RECOMMENDATION

To the Institute of Postgraduate Studies and Research.

This Thesis entitled "Influence of School- based Life Skills Education Programme on Students' Sexual Behaviour in Secondary Schools in Nairobi and Busia Counties Kenya" and written by Mayabi Mulamba Janerose is presented to the Institute of Postgraduate Studies and Research Kabarak University. We have received the research thesis and recommended it to be acceptable in partial fulfillment of requirement of the degree of Doctor of Philosophy in Education (Guidance and Counselling) with our approval as University Supervisors.

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DEDICATION

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ABSTRACT

In Kenya, as elsewhere in Africa, schools play a key role in imparting important information on reproductive health and human relations to students. The last decade has been characterized by early and increased premarital sexual activities among the students. To address the challenge, stakeholders have agitated for introduction of school-based life skills education as a key strategy in promoting safe sexual behaviour among students. The current study assessed the influence of school-based life skills education on students' sexual behaviour in secondary schools in Kenya. The study used *Ex post facto* and descriptive survey research designs. The target population was 20,227 Form Three students in Nairobi and Busia Counties. The two counties were chosen as they have a high number of students engaging in sexual activities. Accessible population was 3568 Form Three students in the seven districts. Multi-stage, probability proportionate to size, purposive, stratified and simple random sampling was used to select the participants. The study sample comprised of 378 students, 21 teachers, 21 school principals and 7 education officials. Data was collected using questionnaires and an interview schedule. Validity of instruments was checked through expert opinion and reliability tested using Spearman Brown Prophecy formula after a pilot study. Data collected was analyzed using both descriptive and inferential statistics with assistance of computer statistical package for social sciences (SPSS). The results showed that there was a strong relationship between life skills education and students' sexual behaviour. Students who had high levels of awareness abstained from sexual activities. Analysis showed that both male and female students were sexually active at the time of the study. Statistical differences were not found between rural and urban females sexual behaviour; however, rural males had more sexual risk behaviour than their urban counterparts. Majority had moderate level of awareness. Students demonstrated positive perception of LSE. The findings also show that although LSE is being partially implemented, it faces a number of challenges. There is therefore a pressing need to avail LSE in all schools and strengthening of commitment and policy action on part of government to ensure the programme is implemented in all schools. The findings of the study hopefully will assist all stakeholders who include the Ministry of Education to evaluate and reinforce its programmes on life skills Education in schools to meet its objectives.

Life skills Education, Schools, Students, Influence

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LIST OF ACRONYMS

AIDS:	Acquired Immuno-Deficiency Syndrome
FBO:	Faith Based organization
CRLP:	The Centre for Reproductive Law and Policy
CSA:	Centre for Study of Adolescent
FHI:	Family Health International
GOK:	Government of Kenya
HIV:	Human Immunodeficiency Virus
ICPD:	International Conference on Population and Development
KDHS:	Kenya Demographic Health Survey
KNSB:	Kenya National Bureau of Statistics
LSE:	Life Skills Education
MOE:	Ministry of Education
MOH:	Ministry of Health
NCPD:	National Council for Development
PATH:	Program for Appropriate Technology
STI:	Sexually Transmitted Infections
SIECUS:	Sex Information and Education Council of USA.
UNFPA:	United Nations Population Fund
UNAIDS:	United Nation on HIV/AIDs
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization
APHIA:	AIDs, Population and Health Assistant Program
WPA:	World Population Foundation
WSWM:	World Starts With Me

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

There are over a billion young adults between the ages 10-24 throughout the world; the largest youth generation in history (International Institute for Population Sciences (IIPS) (2008). In Kenya alone there are over 12 million young people between 14-24 years (Kenya National Bureau of Statistics (KNBS), 2010). They comprise over 30% of national population. The rapid rise of population of young people poses an enormous challenge to policy makers and planners especially in allocating scarce resources to various sectors of the economy. With most students in secondary schools falling under the age bracket of 14-24 and at the threshold of their sexual and reproductive life, teaching of life skills should be a core component of their socialization process.

In response to an increasing number of teenage pregnancies in the world, health systems in the 1970s recognized the importance of providing all young people with reproductive health services. However, from 1980s, this attention has shifted to providing young people with life skills education which was attributed to numerous challenges facing learners in pre-school, primary and secondary schools. These challenges include negative peer pressure, violence, early marriage, teenage pregnancies, abortion, early sexual onset, drug and substance abuse, rape, incest, sexually transmitted diseases (STIs) and HIV/AIDs pandemic (KIE, 2007). These challenges are compounded by various factors such as complex developmental changes during adolescence, lack of positive role models, negative mass media

influence, negative peer pressure and inadequate and unreliable sources of information especially on human sexuality (Erulkar, Ettyang, Onoka, Nyaga,& Muyonga 2003).

The patterns of sexual behaviour formed during adolescents may influence behaviour in adult life (White, Cleland & Carel 2000). This underscores the need for development of positive health attitude that can help students avoid many reproductive health challenges they face. Attitude building must be preceded by the generation of awareness and transfer of knowledge at a specific time and by an agency appropriate and acceptable to beneficiaries. In schools, this is usually done by imparting life skills education to students.

Life skills education (LSE) is defined as a lifelong process of acquiring information on reproductive health, interpersonal relationships, intimacy, forming attitudes, beliefs and values about identity (Kenya Institute of Education (KIE, 2008). LSE seeks to assist students in developing positive view of sexuality, provide them with skills about taking care of their sexual health and help them acquire skills to make decisions now and in the future,(Sex Information and Education Council of the U.S; (SIECUS, 2011). Considering the increasing rate in students' sexual activities, school setting provides an important venue for transmission of information and skills to protect students against risky sexual behaviour.

Teenage sexual activity has increased in many countries around the world during the last two decades. In 2007, 48% of high school students in the United States of America (USA) were already having sexual intercourse, and 15% of high school

students had had four or more sex partners during their teenage years. The teenage stage had the highest rates of sexually transmitted diseases (STIs) with one in four young people contracting an STI by the age of 21 (Centre for Disease Control (CDC) 2007). To deal with this challenge, USA allowed the teaching of life skills in schools. All or most students in USA currently receive some form of life skill education. However, what students learn varies widely because curriculum decisions are very decentralized owing to lack of a national curriculum thereby leaving the decision to offering life skill education to individual states and districts. This is usually taught in two main forms; there are those states that support comprehensive (abstinence plus) programme, while others support abstinence only, (SIECUS, 2011). In general, reports done on the effects of abstinence-only programmes versus comprehensive sex education programmes show that abstinence-only programmes have not succeeded in decreasing the frequency rate of teenage sex. On the other hand, teenagers who attend comprehensive sex education programmes are more likely to practice safe sex and use contraceptives; and indeed some of these programmes have helped decrease the frequency of adolescent sex (SIECUS 2011). The current study sought to assess the influence of LSE program on students' sexual behaviour in secondary schools in Kenya.

Britain has one of the highest teenage pregnancy rates in Europe, with government figures showing 39,000 girls between 15-17 became pregnant in 2006, and 7,200 girls of between 13-14 years reported pregnant the same year. This has made Britain to introduce age appropriate life skills education in all public schools including the kindergartens. This approach emulates that of the Netherlands which has one of the lowest teenage pregnancies in Europe. For the 5 years old, education is geared

towards making them understand themselves, their differences and friendships. From 11 years, when most enter high school, they are taught how to develop respectful relationships and consequences of risky sexual behaviour (Zukerbrod, 2008).

In Netherlands which, as already noted, has one of the lowest teenage pregnancy rates, STIs and fewest abortion cases in Europe, Life skills education is administered in an open way right from when children are young. It mainly lays emphasis on commitment and importance of responsibility. This encourages students to be responsible when it comes to sexual matters (Thomson, 2008). Life skills education in Britain and Netherlands has consequently impacted positively on students' sexual behaviour.

One of the strategies used by South Africa to build HIV/AIDs prevention awareness and to promote behaviour change among young people is through school based life skill education. In a study conducted by Horizons (2002), a program of the Population Council revealed that life skill program in South Africa had more impact on young people aged between 10-14 than the older youth, 14-24. The study found that young people between 10-14 are particularly receptive to messages about abstinence or delaying sex and being faithful than older people (Horizon, 2002). This means that the South African life skills program impacted positively on the students' sexual behaviour.

In 1992, the Ministry of Education and Culture in Zimbabwe initiated a compulsory life skill education program for schools in collaboration with UNICEF; *AID Action Program* (AAP). This was taught separately or integrated into other subjects

(Zukerbrod, 2008). This program has significantly helped strengthen skills among students to develop healthy sexual behaviour before risk taking commences. Introduction of life skills education therefore had a positive influence on students' sexual behaviour in Zimbabwe.

In Kenya, there is also a high number of young people experiencing sexual challenges. Studies undertaken by Demographic Health Survey, Central Bureau of Statistics, Ministry of Health, National Agency for Population and Development (NCAPD) 2003), show that many students are becoming sexually active early in their lives; age at first intercourse being as low as 9 to13 years for girls and boys respectively. The study further shows that 14% of young women and 29% of young men had had sex by age 15. Students also engage in unsafe sex with multiple partners thus increasing their health risk (CSA, 2009). Busia and Nairobi counties have a high number of students engaging in sexual activities early with figures showing 26% for Nairobi (KEMRI 2009) and Busia 21% (Dupas, 2009). Early sexual initiation can lead to abortion, HIV/AIDs infections and other related health and moral complications for the teenage mothers, their children, and society as a whole. Establishing avenues for addressing these difficulties was the motivating factor behind the government's initiative to introduce LSE programs to help students cope with the challenges they encounter as adolescents**.**

Government initiatives to introduce life skills education have in the past been done through setting up of education commissions. These have recommended that life skill education should be part of the guiding and Counselling program in learning institution (GOK, 1964; 1988). Due to high rates of HIV/AIDs infection, the Koech

report (GOK, 1999) recommended that HIV/AIDs information be introduced in school curriculum at both primary and secondary school levels and be integrated into subjects such as Social Education and Ethics, Christian Religious Education, Biology and Home science. Co-curriculum activities such as clubs, drama and sports were also to be used as avenues of educating students on HIV/AIDs. Peer counselling services in educational institutions were also established to help students assist one another to deal with developmental challenges (GOK, 1999). Life skills education was to help students make informed decisions on their sexual life. The current study sought to establish whether this has been realized.

Recent government initiatives have seen introduction of LSE in school curriculum, taught as a stand-alone subject at both primary and secondary level, as a way of complementing what was already being taught in schools. This initiative was to give the subject enough time and the seriousness it deserves (KIE, 2007). The approach used in teaching LSE is interactive; it uses role playing, mini drama, games and other innovative teaching techniques. Each school is expected to set aside one lesson per week for each class to be taught LSE. Every teacher is expected to have the knowhow to teach the subject. School setting provides an important venue for transmission of information and skills that can protect students against risky sexual behaviour. Students also constitute a homogenous and captive audience who are easily accessible and can link up with out–of-school youth, as there are many informal contacts between school going and out-of school youth (Kumar, 2000). Schools based life skills therefore give students information they need to deal with adolescent challenges.

Despite the existence of LSE in schools, high incidents of HIV/AIDs and pregnancies in Busia and Nairobi are still prevalent indicating the need for review of its implementation. To the best of the researcher's knowledge, very few studies in Kenya have been done on the influence of life skills training, not only in terms of changes in the knowledge and attitude (towards sexual activities), but also on students' response to LSE. In view of this, the study sought to assess the influence of LSE in promoting responsible sexual behaviour among the students and challenges encountered in the implementation of the program to meet its objectives in secondary schools.

1.2 Statement of the Problem

Adolescence is an important phase in life where behaviour attitudes and lifestyles that contribute to current and future health are established. It is a time of transition from childhood to adulthood, a period in which significant physical and psychological changes take place; a time when students develop habits, behaviours and relationships they may carry on into adult life. It is at this time that students become sexually active leading to cases of pregnancy, school dropout, abortion, HIV and other sexually transmitted infection (STIs). The government thus faces a crucial task of promoting healthy sexual behaviours to ensure healthy transition to adulthood for the entire student population. Pursuant to this, the government has in the past recommended that LSE be part of guidance and counseling programmes in all learning institutions. In 2008, LSE was introduced in both primary and secondary schools as stand-alone subject. The main purpose was to ensure that students are equipped with right information to promote positive healthy sexual behaviour (KIE 2007). However, despite the existence of LSE in schools and hefty financial investment towards reduction of risky sexual behaviour among students, the trend in Busia and Nairobi

counties has been less than encouraging, with rising incidents of HIV/AIDS infections and pregnancies among students in secondary schools. Studies done by Odhiambo, et al (2009); NCAPD, (2010); KDHS, (2009); and KNBS (2010) indicate that students are still getting involved in sexual activities when they are below 15 years. Studies show that by age 18, about half of girls; 47% and slightly more than a half of boys; 58% had had sexual intercourse within the previous 12 months. This indicates that students are still involved in sexual activities despite establishment of LSE in schools thus the need to carry out a study on the influence of LSE program on students' sexual behaviour in secondary schools in Kenya.

1.3 Purpose of the Study

The study sought to assess the influence of school-based life skills education program on students' sexual behaviour in secondary schools in Nairobi and Busia Counties.

1.4 Objectives of the Study

The objectives of this study were:

(i) To establish the prevalence rate of students' sexual behaviour in secondary schools

(ii) To establish the influence of life skills education program on students' sexual behaviour in secondary schools

(iii) To identify factors promoting sexual behaviour among secondary school students

(iv) To determine students' response towards life skills education programs in secondary schools

(v) To identify the challenges experienced in implementation of LSE in secondary schools

(vi) To determine the differences in the levels of influence of life skills education on students' sexual` behaviour in rural and urban secondary schools

1.5 Research questions

The research was guided by the following questions;

(i) What is the prevalence rate of students' sexual behaviour in secondary schools?

(ii) What is the impact of life skills education on students' sexual behaviour in secondary schools?

(iii) What factors promote students sexual behaviour in secondary schools?

(iv) How do students respond towards life skill education in secondary schools?

(v) What challenges are met in the implementation of LSE in secondary school?

(vi) Is there any difference in the influence of life skills education on students' sexual behaviour in rural and urban secondary schools?

1.6 Hypotheses

From objective two and six above, the following null hypothesis were formulated

Ho_1 There is no significant relationship between life skills education and students' Sexual behaviour

Ho_2 There is no significant difference in the influence of life skills education on Students' sexual behaviour in rural and urban secondary schools

1.7 Significance of the Study

In order to adequately handle challenges that face students in schools, fresh research is needed to evaluate the influence of life skills education in creating awareness and changing student's sexual behaviour in the study area. It is important to understand the extent to which the program has been implemented and challenges experienced in secondary schools. The government through the Ministry of Education can use such information to evaluate and reinforce its programmes on life skills education in schools in order to meet its objectives. The Ministry of Health on the other hand can use the findings of this study to address challenges facing students in accessing reproductive health services as well as its role in disseminating related information. The findings of this study contribute to knowledge in the area of education, counseling and sexual behaviour. Knowledge generated from the study can also be used as starting point for other studies in the area of education programs and counseling students on sexual health risk behaviour. Other stakeholders in this area can use the findings in this study to stimulate and develop improved policies and programmes that serve students effectively.

1.8. Scope of the Study

The study focused on assessing the influence of school-based life skills programme in two counties; Nairobi and Busia. The two counties are diverse in terms of geographical location, social-cultural practices and economic empowerment. The two counties also have a high population of students who, like in all other parts of the country, are at risk of making uninformed decisions due to lack of accurate information. The study involved Form Three students who have had access to LSE for more than two years and were thus in a position to assess its influence. Being in

adolescent stage, these students were likely to be more vulnerable to sexual desires and anxiety.

1.9. Limitations of the Study

i. Due to the sensitivity of the subject, respondents were reluctant to respond to certain questions. The researcher, however, assured them of confidentiality on information they gave. The researcher was denied access to some institution due the sensitive nature of the questions.

ii. The current study used *ex posto facto* and descriptive research designs. It's impossible to control the variable and to know absolute certainties which are the most crucial variables. Therefore one has to be cautious in making conclusion regarding direct relationship between the variable studied. It is also important for the researcher to have thorough knowledge of the independent variable in the context of the dependent variable. Such knowledge will guard against improper interpretation.

iii. The study was only done in two counties, thus the results might have provided information specific about only those students. It might not be prudent to generalize the results as representation of the whole student population in Kenya.

iv. The study was undertaken in secondary schools in Kenya. Based on this, there is need to be cautious about generalizing the results across all Kenyan adolescents.

v. Social desirability bias is an important consideration in interpreting the results, as questionnaires included questions of a sensitive nature. Students may have answered some questions in a manner they felt to be socially appropriate. The

researcher and the assistants, however, informed the participants that they were free to or not participate in the study in addition to assuring them of confidentiality.

1.10. Assumptions of Study

The study made the following assumptions;

(i) Secondary school students are aware of and have sufficient access to life skill education.

(ii) Adolescent pressure drives majority of students in making uninformed and risky decisions on their sexuality.

OPERATIONAL DEFINITION OF TERMS

In this section, operational definitions are presented as used within the context of this study.

Acquired Immune Deficiency Syndrome (AIDs): Refers to a situation when human body immune system becomes damaged that it can no longer fight off diseases and infections.

Adolescence is a transitional psychosocial and biological period of growth from childhood to adulthood. A term used to refer to students in secondary schools.

Assessment: An evaluation of the program on students' sexual behaviour

Awareness: Having knowledge on reproductive health and life coping skills, and being able to use the information to make wise decisions with regard to one's sexual life.

Education Program: Process of providing students with information on life skills

Human immunodeficiency Virus (HIV): it is a virus that attacks the body immune system, the system that fights infection and diseases.

Influence: How having knowledge on life skills education can change sexual behaviours of the students.

Life skills education: Information given to students relating to maturity in terms of physical, emotional changes, as they mature and interact with the environment. These are life coping skills such as negotiation, self-esteem among others. Information that can help them form attitudes, beliefs and values about identity, relationships and intimacy. LSE can also be referred to as family life education, reproductive health education or sex education in societies that are less conservative.

Negotiation skills: These are skills that enable students who hold different opinions on sexual matters and feel that they have to defend their opinions, to discuss the issue in a calm and open way so as to come up with a solution that is acceptable to all.

School-Based Life Skills Education: Programme on life skills that students study in secondary schools

Sexual behaviour: Total expression of who we are as embodied male and female persons; our beliefs, values and how we relate to one another as male and female.

Risk factors: Those variables that increase the likelihood that certain negative outcome, in this case, risky adolescent behaviour will occur.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The current study sought to establish the influence of life skills education program on students' sexual behaviour in secondary schools in Kenya**.** This chapter therefore is a summary of related literature review in the study. It also contains the theoretical framework and conceptual framework.

2.1. Introduction of School-Based Life Skills Education Program in Schools

This section looks at the introduction of life skills education and its development in Kenya as well as in other parts of the world. The current cohort of Kenyan adolescent is the largest ever. To contribute to their full social and economic potential, they need the knowledge and skills to make the right choices about their sexual life. Ages 0-24 are critical formative years for the development of behaviour and skill of an individual. During this period learners in pre-school, primary and secondary schools face varied challenges, ranging from social, psychological and physiological, all which need to be addressed. These challenges include negative peer pressure, gender bias, violence, early marriages, teenage pregnancies, indiscipline, early sexual onset, drug and substance abuse, rape, incest and HIV/AIDs pandemic (KIE, 2007). In the light of this, many international conventions and conferences have highlighted adolescents' reproductive needs.

Advocates worldwide recognize the need to address the political and social context in which young people make decisions about sex and reproduction. Globally,

commitment to meeting adolescents' needs has never been higher. International conferences and agreements such as the 1989 convention on the rights of the child, the 1994 International Conference on Population and Development (ICPD), the United Nation World Program of Action for Youth to the year 2000 and beyond, and 2001 U.N. General Assembly special Session on HIV/AIDS have affirmed the young people's needs for information, Counselling, and high quality sexual and reproductive health services (Rosen, 2004).

Against the background of these international agreements, to which Kenya is a signatory, the government of Kenya took a number of important policy steps to support introduction of life skills education in schools. These include enactment of The children Act of 2001; Education Sector Policy on HIV and AIDS (2004); Sessional Paper No 1 of 2005 on Education, Training and Research; the Kenya Education Sector Support Programme (KESSP) (2005-2010); School Health Policy, establishment of Adolescent Reproductive Health and Development Policy (2003); National Youth Policy (2007) and Reproductive Health Communication Strategy (2010-2012). These policies provided an overall supportive political environment for LSE in schools. The government has also established several education commissions, which recommended that LSE be incorporated into counselling programme and also infused into certain subjects.

Though it was first established on a national scale in Europe in the 1960s, developing countries introduced school-based life skills education in the 1980s. The emergency of, HIV/AIDS gave many governments the impetus to strengthen and expand LSE programme. Currently, more than 100 countries have such programs, including almost

every country in Sub-Saharan Africa (McCauley and Salter, 1995; Smith, Kippax, and Aggleton, 2000; Rosen and Conly, 1998). U.N organizations such as UNFPA, UNESCO, and UNICEF have traditionally been leading international supporter for LSE. World Bank through its intensified efforts to help countries fight HIV/AIDS has also become major funder of LSE (World Bank, 2002) many other bilateral donors and private foundations and organizations support and promote LSE worldwide.

