

Implementation of Life Skills Education Programme on Sexuality in Selected Secondary Schools in Nairobi City County, Kenya

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ABSTRACT: *Life Skills Education (LSE) is one of the subjects in Kenyan secondary school curriculum. One of the areas that secondary school students are taught is sexuality. However, adolescents continue to face significant sexuality related challenges; cases of early pregnancies, irresponsible sexual activities and STIs among boys and girls are common. Efforts have been made to address this problem but comprehensive and conclusive solutions have not been achieved. As such, this study examined the implementation of Life Skills Education programme on sexuality in selected secondary schools in Nairobi City County. The study adopted exploratory research design. Stratified random sampling was used to select 378 students and 26 teachers from 13 schools in Nairobi City County. The study utilized self-constructed questionnaires and interview schedules to collect data. Qualitative responses were coded to enable grouping into various thematic categories. Quantitative data was presented in form of percentages, means and standard deviations. Pearson's product moment and Chi square analyses were used to establish any significant relationships. The study found that life skills education on sexuality is not effectively implemented in most schools. The study recommends that LSE teachers should put more effort to ensure effective implementation of Life Skills Education on sexuality.*

KEYWORDS: life skills education, secondary school students, sexuality education

INTRODUCTION

Around the world, secondary school education is offered mainly at a time when children of both gender are in their adolescence stage (13-18 years). At this stage children are mainly faced with gender related challenges such as stress and storms, ego idealism, pseudo-scientific thoughts, and thus need guidance (Leung et al., 2019). Teenagers and adolescents face both developmental and sexuality problems (Apter, 2018). A study carried out in the United States showed sexuality problems as one of the notable risks encountered by adolescents. It is also revealed that Chlamydia (Bacteria that causes diseases such as trachoma, psittacosis, and non-specific urethritis) rates were four times higher among black female adolescents aged 15-19 compared to some older youth (Grant et al., 2020). This critical period of human development is challenging and

schools need to equip learners of both genders with skills to enhance protective sexuality attitudes and behaviour (Harris, 2018).

Gendered sexuality problem behaviour risks are exuberated by transient physiological, emotional and social states and their inability to comprehend exposure to risks fully (Cessna, 2020). Although at this age adolescents are sexually mature, they are still learning gender roles, sexual scripts and struggling to understand their sexual feelings as well as sexual orientation (Heidari et al., 2018). These social and biological issues imply that adolescents could be lacking adequate knowledge, skills and values required to deal with peer pressure for sexual relationships.

In Sub-Saharan Africa, sexuality behaviour risks are likely made worse by a multiplicity of factors such as lack of access to condoms or other contraceptives for use, multiple sex and high-risk partners among adolescents (Ahinkora, 2020). Despite the trends in adolescents' sexual behaviour in Sub-Saharan Africa showing an increase in condom use, the prevalence has tended to remain low. In general, youths of either gender in Africa are at the core of HIV and AIDS epidemic with 15–24-year olds and including young women forming the bulk of new infections (Yakubu & Salisu, 2018). It is noted that in Ghana, peer pressure drives adolescents to first sex experiences with multiple partners (Keogh et al., 2018). The peer pressure and consequent behaviours tend to hinder reproductive and sexual health efforts.

Owing to the high prevalence of risky sexual behaviours among adolescents around the globe, an effective approach that helps adolescents to deal with sexuality risks is necessary. One of the approaches is Life Skills Education (Najmabadi & Sharifi, 2019). Efforts towards establishing policy frame working response to young people's need for information and skills to mitigate sexual and reproductive health (SRH) risks exist. For instance, the International Conference on Population and Development (ICPD, 2017) called on governments around the world to provide sexuality education and promote the wellbeing of adolescents (Merki-Feld et al., 2018), the United Nations Commission on Population and Development (Yakubu & Salisu, 2018) required that sexuality education be age appropriate and should also be enhanced to foster mature decision making. The United Nations Commission resolution recommends that schools should form one of the contexts of sexuality education and be focusing on gender equality as well as responsible sexual behaviour. Furthermore, UNFPA (2019) operationalized sexuality education to comprise of life skills that is scientifically accurate, value-based and focusing on human rights, gender norms and power relations. It also includes education on growth and developmental aspects of puberty, reproduction, relationships, communication, sexual health, unintended pregnancy, condoms, contraception knowledge and use as well as access to health. Other international agencies that have recommended Comprehensive Sexuality Education (CSE) are UNESCO (United Nations Educational, Scientific and Cultural Organization and United Nations (2019), International Planned Parenthood Federation (IPPF, 2018) and International Technical Guidance on Sexuality Education (ITGSE) (IPPF, 2018). Drawing from these agencies, sexuality education is not just about teaching, but empowering young people especially