Many countries now consider the development of school-based life skills as one important way to help students improve their reproductive health and deal with their sexuality. In Thailand the impetus of initiating life skills education was prevention of HIV/AIDs, where as in Mexico and the Caribbean, it was initially the prevention of adolescent pregnancy (UNICEF, 2003). Key components in the programme included reproductive health knowledge, attitude and values, assertiveness, self-awareness, negotiation skills among other topics. These components play a key role in ensuring that students have adequate knowledge on reproductive health, have necessary life coping skills that they can use to reinforce and promote attitudes and behaviours that will lead to better quality of life for students (AIDs population, and Health Assistance Program APHIA plus, 2012).

Throughout the Eastern and Southern African region (ESAR), there has been a growing awareness that life skill education for children and adolescents has for a long time been largely neglected in formal education systems that have prioritized impartation of academic knowledge. However, it has become increasingly clear that such prioritizing of academic knowledge without acquisition of psychosocial skills is an inadequate way of preparing young people for the complex challenge that exist in

our world today. Therefore, there is a need for the students to be enabled to develop positive values, attitudes, skills and healthy behaviour in order to help them effectively deal with the challenges of everyday life. The psychosocial challenges can be overcome through school-based life skills education (KIE, 2007).

Life skills education is defined as a long life process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. School-based life skills education is one of the most important and widespread ways to help young people improve their reproductive health. It can enable young people to make careful decisions about their sexual and social life; contribute to better health (reducing unintended pregnancies and sexually transmitted infections (STIs), including HIV (UNAIDS, 2011). Such programmes if thoughtfully designed and well implemented, can provide young people with a solid foundation of knowledge and skills. School setting also provides an important venue for transmission of information and skills that can protect students against risky behaviours (Rosen**,** 2004).

Apart from school-based LSE, other organizations offering life skills education to adolescents in Kenya include; Lions Quest Skill for Adolescent Program for Secondary Schools, Faith Based Organizations (FBO); and AIDS, Population, and Health Assistance Program (APHIA plus). The programmes intends to expand the integration of LSE to schools using the already approved curriculum and trained teachers and be in line with the National School Health Guidelines from Ministry of Public Health and Sanitation and Ministry of Education (MOPHS & MOE, 2009, APHIA plus, 2012). In collaboration with the Dutch World Population Foundation (WPF), the Centre for the Study of Adolescence (CSA) and the Ministry of Education

did piloting on a computer based sexuality education programme dubbed the "World Starts with Me" (WSWM) for young people between 12-19 years, in Kenya beginning early 2006. The aim of the program was to promote sexual and reproductive health as well as integration of HIV/AIDS and adolescent development into the school system. The WSWM is an innovative approach which combines knowledge transfer, attitude development and skills building with training in computer skills (CSA, 2007). All the above programs aim to provide students with information to help them develop attitudes and skills to be able to make decision based on reason, asses risk and consequences of decision and action taken. When the programs are effectively implemented, it will complement LSE in giving students information on reproductive health.

The Centre for the Study of Adolescence through its outreach program has been implementing activities aimed at increasing access to RH and HIV/AIDS information among secondary school students in selected districts in Nyanza province. Activities have included the recruitment and training of youth peer educators and the sensitization of guidance and counselling teachers. Representatives of the peer educators were trained as trainers in basic reproductive health information and life coping skills. Peer education clubs were then established and outreach programs to other schools initiated. The goal of this project is to increase knowledge and encourage healthy relationships. All these groups have different programs that play a key role in promoting LSE in schools, thereby making students able to make informed decisions on sexual matters CSA (2009)

2.2 Prevalence of Students' Sexual Behaviour in Secondary Schools

Students' sexual behaviour is typically described in terms of age at first intercourse, number of sexual partners and rate of condom use and frequency of sexual activities. Increasingly, public health policies and programs have focused on the sexual and reproductive health needs of adolescents, particularly in the developing world. This is largely as a result of recognition that adolescents constitute a large segment of developing countries population that is disproportionately affected by negative reproductive health outcomes due to limited information. Even with those who indicate they have knowledge on consequences of risky sexual behaviour, results in many studies have shown that perception of risk and high knowledge do not necessary translate to behaviour change (CSA, 2009; Odhiambo, Bukusu and Waweru, 2009). Apart from immediate consequences of students' sexual behaviour; unwanted pregnancy, parenthood, sexually transmitted infection, and exposure to HIV/AIDs, there are long term consequences that may affect them socially and economically such as dropping out from school. .

In 2007 in the USA, 48% of high school students had had sexual intercourse, and 15% had had four or more sex partners during their life (CDC, 2007). 39% of sexually active high school students reported not to have used a condom during the last sexual intercourse (CDC, 2007). In Kenya, Demographic Health Survey (KDHS) (2009) indicate that 12% of young women and 22% of young men 15-19 years old had had sex before they were 15 (KNBS and ICF Marco, 2010). Some become sexually active as early as 12 years of age, long before they are physically mature. Adolescent partnerships are sometimes not exclusive and sexual activity is often unprotected (NCPD and MOH, 2003).This shows that adolescent begin their sexual activities early

in life when they not physically mature and end up with complications. The research sought to find out the influence of LSE on students sexual behaviour.

Adolescent boys are more likely than adolescent girls to have multiple partners. Among sexually active young men of ages 15-19, approximately 17% had multiple partners (KNBS and ICF MARCO, 2010). The average number of sexual partners among boys that age was three, compared with two among women of the same age. The main reason male students have more multiple partners than female could be attributed to cultural tolerance of male sexual activities and in some societies may even encourage it. There is need to assess the influence of culture on students sexual behaviour. Of those who were sexually active, less than 30% used condoms at the first time they had sex, but consistent use gets lower (NASCOP, 2009). More disturbing is the fact that less than one in four women of ages 15-19 used condoms. (KNSB AND ICF Marco, 2010). People who begin sexual activity at an early age tend to have more unprotected sex and more lifetime sexual partners, placing them at greater risk of unplanned pregnancy and STIs, including HIV. Lack of knowledge on contraceptive among young people is most reported reason for non-use. Therefore there was need to establish the influence of LSE on students' sexual behaviour.

2.3 Influence of Life Skills Education on Students' Sexual Behaviour in Secondary Schools

In this section the researcher looks at the influence of life skills education on students' sexual behaviour in secondary schools. Informing students about appropriate and acceptable behaviour and ways to protect themselves against unwanted and unprotected sex is a controversial subject. In Kenya, parents, teachers, religious and community leaders as well as health care providers are all expected to educate

students about their roles in society. But their capacity to do so in comfortable, open, unbiased way is lacking (Askew, Chege and Njue, 2003). Students therefore rely on the media and friends for life skills education, sources that could give inaccurate information. High levels of awareness on LSE help students understand aspects of sexuality and learn to make responsible decisions based on personal values. It also assists them have a better understanding on why they should choose a certain behaviour and feel more responsible for their decision.

A review of school-based programs in developing countries (FOCUS, 2001) found strong evidence of the effectiveness of such programmes in improving student's sexual health. Ten of the 19 school programmes that had undergone relatively rigorous evaluation in Africa were found to be effective in improving young people's knowledge of sexual and reproductive health including HIV/AIDs prevention. Nine of the 14 schools programmes were effective in improving students' behaviour such as delaying sexual debut, decreasing the number of sexual partners, and increasing use of prevention among students who are sexually active.

One of the main fears of parents and other adults is that giving students information about sex will make them become sexually active. The evidence from two reviews done by World Health Organization (WHO) (2005) in Lesotho, shows LSE did not encourage sexual activity among students. This means the LSE program had a positive influence on students' sexual behaviour. In one exhaustive study, the U.S. National Campaign to Prevent Teen Pregnancy reviewed over 250 programs in the United States and Canada. It was found that in almost all programs, LSE did not lead

to either the initiation to sexual activity or an increase in the frequency of sex among students (Katz and Finger, 2002).

Virtually all comprehensive sex education programs in USA promote abstinence from sexual activity as part of the curriculum, and try to teach students how to resist pressure for premarital sex. One type of programme known as the "abstinence-only-until-marriage" approach teaches students the social, psychological, and health gains to be realized by abstaining from sexual activity. Such abstinence-only programs do not offer students other strategies, for example, quality information for students who already are or may become sexually active. These programs include conversations about character building and values but neglect reality that students are having sex at more tender age, with more than a third of 15 years old boys having had sexual intercourse, as had 27% of 15 year old girls (Ngenda, 2000); thus telling them to "just say no" is not likely to change their minds. They need information to help them make decision on their sexual life and negotiate sexual pressure.

An assessment to determine how effective the abstinence only programme has been in achieving important student's outcome such as delaying sexual activity was carried out on three programs in USA. This included one large program carried out in California for students aged 12–13 years. None of the programmes reported any significant influence on the initiation of sexual activity, frequency of sexual activity, number of sexual partners, use of condoms, or use of contraception (Kirby, 2001). By contrast, programmes that provided comprehensive information and included abstinence promotion as an important message have been shown to delay sexual

debut, decrease the number of sexual partners, and increase condom use among youth who are sexually active (FOCUS, 2001).

Giving student's information on life skills education can affect them in many ways. Information encourages higher level of abstinence and responsible decision making, (UNPF, 1997). Learning about LSE is part of larger developmental process that could help the youth develop self-esteem, a sense of hope and goals for the future, and respect for others as part of the process (Askew, Chege and Njue, 2004). Life skills education helps students understand the value aspects of sexuality and learn to make responsible decision based on their own personal values. This will assist them have a better understanding on why they should choose a given behaviour and feel more responsible for their own decisions. They can learn life skills to help them translate knowledge, attitude and values into healthy sexual behaviour. This can make them reduce specific health risks, such as unintended pregnancies and HIV/AIDs/STI transmission, and adopt healthy behaviour that could improve their lives in general. This process also involves planning ahead, seeking help and forming positive relationships (Hughes at el, 1997). They strengthen self-esteem which will make them confident in their ability to perform certain tasks such as persuading male partners to conform to safe sex or delay sexual activities (Birdthistle and Vince-Whiteman, 1998).

Equipping students with knowledge can help those who are not sexually active to delay first intercourse and if they are already sexually active to practice safer sex or abstain altogether. Life skill education can also help change the perception that is detrimental to the well-being of students especially boys who hold conservative

attitudes about the role and rights of girls and women. Helping boys to develop self-esteem, sense of purpose in life, being responsible for their actions can lead to better treatment of girls and less risky sexual behaviour (FHI, 2000). Given the information the students are able to understand better the changes taking place in their bodies and thereby be able to manage the changes in a positive way. LSE helps to make students cautious against the dangers of experimenting with sex at a younger age, sensitizing them and also warning them about the potential exposure to deadly diseases (Rosen, 2004).

Life skills education also helps equip students with the skills to differentiate between accurate and inaccurate information, and to discuss a range of moral and social issues and perspective on sex and sexuality. It provides young people with an opportunity to explore the reasons why people engage in sex, and think about how it involves emotions, respect for one self and other people and their feelings, decisions and bodies (PATH, 2004).

On the other hand, students who lack or have inadequate information get involved in early sex, having multiple partners which puts them at high risk of HIV/AIDS and unwanted pregnancies. Adolescent parents are not ready or able to rear children and therefore place an extra burden on their parents. The young mothers may discontinue school, experience financial problems, loneliness, physical health and other stresses that have negative effects on quality of life and role of women in society (WHO, 2002). Their behaviour results in wastage of limited financial and material resources and also has negative social and psychological impact on the individual, household,

community and nation (Smith, & Colvin, 2000). The current study assessed the influence of LSE program on students' sexual behaviour in secondary schools.

2.4 Factors Promoting Sexual Behaviour among Students

In this section the researcher looks at factors that influence students to engage in risky sexual behaviour. This was important in assisting the researcher to assess the influence of LSE in addressing these factors. Emerging evidence from USA and developing countries indicate that a number of issues influence sexual and risk-taking behaviours among students. Often a teen's decision to have sex is influenced by other behavioural factors, including a history of substance use and abuse. Use of alcohol and illicit drugs has been proposed in some studies as a contributing factor to sexual risk taking since they impair an individual's judgment and decision making and increases the risk of unintended pregnancy or sexually transmitted infections (WHO, 2005).

In 2007, 23% of high school students in Kenya who had sexual intercourse three months prior to the study reported to have drank alcohol or used drugs before their last sexual intercourse (CDC, 2007). In Kenya the single most important predictor of sexual activity among adolescent girls was using alcohol, drugs or tobacco (Kiragu & Zabin, 1993). The alcohol-sex linkage has serious implication for the health of student's population. Where students use alcohol before they engage in sex, majority do not protect themselves, exposing themselves to risk of pregnancy and STIS. Students therefore need a lot of information on LSE to help them make informed decisions on their reproductive health and protect themselves from risky behaviours.

Another key factor in student's high risk sexual behaviour and adolescent pregnancy is sexual victimization. According to studies done in USA by Boyer and Fine (1999); Moore (1997) and Stock (1997), victims of childhood sexual abuse may be at increased risk for pregnancy during adolescent. Pregnant students who have reported a history of sexual abuse are more likely to engage in subsequent risk behaviour than those who have not been abused. Such consequences of sexual abuses include; young age of first voluntary sexual intercourse, high frequency of sexual activity and greater number of sexual partners.

In a national survey done in USA (Commonwealth Fund, 1997) girls who had been physically or sexually abused report the abuse occurred at home, took place more than once, and the abuser was a family member or family friend. In addition, one in four high school girls claim they had been sexually or physically abused on a date by a friend. Seventy four percent of students who had intercourse before age 14 and sixty percent of those who had sex before age 15 report having sex involuntarily (Allan Guttmacher institute 2005). This shows that even if LSE is introduced in schools there are still other factors that make students engage in risky sexual behaviour.

Over the years, crime and violence have become the leading causes of death of adolescents (Ozer 1997). While adolescent crime has increased in recent years, it's equally important to note that students are also the most likely victims of crime. In addition, children of teen parents have been found to be at increased risk of conducting juvenile offences as well as experiencing violence and abuse themselves. Crime and violence correlates with students' involvement in risky sexual behaviour. According to a survey of students in Texas USA, those who were involved in physical

fights and carried a weapon were also likely to have more sexual partners and use alcohol more than other students (Orpinas, 2002). Crime and violence therefore affect the effectiveness of life skills education in changing students' behaviour.

Some cultures tolerate and encourage risky male behaviour and boys generally engage in more risky sexual activities than girls (WHO 2000). The role of manhood, promoted in many societies and pressure to be sexually experienced, may discourage young men from showing affection or other emotions while encouraging them to seek control, success and power over girls. In Mexico, for example, mortality rates for females are about equal to those of men until age 14, when male mortality begins to increase. Mortality is twice as high for males as opposed to those of females among people of 15-24 years old. The leading cause of death for young men is accidents and homicide. Many men feel stressed as a result of not being able to live up to the expected norms of manhood (WHO, 2000). This makes boys to generally begin sexual relationship at an earlier age, having more partners than girls to satisfy the expectation of society. Social and cultural issues therefore affect the effectiveness of LSE in changing students' sexual behaviour.

Economic constraints and poverty are also major risk factors for unhealthy sexual behaviour among students. Limited economic opportunities increase the risk of early debut and unprotected sexual activity and encourage cross-generational sex for financial gain. At the same time, poverty can be a consequence of risky sexual behaviour. Many students (girls) will have sex so as to get financial help and in the end they get pregnant and drop out of school; which perpetuates poor health and poor educational outcomes. In a study carried out by Family Health International in Kenya (FHI) (2005), many students disclosed they had been approached by older men who

offered them money and gifts in exchange for sex. This had also happened to young men who had been approached for transactional sex with older women especially in Nairobi (FHI, 2005). There is a great need therefore, to equip students with skills to make responsible decisions.

Peer pressure has a significant influence on adolescent sexual behaviour than any other factor. A teenager spends more of his or her time with peers than with family members. The interaction is direct, and much more powerful than the influence of teachers and other authority figures. Most young people tend to confide in their peers and turn to them for advice when faced with a crisis(YouthNet, 2002). If students feel compelled to fit in the team, they may do things that go against their beliefs simply to be part of the group. Peer pressure tends to have more effect on students with low self-esteem as they are easily influenced. Peers are therefore a vital source of risk and a source of protection for students as well. Peer education has been used as a strategy in youth programmes such as those that aim to prevent the spread of HIV/AIDS and can be more successful if the educators have a profile similar in sexual experience to the target audience.

Several studies done by UNICEF found an association between educational attitudes and students sexual behaviour. Data suggest that students with high educational aspiration and greater involvement in academic pursuit are more likely to delay first sexual intercourse. Frequency of church attendance has also been consistently shown to be an important correlate of adolescent involvement in sexual intercourse. Adolescent who attend church more frequently are more likely to delay first intercourse **(**UNICEF, 2002). A study done by Rostossky,Wilcox and Randall (2004)

postulates that 40% of girls who reported to not have engaged in sexual activity cite religion as their motivation to abstain. Therefore religion acts as a means of social control as students who subscribe to religion tend to start their sexual activities later in life. Studies have been done on adolescent sexual behaviour, but little attention has focused on factors that promote these behaviours.This study therefore aimed at establishing factors that promote sexual activities among students and the influence of life skills education program on their behaviour in secondary schools.

Studies done have identified, an association between parenting measures and outcomes. Parents who are strict and monitor the movement of their children can lead to delay sexual debut Bonnell, Strange, Oakley, Cupas, Johnson and Stephenson (2006). In another study, good parental communication about sex might forestall or postpone a child's sexual activity. A study of family interaction patterns in homes with teenagers found that adolescents who experienced open communication and satisfaction with family interaction also reported having receieved more sex education in the home Olson and DeFrain (2000).

2.5. Students' Response Towards Life Skills Education Program in Schools

This section looks at students' responsiveness towards LSE and the influence on sexual behaviour. It is acceptable that students need age appropriate information about physical and emotional development, the potential risk of unprotected sex and substance abuse. They need life skill to enable them translate- knowledge, attitude, values into healthy behaviour (UNPFA, 2002). Most students are eager to receive life skills education and are open to advice on how to handle personal problems.

In a study done in Lesotho by Mturi and Hennik, (2005), students were asked their view on school -based life skills education. All students, regardless of gender or location, felt that life skills education should be provided in schools. They expressed strong views not only about the importance of receiving information on sexuality and safe sex, but also about the need to be guided in skills to negotiate sexual pressure. Many young people felt that their lack of awareness of sexual issues was due to the lack of reliable information sources and that pressure for sex often led to unwanted outcomes such as pregnancy or STIs. One student gave the following view on the importance of LSE;

> *I find it okay, so that one can get to know more about these things and find ways of avoiding them. Even if you do them, at least you are aware of the repercussion (*Mturi and Hennink (2005)

The above statement shows students are interested in getting information on LSE, so they can be aware of consequences of risky behaviour. In the same study, students also felt that the classroom setting provided an important opportunity for discussion and clarification on sexual issues. Delivering sexual information in schools could also address the difficulty in discussing these issues with parents and could provide a neutral information source. The girls would be able to seek advice from teachers on issues of sexual pressure and learn skills of empowerment and negotiation in sexual encounters.

In a study done in India by Parwej, et al, (2005), students highlighted that LSE needs to include not only the basic information on biological, social-cultural, psychological and sexual health, but also components on skill development, negotiating sexual pressure and sexual empowerment. These areas are paramount to enable girls

negotiate safe sexual experiences and feel confident in situations of sexual pressure. Sexual communication and skills training is important for young men who are under pressure to prove their manhood, as well as for young women who are often expected to be sexually submissive (Kiragu and Zabin 1993, Kirby 2001). Students who perceive LSE in a positive way are likely to use information received to improve on their sexual life while those who perceive it negatively are unlikely to implement the information gained and therefore will continue involving in risky behaviour such as sex. Students need LSE education when still young so that they can make informed decisions early.

2.6. Challenges Faced in Implementation of School- Based Life Skills Education Program in Secondary Schools

After the 1994 International Conference on Population and Development (ICPD) held in Cairo, many countries revised their Reproductive Health (RH) policies in accordance with the ICPD Programme of Action (Obare, Birungi, and Kavuma, 2010). Some of the key RH issues outlined in the Programme of Action that the new policies sought to address included the rights and the need to address the sexual and reproductive health (SRH) issues concerning adolescents (UN/DPI 1995). Despite formulating policies that conform to international charters such as the ICPD Programme of Action, a major challenge facing many developing countries, Kenya included, is the gap between the formulation and implementation of the policies (World Bank 2001). In many developing countries, policy formulation is influenced by international and national governmental and non-governmental actors (Brock et al. 2002; Neema, Musisi & Kibombo 2004) Therefore local adaptation can be a

challenge in implementation since every country tries to modify the program to ensure cultural relevance and its acceptability.

Another challenge is whether to organize the course as a stand-alone subject or integrate it into another course with similar goals and objectives. In Kenya, some aspects of LSE are integrated into various subjects while others are taught as a stand–alone subject. This brings a lot of confusion in implementation. In some countries the course is made "examinable" while others do not test students on their achievement in learning the subject matter (Senderowitz**,** 2000). This makes the subject not to be taken seriously by the students and teachers. Teacher training is also a challenge everywhere, including in developed countries. A recent national review of LSE in Britain recommended teachers to be given further guidance about content and methods in teaching about sexuality and termed lack of teacher training as a barrier to quality program implementation (Office for standard in Education (OFSTED, 2002). Selecting and motivating teachers to handle the subject is a challenge as most teachers already have a heavy load in other teaching subjects and expect extra compensation for added responsibility (World Bank, 2003).

The actual implementation, on the other hand, faces a number of local realities including the socio-economic, socio-cultural, and political environment in a particular country. The implementation process is, for instance, influenced by the available infrastructure and human resources, budgetary allocation, personal interaction between policy-makers and implementers, the political establishment, as well as the cultural acceptability of the programs put in place in response to the policies **(**Brock et al. 2002; Glenngard and Maina 2007).

In Kenya for example, the full implementation of LSE has been hampered by lack of adequate funds and awareness among various stakeholders; inadequate mechanisms for popularizing the policies, as well as bureaucratic delays (CSA, 2009). Some stakeholders might be unaware of the existing programme and this could be due to the absence of adequate mechanisms for disseminating the policies. This implies that interaction between policy-makers and implementers is lacking. It could also be that some of the key players who were aware of the policies are no longer there. The inadequacy of the existing policies in addressing the needs of students could, on the other hand, be due to cultural challenges of dealing with adolescent sexuality in general. In Kenya, as is elsewhere in Sub-Saharan Africa, social and cultural norms restrict the discussion on sexual issues between students and adults to certain topics and people Family health International (FHI, 2002).

Public negative attitude towards life skill education and especially human sexuality constrain open discussion about it and therefore creates a barrier that may prevent students from receiving accurate, unbiased and complete information (Schueler & Barnet 2000). Moreover, for those who are young and are sexually active, negative social norms and attitude concerning what age one should access the service hinder access, thereby increasing the risk of unwanted pregnancy and infection including HIV/AIDS. In many countries Kenya included, providing life skills education is a very controversial and sensitive subject making it hard for open discussion on the matter. Students face many challenges as they grow up, so are the obstacles they face in trying to maintain good health and good life.

Deeply held cultural and social beliefs by the public on life skills education make it hard for service providers to give information to the students. The belief that knowledge among students will lead to sexual activities has also been a challenge to disseminating LSE. Adolescent needs have not received universal recognition and services that are designed to meet these needs lack adequate funding or technical support. Teachers also create challenges due to their judgmental attitude towards students' reproductive life. They have set standards of what they expect of the students and how and when they should behave. All this create challenges to open discussion on LSE and especially sexuality remains a taboo in majority of societies (Schueller et al, 2006).

On the part of female students, they are reluctant to discuss their issues with teachers in the belief that their innocence should be protected. Male students may remain ignorant and ill prepared because adults assume they already have information. To add to these, dominant masculinity ideologies may prevent boys from asking for information, for fear of appearing ignorant and therefore unmanly (YouthNet, 1998).

The other challenge is the opposition from the mainstream churches, especially the Catholic Church which has voiced its opposition to the introduction of LSE in school curriculum, arguing it will increase immoral behaviour among students. Its top organ, the Kenya Episcopal Conference (KEC) argues that the introduction of sex education is not the remedy to the deteriorating moral standards. Such sentiments from the church discourage open discussion on the subject. After the recent shocking statistics, which showed increased moral decay among the students, some stakeholders have been fronting for the implementation of life skills education in schools' curriculum as a measure to curb the rot (Kenya Episcopal Conference (KEC) (2007).

Life skills education has been introduced in primary and secondary schools by the government but its full implementation has been hampered by a number of factors. These include available budgetary allocations, political and cultural acceptability of discussion on issues relating to adolescent sexuality in general**,** available infrastructure and human resource to implement the programme (Glenngard, and Maina, 2007). Parents are also reluctant to take responsibility of teaching LSE to their children, this is compounded by the weakening of traditional structure, where old members of society, including uncles and aunties had the responsibility of teaching LSE to young people. Another challenge is the silence of education Sector policy on HIV/AIDS and sexuality education (UNAIDS 2011). The greatest challenge for effective implementation to LSE, is political and cultural acceptance of the program considered sensitive (Brock et al, 2002; Neema et al, 2004).

A recent situational analysis on implementation of LSE curriculum conducted by FHI in collaboration with UNESCO revealed that LSE curriculum is not being fully implemented in schools, and social information gaps on sexuality among young people exist. The study, therefore sought to assess the challenges faced in implementing LSE in schools.

2.6.1 How life skills education program respond to challenges

Many societies recognize the reproductive health threats facing young people especially HIV infection and unwanted pregnancy and see the schools as an appropriate -venue for addressing such threats. They are, however, also concerned with upholding traditions and beliefs, including the expectation that young people abstain from sexual activity until marriage. Therefore as efforts are made for students

to access information on LSE they equally encounter challenges. This section looks at some of the strategies used to overcome the above challenges.

Accurate and understandable information is given to defuse conflict and mobilize support for programmes by demonstrating the magnitude of adolescent health problems. Such information can also help to allay the unfounded fears of parents and community leaders alike: that such programs promote sexual activity. A study done in Mexico (Pick *at el*, 2000) showed that students taking a pilot LSE course were more likely to use contraception but not more likely to have sex than students who did not take the course. As another powerful tool in gaining support from politicians, advocates used a public opinion poll showing widespread, though silent, support among parents for improving LSE. By publicizing the high level of public support for such programs, advocates helped embolden many supporters who might otherwise have remained silent (Rosen, Murray & Moreland, (2004).

Involving traditional and religious leaders. Successful programs make contact with and enlist the support of traditional and religious leaders. The Lentera Project of the Indonesia Planned Parenthood Association, a peer education program to inform youth about sexuality, involved skeptical religious leaders in a number of its activities. Many who attended such events later became more accepting of the project's work, Indonesia Planned Parenthood Association (IPPA, 1999).

Open communication through the mass media and at a more personal level helps remove the taboo from discussions on adolescent sexuality and can provide information, redefine social norms and change attitudes and behaviours. To address

anticipated resistance to a new sexuality education program, government officials in Tanzania launched a mass media campaign using radio, television, and newspapers. The campaign played a key role in bolstering public support for the programme and gaining community acceptance (WHO, 2005).

Many programmes have overcome resistance by drawing on the support and active involvement of teachers, parents, and other caring adults. In Iran, the involvement of parent-teacher associations has eased the introduction of government sponsored reproductive health education in the schools (Greene, Rasekh, & Amen, 2002). In Senegal, organizers of LSE courses involve parents and teachers in the design of the programme and invite them to participate in various programme activities (World Bank, 2003).

Community involvement particularly where resistance to life skill education may initially be high has proved successful. One project working in a rural area of Peru used the community "self-assessment" approach to design culturally appropriate adolescent sexuality programmes. Project staff gathered information on youth concerns from young people and key adults, including parents, civic authorities, teachers, health workers, and clergy. Adults and youth formed adolescent health committees to identify and set priorities for adolescent sexual and reproductive health needs and to propose concrete actions. A community mobilization approach for LSE has proved successful in a wide range of countries, including in Bangladesh, Burkina Faso, Egypt and in Kenya (Senderowitz, 2000).

Where controversy is likely, a gradual approach may be appropriate. In the Central Asian republics of Kazakhstan, Turkmenistan and Azerbaijan, LSE courses were piloted first as a way of garnering broader support (UNFPA, 1999). In Morocco, opposition to a new sexual health curriculum forced the Ministry of Education to postpone wide-scale introduction of certain controversial topics. The Ministry took a "go-slow" approach to implementing the curriculum at selected schools (Beamish & Abderrazik, 2003).

In Kenya, a national consultation involving multiple stakeholders was convened in 2011 and put a few recommendation to help strengthen LSE, creating strategy, engaging with local stakeholders by conducting fieldwork to understand stakeholders perspective on LSE as currently implemented and comparing currently implemented LSE to UNESCO International Technical Guidance. At school level, it is neccesary to build institutional support within the school. This require building a muilt-sectoral team within the school and developing an operational plan that includes all stakeholders. During 2014 population day whose main theme was "Adolescent Pregnancy" cabinet secretary for education retaliated government decision to review Life skills curriculum to enhance provision of comprehensive sexuality education: reinforce the capacity to implement, monitor and evaluate related programs as indicated in recently launched 2013 Education Sector Policy on HIV and AIDs. The policy, is expected to guide programs on how to address the HIV/AIDS needs for young people in education sector, (NCPD, 2014) This will help strengthen LSE in schools.

2.7 Theoretical Framework

Social scientists have organized observation facts about students' sexual behaviour into complex theoretical models. The research employed two theories, Social Learning theory and Theory of Reasoned Action to guide the study.

2.7.1 The Social Learning Theory

Social Learning Theory was proposed by Albert Bandura, (1977). The theory has three core concepts. First, that people can learn new information and behaviours by watching others. Known as observational learning (or modeling), this type of learning can be used to explain a wide variety of behaviours. Next is the idea that internal mental states are an essential part of this process. Finally, this theory recognizes that just because something has been learned, it does not mean that it will result in change of behaviour. In the first basic concept, people can learn through observing the behaviour of others**,** attitudes and outcomes of these behaviours. In his studies, Bandura, demonstrated that people learn and imitate behaviour they have observed in other people. He argued that people model according to three things, reaction they receive from either positive or negative behaviour, secondly, behaviour of those adults with whom they come in contact with especially parents, peers and teachers, and lastly, behaviour they view on electronic media.

He argued that not all observed behaviours are effectively learned. Factors involving both the model and the learner can play a role in whether social learning is successful. Social learning theory outlines three requirements for people to learn and model behaviour which include attention: retention (remembering what one observes), reproduction (ability to reproduce the behaviour), and motivation (good reason) to want to adopt the behaviour.

In the second concept, mental states are key to learning. This is what Bandura termed as Intrinsic Reinforcement. Bandura noted that external, environmental reinforcement were not the only factors to influence learning and behaviour. He described intrinsic reinforcement as a form of internal reward, such as pride, satisfaction, and a sense of accomplishment. This emphasis on internal thoughts and cognitions help connect learning theories to cognitive developmental theories. The approach holds that people weigh the benefits and consequences of future actions before making a decision whether to engage in them or not. If the potential pain associated with behaviour outweighs the suspected gain, they will refrain from the action. However if he feels he can gain, he will engage in risky behaviour. Therefore, students' decision to engage in risky sexual behaviours is determined by the perceived consequences of their action. If the consequences are positive they will engage in the activities, but if negative they will desist. Students who have information on LSE and know the consequences of risky sexual activities are likely to refrain from such activities until the right time. Also, students who experience educational and job success and do perceive positive future opportunities for themselves have stronger motivation for avoiding early pregnancy and parenthood. To some extent interventions that focus on enhancing educational achievement are effective.

The third concept of social learning theory, argues that learning does not necessarily lead to a change in behaviour. While behaviourists believed that learning led to a permanent change in behaviour, observational learning demonstrates that people can learn new information without demonstrating new behaviours. Studies have shown that even those students who have knowledge on the consequences of risky sexual behaviour do not necessary translate it into behaviour change (CSA, 2009). Most of

them despite having the information and even having suffered the consequences of sexual activities, still go ahead to engage in risky behaviour which are detrimental to their health.

2.7.2 The Theory of Reasoned Action

In an attempt to establish a relationship among beliefs, attitudes, intentions, and behaviours, Fishben and Ajzen (1975, 1981) proposed the Theory or Reasoned Action (TRA) based on two assumptions. First**,** that human beings are usually quite rational and have the ability to process and use the information available to them; and second, humans use the information they process` to achieve a reasonable behaviour decision by considering the implication of their action in a given context at a given time before they decide to engage or not to engage in a given behaviour, and that most action of social relevance is under volitional control (Ajzen, 1980). It focuses on perceived susceptibility, perceived benefits and constraints to changing behaviour.

The theory of reasoned action specifically focuses on the role of personal intention in determining whether behaviour will occur. The theory argues that a person's intention to change behaviour is based on the attitude towards the behaviour and social influence. Attitude is a tendency to react positively or negatively towards an object (Sartian, 1973). The underlying assumption of LSE is that the development of positive attitudes will produce a corresponding change in behaviour of students, and this is normally a function of the individual's perception of the object in the present situation. Therefore if LSE goal is to influence sexual behaviour, then concerns should be about the attitude results and its accessibility from students' memory (Sartian, 1973). This is because attitudes don't directly predict behaviour, they predict

intention and intention predicts behaviour. Studies undertaken by Brown and Larry, reveal that information alone is not sufficient to cause a positive attitude in students' behaviour towards sexual activity, but that there are other factors (Brown & Larry 2000).

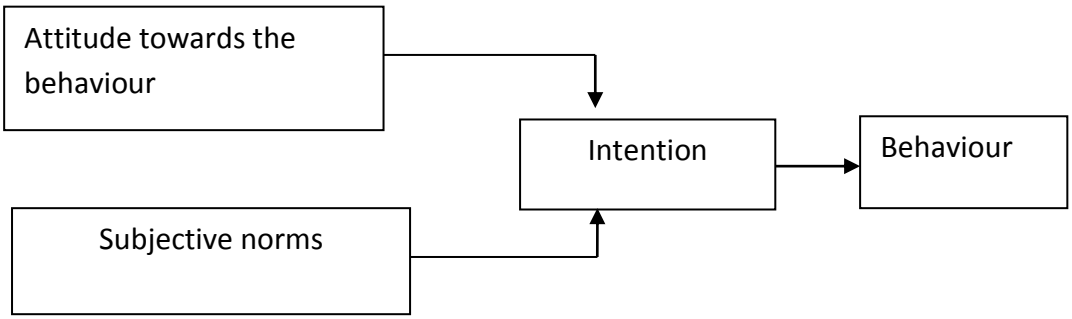
Subjective norms are individual's belief that most of his or her important others think that she or he should or should not perform a specific behaviour. It is a function of a person's normative beliefs for salient referents, and motivation to comply with these different referents. It is important to note that subjective norms are formed only in relation to the opinion of persons considered to be significant or important to the individual. For each referent, a person has a specific level of motivation to comply with their wishes and for any given behaviour at a given time; an individual will have a set of salient referents (Sartian, 1973).

In a research conducted by Brown (2000) entitled Sexual Behaviour Change Among Human Immunodeficiency Virus- infected Adolescent with Haemophilia, the findings support TRA by indicating that promotion of safer sexual behaviour is associated with specific influence (subjective norm). A change in peer support (subjective norm) for non-intercourse sexual behaviour was five times more likely to be associated with abstinence. Perceived peer norms (subjective norm) were associated with maintenance of safer sexual behaviours among HIV positive adolescents and young men. Attitudes and subjective norms were both significantly related to behaviour intention.

According to Fishbein, behaviour is also determined by intention; this intention is determined by attitude and social norm towards behaving. Thus, trying to achieve a

goal is determined by intention to try, which is then determined by attitude and social norm towards trying. Intention is often not more than a general feeling of like and dislike and as such it is not closely linked to actual sexual behaviour. As reported by Feldman and Lynch (1988), behaviour is, for the most part, under conscious control or under the control of behavioural intention. Beliefs, attitudes, intentions, and behaviour are activated spontaneously and influence each other in a fixed causal hierarchy according to Feldman and Lynch (1988). They offer the example that beliefs are integrated into an affective reaction, which then influence intention, and are then the immediate antecedents of behaviour (Fishbein and Ajzen, 1975). In a study conducted by Sartian (1973), it was shown that stating one's intention to perform behaviour increases the likelihood of performing that behaviour. Basically, research has shown that if memories of beliefs, attitude, intentions, or past behaviour exist, cues directing activation of any of these can cause it to be direct reason of student sexual behaviour.

Because of its achievement in developing a model to predict behaviour, the TRA has been the basis of researches and studies in a wide variety of fields, including psychology, management and education. One of the most important topics in psychology to which the research can be applied is students' sexual behaviour. Figure 1 gives a diagrammatic relationship between attitudes, subjective norms and behaviour.



Adopted from: Ajzen & Madden (1986) pp 453- 474

Figure 1: Theory of Reasoned Action Model

2.8 Conceptual Framework

Figure 2 depicts the relationships among the variables and how they influence the final outcome. In this study, life skill education (independent variable) covers significant aspects; reproductive health, self-esteem negotiation skills assertiveness among others. When students receive the information from teachers, it is expected to change their sexual behaviour (Dependent variable) in terms of abstinence or to practice safe sex. How students respond to information they receive on LSE can influence their sexual behaviour. If the response is positive, it will translate into good sexual behaviour, whereby students can abstain or if already sexually active and can't change, they practice safe sex. But if information is taken in a negative way, students will not act on the information, which will result in risky sexual behaviour. Implementation of LSE faces various challenges which make it hard to achieve its objective of changing students' sexual behaviour, for example, lack of time and trained teachers. The aspect on sexuality is also sensitive making it hard for teachers to openly discuss some issues with students.

However, as students receive LSE there are social, cultural, economic and environmental factors in society that promote sexual behaviour among them. Social

factors such as kind of family a student comes from will affect her/his behaviour. Good parental communication about sex might forestall or post pone a student's sexual activity; parental strictness is also related to adolescents' sexual attitude and behaviour. Students with higher education aspiration will delay sexual activities to attain their goals unlike the ones who don't value education. Students can also begin sexual activities earlier due to peer pressure. Peer pressure has greater influence on students' behaviour as those who are sexually active can easily convince others to do the same. Mass media has a lot of influence on students' sexual behaviour in terms of what they view on television and internet. Promoting factors therefore influence the effectiveness of life skills education program in secondary schools. Figure 2 depicts the relationship among the variables and how they influence the final outcome.

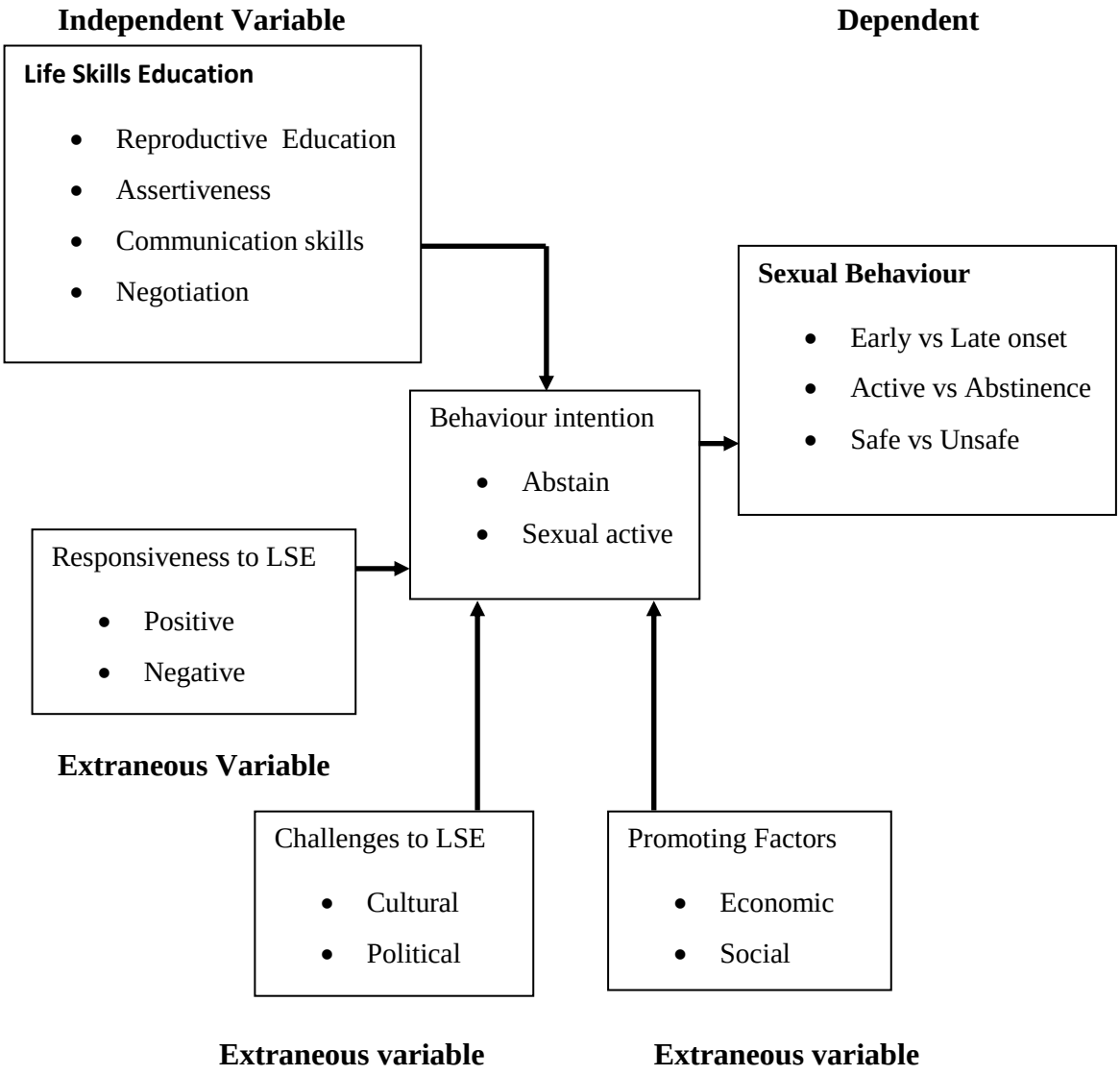


Figure 2: Conceptual Framework: Influence of life skills education programme on students' sexual behaviour

2.9 Summary

Students in secondary schools face many challenges as adolescents and therefore need age appropriate education that can enable them lead a healthy sexual life. Lack of appropriate information; in addition to dying traditional norms with parents who are reluctant to discuss sexual issues with their children, leave students uninformed on sexual matters. Schools therefore is one place for educating and reinforcing

behavioural changes among students in secondary schools to enable them make informed decisions on their sexual life.