girls to perceive themselves as equal partners in relationships, protect their health and actively participate positively in society (Ahn et al., 2021). Therefore, this study examined the implementation of LSE programme on sexuality in secondary schools in Nairobi City County of Kenya.

Statement of the Problem

Huge investment has been made in the education sector to enhance learning especially in behaviour change among secondary school students in Kenya but statistics indicate that schools are grappling with a lot of sexuality related challenges among male and female students. In Nairobi County, it is estimated that 33% female and 47% male students in secondary schools have engaged in sex with 36% of the former having more sexual partners aged 20 years and above. In 2018, the number of female students who were reported to be pregnant during KCSE examination was alarmingly high prompting the cabinet secretary to form a task force to investigate the matter. Some girls gave birth while sitting the examination (MoE, 2018).

The consequences of teenage pregnancies are far reaching. Some of the negative effects include; school dropout, early marriages and psychological distress among others. These negatively affect girls including denying them the opportunity to realize the promises of education. This problem continues to persist despite the integration of life skills education in secondary schools. Notwithstanding the behaviour control challenge issues in Kenyan schools, it is assumed that equipping boys and girls with 'life skills education will lead to a reduction of already existing risky sexual attitudes and behaviour. On the other hand, it is imprudent to continue with some forms of life skills education without clarity on its effectiveness on target attitudes and behaviour. Therefore, this study examined the implementation of LSE programme on sexuality in secondary schools in Nairobi City County of Kenya.

Purpose of the study

The purpose of this study was to examine the implementation of LSE programme on sexuality in selected secondary schools in Nairobi City County of Kenya.

LITERATURE

The views on gender sensitive training and education are emphasised by UNESCO (2018) which defines comprehensive sexuality education as a focus on holistic approach to human development and sexuality (UNESCO, 2018). The organisation also identifies CSE goals for children and young people as equipping them with knowledge, skills and values intended to enable them make responsible choices about sexual and social relationships in a world plagued with HIV and other sexually related health problems. Due to its importance in holistic education among adolescents, the area has in the recent past attracted immense scholarly attention. In USA, David et al. (2018) conducted a study to examine the factors associated with the content of sex education in U.S public secondary schools. Data were collected from adolescents and analysed to establish the factors associated with the content in sexuality education. The researchers

established that the content varied from region to region depending on the teacher's approach. The content that featured on the list was concerned with abstinence, prevention of pregnancy and STIs. Bonjour and Ineke (2018) argues that the scope of life skills education on sexuality has become broad over time causing a debate on the age specific content that should be taught to the adolescents. For instance, WHO (2020) guideline contains sexuality, fertility and reproduction, emotions, growth and human development and relationships. International Professional Practices Framework (IPPF, 2017) focuses on HIV and sexual reproductive health, gender, relationships, diversity, sexual rights and violence. UNESCO (2018) guideline contains relationships, culture, human body and development, sexual behaviour and reproductive health.

In a study conducted by DiClemente et al. (2019) among African-American adolescent girls in the United States of America sexuality interventions found out that emphasis on gender pride in education related to HIV knowledge, communication, condom use skills and healthy relationships resulted in 35% lower risk of acquiring chlamydia among the participants and there was marked increase in condom use for protection. In Nigeria, Ucheet et al. (2015) conducted a study to investigate life skills education and adolescent sexuality among boys and girls who were not attending school. The researchers employed qualitative research approach collecting data using interviewing and focused group discussions. Each group discussion consisted of 12-15 adolescents. A total of 248 focused group discussions were conducted and the findings were presented thematically. Results on the content in life skills education on sexuality indicated that STIs, HIV and AIDS, abstinence and unwanted pregnancies were the issues that were commonly discussed. The other topics covered include; growth and development, personal skills, culture and relationships. The results of this study demonstrate that the content in sexuality education covers gender issues and how boys and girls should behave on matters of sexuality. However, the content taught seem to vary from one culture to another, an issue the current research addressed.