Evidence suggest that by learning more about social pressure, negotiation and refusal skills, many students (adolescents) will be capable of postponing their sexual involvement until the right time. It's the obligation of the state to ensure that all adolescent girls and boys are provided with accurate and age appropriate information on how to protect their health and practice healthy behaviour. Global evidence shows that giving appropriate information to adolescents does not increase promiscuity but rather helps them make responsible decisions. Virtually everywhere, LSE is controversial and difficulty to carry out on a national scale especially while trying to maintain quality of that education. Despite these problems, even conservative countries have made headway in incorporating high quality LSE in the schools. The challenges to implementation vary from country to country and even within countries. Similarly, the efforts made to deal with the challenges also vary. The research therefore aimed at evaluating the influence of school-based life skill education on student's sexual behaviour in Nairobi and Busia counties in Kenya.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter discusses in details research design, location of the study, target population, sampling procedure and sample size, validity and reliability, data collection, data analysis and ethical issues.

3.1. Research Design

This study used *ex-post facto* and descriptive survey research designs. In research design, the researcher attempts to determine the cause or consequences of differences that already exist between or among groups of variables. They also attempt to determine the reason for, or the results of this difference. A phenomenon is observed, described and documented as it is in the natural setting. It involves events that have already taken place and may be related to present conditions. The designs was adopted because the researcher only recorded information and reported the situation as it was, without manipulation of variables, including life skills education and sexual behaviour. (Fraenkel & Wallen 2000).

3.2 Study Location

The study was conducted in two counties, Nairobi and Busia (Appendix 9). Nairobi county has an area of is 684 square kilometer, is the second ‘smallest after Mombasa, but most populous of more than 4 million people. The county is bordered by counties of Kajiado and Machakos to the south and Kiambu to the north. The coordinates are $1^{o}17$’OS, latitude 1.2 833333, longitudinal 36 816667 World maps, (2014). Nairobi

was selected because it is the country's capital city and seat of the national government; has a high number of young people in schools facing challenges under investigation; and is home to persons from diverse ethnic, racial, religious, social-economic and cultural background. In its complex social and cultural diversity, it is not surprising that Nairobi portrayed teenage pregnancy prevalence rate of 26% (KEMRI) (2009) which raises concern, not just for the health and economic perspective but also for the education sector.

Busia is one of the four counties in western Kenya; it's approximately 268 miles (431 kilometers by road west of Nairobi. The coordinates of Busia county are 0027 111113407 3D, latitude is at 0.4530 and longitudinal is 34.1250. The County borders Uganda to the east, Bungoma to the north east, Kakamega to the south east, Siaya to the south and Lake Victoria to the south west (World Maps, 2014). The urban centers situated on the lake shores are a hub of economic activities and provide major access points for interaction of people including those from Uganda. The proximity to the lake makes it easy for young boys and girls to leave school and venture into social activities thereby exposing themselves to risks of unwanted pregnancy and HIV/AIDS. Busia had teenage pregnancy prevalence of 21% (Dupas, 2009). The two were purposively selected to yield the geographical diversity as well as social, cultural practices, economic empowerment and high percentage of students in secondary schools going through similar challenges as the rest of the country. Life skills education is also taught in ` the two counties. The schools in the two counties are therefore key sample representative of secondary schools in Kenya.

3.3 Population of the Study

The study targeted Form Three students, teachers, and principals in all public secondary schools, in Busia and Nairobi counties. Education officers also constituted part of the population. The two counties have a total of 196 secondary schools; with an estimated total enrollment of 20,227 Form Three students as shown in appendix 6 (MOE, 2013). There are 68 secondary schools in Nairobi with a student population of 10,796. Busia has 119 secondary schools with a total student population of 9,431 (Appendix 5). The researcher picked on Form Three students since they have had access to LSE for more than two years and the researcher could assess the impact, unlike Form One and Two students who have been taught for a shorter period.

3.4 Sampling Procedure and Sample size

Multi-stage sampling was employed to select districts and schools to use in the research. Lists of all districts within the counties were obtained from Ministry of Education offices in the various counties. Busia County has a total of 7 districts, while Nairobi County has 9 districts (MOE, 2012). In the first case the researcher used simple random sampling to select district, by assigning random numbers to each district and picking four from Nairobi and three from Busia. In order to achieve a representative sample of schools, a proportionate sample of schools, stratified by type of enrollment (Girls, boys and mixed schools) within the 7 districts was selected to yield a proportionate sample of 21 schools. Each strata was represented by one school in the district (Appendix 6). The actual sample size was determined by using the formulae by Krejcie & Morgan, (1970) as indicated in (Appendix 7). From a population of 20,277 students, a sample of 378 students was arrived at, representing the students' population of chosen schools and districts. This was a fair representation of all students in the two counties.

The third stage of sampling involved selecting a proportionate sample of Form Three students from the 21 schools. The sample from each school was determined by dividing the total number of Form Three students in that school by the total number of Form Three students in the 21 schools (n/N) then multiplying it by 378 which is the sample size as shown in (Appendix 8). In mixed schools, proportionate samples of students of each gender was selected by dividing the number of students of that gender by the total number of students in the school, then multiply it by the sample from that particular school. For example, calculation of the number of boys to be drawn from school C (Westlands) involved, dividing 103 (boys) by 157 (total population of Form Three) and multiplying by 17 (sampled population). This resulted into 11 boys and 6 girls. Simple random sampling was used to select students in single sex schools to participate in the study.

Life skills education teachers and principals formed part of the sample. Based on their experience, they were in a better position to assess the present and future aspects of LSE. Each school was represented by 2, giving the total of 42. One education officer in charge of LSE from each district participated in the study**.** Therefore a sample of (378 students, 42 teachers and 7 MOE officials) formed the sample size of the study.

3.5 Instrumentation

Research data was collected by use of questionnaires and an interview schedule. Three sets of questionnaires (one for the students, teachers and principals) developed by the researcher for each category of response in the study was used to collect data. Students' questionnaire contained 89 items and was divided into 7 sections. The teachers/principals questionnaire contained 33 items and was divided into 4 sections.

The questions, their wording, format and structure was pre-determined and uniform for all respondents. This was done to elicit answers to enable comparisons between sets of data. Students' questionnaire assessed the impact of LSE on students' sexual behaviour, knowledge on reproductive health, responsiveness to LSE and challenges experienced in accessing the information. Teachers/principals questionnaire was used to find out their attitude to life skill education in schools, impact of life skills as well as challenges faced in implementing life skills education program. In addition to questionnaires/ interview schedule was used to solicit information from the education officers.

3.5.1 Validity

Validity is the degree to which results obtained from analysis of data actually represent the phenomena under study. The first method to ensure validity of the instruments in the study involved going through the research objectives to generate the questions. All questions were made clear enough to capture as much information as possible. The second method is through face validity: as the the name suggests, is a measure of how representative a research project is 'at face value,' and whether it appears to be a good project. It is built upon the principle of reading through the plans and assessing the viability of the research with little objective measurement. It is useful filter for eliminating unnecessary information from research, through peer review. Often, there are so many interlinked factors that it is practically impossible to account for them all. Many researchers send their plans to a group of leading experts in the field, asking them if they think that it is a good and representative program. In the social sciences, it is very difficult to apply the scientific method, so experience and judgment are valued assets. Therefore research experts and peers in the

department of psychology were used to evaluate content and structures of the instruments to ensure the variable under study are captured. The comments were then in cooperated in the final instruments.

3.5.2 Reliability

To determine the reliability of the research instruments, piloting was done in three schools with similar characteristics but outside the sample: one boy's only, one girl's only and mixed school in Nakuru County. The reliability coefficient was determined using split-half method for accuracy purpose in which results were computed using spearman Brown's prophecy formula, a reliability coefficient of r = 0.764 was obtained for student questionnaire and 0.832 for the teachers questionnaire which were in line with the acceptable reliability co-efficient of 0.7 and above (Fraenkel and Wallen 2000). The instruments were therefore considered sufficient measure of life skills. This was high enough hence the researcher deemed the instrument reliable. The objective of piloting is to allow for modification of various items and also help determine the appropriate time to complete the questionnaire.

3.6 Data Collection Procedure

The researcher obtained a letter of introduction from the institute of Post Graduate Studies, Kabarak University. The letter was used to get research authorization from the National Council of Science and Technology; and clearance from all gatekeepers (county directors of education, district education officers and school principals) to enable the researcher proceed to collect data from secondary schools and Ministry of Education officials. Before administering the questionnaires, the researcher established a cordial relationship with the respondents and clarified the purpose of the research and assured them of confidentiality.

Research assistants were recruited and trained on how to administer the questionnaires, this was meant to enable them understand and explain concepts in the questionnaires. The research assistants then visited schools and administered questionnaires to the relevant respondents who were asked to complete the questionnaires. The questionnaires were collected on the same day. This ensured independent responses and higher return rate. Assurance of complete anonymity was given to the respondents; they were not expected to write their names on the questionnaires and only those who signed the consent form were allowed to participate in the study. The researcher conducted interviews personally to elicit more information from the respondents.

3.7. Data Analysis Procedure

Data collected was sorted, classified and manually coded, scored and accurately keyed into computer data file. Statistical package for social sciences (SPSS) version 17 was used to analyze data both descriptive (means, percentages and frequencies) and inferential statistics (Pearson correlation coefficient and t-test). All tests were done at @,/ < 0.05 level of significance**.** Data collected from interview schedule was recorded and presented as excerpts. In certain sections, rating of values such as strongly Agree, Agree, Undecided, Strongly Disagree and Agree were combined to SA and A, U,SD and D for easier presentation**.** The analysis of likert scale included getting percentage score for each item. The score above 45 were considered high, between 28-44 were considered moderate and below 17 considered low**.** Testing hypothesis was done by use of t-test and Pearson correlation coefficient. Hypothesis was rejected or accepted at 5% significance level. The null hypothesis was accepted at P>0.05 and rejected when the P<0.05**.** Johnson and Christensen (2008) noted that a

significance level of 0.05 is acceptable in education research**.** Data was presented in form of frequencies, percentages, cross tabulation and tables showing percentages**.**

3.8 Ethical Consideration

The res1earcher obtained a letter of introduction from Kabarak University which was used to get authorization from National Council of Science and Technology, county directors, and school principals.

The researcher or trained assistants explained the purpose of the study to participant in order for them to make informed decision whether to participate or not. The participants were not required to indicate their names on the questionnaires in order to ensure confidentiality. This also enabled the researcher get more honest responses.

The research findings from the study were not reported on the basis of schools to ensure confidentiality. The respondents' were assured of confidentiality and privacy of information given and their consent was sought before participating in the research.

CHAPTER FOUR

RESULTS PRESENTATION AND DISCUSSION

4.1 Introduction

Presented in this chapter are the results of the data analysis and their interpretation with regard to the influence of life skills education on students' sexual behaviour in Busia and Nairobi Counties Kenya. Data analysis was carried out based on research objectives. The results are reported in three sections. The first section describes the demographic characteristics of the respondents. The second section presents findings with respect to each research question while the third part provides summary discussions on the chapter. The presentation of results and discussions were guided by research questions and two hypotheses as stated below.

Research questions

i. What is the prevalence of students' sexual behaviour in secondary schools in Busia and Nairobi Counties
ii. What is the impact of life skills education on students' sexual behaviour in secondary schools
iii. What factors promote students' sexual behaviour in secondary schools
iv. How do students respond to life skill education in secondary schools
v. What challenges are met in implementing LSE in secondary schools
vi. Is there any difference in influence of life skills education on students' sexual behaviour in rural and urban secondary schools

Hypothesis

From the objectives two and six, the following null hypothesis were formulated

Ho_1 There is no significant relationship between life skills education and students' Sexual behaviour

Ho_2 There is no significant difference in the influence of life skills education on Students' sexual behaviour in rural and urban secondary schools

4.2 Demographic Characteristics of Students

This section describes the characteristics of the sample of the respondents which is likely to have a bearing on their response to the research items. These characteristics were classified into individual, family and school and they included age, sex and religion. The family characteristics included household composition while those of the school included accommodation and gender. The sample of the study consisted of 378 students, 42 (forty two) teachers/principals and seven educational officers.

Table 4. 1.Students Age by Gender

Age	Boys(frequency)	Percent	Girls(frequency)	Percent	Total
13-16	30	7.9	38	10.05	68
17-20	177	46.8	120	31.7	297
20-24	11	2.9	2	0.5	13
TOTAL	**218**	**57.6**	**160**	**42.3**	**378**

Source: Field Data, n=378

4.2.1 Students Demographic Characteristics by Age

Age is very important physical and socio-economic factor in the development and growth of a person. Physically, it influences the biological changes taking place in a human body and how the body reacts to these changes. In socio-economic terms, it defines the various roles played by different people in the society and influences decision making power of an individual. The distribution of students by gender, age and family system is presented in Table 4. 1. From the findings, the age of students range from thirteen to twenty four years, average age being 17 years. The majority of

students, totaling 297 (78.6%), were between 17 to 20 years old, followed by 68 (18%) aged 13 to 16 years. The smallest group which had only 13 (3.4%) students comprised of those aged 21 to 24 years. There are more male students aged 18 years and above (37%) compared to females (29%). Male students on average tended to be older than girls in secondary schools. The age difference could perhaps be accounted for by the retention patterns for male students. Males tend to repeat classes in an effort to acquire higher education outcome to be able to compete effectively in the job market or starting school later than girls.

Table 4. 2. Demographic Characteristics of Students by Religion

Religion	Frequency	Percentage
No religion	13	3.4
Christian	318	84.1
Islam	40	10.6
Hindu	2	0.5
Others	5	1.3
Total	**378**	**100**

Source: Field Data, n=378

4.2.2 Religious Background of the Students

It is worth noting that religions that people subscribe to always have strong influence on their attitudes especially towards sexuality. Studies indicate that most of the adolescents who have not engaged in sexual activity cite religious or moral values as their motivation for abstinence, (Mohsen, et al 2010). In addition to providing positive social support and modeling at multiple levels of the social context, religion may influence adolescents' sexual behaviour since it is regarded as a mechanism of social control, (Durkheim, 1897/1951). With this in view, the current research evaluates the respondents' attitude towards religion to assess

whether it affects their sexual activities. From the research sample, those who indicated they were Christian's were the highest in number, at 318 (84.1%), followed by Muslims 40 (10.6%), Hindu 2 (.5%) and other religions 5 (1.3 %); while those with no religion were 13 (3.4%) as indicted in table 2 above.

Table 4. 3. Students' View on the Importance of Religion

Religion	Frequency	Percentage
Very important	257	68
Important	92	24.3
Not important	29	7.7
Total	**378**	**100**

Source: Field Data, n=378

4.2.3 Students' View on Importance of Religion

Respondents were asked to rate the importance of religion on a scale of very important, important and not important. 257(68%) of the respondent agreed that religion is very important, 92 (24.3%) felt it was important while 29 (7.7%) thought it was not important. Majority of students agreed religion is very important. This is in line with other studies which indicate that adolescent sexuality and religious participation have reciprocal influences. Studies generally have shown that adolescents who value religion and who frequently attend religious services have less permissive attitudes toward premarital sex and are less experienced sexually. It has also been shown that adolescents who have permissive attitudes toward premarital sex tend to have reduced attendance at religious services (Thornton and Camburn, 1989).

Table 4. 4. Students Area of Residence

Area of residence	Frequency	Percentage
Urban	171	45.2
Rural	207	54.8
Total	**378**	**100**

Source: Field Data n=378

4.2.4. Demographic Characteristic of Students by Area of residence

From the findings, the respondents born and bred in urban areas were 171 (45.2%) as compared to 207 (54.8%) who live in rural areas (Table 4.4). Thus, there is bound to be differences in the way the two categories respond to challenges of adolescent. Those who have been brought up in rural areas are likely to respond to these challenges from a cultural perspective that defines their social background. On the other hand, those living in urban areas where society is more receptive to life skill issues are more exposed to media influence as well as varied lifestyles and social liberties, become more knowledgeable than their rural counterparts.

Table 4. 5. Demographic Characteristics of Students by Family Type

Family system	Frequency	Percentage
Parent and siblings	259	68.5
Single parent and siblings	101	26.7
Grandparents	18	4.8
Total	**378**	**100**

Source: Field Data, n=378

4.2.5 Demographic Characteristic of Students by Family Type

Family plays an important role in shaping an individual's behaviour**.** Studies have identified association between parenting measures and outcomes: low parental strictness, difficult-parental-child communication, and lack of parental input into LSE were associated with early sex. In a study that explores relations between teenage

pregnancy, sexual behaviour and family type in United Kingdom (UK) females and males from lone parent families or having mothers who are teenagers when they were born were reported to be more likely to report sex by age 15/16 (Bonnell, et al, 2006).

Another study revealed that adolescents who live in dual-parent families and feel connected to their parents and schools are among those who are least likely to engage in risky behaviours, and they also delay first sexual intercourse. (Schuster *et al*., 1996; Lammers *et al*., 2000). It is therefore important to look at family type and its influence on students' sexual behaviour. From the findings, the study revealed that 259 (68.5%) of the respondents lived with both of their parents and siblings (nucleus family), 101 (26.7%) came from single families, while 18 (4.8%) lived with their grandparents as indicated in Table 4. 5

Table 4. 6. Demographic Characteristic of Students by School Type

School type	Frequency	Percentage
Mixed	282	74. 6
Mixed boarding	42	11.1
Boys boarding	23	6.1
Day boys	14	3.7
Day girls	5	1.3
Girls boarding	12	3.2
Total	**378**	**100**

Source: Field Data, n=378

4.2.6 Primary School Background of Students

Primary school education usually sets the foundation for academic and social development of a student. The type of primary school one attends therefore influences his/her socialization and relationships with other students of the opposite sex. Students who come from mixed primary schools are likely to have developed good bonding and understanding of their colleagues of the opposite sex than those from

purely unisex schools. Even from the mixed schools, those from boarding schools are likely to tolerate, understand and be closer to the opposite sex colleagues than in day schools. These differences usually determine how one will treat members of the opposite sex during adolescent stage in secondary schools. The majority of students 282 (74.6%), schooled in mixed day schools, 42 (11.1%) in mixed boarding, 23 (6.1%) in boys boarding and 14 (3.7%) in boys day school as indicated in table 4.6 above. Moreover, 5 (1.3%) attended girls day and 12 (3.2%) learnt in girls boarding. From the findings we can conclude that majority of students were in mixed day schools.

Table 4. 7. Teachers' Gender in Busia and Nairobi Counties, Kenya

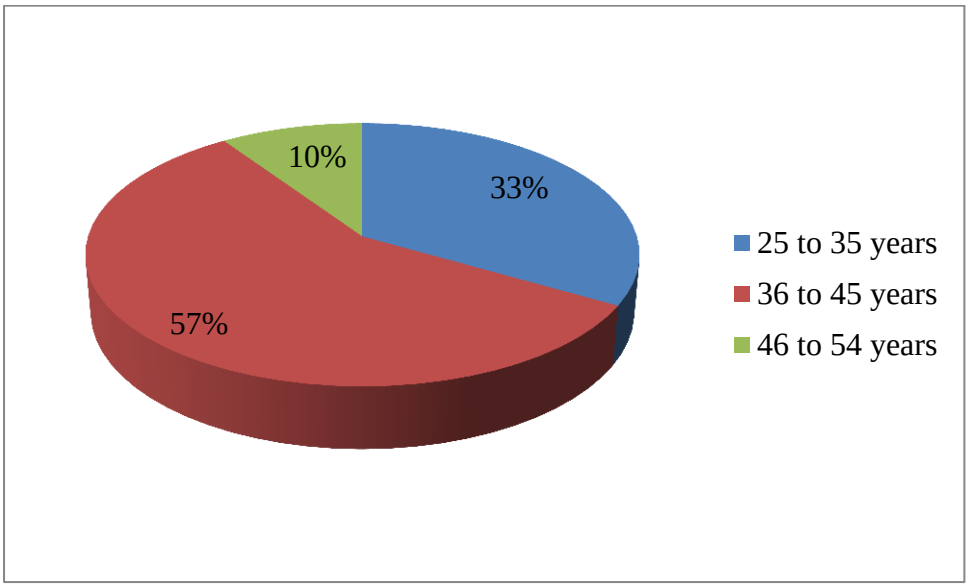
Gender	Frequency	Percent
Male	28	66.7
Female	14	33.3
Total	**42**	**100**

Source: Data Field, n=42

4.2.7 Teachers' Gender in Busia and Nairobi Counties, Kenya

In this section, the researcher focused on demographic characteristic of teachers/ principals of secondary schools in Busia and Nairobi Counties. These respondents are in charge of provision of life skills education in their institutions. Their attitude towards LSE will determine whether the programme will be implemented effectively or not; whether it will have any influence on students' sexual behaviour. The study sought to find out the gender of the respondents in Nairobi and Busia counties. The respondents were asked to indicate their gender and results were recorded in Table 4. 7, Male respondents were 28 (66.7%) and 14 (33.35%) were female. The difference could be because there are more male teachers in school or they were more willing to cooperate than their female counterparts during data collection exercise.