Relatedly, Ase et al. (2012) investigated the practice of life skills education on sexuality and the content of sex education among adolescents. The descriptive cross-sectional study used random sampling to select 350 respondents. The respondents completed a semi-structured questionnaire. When the collected data were analysed, the results showed that the main content in sexuality education was HIV and AIDS and prevention (51.9%), abstinence (38.1%), avoidance of pregnancy (40.9%) and reproduction (35.4%). The results are important to address the problem of the current study but the study did not bring out issues of gender in sexuality education content, a concern this study addressed. Another study by Taiwo et al. (2017) investigated the influence of sexuality education on the reproductive health among adolescents in Oyo state in Nigeria. The researchers sampled 400 secondary school students. The researchers used interview schedules and questionnaires. The results revealed that female students had higher knowledge on sexuality than female students. However, it was not clear which content the adolescents were taught. In yet another study of a programme in Kenya that aimed at increasing girl's knowledge of risks of intergenerational sex, it was found out that the programme employed interactive and critical thinking method to educate on the

higher HIV rates among older men and implications of intergenerational sex (Ochieng, 2013). However, the studies did not explore the content taught in sexuality education, a gap that this study addressed.

METHODOLOGY

Research Design

The study adopted exploratory research design. In this design, the researcher explores the status of the research issue without manipulating the independent variables (Creswell, 2018). This design was appropriate for this study because it provided an in-depth analysis and understanding of life skills education on sexuality among secondary school students in Nairobi County. Correlational analysis was used to ascertain the nature of the relationships among study variables.

Target Population

The target population of this study was form two and four students taking life skills education in selected secondary schools in Nairobi County. This was informed by a survey conducted by Kumar et al. (2018) in Nairobi, whose findings revealed that about 30% of adolescent girls mostly aged 14 to 16 get pregnant before they attain the age of 18. In addition, life skills' education teachers and secondary school counsellors in Nairobi County were sampled as KIIs because they were better placed to provide reliable information on the program uptake and its effect towards responsible sexual behaviour among their students.

Sampling Size and Sampling Techniques

Stratified random sampling was used to select the schools that were involved in the study. The schools were categorized into boy's boarding, boy's day, girl's boarding, girls' day, coeducational boarding and coeducational day. The sampling strategy allowed for overall population estimates with greater precision, ensured a more representative sample from a relatively homogenous population (Cooper & Schindler, 2003). Purposive sampling was also used to select form two students, school counsellors and life skills education teachers. Statistics available (MoE Report on Teenage Pregnancy, 2018) indicate that secondary school learners in the age bracket of the students who were sampled have engaged in sex. The boys and girls who participated in this study were selected using simple random sampling.

Table 1. Sample Size

Target Population	Sample Size					
	G & C and LSE Teachers		Enrolment	Schools	G & C and LSE Students	
School Type	Teachers	Enrolment			Schools	Teachers
Boys' Boarding	21	1421	2	4	57	-
Girls' Boarding	18	1242	2	4	-	80
Girls' Day	8	978	1	2		51
Boys' Day	13	824	2	4	58	-
Coeducational Day	26	1442	5	10	48	47
Coeducational Boarding	6	965	1	2	17	20
Total	92	6872	13	26	378	

Sample size was obtained using Slovin's (1960) formula; $n = \frac{N}{1+N(e)^2}$ where N is the target population and e is the margin of error (0.05). Using this formula, a sample of 378 from two students was selected. The sample of students from the categories of schools was proportionately sampled as indicated in Table 1.

Research Instruments

This study used self-constructed questionnaires in Likert scale to measure content taught in life skills education on sexuality, teacher support on sexuality education, knowledge on life skills education on sexuality, intent to have sexual intercourse and sex abstinence behaviours. Adolescents' views obtained on sensitive issues have been found to be valid and thus some researchers have used this approach in gathering information on their own behaviours and those of significant others (Greens & Hogan, 2005). Equally, adolescents' self-report measures have been found to have high validity with respect to objective measures of delinquent behaviour (Regoli & Hewitt, 1997). Additionally, questionnaires are effective data collection instruments that allow respondents to give much of their opinions in regard to the research problem (Kothari, 2004). The questionnaire collected demographic information whereas the other sections collected data as per the study objectives. The interview schedule for the life skills and guidance and counselling teachers collected background information, topical issues on sexuality education, the content in sexuality education, how sexuality education is conducted and its influence on sexuality attitudes and behaviour among the students.