Figure 3: Teachers' Age



4.2.8 Teachers' Age

The study sought to establish the age bracket of the respondents by asking them to indicate their age. This was to help determine the age distribution of the respondents. The response is shown in figure 3 above. Majority of teachers, precisely 24 (57.1%), fell in the age bracket of 35 - 45 years. Those between 25 to 35 years amounted to 14 (33.3%) while those aged 46 to 54 were 4 (9.5%). The age structure of the respondents shows diversity with the majority of respondents, as stated earlier, being between 35-45 years. Diversity in age is important in provision of life skill education since the students will relate better on sexual matters with teachers who are closer to their age group as compared to those who are the age of their parents. Majority of teachers were also mature people who are familiar with adolescent issues and have knowledge on how to deal with them. The various groups can therefore assist one another in dealing with these adolescent challenges.

Table 4. 8 Teachers' working Experience

Years	Frequency	Percentage
Below 19 years	16	38.1
20 to 30 years	24	57.1
31 to 40 years	2	4.8
Total	**42**	**100**

Source: Field Data, n= 42

4.2.9 Teachers' Working Experience

The study sought to find out the teachers working experience in the teaching profession. As indicated in Table 4. 8 majority of the respondents numbering 24 (57.1%) had between 20-30 years of teaching experience. Another group of 16 (38.1%) had been working for less than 19 years while 2 (4.8%), have worked for a period of 31-40 years. These findings indicate that majority of teachers have had many years of experience in teaching, have interacted with adolescent for a long time and therefore can handle their issues effectively.

Table 4.9 Teachers Trained in Life Skills Education

Teachers	Frequency	Percent
Yes	17	40.5
No	25	59.5
Total	42	100.0

Source: Field Data, n=42

4.2.10 Teachers Trained in Life Skills Education

Teachers were asked whether they received any training on LSE. Data presented in Table 4. 9 show that majority of teachers 25 (59.5%) had not received any training on LSE. Only 17(40.5 percent) had been trained. In a study done by UNAIDS (2011) approximately 54,000 teachers were trained through a joint Ministry of Education and Centre for British Teachers (CIBT) from 1999 to 2009. This number is insignificant

considering the high number of primary and secondary schools in Kenya. Teacher training is important in effective implementation of life skills as they are able to overcome any discomfort in teaching the subject. Teachers require intensive in-service training to acquire basic skills in LSE.

Table 4. 10 When LSE was introduced in Schools

Year	Frequency	Percent
2007	8	19.0
2009	12	28.6
2010	14	33.3
2011	6	14.3
2012	2	4.8
Total	**42**	**100**

Source: Field Data 2014, n=42

4.2.11 Teachers' Response on When LSE was Introduced in Schools

All teachers/Principals at 42 (100 percent) agreed that they offer life skills education in their schools. However there is variation when the program was introduced in each school. Findings of the study in Table 4. 10 indicate 14 (33.3%) think LSE program began in 2010, 12 (28.6%) in 2009, 8 (19%) in 2007, 6 (14.3%) in 2011 and 2 (4.8%) in 2012. This indicates that the program was not rolled out at once by the government in secondary schools. Introduction of the program was left at the discretion of each school and this could affect its implementation. Variation in starting the program in schools is indicated in Table 4.10

Excerpt 1. Introduction of LSE in schools

Researcher: When was LSE introduced in schools

Respondent 1: I can't be exact which year, likely from 2008

Respondent 2: It varies from one institution to another, but majority between 2008-2012

Respondent 3: Most schools introduced in 2008, but up to now some schools have not introduced, citing various challenges.

Respondent 4: It is hard to say exact year when schools introduced LSE. Some schools have put it on the timetable, but are not teaching

Table 4.11 Classes Target for Life Skills Education

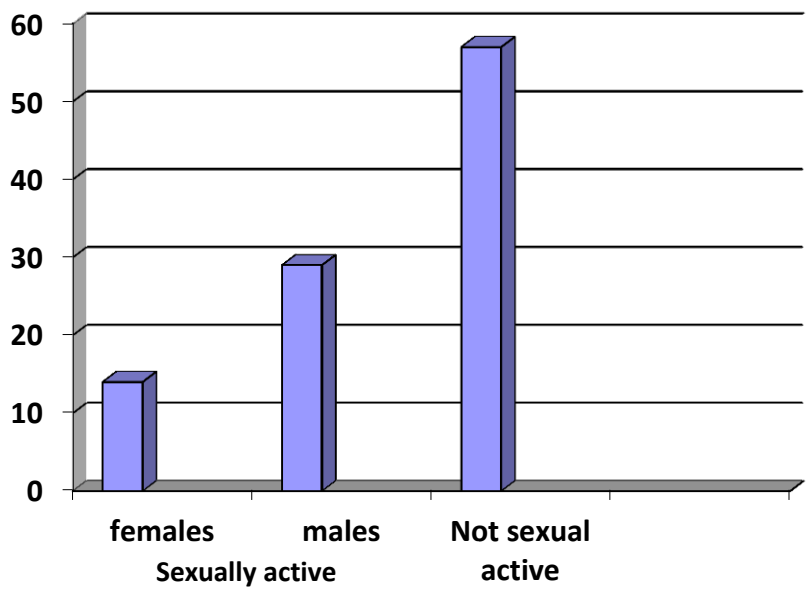
Classes	Frequency	Percentage
Form 4	34	80.9
All classes	4	9.5
Form 2, 3,4	2	4.8
Form 1& 2	2	4.8
Total	**42**	**100.0**

Source: Field Data, n= 42

4.2.12 Classes Targeted for Life Skills Education

Majority of teachers agreed to the fact feel that LSE targets all classes at 34(81%), 4(9.5%) said it targets Form Fours, 2 (4.8%) indicated Form 1 and 2, and 2 (4.8%) felt it was aimed at Forms 2, 3, 4. Difference in classes taught LSE point to an implementation problem; that the program was selectively implemented since it was left at the discretion of individual schools and therefore could not generate the expected standard influence. From the findings, 16 (38.1%) reported that teacher counselors taught LSE. 12 (28.6%) felt that teaching was based on workload. 10 (23.8%) said all teachers teach while 4 (9.5%) noted that it is done by science teachers. From the findings LSE was mainly handled by teacher counselors, but other teachers handled the subject too

Figure 4: Prevalence Rate of Students Sexual behaviour



4.3 Prevalence Rate of Students Sexual Behaviour

Objective one of the study sought to establish the prevalence of students' sexual behaviour in secondary schools in Nairobi and Busia Counties. Prevalence rate of students sexual behaviour was measured using various indicators; age at first sex, frequency of sexual activities, number of sexual partners, their age and protection method used. The respondents were to answer questions by ticking/ writing yes or no against each statement. Results on prevalence rate of sexual behaviour are reflected in Figure 4. The findings of the study indicate that of the 378 students sampled, 109 (28.8 %) male respondents were sexually active as compared to 55 (14.6 %) of the female respondents. The findings concur with studies done by Kenya Demographic Health Survey (KDHS) (2009) which indicated that 12% of young women and 22% of young men 15-19 years old had sex before they were 15, and some became sexually active before they were 12 years of age; long before they were physically mature.

Table 4. 12 Cross Tabulation of Students' Age by Sexual Behaviour

		Response (percent)						
	Gender	**11 years**	**12 years**	**13 years**	**14 years**	**15 years**	**16 years**	**Total**
Age at first sex	Male	(2.9)	(1.9)	(2.1)	(1.1)	(10.3)	(11.6)	(35.5)
		11	7	8	4	39	44	134
	Female	(1.9)	(0.8)	(1.6)	(2.9)	(4.0)	(5.0)	(23.6)
		7	3	6	11	15	19	88
Total		(4.8)	(2.6)	(3.7)	(4.0)	(14.3)	(16.7)	(58.8)
		18	10	14	15	54	63	222

Source: Field Data n=378

4.3.1 Students Sexual Activity by Age

Of those who had had sex, the average age that female students become sexually active was 15 years as opposed to males who initiate sex at 14. This shows that males begin sexual activities one year earlier than females. The findings of this study concur with those of a study done by Springer, Selwyne and Kelder (2006) that found out nearly half of the male study participants reported having had sexual intercourse as compared to less than 8% of females. Males were significantly more likely to report having had sex at or before age of 13 years. Gender difference with regard to prevalence of sexual activity may also be due to a possible cultural acceptance of young males' engagement in sex at an early age while for unmarried females; premarital sex is not widely accepted. Data from Table 4.12 shows that, age was positively associated with sexual debut among respondents. A high number of the respondents engage in sexual activities as they mature.

Table 4.13 Number of Sexual Partners Among Students

	Responses	frequency/ percentage/ Partners								Total
	Gender	**1person**	**2 people**	**3 people**	**4 people**	**5 people**	**6 people**	**More than 6**	**none**	
Number of sexual partners	**Male**	4.0 (15)	10.3 (39)	4.4 (17)	4.2 (16)	0.8 (3)	0.0 (0)	5.6 (21)	30.9 (117)	59.7 (226)
	Female	5.3 (20)	4.8 (18)	0.8 (3)	2.4 (9)	0.0 (0)	0.8 (3)	0.5 (2)	25.7 (97)	40.2 (152)
	Total	**9.3 (35)**	**15.1 (57)**	**5.3 (20)**	**6.6 (25)**	**0.8 (3)**	**0.8 (3)**	**6.1 (23)**	**6.8 (214)**	**100.0 (378)**

Source: Field Data, n=378

4.3.2 Number of Sexual Partners Among Students

Of those who were sexually active, majority had between one to two sexual partners; the females respondents at 38 (9.1 percent) and male respondents at 54 (14.3 percent). Male respondents had more than six sexual partners. These findings concur with a study by Adaji (2010) that many young people have sex with multiple partners and that boys were seven times more likely than girls to have multiple sexual partners. In another study by KNBS and ICF MARCO (2010) adolescent boys are more likely to have multiple partners than girls. Among sexually active young men of ages 15-19, approximately 17% had multiple partners. Average number of sexual partners among boys that age was 3 compared with 2 among women of the same age. This can be attributed to cultural factors that tolerate young men sexual activities or may even encourage it. Adolescent boys tend to use alcohol and drugs more often than girls, which can lead to sexual risk taking with many partners.

Table 4.14 Students who used Protection

		Never had sex	yes	No	Total
Used condom the last time had sex	**Male**	30.7 (116)	18.0 (68)	11.1 (42)	59.7 (226)
	Female	25.4 (96)	8.7 (33)	6.1 (23)	40.2 (152)
	Total	**56.1 (212)**	**26.7 (101)**	**17.2 (65)**	**100 (373)**

Source: Field Data 2014, n=378

4.3.3 Students who used Protection

Findings show that of those who were sexually active, 101 (26.7 %) used protection the last time they had sex as compared to 65(17%) who did not, meaning that condom use was low among the adolescent population. These findings concur with those of a study done by Magnani et al, (1999) that reported that only 38% of male and 26% of female reported having used condoms at the time of first intercourse. In another study by Demographic and Health Survey (KDHS) (2008-2009), it was noted that only 41 % of women and 55 % of men in sexual relationship use condoms during sexual encounters. It was also noted that one in four women of 15-19 used condom at their last high risk sexual encounters (KNBS and ICF Marco, 2010). Kiragu (1995) avers that in Kenya, young people are less likely to use contraceptive than adults. The common reasons that both young men and women give for not using contraceptives is that they did not expect to have intercourse, did not know about contraceptive use, or that it is difficult to access them.

Self-reported sexual behaviour data among adolescents are subject to a range of biases. In a study done by Ministry of Health (MOH) (2006) on adolescents in Kisumu County, the findings showed that it is not uncommon for sexually active

adolescent's girls and boys to deny that they ever had sexual intercourse. Among males 15-24 who said they had never had sex, none had HIV infection though 7.5 percent had another STI. Among females 15-24 who reported that they were not sexually active, 10.8 percent had no HIV infection, 6.2 percent had HIV infection and another STI, and 11.3 percent had other STI. In the age group 15-19, males were nearly four times more to report sexual partners than young women. It appears under-reporting of sexual activity is common among young women, while it cannot be concluded that there is some over-reporting by men.

Table 4.15: Students' Sexual Behaviour by Location

	Location	**Yes**	**No**	**Total**
Intimate relationship with a member of the opposite sex	**Urban**	23.2 (88)	22.0 (83)	45.2 (171)
	Rural	20.1 (76)	34.7 (131)	54.8 (207)
Total		**43.4 (164)**	**56.6 (214)**	**100 (378)**

Source Data: Field n=378

4.3.4 Location in Relation with Students' Sexual Behaviour

Correlating the sexual behaviour to location, the findings show that 88 (23.2 percent) in rural areas were sexually active as opposed to 76 (20 percent) in the urban areas. Different studies have shown different results in relation to sex and location. In a study done by Crosby (2000) indicated that rural and urban adolescent females' risky sexual behaviour did not differ and that rural adolescent males had more risk behaviour than their urban counterparts. A study by KDSH (2003) revealed that women in rural areas start sexual activity about two years earlier than their urban counterparts, but argues that there is no difference in the timing of first sexual activity between rural and urban males. Atav & Spencer (2002); Crosby et al (2000) suggest

that rural adolescents are more likely to engage in sexual intercourse and not use condoms than those living in urban areas. However, the studies do not suggest that there is more tolerance for teen sex in rural areas. This is shown in Table 4.15

Table 4.16 : Age in Relation to Sexual Behaviour

	Age	Yes	No	Total
Are you in any intimate relationship with a member of the opposite sex	13 to 16 years	23(34)	45(66)	68(100)
	17 to 20 years	130(43.8)	167 (56.2)	297(100)
	21 to 24 years	11(84.6)	2 (15.4)	13 (100)
Total		**43.4 (164)**	**56.6 (214)**	**100 (378)**

Source: Field Data, n=378

4.3.5. Students Age in relation to Sexual Behaviour

The study found out that 23 (34%) of respondents aged 13-16, were sexually active compared to 45 (66%) who were not. Among those aged 17 to 20, 130 (43.8 %) were sexually active compared to 167 (56.2%) who were not. 11 (84.6%) of those aged 21 to 24 years were sexually active compared to 2 (15.4%) that were not. The findings of the study indicate that comparatively, more students become sexually active when they are between 17 to 20 years. In most countries profiled, median age at first sexual experience among females is between 16-18 while that of males lies between 15 and 20 years. In a survey done by Ministry of Health (MOH) in 2011, it was discovered that the average age of sexual debut was 12.4 years. Table 4. 16 show this.

Table 4.17: School Type and Students Sexual Behaviour

Response	School Type	Yes	No	Total
Are you in intimate relation with opposite sex	Mixed day	119(42.2)	163(57.8)	282(100)
	Mixed boarding	19(45.2)	23(54.8)	42(100)
	Boys boarding	14(60.9)	9(39.1)	23(100)
	Boys day	8(57.1)	6(42.9)	14(100)
	Girls day	2(40)	3(60)	5(100)
	Girls boarding	2(16.7)	10(83.3)	12(100)
Total		**164(43.4)**	**214(56.6)**	**378(100)**

Source: Field Data, n=378

4.3.6 School Type and Students' Sexual Behaviour

The type of school students attend influences how they relate to the opposite sex and in turn their sexual behaviour. The study revealed that out of 164 (43.4 percent) of respondents who were sexually active, 119 (42.2%) were in mixed day, 19 (45.2%) in mixed boarding, 14(60.9) boys boarding, 8 (57.1%) boys day, girls day at 2(40%) and girls boarding each has 2 (16.7). The results indicate majority of respondents who indulge in sexual activities were enrolled in mixed day schools, followed by mixed boarding boys schools and very few in girls' schools. More sexually active students in mixed schools could be due to the fact that they have more chances of socializing with the opposite sex when they leave school. We can therefore conclude that there is a strong relationship between school type and students' sexual behaviour.

4.4. Influence of Life Skills Education Programme on Students' Sexual Behaviour

Objective two of the study sought to establish the influence of life skills education programme on students' sexual behaviour in secondary schools in Nairobi and Busia counties Kenya. The null hypothesis derived from the objective stated that there is no statistical significant relationship between life skills education and students' sexual behaviour. Data from the field indicated LSE covers two major areas (dimension), reproduction and sexuality and contraception and sexually transmitted diseases/ infection. Knowledge on reproduction and sexuality enables students to understand the biological changes taking part in their body, while contraception and STD/STIs is meant to educate them on the consequences of engaging in risky sexual behavior. Therefore to effectively asses the level of awareness about LSE among secondary school students in the study area, the two dimensions were considered together. The study therefore looked at the two dimensions separately and cumulatively.

Table 4.18 Students Level of Awareness on Reproductive Health Education

	Response (percent)					
Perceptions	**SA**	**A**	**U**	**D**	**SD**	**TOTAL**
Have knowledge on menstrual cycle	169(44.7)	151(39.9)	0 (0)	48 (12.7)	10 (2.6)	378(100)
Can get pregnant when having sex for the first time	200 (52.9)	73 (19.3)	0 (0)	70 (18.5)	35 (9.3)	378 (100)
Abortion is dangerous	270(71.4)	64(16.9)	0(0)	14(3.7)	30(7.9)	378(100))
Adolescence undergo psycological emotional changes	283(74.9)	84(22.2)	0(0)	2(0.5)	9(2.4)	378(100)
Knowing opposite sex doesnot mean sexual intercourse	230(670.8)	121(32)	0(0)	12(3.2)	15(4)	378(100)

Source; Field Data 2014 n =378

4.4.1 Students Level of Awareness on Life skills Education

In order to measure the level of awareness on reproduction and sexuality, sampled respondents were presented with eight statements related to these issues. They were required to indicate their degree of agreement or disagreement on a five–point Likert scale; strongly Agree-SA, agree –A, undecided-U, disagree –D, Strongly disagree – SD. The answers to each constituent statement were scored on a scale of 1-5, where one indicated the lowest and five the highest level of awareness. The individual statement scores were summed up to form an overall awareness for each respondent.

The respondents' overall score varied between 12, indicating the least overall level of awareness and 60, indicating the highest overall level of awareness score. The higher the score, the higher level of awareness on LSE. In order to differentiate the levels of awareness on LSE among respondents, the overall score was later divided into three ordinal categories that is 12-27 (low); 28-44 (moderate); 45-60 (High). Table 4.18 shows the distribution of their responses on LSE.

The respondent's level of awareness was captured by questions 8, 9, 14 and 17 from the questionnaire. Data Table 4.18 clearly indicate that a large proportion 320(84.6%) of respondents confirm to have knowledge on menstral and the numerous irregularities involved, as compared to 58 (15.3%) who did not. The small percentage that may have no knowledge could be male respondents, who think this is a female affair and thus have no interest in it. A high percentage 273(72.2%) agree that sex for the first time can make one pregnant which means they are aware of the consequences of pre-marital sex either through experience, observation, or knowledge gained from school or society.

Overwhelming majority 283(74.9) agree that adolescent undergo psychological and emotional changes; 334(88.3%) agree that abortion is dangerous. This response can be attributed to personal observation, experience and knowledge gained from school and society. Abortion can lead to long term consequences such as chronic pain, ectopic pregnancy and infertility due to infections. Infertility can bear serious social economic consequences for young girls' future. The findings of this study concur with previous studies which revealed that about one per cent of women admitted to public hospitals die from abortion-related complications and nearly 50 per cent of abortions

occur in women aged between 14 and 24 (Moore, 2008**).** In another study carried out by the Kenya Demographic and Health Survey (KDHS) in 2003 in partnership with, Central Bureau of Statistics and Ministry of Health revealed that 48 per cent of the abortions occur in girls aged between 14 and 24 years. The study further revealed that 57 per cent of women and girls who procured abortions come from urban areas. The adolescents cite stigma of childbirth outside of marriage, the inability to support a child financially and being forced to drop out of school as the main reasons why they opt for abortion. Most experts agree that the high rate of abortion can be explained by ignorance of or lack of access to contraceptives and information.