Validity of the Instruments

The suitability of the research instrument was assessed by peers, experts in this field of study and supervisors; by so doing the content and face validity was ascertained (Nachmias & Nachmias, 1987). The variables under study were operationalized based on theories and literature review; this led to high construct validity. For the qualitative interview schedules the responses were considered to be valid by focusing on the coherence of information with available literature and across respondents. The qualitatively generated data was assessed through rigorous and truthful scrutiny to identify major themes as recommended by Creswell and Clark (2007) and Johnson and Christensen (2000).

Reliability of the Instruments

The researcher assessed the reliability of the questionnaires using test-retest technique. The questionnaires were administered to 12 students and 2 teachers who were selected from one school. After one week, the research instruments were administered to the same respondents. Chronbach Alpha reliability coefficient which according to Drost (2011) is the most commonly used technique in estimating reliability was used to establish the reliability of the research instruments. In Rosnow and Rosenthal (1991) view, self-report measures with a reliability coefficient of about 0.8- 0.99 is acceptable.

Table 2. Reliability Diagnostics of the Questionnaire

	Test 1	Test 2
Cronbach's Alpha	.81	.83
N	12	12

The results presented in Table 2 shows that the questionnaires were reliable because the Cronbach's Alpha coefficients were .81 and .83 for test 1 and 2 respectively which were within the range 0.8- 0.99 as recommended by Rosnow and Rosenthal (1991). To establish the reliability of the interview guide, the responses from the teachers were checked using narrative codes and themes. All the research instruments were found to be reliable.

Piloting

The research instruments were pre-tested using a sample of 1.5% as per Mugenda and Mugenda (1999) who recommends that 1% to 10% of the actual sample size is adequate. Based on this recommendation, 12 students and two teachers were sampled from one school. The respondents who were used for pretesting were similar to the sample used in the actual study. Piloting was carried out to test the validity and reliability of the instruments. From the pilot study, the researcher was able to detect questions that needed editing and those that were ambiguous. The final questionnaire was then printed and used to collect data after the corrections were done.

Data Collection Procedure

The researcher randomly selected boys and girls to fill the questionnaires. On students completing the questionnaires within a period of 45 minutes to 1 hour they were collected for processing. In the randomly identified schools, a class teacher for each of the selected classes, the teacher counsellor and life skills education teacher were purposively selected for interview. Finally, in schools where life skills education exists 3 groups of 12 boys, and 12 girls in single gender school and 6 girls and 6 boys in Co-Education schools held focussed group discussion for data collection.

Data Analysis

Both quantitative and qualitative data analysis methods were used. First, the completed questionnaires were examined for completeness and consistency. Qualitative responses were coded to enable grouping into various thematic categories for analysis. The

numerical data were then analysed using Statistical Package for Social Science (SPSS) Version 25.0 Descriptive data were presented in form of percentages, means and standard deviations. Pearson's product moment correlation and Chi square analyses were used to establish any relationships.

RESULTS

The students were asked to rate the extent to which various life skills (as indicated in Table 3) were taught using a Likert scale with four outcomes including poor, fair, good, and excellent. The results of the findings are presented in Table 3.

Table 3. Extent to which Content on Sexuality is taught in Life Skills Education

Rate the extent to which you are taught the following content in LSE on sexuality	Excellent (%)	Good (%)	Fair (%)	Poor (%)	Mean	SD
Growth and development of both girls and boys	14	15.7	27.1	43.1	2.00	1.07
The risks of unplanned pregnancy for both young boys and girls	17.2	10.2	28.9	43.7	2.00	1.10
Sexually transmitted diseases , modes of transmission and protection for both boys and girls	14	20.4	22.2	43.4	2.04	1.11
Abstinence from sex	12	4.7	42.3	41.1	1.87	0.96
Protective sex for both boys and girls	13.7	10.8	14	61.5	1.77	1.10

Findings in Table 3 show that on the growth and development content of both boys and girls, majority of the respondents (43.1%) indicated that it was poorly done and 27.1% indicated that it was fairly taught. Only 14% of the respondents indicated the content of growth and development was excellently taught. The mean score stood at 2.00 with a standard deviation of 1.07 indicating that the content of growth and development of both boys and girls was not being delivered to the required standard.

When asked to rate the extent to which the risks of unplanned pregnancy for both young boys and girls was being delivered, 43.7% of the respondents indicated that it was poorly taught, 28.9% said it was being fairly taught and those who said it was excellently taught represented 17.2%. Only 10.2% said that the delivery was good. The mean score was 2.00 with a standard deviation of 1.10. This indicates that the delivery of the content on the risks of unplanned pregnancy for both young boys and girls was not good.

On the topic of sexually transmitted diseases, modes of transmission and protection for both boys and girls, majority (43.4%) indicated that it was poorly done, 22.2% indicated that the content was fairly done, 20.4% indicated that it was good and 14% of the respondents indicated that the delivery of the content was excellent. The mean score was 2.04 with a standard deviation of 1.11. Again, these findings indicate that the

delivery of sexuality content on sexually transmitted diseases, modes of transmission and protection for both boys and girls was not well done.

On abstinence from sex, 42.3% indicated that the content was fairly delivered, 41.1% indicated that the content was poorly delivered, 12% indicated that the content was being excellently delivered and 4.7% indicated that the delivery was good. The mean score for this question was 1.87 with a standard deviation of 0.96. This clearly indicates that the majority of the respondents were not satisfied with the delivery of content on abstinence from sex.

When asked to rate the delivery of the content on the protective sex for boys and girls, 61.5% indicated that the content was being poorly delivered, 14% indicated that the content delivery was fair, 10.8% indicated good and 13.7 % indicated that it was excellently done. The mean score was 1.77 and the standard deviation was 1.10 indicating that majority of the respondents were of the opinion that the content delivery on protective sex was not good at all. From the above findings, it is clear that a lot needs to be done on the delivery of life skills education on sexuality. It is clear that life skills education on sexuality is not being effectively implemented in schools in Nairobi City County.

To complement the above analysis, combined descriptive statistics on the implementation of life skills education was also done. Table 4 presents the findings.

Table 4. Descriptive Statistics on Implementation of Life Skills Education

	N	Minimum	Maximum	Mean	Std. Deviation
Implementation of life skills education	343	5.00	17.00	9.71	2.53

The results reveal that the minimum score was 5 while the maximum score was 17. The mean score stood at 9.71 ($SD = 2.53$). The expected minimum score was five (5) and the maximum score was twenty-five (25). Again, an indication that the implementation of life skills education on sexuality was not well done.

Further analysis was done on implementation of life skills education by gender of the student, and the results are shown in Table 5.

Table 5. Implementation of Life Skills Education by Gender of the Student

Gender	N	Minimum	Maximum	Mean	Std. Deviation
Male	159	5.00	16.00	9.53	2.50
Female	184	5.00	17.00	9.85	2.55

From Table 5, the minimum score for the male students was 5 while the maximum score was 16. The mean score was 9.53 with a standard deviation of 2.50 indicating that majority were leaning towards the minimum score. For the female students, the minimum score was 5 while the maximum score was 17 with a mean of 9.85 and a

standard deviation of 2.55. This indicated that implementation of life skills education on sexuality among female students was slightly higher than among male students. To determine whether there exists a relationship between the gender of the student and the implementation of life skills, a chi-square hypothesis test was carried out. Table 5 presents the findings.

Table 5. Relationship between Gender and Implementation of LSE

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	223.58 ^a	3	.00
Likelihood Ratio	308.92	3	.00
Linear-by-Linear Association	.41	3	.52
N of Valid Cases	343		

The results indicate the existence of a significant relationship between the gender of the students and the implementation of life skills education with $\chi^2(3, 340) = 223.58, p < .05$. This was in favour of female students. The researcher also investigated the implementation of life skills education by gender of the life skills teacher. The results are shown in Table 6.