Table 4.19: Level of Awareness on Prevention and HIV/AIDs

	Response (percent)					
Perception(percent)	**SA**	**A**	**U**	**D**	**SD**	**TOTAL**
Seek treatment if contract STD	248(65.6)	91(24.1)	0(0)	23(6.1)	16(4.2)	378(100)
No cure for HIV	245(64.8)	78(20.6)	0(0)	2(0.5)	53(14.1)	378(100)
Condoms don't prevent pregnancy and HIV	103(27.2)	81(21.4)	0(0)	114(30.2)	80(21.2)	378(100)
Abstinence best way to prevent HIV/AIDS	299(79.1)	53(14)	0(0)	5(1.4)	21(5.6)	378(100)

Source; Field Data 2014 n=378

4.4.2 Level of Awareness on Prevention of HIV/AIDs/STI

Respondents level of awareness on prevention of HIV/STIs was measured by questions 12, 13, 15 & 17. from students' questionaire as indicated in Table 19. From the analysis, majority of respondents at 248 (65.6%) agree they would seek medical assistance if they contract an STIs, With only 39 (10.4%) who disagree. This shows students are aware of the consequencies of the diseases if not treated.

Majority of respondents, 323 (85.4 %) agree there is no cure for HIV/AIDs, 352(93.1%) agree that abstinence is the best way to prevent pregnacy and HIV/AIDs, 236 (62.5%) disagree with the fact that unprotected sex can lead to pregnacy. This kind of response could be attributed to the fact that students have knowledge on reproductive issues but still go ahead to invlve in risky behaviour. This is supported by social learning theory that postitulate that having information does not neccesary mean change in behaviour. For those who are sexual active. This might have trigered their curiosity, eagerness and zeal to know more about sex and pending consequences. These issues are also widely covered in the school syllabus.

Table 4.20: Cross Tabulation on Gender and Level of Awareness

Gender	High	Moderate	Low	Total
Male	45 (11.9)	181 (47.9)	0 (0)	226 (59.8)
Female	29 (7.7)	113 (29.9)	11 (2.9)	153 (40.2)
Total	**74 (19.6)**	**294 (77.8)**	**11 (2.9)**	**378 (100)**

Source Data Field 2014 n=378

4.4.3 Overall Level of Awareness on Life Skills Education

The researcher summed up the level of awareness on reproductive health, prevention and HIV/AIDS to come up with overall levels of awareness on life skills education. From Table 4.20, 45 (11.9 %) of male respondents have higher level of awareness compared to 29 (7.7%) females. 181(47.9%) males and 113(29.9%) females demonstrated moderate level of awareness while 11(2.9%) female respondents had low level of awareness. On average 74(19.6%) respondents had high level of awareness, 294 (77.8%) had moderate level of awareness. This shows majority of the

students had moderate level of awareness, which cannot enable them make good decision on their sexual life.

This is attributed to lack of factual and accurate information from reliable sources. Most of information students receive is from unreliable sources such as peers, media or through personal experience. Such information is usually biased and aimed at luring them into sexual activities rather than informing them about the dangers of such activities. The cultural background of the students also plays a big role in hindering free and open flow of this vital information. Similarly, educators feel uncomfortable to give this information freely, (FHI, 2000). The challenge is further compounded by the fact that the school curriculum emphasizes on the teaching of HIV/AIDs/STIs (based on reference materials- videos, magazines- than on reproductive health and sexuality

4.4.4 Relationship Between Level of Awareness and Sexual Behaviour

The first hypothesis of the study stated that there is no statistically significant relationship between life skills education and students sexual behaviour. Indicators for Sexual behaviour include (age at first sex, frequency of sexual activities, number of partners, if protection is use The hypothesis was therefore tested in four parts.

Table 4.21: Relationship Between Level of Awareness and Sexual Behaviour

Variable	Statistics	Are you in any sexual relation
level of awareness scores	Pearson Correlation	.004
	Sig. (2-tailed)	.045
	N	**378**

r = -.004, significant at .05

As indicated in Table 4.21, the Pearsons correlation coefficient yielded an r value of -.004 and a P value of .045. On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between level of awareness and intimacy with opposite sex was rejected. This means there is statistical significant relationship between students level of awareness and students sexual behaviour.This indicated that students who have high level of awareness on LSE abstained from sexual activities. This concurs with various studies done' Kirby (2011); Hitendra *et al* (2012) UNAIDS (2011) which indicated that LSE neither hastened the onset of intercourse nor increased its frequency, but delayed the onset of sexual activities among adolescents.

4.4.5 Relationship Between Level of Awareness and Age at First Sex

The research sought to determine whether there was a relationship between respondents' level of awareness and age at first sex, To determine the relationship, a Pearsons correlation coefficient was performed. The results are displayed on table 4.22.

Table 4.22: Relationship between level of awareness and age at first sex

Variable	Statistics	Age at first Sex
Level of awareness scores	Pearson Correlation	.142(*)
	Sig. (2-tailed)	.034
	N	**222**

* Correlation is significant at the 0.05 level (2-tailed). r = ..034 significant at .05

As indicated, the Pearsons correlation coefficient yielded an r value of .142 and a P value of .034. On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between level of awareness and age when students had first sexual encounter was rejected. The result indicate that statistically significant relationship was established between level of awareness and respondents first sexual activity. The findings that relationship existed between level of awareness and first sexual activity concurs with past studies that point that increase in knowledge encourages healthy attitudes, develop skills and form or change behaviours of young people (Kirby 1999b; Leffert et al. 1998). In yet another study, the United Nations (Department of Economic Affairs) carried out 24 programmes in Africa to asses the effect of LSE on the timing of the initiation of sexual intercourse. Results showed that on account of LSE, 29 per cent of respondents had delayed the initiation of intercourse among the young people (UNAIDS,2008).

4.4.6 Relationship Between Level of Awareness and Number of Sexual Partners

To test the hypothesis that there was no statistically significant relationship between level of awareness and number of sexual partners, a Pearsons correlation coefficient was performed. The results are displayed on table 4. 23.

Table 4.23 Relationship Between Level of Awareness and Number of Sexual Partners

Pearson correlation Coefficient	level of awareness	Number of sexual partners
Pearson Correlation	1	.049
Sig. (2 tailed)	.	.031
N	191	191

r = .049, Significance at .05

As indicated in the Pearsons correlation coefficient yielded an r value of -.049 and a P value of .031 On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between level of awareness and number of people students had sexual intercourse with was rejected. From the findings statistically significant relationship was established between the level of awareness and number of sexual partners among respondents. The results show that when respondents have knowledge on LSE they are unlikely to put themselves at risk by engaging in sexual activities with many partners. This concurs with findings of UNAIDS (2008), which assessed the impact of LSE on number of sexual partners one had. After analysing 41 programmes 16 (39 %) of these reported reduction in number of sexual partners that young people had, whereas 25 (61 percent) showed LSE had no impact with regard to numbers of sexual partners.

4.4.7 Relationship between Level of Awareness and Number of Sexual Partners in the Last Three Months.

To test the hypothesis that there was no statistically significant relationship between level of awareness and number of sexual partners in the last three months, a Pearsons correlation coefficient was performed. The results are displayed on table 4. 24.

Table 4.24 Pearson Correlations on Level of Awareness and Number of Sexual Partners in the Last Three Months.

Variable	Statistics		Sexual partners In the past three months
level of awareness scores	Pearson Correlation	1	.037
	Sig. (2-tailed)		.476
	N	**378**	**378**

r = -.476, significant at .05

The Pearson's correlation coefficient yielded an r value of -.004 and a P value of .476. On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between level of awareness and number of people students had sex with during the last three months prior to the study was accepted. Therefore there is no statistically significance relationship between the level of awareness and number of sexual partners a student had in the last three months. This is contrary to a study done by United Nation Department of Economic and Social Affairs (2011) to determine the influence of LSE in reducing risky sexual activity among adolescent and young people. LSE was found to reduce the frequency of intercourse, frequency of unprotected sex, the number of sexual partners. It was also found to increase condom and contraceptive use. Life skills education programme therefore does not increase sexual activity among adolescents and young people but generally results in increased knowledge about human sexuality.

4.5. To Determine Factors Promoting Sexual behaviour among Secondary School Students

Objective three of the study sought to identify factors that promote students' sexual behaviour in secondary schools in Busia and Nairobi counties. This was achieved by categorizing factors under the following themes: individual, family, economic and community. Students responded by rating each item in section B of their questionnaire on a 5 point likert scale.

Table 4.25 Factors Promoting Sexual Behaviour Based on Gender.

		Response (Percent)			
Perceptions	**Gender**	**SA/A**	**U**	**SD/D**	**TOTAL**
Money leads to sexual activities	**Male**	61(27)	22(9.7)	143(63.3)	226(100)
	Female	59(38.8)	14(9.2))	79(52)	152(100)
Total		**120(65.8)**	**36(18.9)**	**222(58.7)**	**378(100)**
Religion and Students' Sexual Behaviour					
Religion influence sexual behaviour	**Male**	121(53.5))	17(7.5)	88(38.9)	226(100)
	Female	124(81.5)	3(2)	25(16.4)	152(100)
Total		**245(64.8)**	**20(5.3)**	**113(29.9)**	**378(100)**

Source, Data Field 2014

4.5.1 Factors Promoting Sexual Behaviour Based on Gender.

When respondents were asked whether they would engage in sexual activities for finance gain, male students 143(63.3 %) disagreed as compared 79 (52%) of female respondents. The male respondents seemed to be strongly opposed to being given money as incentive to engage in sex compared to females. This shows that girls can involve themselves in sexual activities if given money. These findings concur with

other studies that report economic constraint and poverty as major risk factors for unhealthy sexual behaviour especially for girls (Family Health International (FHI), (2005).

The study also sought to know whether religion influences sexual behaviour among respondents. Female respondents at 124 (81.5%) and male respondents at 121 (53.5%) were in agreement that religion plays a major role in influencing adolescent' sexual behaviour. Among the males, 88 (38.9%) still felt religion plays no role in determining one's sexual behaviour compared to 25 (16.4%) of females. This concurs with a study done by Rostosky et al (2004), which found that 40% of girls who report they have not engaged in sexual intercourse cite religious or moral values as their motivation for abstinence from sexual activity. The study also found out that having a more conservative religious affiliation delays sexual debut. In another study done by UNICEF (2002), adolescents who attend church more frequently were noted to be more likely to delay sexual debut. Religion makes an individual sensitive to moral issues and accepted standard of behaviour. Therefore there is a clear association between religious values and abstinence.

Table 4.26: Drugs as Determinant of Students' Sexual Behaviour

		Response (Percent)			
Perceptions	**Gender**	**SA/A**	**U**	**SD/D**	**TOTAL**
Drug use encourages sexual activities	**Male**	155 (68.6)	30 (13.3)	41(18.1)	226 (100)
	Female	129(84.9)	5 (3.3)	18(18.8)	152(100)
Total		**284(75.1)**	**35(9.3)**	**59(15.6)**	**378 (100)**

Source: Field Data n=378

4.5.2 Drugs as Determinant of Students' Sexual Behaviour

Both male and female students agree that drugs play an important role in motivating students to engage in sexual activity, with 155(68.6 %) males and 129 (84.9%) females supporting this argument. This concurs with studies done NACADA (2004), and Kiragu & Zabin, (1993) which revealed that most young people use drugs and alcohol, and that substance abuse is casually related to unplanned sexual activities among adolescent females and males. Similarly, Oteyo and Kariuki (2010) established a linkage between drug abuse and students sexual behaviour, noting that both male and female students who use drugs are at the highest risk of engaging in sexual activities.

Table 4.27: Influence of Peer Pressure on Students' Sexual Behaviour

		Response (Percent)			
Perception		**SA/A**	**U**	**SD/D**	**TOTAL**
Students engage in sexual activities due to peer pressure	**Male**	172(76.1)	20(8.8)	34(15)	226(100)
	Female	139(91.4)	2(1.3)	11(7.2)	152(100)
Total		**311(82.3)**	**22(5.8)**	**45(11.9)**	**378(1000)**

Source Data Field n=378

4.5.3 Influence of Peer Pressure on Students' Sexual Behaviour

This section sought to find out the influence of peer pressure on adolescent sexual activities. The findings revealed that 172 (76.1 %) males and 139 (91.4%) females agree that peer pressure plays a significant role in promoting sexual activities among students. The findings concurs with those of studies conducted in nine cities to assess Peruvian secondary school students' perceptions of their peers' sexual activity as one of the most consistent predictors of their own behaviour. In this survey, males who said that many of their friends had had sex were more likely than those who thought that none had, to be sexually experienced and to have had multiple partners. However, they were also more likely than others to have used a condom at first intercourse,

Moore (2009). This shows peer pressure as having a significant influence on adolescent sexual behaviour than any other factors. The influence of perceived peer norms or behaviour is emphasized by the theory of Reasoned Action (Fishbein, 2000). Peer norm surrounding sexual behaviour and condom use have been shown to be a robust influence on both risky and protective sexual behaviour.

When adolescents perceive that friends engage in risky sexual behaviour, even if their perception is skewed, they are more likely to adapt those same behaviours. Equally, perceiving that friends and other teens abstain from sex or practice safe sex can influence one to adopt those protective behaviours. Peer pressure mainly affects adolescents with low self-esteem. Self-esteem plays an independent role in determining whether young people will engage in risky or protective sexual behaviour.

Table 4.28 : Culture and Respondents' Sexual Behaviour

Perception	**SA/A**	**U**	**SD/D**	**TOTAL**
Society tolerates boys who are sexually active	162(42.9)	42(11.1)	174(46)	378(100)
Society tolerates girls who are sexually active	108(28.6)	42(11.1)	228(60.3)	378 (100)

Source: Field Data, n=378

4.5 4. Culture and Respondents' Sexual Behaviour

Respondents were asked whether society tolerates either male or female sexual activities. 174 (46 %) male respondents disagree that society tolerates male sexual

activities as compared to 228 (60.3 %) who indicated that society does not tolerate sexual activities among females. This concurs with studies done by Family Health International (FHI) (2000) which postulate that males generally engage in more risky sexual behaviour than females and that most cultures are more tolerant of male adolescent sexual activities or may even encourage it. Many societies promote the role of manhood, which encourages males to seek control, success and power. Such pressures may prompt males to act aggressively toward their female counterparts. Gender has a powerful influence on sexual behaviour and some experts feel challenging traditional view of masculinity and femininity is essential to promoting sexual health, Family Health International (FHI) (2002). This becomes a challenge in implementation of LSE since male respondents feel encouraged to engage in risky sexual behaviour.

Table 4.29: Parental Influence on Students' Sexual Behaviour

Perceptions	**Gender**	**SA/A**	**U**	**SD/D**	**TOTAL**
my parents have no role in my sexual life	**Male**	86(38.1)	27(11.9)	113(50)	226(100)
	Female	47(30.9)	8(5.3)	97(63.8)	152 (100)
Total		**133(35.1)**	**35 (9.3)**	**210(55.6.)**	**378(100)**

Source, Data Field 2014

4.5.5. Parental Influence on Students' Sexual Behaviour

Parents play an important role in their children's upbringing and especially on matters related to sexuality. Thus, the study sought to find out the influence of parents on students sexual behaviour. Respondents were asked whether parents have a role in their sexual life, 133 (38.1) agreed as compared to 209 (55.6%) who disagreed. The results are contrary to studies done by Bonnel, et al, (2006) Central Statistical Office (Zimbabwe) and Macro International Inc (1995) indicating that parents have a major

role to play in students' sexual life. Youths whose parents talk with them about the social and moral consequences of being sexually active and convey clear standards regarding sexual behaviour are more likely to practice abstinence.

Adolescents' very perception that their parents would disapprove of their becoming sexually active reduces the likelihood that they would contract a sexually transmitted disease, and teens whose parents demonstrate concern for their behaviour through monitoring and involvement are less likely to be sexually active. In one study, Bonell et al (2006), reports that adolescents from lone parent families, or born to teenage mothers were more likely to report sex by age 15/16 but not use contraception's at first sex. The same study argues that actions and attitude exhibited by parents, specifically parents' example that convey the message that it is better to wait until marriage to have children and that marriage should be a bond of commitment can decrease the likelihood that teens will be sexually active.

Table 4. 30: Media Influence on Students Sexual Behaviour

		Response	**Percent**	
Perception	**SA/A**	**U**	**SD/D**	**Total**
Media influence on students sexual behaviour	283(78.4)	20(5.5)	58(16.1)	361(100)

Source: Field Data 2014 n=378

4.5.6 Media Influence on Students' Sexual Behaviour

A high percentage of respondents 283 (78.4 %) agree that media plays major role in influencing their sexual life. This finding concurs with studies done by Collin et al (2011) who conducted a national longitudinal survey in 2001 and 2002, working with

1792 adolescents aged 12 to 17. They surveyed the participants twice, one year apart, and found important association between the amount of sexual content viewed by adolescent and advances in their level of sexual behaviour during subsequent years. When the adolescents went from 10% to 90% in exposure to sexual content on television, the likelihood they could begin to have sexual intercourse in the subsequent 12 months doubled. According to Social Learning theory, people learn through observing or imitating others (modeling). Bandura argued that people model according to, among others, behaviour they view on electronic media. Therefore exposure to the talk about sex was associated with the same risk as exposure to more visually explicit programing**.**

4.6 Students Response towards Life Skills Education

Objective four of the study sought to find out students response towards life skills education programme in secondary schools, and its effects on sexual behaviour in Busia and Nairobi counties. How students rate the importance of life skills education either positive or negative, was used as the main indicator to measure respondents' responsiveness. This was captured by questions 47, 49, 56, 79, 80, 81, 85, 87 of the questionnaires as shown in Table 4. 31.

Table 4.31: Students Response Towards to Life Skills Education

Perception	Response (percent) SA/A	U	SD/D	TOTAL
Life skill is important	341(90.2)	10 (2.6)	27(7.1)	378(100)
Change attitude on sexual relations	313(82.8)	14(3.7)	51(13.5)	378(100)
Discourage early sexual activities	271(71.7)	17(4.5)	90(23.8)	378(100)
Help know effects of risky sexual behaviour	343(90.8)	9(2.4)	26(6.9)	378(100)
Know changes taking place in my body	353(93.4)	11(2.9)	14(3.7)	378(100)
LSE promotes self-awareness	342(90.4)	15(4)	21(5.6)	378(100)
LSE promotes self-esteem	323(85.4)	26(6.9)	29(7.7)	378(100)
Develop negotiation skills	274(72.5)	28(7.4)	76(20.1)	378(100)

Source Field Data, 2014 n=378

The study found that 341 (90.2 %) agreed that LSE is important, 248 (66%) disagree that what they learn is adequate. This concurs with studies done by Obare, *et al* (2010) which postulates that life skills education curricula are silent on or limited on coverage of sexual issues, except when it mentions sexual abuse and sexually transmitted infections.

High percentage of respondents 313 (82.8 %) agree that LSE helps change their attitude on sexual issues. 271(71.1%) said it discourages sexual activities while 348 (92%) respondents agreed that LSE helps students to make decisions on their sexual life. 343 (90.8%) attest to the fact that LSE gives them information on consequences of risky sexual behaviour, while 353 (93.4%) indicated it helps them know changes taking place in their bodies. Majority of respondents, 342 (90.4%) and 323 (85.4%) respectively agree that LSE helps promote self-awareness and builds self-esteem, 274

(72.5%) agree that LSE gives them skills to negotiate when it comes to sexual pressures. The high percentage or level of agreement among respondents show that students need and benefit from life skills education, and would like the programme implemented.

The rising student's sex statistics we see today demonstrate a need to guide and give them information and knowledge as to what is available in order to help them combat teenage pregnancies and STDs. Students must be made to understand that there are physical, psychological and emotional consequences that come with sex. They should also be taught that choices they make today can affect them in future. Teachers supported teaching of life skills in schools as it taught students on skills that enabled them deal with sexual pressures.

4.7 Challenges Faced in Implementing Life Skills Education in Secondary Schools

Objective five of the research sought to find out challenges that affect implementation of LSE and its influence on students' sexual behaviour. To measure the challenges, the researcher asked questions on content taught, time allocated resources and attitude of the respondents.

Table 4. 32 Challenges that Hinder Implementation of Life Skills Education

	Response(percent)			
Perception	**SA/A**	**U**	**SD/D**	**TOTAL**
Content is adequate	117(31)	13(3.4)	248(65.6)	378(100)
Time allocated is adequate	116(30.7)	12(3.2)	244(64)	372(98.4)
Resources are adequate	93(24.6)	45(11.9)	240(63.5)	378(100)
LSE not taken serious as it is not examinable	258(68.3)	17(4.5)	103(27.3)	378(100)
Feel free to discuss sex issues with friends	171(45.2)	39(10.3)	168(44.4)	378(100)
Feel free to discuss sex issues with teachers	67(17.7)	48(12.7)	263(69.9)	378100)
LSE is sensitive to discuss	294(77.8)	26(6.9)	58(15.3)	378(100)

Source: Field Data, n= 378

When respondents were asked whether what they learn in LSE is adequate 248 (65.6%) disagreed with the statement, 240 (63.5 %) disagreed with the fact that there is enough resources on LSE in schools and 258 (68%) indicated that LSE is not taken as a serious subject in school because it is not examinable.

This concurs with study done in Nairobi (Kenya) by Ndirangu and Ngare (2013), that LSE is allocated less time on the timetable; with no allocation at all for both Forms 1 and 2. The study further observed that lessons were mainly taught during free time or after four o'clock, which is outside the formal class schedule. For Form Three and Four students, lessons were assigned the time reserved for physical education. This left little time for programme implementation. In another study by Mkumba, Schaalma, Kaaya, Leerlooijier, Mbwambo and Kilonzo (2009) in Tanzania, lack of resources to assist teachers with programme delivery was found to be a big challenge.

Currently, sex education is not an examinable subject in this era of standardized testing; schools focus most of their attention on examinable subjects. They have little time for untested subjects such as life skills education.

Majority of respondents, 263 (69.9%), did not feel free to discuss sexual issues with teachers compared to only 67 (18 %) who were free. This shows that students feel uncomfortable with teachers, either due to fear or lack of confidentiality, and judgmental attitude of teachers that make students shy away. In a study by YouthNet (1998), students were reluctant to discuss their issues with teachers arguing that their innocence will not be protected.

A high number of respondents, 281 (74.3%), agreed that confidentiality is a big challenge. This indicates that students do not to seek information from teachers out of fear that what they discuss may be shared with others. Young people are greatly disturbed and affected by a feeling of suspicion that their sensitive and intimate health concerns are being shared with other persons. They must be assured that their right to privacy and confidentiality will be respected at all cost. Teachers must cultivate confidence with students that no information coming to them in the course of their responsibility will be leaked to any other person including the parents When respondents were asked whether they felt free to discuss sexual issues with friends; the response was average on both sides with 171 (45.2 %) agreeing compared to 168 (44.4 %) who disagreed. This shows that not every adolescent will freely discuss sexual issues with their peers; may be because they feel peers can also misadvise them. That peers feel free to discuss sexual issues concurs with other studies which identify peers as an important influence on sexual behaviour. This is in line with the

theory of Reasoned Action that argues that subjective norms have great influence on how people behave, Fishben and Ajzen (1975, 1981). Thus, important or socially relevant people such as peers can influence one's sexual behaviour.

Majority of respondents 294 (77.8 percent) felt that LSE is a sensitive area of discussion. This concurs with studies done by NCAPD (2010); Adaji ((2010); MOH (2006); Binlitste (1999); Kirby (2012); SEICUS **(**2011)**;** UNAIDS (2011) which postulates that LSE is a sensitive and controversial subject.

4.7.2 Challenges Faced by Teachers in Implementing Life Skills Education in Schools

Respondents reiterated the same factors as students and enumerated a number of key challenges students face in accessing LSE in Nairobi and Busia counties. Table 4.33 summarizes the challenges;

Table 4. 33 Challenges Faced by Teachers in Implementing Life Skills Education

Challenges	SA/A	U	SD/D	TOTAL
Time not adequate	12(29)	6(14)	24(57)	42(100)
Teacher receive training	12(28)	10(24)	20(48)	42(100)
Feel confident to teach LSE	24(57)	6(14)	12(29)	42(100)
Not taken serious since not examinable	26(62)	6(14.2)	10(23.8)	42(100)
Lack support from school administration	8(19)	4(10)	30(71)	42(100)
Lacks reward and recognition for teachers	26(62)	2(5)	13(31)	41(97.6)
Parents support LSE	12(29)	11(26)	18(43)	41(97.6)
Religious leaders support LSE	15(36)	8(19)	19(45.2)	42(100)
Education officers supervise LSE teaching	7(16.6)	4(9.5)	31(73.8)	42(100)

Source: Field data n= 42

Respondent at 24 (57%) disagreed with the fact that time is adequate; 36 (85.8%) indicating that LSE is given one to less than one hour per week; and 20(48%) observing that training is inadequate. This concurs with studies done by Rosen, *et al*, (2004) who identified teacher training as a challenge in LSE implementation. In another study done in Asia, Smith and Charlotte (2000); Gallant and Maticka-Tyndale

(2004), found out that teacher training is critical to delivery of LSE and that lack of it is a barrier to quality LSE programme.

In an international symposium presentation dubbed "Implementing Sexuality Education", held in New York 2011 Onesmus Kiminzi, a Senior Deputy Director of Education in Kenya, intimated that from 1999 to 2009, approximately 54,000 teachers had been trained on HIV prevention through a joint MOE and Centre for British Teachers (CfBT). The main focus of the training was on prevention education and behavioural change, as well as abstinence (UNAIDS 2011). This is, however, a very small group considering the number of schools in the country. From the interview with education officer, it emerged that few teachers had been trained but just for a few days. There are teachers who have not received any training on LSE since some institutions were not aware of the training hence did not send teachers.

Excerpt 2. Teacher training

Researcher: Have teachers been trained on LSE

Respondent 1: Teachers were trained by British Centre for Teachers for few days which was not adequate

Respondent 2: Only a few selected schools sent their teachers for training as we did not inform all head teachers.

Respondent 3: I'm not sure whether secondary school teachers were trained but primary school teachers were trained

The findings revealed that 24 (57%) of teachers felt confident teaching LSE compared to 12 (29%) who did not. 6 (14%) were undecided. That there are a

substantial number of those who disagree or are undecided regarding their ability to teach LSE could significantly affect implementation of the programme. Another challenge enumerated by teachers is the fact that LSE is not taken seriously since it is not an examinable subject. 26 (62%) agree with this, and a further 20 (48%) stated that teachers teach other exam subjects during LSE**.** 26 (62%) of teachers agreed that lack of reward or recognition for teachers is a challenge. Teachers expect extra compensation for the added responsibility. In a LSE programme study done in Tanzania by the World Bank (2003), teacher motivation was recognized as a key challenge to implementation of the programme. Teachers, already lacking incentives, expect extra pay for anything outside their normal duties. A similar study done by World Bank in Senegal (2003), urged teachers to see the programme as an essential part of their work and not something extra that merits addition compensation

.

Findings show that 30 (71%) of respondents disagreed that LSE lacks support from the school administration. 31 (73.8%) disagreed that education officials from ministry supervise implementation of LSE in schools, 7(16%) agreed while 4 (10%) were undecided. Education officials have the responsibility to ensure the programme is implemented and are therefore expected to supervise. The officials may be reluctant to get involved either because they have low or no knowledge on the content of the policy document, while others may not be aware of the existing LSE policies. This shows that interaction between policy makers and the implementers is lacking, affecting effectiveness of LSE. During the interview, the education officials agreed that they have not been able to efficiently monitor LSE programme due to lack of finances, personnel, high number of schools and lack of commitment from the Ministry of Education.

From the findings, 18 (43%) strongly disagreed while 19 (45.2%) disagreed that parents or religious organizations support teaching of LSE. Although religious leaders and parents are expected to be at the forefront of transmitting community values and beliefs, they are often at the forefront of opposition to LSE in schools. Religious groups have strongly opposed school-based sexuality education in the United States, Mexico and Kenya (Pick, 2000; Rosen and Conly, 1998). In Malaysia, although a nationwide LSE programme is in place, it gives students little information on sexual practice largely because of strong resistance from parents and religious leaders Smith, Kippax, and Aggleton, (2000). Most groups oppose LSE, arguing that it will encourage sexual activities among young people, which is contrary to studies that have done.

4.8 Influence of Life Skills Education on Students'Sexual Behaviour in Rural and Urban Areas

Objective six of the study sought to determine the differences in the influence of life skills education on sexual behaviour of secondary school students in rural and urban areas of Nairobi and Busia Counties. The null hypothesis associated with this objective was that there is no significant statistical difference in the influence of life skills education on students' sexual behaviour on basis of area of residence. The study first looked at the level of awareness followed by respondents' sexual behaviour on the basis of area of residence. The two cases were then compared. The respondent's level of awareness was added up to form an overall awareness score.

Table 4. 34 Cross Tabulation and Level of Awareness by Location

Area of location	Level of LSE awareness			
	High	Moderate	Low	Total
Urban	15(4)	189(50)	3 (0.8)	45.2 (171)
Rural	18 (4.8)	141 (37.3)	12 (3.2)	54.8 (207)
Total	33 (8.8)	330 (87.3)	15 (4)	378 (100.0)

Source: Field data N 378

As reflected on Table 4. 34, 189 (50%) of the respondents in the urban areas had moderate LSE awareness level compared to their counterparts in rural areas who were 141 (37.3 %). Those with high level of awareness in urban areas were 15 (4 %) while those in the rural areas were 12 (3.2 %). 3 (0.8 %) had low level of awareness in urban areas compared to 12 (3.2%) in rural areas. From the findings, respondents in rural areas have low LSE awareness compared to their urban counterparts. This could be attributed to respondents' easy access to mass media as well as less conservative attitude of life skills information providers in urban areas. Therefore the null hypothesis postulating that there is no statistically significant relationship between level of awareness and area of residence was rejected.

4.8.1 Pearson Correlations on Level of Awareness on Basis of Area of Residence

To test the hypothesis that there was no statistically significant relationship between level of awareness and area of residence (urban verses rural) as indicated on table 4.35.

Table 4. 35 Pearson Correlations on level of awareness on basis of area of residence.

		level of awareness scores
Area of residence	Pearson Correlation	.290**
	Sig. (2-tailed)	.000
	N	378

**. Correlation is significant at the 0.05 level (2-tailed) r = 0-.290.

As indicated above, the Pearsons correlation coefficient yielded an r value of .290 and a P value of .000 . On the basis of p< .01, the null hypothesis that stated that there was no statistically significant relationship between level of awareness and area of residence (urban or rural) was rejected. This implies that there is a significant relationship between level of awareness and area of residence. Those students who reside in urban areas are more knowledgable on LSE than those in rural areas. This can be attributed to easy access to media and communities in urban areas being more open to discussion on LSE.

4.8.2. Pearson Correlations on level of awareness and students' sexual behaviour on basis of area of residence-

To determine the relationship between level of awareness and students' sexual behaviour on basis of residence is shown on table 4.36.

Table 4. 36 Pearson Correlations on Level of Awareness and Students Sexual Behaviour on basis of residence

		level of awareness	**sexual behaviour**
area of residence	Pearson Correlation	.290**	.329**
	Sig. (2-tailed)	.000	.000
	N	**378**	**378**

**. Correlation is significant at the 0.05 level (2-tailed).
r = 0.329, significant at .0.05

The Pearsons correlation coefficient yielded an r value of 0.329 and a P value of .000 . On the basis of p< .05, the null hypothesis that stated that there was no statistically significant relationship between level of awareness and sexual behaviour on basis of area of residence (urban or rural) was rejected. These findings showing that there is a significant relationship between sexual behaviour and area of residence support prior studies that postulate that rural males reported riskier sexual behaviour than males in urban areas; they begin sexual activites early; have more sexual partners and are less consistent with use of condoms. There is, however, little difference in sexual behaviour of rural and urban females (Voneten et al, 2004; Crosby et al, (2000).

A study by Demographic Health Survey, conducted in 28 Sub-Saharan african countries, found that sexual behaviour is more risky in rural areas than in urban areas among young women, and that females in rural areas start sexual activity about 2 years earlier than their urban counterparts. For males, the data showed no difference in the timing of first sexual activity between those in rural and urban areas (DHS, 2008). This contradicts the general assumption that there are more risky sexual activities in towns where individualism and anonymity facilitates casual sex as opposed to rural areas where cultural prohibitions towards sexual relationships are stricter especially for women. The study thus concluded that sexual behaviour is more risky in rural than in urban areas among young people.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study findings based on objectives of the study, followed by the discussion of the findings. Conclusions reached in the study are also presented**.** Finally, recommendations made from the study based on the conclusions are also presented.

5.2 Summary of Major Findings of the Study

The study aimed at establishing the influence of life skills education programme on students' sexual behaviour in secondary schools in Busia and Nairobi Counties. From the findings of the study, it can be concluded that:

1. Secondary school students engage in sexual activities at an earlier age; the mean age at first sex for boys being 15 and 14 for girls. This means male students begin their sexual activities earlier than their female counterparts. This could be attributed to cultural issues that seem to encourage sexual activities among male students. Older students were much more likely to engage in sex, have multiple sex partners and fail to use contraceptives; which put them at greater risk of unplanned pregnancies, unsafe abortion and HIV/STIs infections. Contraceptives use, as already mentioned, is low among the group. This can be attributed to lack of knowledge, inaccessibility, familiarity or spontaneity of sexual activities among them. Having friends who had had sex proved to be one of the strongest correlate to having sex for both female and male students. The type of school one attends

also has influence on students' sexual behaviour. More students from mixed day schools were found to engage in sexual acts than those from other types of school.

2. Majority of students had moderate levels of awareness on reproductive health issues but high levels on HIV/AIDs/STIs. This could be due to the publicity it is given as well as their own experiences. Those in urban areas were more knowledgeable than those in rural areas. This could be due to exposure to media as well as society being more open to life skills education than in rural areas where they are conservative. The study also established that there is a significant relationship between the level of awareness and students' sexual behaviour. Students who had higher level of awareness delayed sexual initiation, reduced number of sexual partners and practiced safe sex or secondary virginity if sexually active.
3. In the light of the theory of Reasoned Action, the study findings showed that combination of personal, cultural, environmental, perceived behavioural control and subjective norms determine a student's engagement in sexual activities. Some of these factors were a shield against the temptation to venture in sexual activities. The strongest drive towards engagement in sexual activities emanated from peer pressure, culture, drugs and media.
4. Students expressed strong desire to have them provided life skills education especially on reproductive health, HIV/AIDs/STIs. They also desire to be equipped with skills to enable them successfully negotiate sexual pressure. The study uncovered overwhelming support for school-based education from the teachers, education officers and students.
5. The study established that life skills education programme is partially implemented in most schools. Majority of schools in Busia County have

implemented the programme and even those that have not, have allocated time for the programme in their teaching timetable compared to Nairobi. Students showed that a combination of factors affect implementation of LSE in schools; from overcrowded curriculum, lack of enough time, inadequate content, resources, lack of confidentiality and judgmental attitude of the providers. On the other hand, teachers and education officers enumerate various challenges such as; lack of training for teachers, LSE being sensitive subject especially when handling different gender, lack of support from the administration and lack of commitment from the Ministry of Education.

6. There was statistically significant difference in the level of awareness between the rural and urban areas; with students from urban areas being more knowledgeable than those from rural areas. The study also revealed statistically significant relationship between sexual behaviour of students in rural and urban areas especially among male students. The study revealed few differences in the prevalence of risky sexual behaviour between rural and urban female respondents. For males, however, a significant difference was observed in the sense that rural males had a higher prevalence rate of risky sexual behaviour compared to urban males.

5.3 Conclusion of the Study

1. The findings demonstrate that students engage in risky sexual behaviour at a very young age when they are not physically mature. They engage in sex with multiple partners and majority do not use contraceptives putting themselves at risk of unwanted pregnancies, abortion and other related complications. This

comes about because they are uniformed about reproductive matters and lack adequate life skills that can help them negotiate sexual pressure..

2. Significant relationship was established between levels of awareness and students' sexual behaviour in Busia and Nairobi Counties. This made the researcher to reject the null hypothesis that stated there is no statistical significant relationship between the level of awareness and secondary school students' sexual behaviour. From the findings, it can be concluded that students who have a high level of awareness delay sexual debut, reduce number of sexual partners, reduce frequency of sexual activities, use protection or practice secondary virginity if they had already started being sexually active.
3. From the study, various factors encouraging students to engage in risky sexual behaviour were identified. They were categorized into individual, family, economic and community perspective. From these findings, the researcher can conclude that there is an interplay among various factors that make students engage in risky sexual behaviour; strongest of which include peer pressure, culture, drugs and economic challenges. Conversely, factors that protect students from risky behaviour include family, type of school attended, parental and religious influence. Where parents monitor their children's whereabouts or where students frequent and regard church as important, there is likelihood of delayed sexual initiation. Therefore provision of life skills education can only be effective agent of students' sex behaviour when reinforced by other supporting activities and programmes.
4. The results of this study highlighted the limited source of information for students in the two counties. Majority of students were in support of school

based life skills education as it provides them with an opportunity to discuss issues freely with the teachers. Schools also provide a safe context within which young people can learn about themselves and the wider world. Evidence in the study shows that young people find it difficult to talk to their parents about sex and relationship. This makes access to LSE in school more important.

5. The research shows that significant progress has been made in implementation of LSE especially where it is an integral part of the school programme. However, it is evident that more is needed to secure the full and appropriate delivery of LSE programme in all secondary schools. The study established that although there are policies that address HIV and life skills education programme, there is lack of clear guidelines on how to implement it in schools. The programme has been partially implemented in schools but even in those schools that offer it, not all classes were involved. Other problems faced include overcrowded curriculum, and untrained teachers yet they are critical to the delivery of LSE.
6. Significant statistical difference in sexual behaviour was not found between female students from rural and urban areas. For males, however, there was a significant difference where rural males were found to have higher prevalence of risky sexual behaviour compared to the urban males.

5.4 Recommendation of the Study

In order to further enhance and develop life skills education, the study recommends the following:

1. That timely life skills education should be made available to all secondary school students. The findings of this study show that many young male and female adolescents are sexually active and have limited knowledge on sexuality. Life skills education should therefore be made a mandatory part of the curriculum for primary and post primary schools. Life skills education also needs to be delivered within acceptable social cultural boundaries and norms.

2. Life skill education should not only provide basic information on sexual development, behaviour and sexual health but also focus on skill development, negotiation skills for combating sexual pressure and sexual empowerment.

3. Schools, as an important venue for prevention and development of early intervention programmes for in-school adolescents, should be updated with clear policy statements from the Ministry of Education on what teachers should address. Schools should ensure that their life skills education policies are used as a basis for the annual and long term planning and delivery of the programme. Schools should subject their life skills policy to systematic review, a process that should involve all stakeholders in LSE programme.

4. There should be a strong commitment and policy action on the part of the government to ensure LSE is implemented in schools. LSE guidelines should be re issued by MOE to provide reviewed direction to schools and teachers in relation to the delivery of LSE. There should also be follow up to ensure the programme is implemented. Government should take a leading role by providing an enabling environment to coordinate and harmonize LSE programme.
5. Training of staff should be conducted in the following areas: RH content, social–cultural and behaviour norms, appropriate teaching methodologies and gender sensitivity. This will boost the teachers' confidence to enable them discuss sensitive and controversial topics, and acquire additional skills such as counseling and awareness of youth services.
6. The rights based approach to sexual and reproductive health should be employed to help change how adolescents' reproductive services are offered and utilized in the country. Under the right based approach, states have an obligation to respect, protect and fulfill the sexual and reproductive rights of adolescents. Rights education can also empower adolescent males and female of all ages and the community at large by instilling a sense of entitlement to social norms.

5.5 Suggestions for Further Research

The findings of the study found questions which require further investigation. The following are therefore suggested for further research.

1. Research to identify the views of other stakeholders such as religious leaders and parents towards life skills education
2. Identification of strategies that would effectively enhance provision of LSE to young people out of school.
3. Exploration of other factors that affect students' sexual health, such as access to health services and social-cultural environment.
4. Exploration of the association between protective social resources and health risky behaviour.

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APPENDICES

APPENDIX 1: INTRODUCTORY LETTER

I'm a student at Kabarak University pursuing PhD in counseling psychology. I'm conducting a research on life skills education and how it impacts on student's sexual behaviour in secondary schools in Kenya. The research is part of the requirement for me to fulfill before I qualify for my degree. The survey looks at LSE program and the things you do that may affect your sexual health. This information will help the government to plan better life skill education programs for students in schools. The information you provide will be kept confidential. Participation in this research is voluntary. The questionnaire usually takes between 30 to 60 minutes to complete; Make sure to read every question before you answer.

Janerose Mayabi

Sign below to show your consent in taking part in the study.

THANK YOU

Consent

Having read the information above, I hereby accept to participate in the survey

Participant's signature----------Date----------

APPENDIX 2:

STUDENTS QUESTIONNAIRE

Time 1 hour

The Questionnaire is to get information from secondary school students, on the impact of LSE on students' sexual behaviour, students' responsiveness towards life skills education, factors promoting sexual behaviour, challenges experienced in LSE implementation and how schools respond to fundamental challenges.

SECTION A: Demographic characteristics of study population

Tick in the square boxes on your answer sheet that match your answer

1. State your sex Male ☐ Female ☐

2. State your Age 13-16☐ 17 -20 ☐ 21-24 ☐

3. State your area of residence Urban ☐ Rural ☐

4. Which type of family do you come from

Parents and siblings ☐
Single parents and siblings ☐
Grand parents ☐

5. Primary school background

Mixed day ☐ Mixed boarding ☐
Boarding boys only ☐ Boarding girls only ☐
Day boys only ☐ Day girls only ☐

6. State your Religion

No religion ☐ Christian ☐
Islamic ☐ Hindu ☐
Other ☐

7. Importance of religion to the student

Very important ☐ Important ☐
Not important ☐

SECTION B: Students Level of Awareness on life Skill Education

This section looks at student's level of awareness on reproductive health issues

Instruction: Read each statement carefully and rate your level of agreement and disagreement by selecting your choice in the table below. Key on the level of agreement or disagreement. Strongly Agree (1) Agree (2) Disagree (3) Strongly Disagree (4)

	STATEMENT	1	2	3	4
8	I have knowledge of the menstrual cycle				
9	A student can't get pregnant when having sex the first time.				
10	Young people below 18 years can marry				
11	Secondary school students are sexually active				
12	I will seek medical assistance if I contract STD				
13	There is no cure for HIV/AIDs				
14	Abortion is dangerous				
15	Condoms cannot help prevent HIV/AIDs and pregnancy				
16	Early marriage for young people age below 18 years is outlawed in				

	Kenya				
17	Abstinence is the best method to prevent pregnancy and HIV/AIDS				
18	Adolescence are vulnerable to sex coercion and sex violence				
19	Having unprotected sex cannot lead to pregnancy				
20	Adolescent undergo psychological and emotion changes				
21	Menses is a normal phenomenon				
22	Know that loving the opposite sex does not mean sexual intercourse				

SECTION C

The following questions measure sexual behaviour of the students. Tick the correct answer.