Table 6. Implementation of LSE by Gender of Life Skills Teachers

Gender	N	Minimum	Maximum	Mean	Std. Deviation
Male	159	5.00	17.00	9.67	2.68
Female	184	5.00	15.00	9.74	2.33

From Table 6, the minimum score for the male life skills teachers was 5 while the maximum was 17. The mean score was 9.67 with a standard deviation of 2.68. For the female teachers, the minimum score was 5 while the maximum score was 15. Their mean score was 9.74 with a standard deviation of 2.33. This indicated that the female life skills teachers did better in implementation of life skills education than their male counterparts. Chi-square test was conducted to establish whether the gender of LSE teacher significantly affect the implementation of life skills education on sexuality. Table 7 presents the results.

Table 7. Relationship between Teacher's Gender and Implementation of LSE

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.74 ^a	3	.47
Likelihood Ratio	13.08	3	.36
Linear-by-Linear Association	.05	3	.82
N of Valid Cases	343		

From Table 7 the results were $\chi^2(2, 341) = 11.74, p > .05$. The p-value from the results was greater than .05 indicating that there is no significant relationship between gender of life skills teacher and implementation of life skills education on sexuality. Therefore, the gender of the life skills teacher does not affect the implementation of life skills

education. This suggests that any teacher despite their gender could teach life skills education. Further investigation was also done to determine whether school category had an impact on the implementation of life skills education on sexuality. The findings from the analysis are presented in Table 8.

Table 8. Implementation of Life Skills Education Based on School Category

School	N	Minimum	Maximum	Mean	Std. Deviation
Boys boarding	52	6.00	14.00	9.73	2.27
Girls boarding	74	6.00	15.00	9.90	2.24
Girls day	48	5.00	14.00	9.52	2.25
Boys day	50	5.00	16.00	9.36	2.88
Coeducational day	86	5.00	17.00	9.99	2.68
Coeducational boarding	33	5.00	17.00	9.30	2.91

In the boys' boarding schools, the minimum score was 6 while the maximum was 14. The mean score stood at 9.73 with a standard deviation of 2.27. In the girls' boarding, the minimum score was 6 while the maximum was 15. The mean score stood at 9.90 with a standard deviation of 2.24. This indicates that girls' boarding schools performed better in the implementation of life skills education than boys' boarding schools. In the girls' day schools, the minimum score was 5 while the maximum was 14. The mean score was 9.52 with a standard deviation of 2.25. In the boys' day schools, the minimum score was 5 while the maximum score was 16. The mean score was 9.36 with a standard deviation of 2.88. This indicates that the girls' day schools performed better in implementing life skills education than boys' day schools. The highest performer in the implementation of life skills education on sexuality was the coeducational day schools with a minimum of 5 and a maximum score of 17. Their mean score was 9.99 with a standard deviation of 2.68.

To test the relationship between school category and implementation of life skills education, the Chi-square test was conducted and the results presented in Table 9.

Table 9. Relationship between School Category and Implementation of LSE

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	60.86 ^a	15	.44
Likelihood Ratio	59.48	15	.49
Linear-by-Linear Association	.11	15	.74
N of Valid Cases	343		

The results of the Chi square test were $\chi^2(15, 328) = 60.86, p > .05$. The P-value (.44) was greater than 0.05 and this implied that there was no significant relationship between school category and implementation of life skills education. Therefore, school category does not affect the implementation of life skills education on sexuality.

During interview, it was discovered that LSE was taught in a majority of the schools. One of the respondents said, “Life Skills Education is on the timetable, we teach it as required.....but it is not examinable, you know.” When the respondents were asked to identify the topical issues taught in LSE one respondent said,

“In this school, Life Skills Education is taught to cover several topics including time management, sex education, drugs and substance abuse, sexuality and self-esteem. Learners discuss all these topics.”

When asked what guides the teaching of LSE, respondents indicated emerging issues, syllabus and student needs. When further asked to state the modes of teaching LSE, one of the respondents said,

“We have adopted various methods of facilitation in this school. Life Skills Education is different from the other learning areas. So, we use discussion groups, peer teaching and life skills is taught on its own.”

Generally, the results showed that LSE was implemented but issues in sexuality were not very much emphasized.

DISCUSSION

Results indicate that on the growth and development content of both boys and girls was poorly taught. The mean score stood at 2.00 with a standard deviation of 1.07 indicating that the content of growth and development of both boys and girls was not being delivered to the required standard. At the same time, it was established that the risks of unplanned pregnancy for both young boys and girls was also poorly as reported by majority of the respondents. The mean score was 2.00 with a standard deviation of 1.10. This indicates that the delivery of the content on the risks of unplanned pregnancy for both young boys and girls was not good.