23. Are you in any intimate relationship with a member of opposite sex?

Yes ☐ No ☐

24. If yes, how old were you when you had your sexual intercourse for the first time?

I have never had sexual intercourse ☐ 11 years old or younger ☐
12 years old ☐ 13 years ☐
14 years old ☐ 15 years old ☐
16 ears ☐

25. Who influenced you into this relationship?

Self decision ☐ I was seduced by the partner ☐
Peer pressure ☐ I was raped ☐

26. Did you know this partner before you had your first sex?

Yes ☐
No ☐

27. In your life time, how many people have you had sexual intercourse with?

1 person ☐ 2 people ☐
3 people ☐ 4 people ☐
5 people ☐ 6 people ☐
More ☐ None ☐

28. During the past 3 months with how many people did you have sexual intercourse?

A. I have never had sexual intercourse ☐
B. I had sexual intercourse, but during the past 3 months ☐
C. 1 person ☐
D. 2 people ☐
E. 3 people ☐
F. 4 people ☐
G. 5 people ☐
H. 6 or more people ☐

29. Did you use alcohol or use drugs before you had sexual intercourse the last time?

A. I have never had sexual intercourse ☐
B. Yes ☐
C. No ☐

30. The last time you had sexual intercourse did you or your partner use a condom?

A. I have never had sexual intercourse ☐
B. Yes ☐
C. No ☐

31. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy (select only one response)

A) I have never had sexual intercourse ☐
B) No methods was used to prevent pregnancy ☐
C) Pregnancy prevention pills ☐
D) Condoms ☐

E) Not sure ☐
F) Withdrawal ☐

32. Have you ever been pregnant or made a girl pregnant? yes ☐ No ☐

33. Have you ever been forced into having sex? Yes ☐ No ☐

34. If yes, who was the predator

a) Parent ☐ d) Family Friend ☐
b) Close relative ☐ e) Teacher ☐
c) Friend/ peer ☐ f) Stranger ☐

	STATEMENT	**SD**	**D**	**U**	**A**	**SA**
35	Am old enough to engage in sexual activities					
36	Pregnant girls should continue with school					

SECTION D

The section attempts to find out determinants of students sexual behaviour

Please indicate whether you strongly disagree (SD) Disagree (D) Undecided (U) Agree (A) or strongly Agree (SA) with the following statements regarding determinants of students' sexual behaviour

	STATEMENT	**SD**	**D**	**U**	**A**	**SA**
37	I would not mind having sex if I am given money or a gift					
38	Drug use encourage sexual activities					
39	Students engage in sex activities due to peer pressure					
40	Its normal to be sexually active at my age					
41	My parents have no role in my sexual life					
42	Do you think it's ok if sometimes a boy forces a girl to have sex if he loves her?					
43	Do you believe girls/boys should remain virgins until marriage?					
44	Society tolerates boys who are sexually active					
45	Society tolerates girls who are sexually active					
46	Students who are committed to religious teachings abstain from sexual activities					

SECTION E

This section attempts to assess students' responsiveness **(Attitude)** to life skills education in schools.

		SD	**D**	**U**	**A**	**SA**
47	Life skill education is important					
48	What you learn is adequate					
49	It helps change my attitude on sexual relations					
50	Life skills help me make better decisions in my life					
51	Life Skill should be taught in schools					
52	Time allocated is adequate					
53	Knowledge acquired is not beneficial to me					
54	Life skills education should begin in primary					
55	Do you feel free to discuss sexual issues with teachers?					
56	Life skills education Discourage early sexual activities					

57	Teachers have enough information on LSE					
58	Life skill education is a very interesting subject					
59	Feel free to discuss sex issues with friends					

60. The most appropriate place to have life skill education especially on sexually is at

School ☐ Home ☐
Health facilities ☐ Youth clinic ☐
Church ☐

61. I get most of information on life skills from

a) Friends ☐ b) Parents ☐
c) Mass media ☐ d) Teachers ☐

SECTION F

The following questions seek to find out challenges faced by students in accessing LSE in schools.

62	**STATEMENT**	**SD**	**D**	**U**	**A**	**SA**
63	Content taught in LSE is adequate					
64	Time allocated to teach life skills is adequate					
65	I feel free to discuss sex issues with friends					
66	I feel free to discuss sex issues with teachers					
67	When you discuss sex issues in school is your information kept confidential?					
68	Lack of confidentiality is a challenge to LSE					
69	Judgmental attitude affects LSE					
70	LSE is sensitive to discuss					
71	Society is not strict on sexual activities among boys					
72	Society is not strict on sexual activities among girls					
73	Media play a major role to influence students sexual activities					
74	School has enough materials/ books on LSE					
75	LSE not taken serious as is not examinable					

SECTION G

This section attempts to assess students view on the influence of LSE on sexual behaviour

Influence of life skills education on student's sexual behaviour

76	**STATEMENT**	**SD**	**D**	**U**	**A**	**SA**
77	Life skill education is important to students					
78	It has helped me to protect myself against irresponsible behaviour					
79	Helped me understand the changes taking place in my body and how to manage them					
80	LSE promotes self awareness					
81	Has built my self esteem					
82	Helped me understand my values					
83	Enabled me make decision on sex issues					
84	Gives me more information on HIV/AIDs and how to prevent					
85	Help me to be able to negotiate with my partner					
86	Makes me responsible for my activities					
87	LSE Helps me to know the consequences of risky sexual behaviour					

APPENDIX 3:

TEACHERS QUESTIONNAIRE

The questionnaire is aimed at gathering information from secondary school teachers on the students' perception and attitude on life skill education and challenges teachers face in the implementation of the programme in schools.

SECTION A: General information

1. State your Gender Male ☐ Female ☐
2. State your Age 25 - 35 ☐ 36 -45 ☐ 46 -54☐ 55-59 ☐
3. how many years have you been in teaching profession below 19 20-30 ☐
   31-40 ☐ 41--50 ☐ 51-60☐

SECTION B

1. Do you offer life skills education in your school? Yes ☐ No ☐
2. When was the program introduced in your school?
   2007 ☐ 2008 ☐ 2009 ☐ 2010☐ 2011☐ 2012☐
3. Which classes do you target for life skills education?
   Form 1 ☐ Form 2☐ Form 3☐ Form 4☐ All☐
4. How much time is allocated for the lessons on life skills per week?
   a. Less than an hour ☐
   b. 1 hour ☐
   c. More than 1 hour ☐
5. How are Life skills education teachers appointed in your school?
   a) Science teachers ☐
   b) Art teachers ☐
   c) Technical teacher ☐
   d) Based with teachers with less load ☐
   e) Counselling teachers ☐
   f) Science teachers ☐
6. Have you received any training on LSE? Yes☐ No☐

SECTION C

This Section deals with challenges teachers face in implementing life skill education in schools. Use the following objectives to complete questions that follow

1. Strongly Agree (SA) Agree (A) Undecided (U) Disagree (D) Strongly Disagree (SD)

	STATEMENT	**SA**	**A**	**U**	**D**	**SD**
1	Life skills education is taken as a serious subject in school					
2	Time allocated for teaching life skills is adequate					
3	Teachers who handle life skills education have adequate training					
4	Teachers feel confident teaching life skills education					
5	Students enjoy the subject					
6	Most teachers in my school are not aware what it LSE					
7	Many teachers shy away from teaching LSE					
8	LSE is not taken serious as its not examinable subject					
9	LSE lacks enough personnel to handle it					
10	Teachers not comfortable with its because its sensitive especially on sexuality					
11	LSE lacks support from school administration					

12	LSE not taken serious as many don't understand it					
13	Like teaching examinable subjects in place of LSE					
14	LSE lacks reward and recognition for teachers					
15	Parents support teaching of LSE in schools					
16	Religious organizations support LSE					
17	Education officials from ministry supervise LSE implementation					

SECTION D Influence of life skill education on student's sexual behaviour

	STATEMENT	SA	A	U	D	SD
1	Life skills help students be responsible in their sexual behaviour.					
2	LSE does not make students responsible in their sexual behaviour					
3	LSE helps students to build self esteem					
4	LSE help students form respectful relations with opposite sex					
5	LSE helps students make informed decision					
6	LSE helps students develop negotiation skills					
7	It promotes abstinence among students					
8	Despite LSE students are still starting sex early					
9	LSE helps students to be assertive					
10	LSE help Students develop self awareness					
11	LSE help Students develop effective communication					

APPENDIX 4:

INTERVIEW SCHEDULE

The interview aims at gathering information from Ministry of Education officials as well as members of Kenya Institute of Education on life skill education curriculum and its implementation.

1. How do you define or understand life skill education?
2. Why did the government introduce life skills in schools?
3. How was LSE education program introduced in schools?
4. When was life skills to be taught in schools?
5. Was there any training/ seminar for teachers/principals of secondary schools to orientate them on LSE?
6. In your opinion is the content being taught adequate for the students?
7. Is the program successfully being implemented?
8. What are some of the challenges faced in implementation of the program?
9. What are some of the solutions to these challenges?
10. According to you, has the program achieved its objectives especially on changing students sexual behaviours in secondary schools?

APPENDIX 5:

Form Three Students Population per School in Busia and Nairobi Counties

DISTRICT	SCHOOL	FORM THREE STUDENT POPULATION
Bunyala	Musoma Sec	11
Bunyala	Bukoma Sec	36
Bunyala	Osieko sec	40
Bunyala	RW Mundere Sec	43
Bunyala	St Anne Bunyala Girls	54
Bunyala	St Cecilia Namenya	60
Bunyala	John Osogo Sec	72
Bunyala	Makunda Mixed	106
Bunyala	St Benedict Budalangi High	163
Busia	Lunga Sec	15
Busia	Busibwabo Mixed	25
Busia	St. Peters Buyosi	29
Busia	Fr Simon Sibembe	31
Busia	St Thomas Aquinas Lunga Sec	32
Busia	St James Nasewa Sec	32
Busia	Esirisia Mixed Day Sec	33
Busia	Nangoma Sec	34
Busia	Khayo Sec	34
Busia	Alungoli Sec	35
Busia	St Francis Lupida Sec	40
Busia	St Pauls Namaindi	40
Busia	St Augustine Nasira sec	43
Busia	St Mary's Burumba Sec	48
Busia	St Paul Busende sec	48
Busia	St Francis H.S.Sikinga	49
Busia	Nambale Urban Sec	58
Busia	St Pauls Igara Sec	58
Busia	St Pauls Mabunge sec	65
Busia	Katira Mixed Sec	68
Busia	Malanga Mixed	71
Busia	Murende Mixed Day	78
Busia	Our Lady Of Mercy	89
Busia	St Peters Budokomi Sec	99
Busia	St Mary Mundika High	124
Busia	St Thomas Aquinas Madende	141

Busia	St Stephens Lwanya Girls Sec	142
Busia	St Annes Kisoko Girls	143
Busia	Nambale Boys Sec	157
Busia	St Mathias Busia Sec.	188
Butula	Buriya Sec	29
Butula	St Monicas Butunyi Sec	31
Butula	St Romanos Tingolo	35
Butula	Elukari Sec. School	35
Butula	St Peters Sirikhaya Sec	37
Butula	Bwaliro sec	38
Butula	Masebula Mixed Day	38
Butula	Ikonzo sec	39
Butula	St Peters Bumula B SEC	43
Butula	Bukhuma Sec	56
Butula	St Joseph Bumutiru	64
Butula	Butula Girls Sec	83
Butula	Bumala AC	88
Butula	Buhuyi Sec	88
Butula	Busiada Girls Secondary	94
Butula	Bujumba Secondary	108
Butula	Kingandole Secondary	111
Butula	Bukhalalire Boys Sec	120
Butula	Lugulu ACK Secondary	153
Butula	Butula Boys High School	229
Butula	Bishop Nicolas Stam Sikoma	42
Nambale	Fr Simon Sibembe	36
Nambale	St Francis Lupida Sec	40
Nambale	Khayo Sec	43
Nambale	St Pauls Namaindi	45
Nambale	St Pauls Igara Sec	62
Nambale	Nambale Urban Sec	68
Nambale	St Francis H.S.Sikinga	68
Nambale	Katira Mixed Sec	69
Nambale	Malanga Mixed	97
Nambale	St Annes Kisoko Girls	144
Nambale	St Thomas Aquinas Madende	148
Nambale	Nambale Boys Sec	195
Samia	Nyakwaka Girls	18
Samia	St Peters Busibi Girls	25
Samia	St Lukes Odiado Sec	39
Samia	St. Antony Busijo Sec	43
Samia	Nambale RC Sec	44

Samia	Hakati	48
Samia	St. Mark Bukiri Sec	56
Samia	Ganjala	59
Samia	Nyakhobi	77
Samia	Bujwanga Sec	77
Samia	Nanderema	138
Samia	Namboboto	155
Samia	Sigalame High Sch	198
Samia	St Cecilia Nangina Girls	209
Teso North	St. Elizabeth Kabukui Girls	15
Teso North	St Martins Mwari Boys	18
Teso North	St Stephen Kengatuny Mixed	34
Teso North	Kekalet Sec	34
Teso North	ACK Changara	49
Teso North	Kakurikit sec sch	50
Teso North	ACK.Kakemer Sec.	50
Teso North	Amagoro girls sec	58
Teso North	Katakwa	80
Teso North	St Augostine Kamolo	82
Teso North	Albert ekirapa	98
Teso North	St Josephs kocholya	106
Teso North	Bishop sulumeti	108
Teso North	Kamuriai	110
Teso North	SA Aboloi sec	117
Teso North	Moding High Sch	119
Teso North	Chamasiri	125
Teso North	SAKolanya girls	222
Teso North	SA Kolanya High sec	226
Teso South	St Bridgit For Deaf	22
Teso South	St Mark Amongura Sec	30
Teso South	St. Mark ACK Machakusi Sec	54
Teso South	Asinge	63
Teso South	ST Peters Aterait	65
Teso South	St Charles Lwanga	67
Teso South	St Johns Alupe	70
Teso South	St James Kwangamori	75
Teso South	Apokor Sec.	75
Teso South	St Jacob's kaliwa	98
Teso South	St marys Amukura Girls	105
Teso South	St Joseph's chakol	123
Teso South	Fr Okodoi	143
Teso South	St Paul's amukura	175

Teso South	St Monica chakol	188
Dagoretti	Ruthimitu Girls	91
Dagoretti	Mutuini Sec	93
Dagoretti	Dagoretti Mixed	128
Dagoretti	Nembu Girls	129
Dagoretti	Precious Blood	142
Dagoretti	Ruthimitu Mixed	174
Dagoretti	Dagoretti High	251
Dagoretti	Moi Girls Nairobi	252
Dagoretti	Upper Hill Sec	263
Dagoretti	Lenana School	300
Dagoretti	Shadrack Kimalel	39
Embakasi	Embakasi Garrison Sec.	43
Embakasi	Embakasi Girls	109
Embakasi	Peter Kibukosya Sec	121
Embakasi	Mwangaza Sec	130
Embakasi	Kayole Sec	145
Embakasi	Kayole South Sec	190
Kamkunji	OLM Shairi Moyo	53
Kamkunji	Uhuru Sec	100
Kamkunji	St Teresas Boys	140
Kamkunji	Kamukunji Sec	141
Kamkunji	Maina Wanjigi Sec	143
Kamkunji	Eastleigh High	226
Kamkunji	Moi Forces Academy	234
Kasarani	Starehe Girls	100
Kasarani	Kahawa Garrison	105
Kasarani	Baba Ndogo Sec	126
Kasarani	Kamiti Sec	146
Kasarani	Ruaraka High	158
Kasarani	Our Lady of Fatima	213
Kasarani	Kariobangi North Girls	90
Langata	Karen C	68
Langata	Langata Barracks	81
Langata	Raila Educational Centre	107
Langata	Olympic High School	205
Langata	Langata High	208
Makadara Nrb	St Patricks Nairobi	23
Makadara Nrb	Our Lady of Mercy	95
Makadara Nrb	ST Annes Girls	102
Makadara Nrb	Nile Road Sec	103
Makadara Nrb	Makongeni sec	134

Makadara Nrb	Huruma Girls	170
Makadara Nrb	Highway Sec	175
Makadara Nrb	Ofafa Jericho Sec	176
Makadara Nrb	Buru Buru Girls	195
Makadara Nrb	Aquinas High	265
Njiru	Ruai Boys	30
Njiru	St Georges Athi	32
Njiru	Ruai Girls	39
Njiru	Dr Mwenje Sec	80
Njiru	Drumvale Sec	87
Njiru	Jehova Jire Sec	91
Njiru	Ushirika Sec	113
Njiru	Muhuri Muchiri	156
Njiru	Dandora Sec	201
Starehe	CGHU	45
Starehe	Muranga RD Boys Sec	53
Starehe	Pumwani Girls	73
Starehe	Ndururuno Sec	85
Starehe	Parklands Boys	106
Starehe	St Teresas Girls	122
Starehe	Pumwani Sec	178
Starehe	Ngara Girls	208
Starehe	Jamhuri High	216
Starehe	Starehe Boys Centre	234
Starehe	Pangani Girls	289
Westlands	Highridge	45
Westlands	Nairobi Milimani	60
Westlands	Lavington Sec	93
Westlands	Hospital Hill	123
Westlands	Parkland Arya Girls	139
Westlands	Kangemi High	157
Westlands	St Georges Girls	245
Westlands	State House Girls	248
Westlands	Kenya High	253
Westlands	Nairobi School	325
	Total Population	**20,227**

Source; Ministry of Education, 2013

APPENDIX 6

No of schools by type and population of Form Three in Busia and Nairobi Counties

COUNTY	DISTRICT	GIRLS	BOYS	MIXED	TOTAL NO SCHOOLS	TOTAL NO FORM THREE
Nairobi	Makadara	6	2	4	12	1438
	Kasarani	3	1	5	9	930
	Langata	1	1	4	6	669
	Starehe	4	6	3	13	1689
	Westlands	4	2	6	12	1688
	Kamukunji	1	2	5	7	1037
	Embakasi	1	1	7	10	738
	Dagoreti	3	4	3	11	1862
	Njiru	1	1	7	9	725
Busia	Bunyala	2	2	5	9	585
	Busia	3	2	25	30	2109
	Butula	3	4	14	21	1571
	Nambale	1	1	10	12	1015
	Samia	3	2	9	14	1186
	Teso north	3	2	14	19	1712
	Teso South	2	1	12	15	1253
Totals		**41**	**34**	**133**	**208**	**20227**

Source; Ministry of Education, 2013

APPENDIX 7:

Table for Determining Sample size from a given Population

N	S	N	S	N	S	N	S
10	10	120	92	440	205	2400	331
15	14	130	97	460	210	2600	335
20	19	140	101	480	214	2800	338
25	24	150	108	500	217	3000	341
30	28	160	113	550	226	3500	346
35	32	220	140	600	234	4000	351
40	36	230	144	650	241	4500	351
45	40	240	148	700	248	5000	357
50	44	250	152	750	254	6000	361
55	48	260	155	800	260	7000	364
60	52	270	159	1200	291	8000	367
65	56	280	162	1300	297	9000	368
70	59	290	165	1400	302	10000	370
75	63	300	169	1500	306	15000	375
80	66	320	175	1600	310	20000	377
85	70	340	181	1700	313	30000	379
90	73	360	186	1800	317	40000	380
95	76	380	191	1900	320	50000	381
100	80	400	196	2000	322	75000	382
110	86	420	201	2200	327	10000	384

Note: “N” is population size
“S” is sample size
Source: Krejcie, et al (1970)

APPENDIX 8:

Table 2 Sampling Size of form three students per school

County	District	School type	Name of school	Boys	Girls	Total	n=378
		Girls	School A	0	150	150	16
		Boys	School B	222	0	222	24
		Mixed	School C	81	20	101	11
	Westlands	Girls	School A	0	253	253	27
		Boys	School B	325	0	325	34
		Mixed	School c	103	54	157	17
	Starehe	Girls	School A	0	208	208	22
		Boys	School B	216	0	216	23
		Mixed	School C	111	67	178	19
	Dagoreti	Girls	School A	0	174	174	18
		Boys	School B	263	0	263	28
		Mixed	School C	83	46	129	14
	Samia	Girls	School A	0	212	212	22
		Boys	School B	155	0	155	16
		Mixed	School C	32	15	47	5
	Busia	Girls	School A	0	143	143	15
		Boys	School B	124	0	124	13
		Mixed	School C	136	52	188	20
	Bunyala	Girls	School A	0	54	54	6
		Boys	School B	163	0	163	17
		Mixed	School C	72	33	106	11
			TOTAL	**2086**	**1481**	**3568**	**378**

Source: Researcher (2013)

APPENDIX 9: BUSIA COUNTY KENYA

APPENDIX 10: NAIROBI COUNTY KENYA