On the topic of sexually transmitted diseases, modes of transmission and protection for both boys and girls, majority of the respondents indicated that it was poorly done. The mean score was 2.04 with a standard deviation of 1.11. Again, these findings indicate that the delivery of sexuality content on sexually transmitted diseases, modes of transmission and protection for both boys and girls was not well done. On abstinence from sex, it was established that content fairly delivered. The mean score for this question was 1.87 with a standard deviation of 0.96. This clearly indicates that the majority of the respondents were not satisfied with the delivery of content on abstinence from sex. At the same time, delivery of the content on the protective sex for boys and girls was poorly delivered. The mean score was 1.77 and the standard deviation was 1.10 indicating that majority of the respondents were of the opinion that the content delivery on protective sex was not good at all. From the findings, it is clear that a lot needs to be done on the delivery of life skills education on sexuality. It is clear that life skills education on sexuality is not being effectively implemented in schools in Nairobi City County. Multiple descriptive statistics indicated that implementation of LSE on sexuality was not well done. In addition, results indicated that implementation of life skills education on sexuality among female students was slightly higher than among

male students. Furthermore, the results indicate the existence of a significant relationship between the gender of the students and the implementation of life skills education with $\chi^2(3, 340) = 223.58, p < .05$. This was in favour of female students

In addition results indicated that the female LSE teachers did better in implementation of life skills education than their male counterparts. Chi-square test was conducted indicated $\chi^2(2, 341) = 11.74, p > .05$. The p-value from the results was greater than .05 indicating that there is no significant relationship between gender of life skills teacher and implementation of life skills education on sexuality. Therefore, the gender of LSE teacher does not affect the implementation of LSE. This suggests that any teacher despite their gender could teach life skills education. This indicates that girls' boarding schools performed better in the implementation of life skills education than boys' boarding schools. The mean score was 9.36 with a standard deviation of 2.88. This indicates that the girls' day schools performed better in implementing life skills education than boys' day schools. The highest performer in the implementation of LSE on sexuality was the coeducational day schools.

When it comes to relationship between school category and implementation of life skills education, the Chi-square test indicated $\chi^2(15, 328) = 60.86, p > .05$. The p-value (.44) was greater than 0.05 and this implied that there was no significant relationship between school category and implementation of life skills education. Therefore, school category does not affect the implementation of life skills education on sexuality. It was further established that LSE was taught in a majority of the schools. Life Skills Education is taught to cover several topics including time management, sex education, drugs and substance abuse, sexuality and self-esteem. It was also established emerging issues, syllabus and student needs. The methods adopted in the teaching were discussion groups, peer teaching and life skills are taught on its own. Generally, the results showed that LSE was implemented but issues in sexuality were not very much emphasized.

On implementation of LSE, it was established that the delivery of the content was not very well done. This was attributed to inadequate supervision on the implementation of this program. These findings can further be attributed to the fact that LSE is a non-examinable subject; hence, teachers and learners pay little attention to it. These findings are congruent to those obtained by Kahigi (2015) while investigating the constraints to the implementation of life skills curriculum in secondary schools in Kiambu County, Kenya. The 25 principals who were interviewed indicated that less focus was given to the teaching and learning of LSE. Kahigi revealed that some schools had never taught LSE at all. The principals interviewed cited lack of training materials to teach LSE as the main reason behind their failure to effectively implement LSE. They further noted that the subject is not given adequate attention it deserves and that there was no proper time assigned to LSE in the teaching timetable, but was taught with other core examinable subjects.

In Kenya, Ndirangu, Wamue and Wango (2013) also posted similar findings when she conducted a study in Uriri and Awendo Districts in Migori County on the implementation of LSE in secondary schools. Her study involved 240 students and 24 teachers both issued with questionnaires, and 12 principals who were interviewed. The findings of her study indicated that skills of knowing and living with oneself, skills of knowing and living with others, skills of effective decision making, creative thinking, self-esteem, communication, empathy were the main LSE topics taught. However, majority of the students indicated that they were not taught what they wanted on LSE, while others indicated that LSE was never taught at all. Ndirangu, Wamue and Wango further reported that the teachers had inadequate training materials and time to implement LSE effectively. The principals highlighted the workload for the teachers as the main hindrance to effective implementation of LSE since most schools were understaffed, and therefore could not focus on non-examinable subjects.

Muasya and Kazungu (2018) reported that the teachers have a negative attitude towards the teaching of life skills education. They attributed this to the fact that life skills education is non-examinable and that the teachers are not adequately trained. Muasya and Kazungu further noted that the students had positive attitude towards life skills education since it was of great help to them, although the content delivery did not sufficiently meet their needs. These findings can help in a way, in explaining why the students in our research were of the opinion that the content delivery was not to the expected standard and that the topics on life skills education were rarely taught. It was discovered that LSE is taught in a majority of the schools. When the respondents were asked to identify the topical issues taught in life skills education, they indicated time management, sex education, drugs, and substance abuse, sexuality, and self-esteem. These findings are consistent with those posted by Landry et al. (2003). Data were collected from adolescents analysed to determine the factors associated with the content in sexuality education. The researchers found out that the content varied from region to region depending on the approach of the teacher. Among the contents listed were concerned with abstinence, pregnancy prevention, and sexually transmitted diseases.

In Nigeria, Isiugo-Abanihe et al. (2015) posted similar results to those found out in this study when they conducted a study to investigate whether the adolescents who were out of school had been reached on sexuality and life skills education. The researchers collected the data qualitatively using focused group discussions, each consisting of 12 – 15 adolescents, NGOs, and Community Leaders. The study was concluded having reached out to 248 discussants in the focused group discussion sessions. The respondents cited HIV and AIDs and other STIs prevention, abstinence, unwanted pregnancies, drug/alcohol use, use of contraceptives/family planning, human development, personal skills, and relationships as the topics that were covered. The study noted that the content taught varies from one culture to another and from one religion to another.

IMPLICATION TO RESEARCH AND PRACTICE

It has been demonstrated that adolescence as a period of development poses risks to boys' and girls' sexuality attitudes and behaviour. Studies outlined in the background demonstrate that adolescents in Kenya and the rest of Sub-Saharan Africa are exposed to sexuality health risk. Life skills based education approaches that provide comprehensive sexuality education have been proven to be most effective in enhancing protective sexual behaviour. It was therefore necessary to find out whether life skills education in Nairobi County schools constitutes comprehensive sexuality education, is gender responsive, addresses power balance in opposite sex relationships and if it is associated with protective sexuality attitudes and behaviours among adolescents. It is hoped that the findings may lead to effective life skills education on sexuality for improved sexuality attitudes and behaviour of both boys and girls in secondary schools in Kenya. This study is of importance to various stakeholders who include; the students, teachers and parents. Notably, the findings are likely to provide useful information to teachers and school managers on the influence of teacher support on knowledge on sexuality education on adolescent's intent to have sexual intercourse.

This information may be used to nurture desirable sexuality behaviours and attitudes. The teachers and school administrators may also get insights on the relationship between sexuality education and sex abstinence behaviours among students. It is hoped that the findings may enhance life skills education and improve the teenagers' sexuality health and behaviour. It is also hoped that the results of this study may enhance the teaching of gender responsive content teaching for both girls and boys in a manner that they take care of equity and equality. It is also anticipated gender responsive life skills education may enhance power balances in relationships between both girls and boys in schools. The Ministry of Education through the results of this study may find need to promote more deliberate and structured life skills education on sexuality for enhancement of protective sexuality attitudes and behaviour. It is also hoped that the Ministry of Education may be triggered by the findings of this study to conduct gender responsive life skills training for teachers to equip them with capacities to train adolescents. Finally, the results of this study contribute to literature on sexuality education among secondary school students which may guide future research in this area.

CONCLUSION

Based on the findings of this study, it was concluded that life skills education on sexuality is not being effectively implemented in schools in Nairobi City County. Some of the topics covered include time management, sex education, drugs and substance abuse, sexuality and self-esteem. Emerging issues, the syllabus and student needs influenced what was taught while the methods adopted in the teaching were discussion groups and peer teaching.

FUTURE RESEARCH

Based on the findings of this study, there is need to conduct research on:

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- i) Parents' role in the implementation of Life Skills Education programme in secondary schools in Kenya.
- ii) Involvement of students in the implementation of Life Skills Education lessons in secondary schools in Kenya.

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