

Barriers to Sexual and Reproductive Health Education on Students Sexual Behaviour in Secondary Schools in Lugari District Kenya

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ABSTRACT

Reproductive health education is a key strategy for promoting good sexual behaviour among students. This study sought to establish barriers to sexual and reproductive health education on students' sexual behaviour in secondary schools in Likuyani division of Lugari district, Kenya. The study utilized a Descriptive survey research design and targeted form two students in six selected schools in the study area. A total of 241 students and 30 teachers formed the study sample. Data was collected using two questionnaires, one for students and another for teachers. The questionnaires were considered reliable after yielding a cronbachs coefficient of 0.70. Data collected was analyzed using both Descriptive and inferential statistics with the aid of computer statistical package for social science (SPSS) version 17. The study findings confirm that policy and programmatic gaps exist in addressing the RHE needs of students. This is attributed to, lack of clear guidelines on how to address the RHE of students, challenges of dealing with students RHE in general as well as cultural constraints. The study therefore recommended the need for clear guidelines on dealing with RHE of students in schools; demystify the cultural beliefs and attitude towards sex and reproductive education that hinder its implementation and providing training and reorientation of RHE providers. The findings of the study will assist all stakeholders, who include Ministry of education, health and the general public in appreciating the value of reproductive health education, in changing students' sexual behavior

Keywords: Reproductive health education, sexual behaviour, Secondary school students, barriers

Introduction

Reproductive health education is information given to the students concerning their physical and emotional growth, and how to deal with challenges encountered during adolescent stage. Students in secondary schools who are in adolescent stage form a large proportion of Kenya's population of 39 million (National Coordinating Agency for Population and Development (NCAPD, 2010). About one in four Kenyans is between age 10 and age 19 years. And its annual growth rate of 2.6%, Kenya's population is expected to double in less than 30 years, meaning that the number of adolescent will grow rapidly. It's therefore important for the future of Kenya to ensure that its young citizens are able to stay healthy, by providing them with RHE and services.

The reproductive health challenges Kenyan student's faces are similar to those of young people in many other African countries: High rates of teen pregnancy, high and rising rates of HIV infection and early marriage for young girls. To contribute to their full social and economic potential, young people need knowledge and skills to make right choices about their sexual life. Policy makers are acknowledging the link between reproductive health education and behaviour change among students. However implementation of RHE and services faces a number of challenges that makes it hard for students to access information and services.

The public negative attitude towards reproductive health education constrains open discussion about it and therefore creates barriers that may inhibit or prevent students from receiving accurate, unbiased and complete information (Schueller & Barnett 2000). For those who are young and are sexually active, negative social norms and attitudes concerning what age one should access the services hinders access to the services, thereby increasing the risk of unwanted pregnancy and sexually transmitted infection including HIV/AIDs. In many countries, Kenya included, services and information to students is very sensitive. Attempts made by the government to introduce RHE in schools, is always met with a lot of opposition from the public, making it hard to realize its goal of giving students information.

Providers' judgmental attitudes towards students' reproductive life makes the students to shy away from accessing information and services. Providers have set standards of what they accept of the students. Those still in school are expected to abstain from sexual activities, therefore those who are sexual active or want to get information, find it hard to do so. All this create barriers to reproductive health and services.

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

Students are suspicion that their sensitive and intimate issues will be shared with other persons. Unless they are sure that their right to privacy and confidentiality will be respected, most of them will not come forward. The service providers have to cultivate confidence with the students that no information coming to them in the course of their responsibility will be leaked to any person including the parents (MOH, 2004).). It is therefore against this backdrop that the study attempted to investigate barriers students face in accessing RHE and services.

The objectives of this study were :(i) to determine the differences in the level of awareness of RHE between boys and girls (ii) To establish factors that hinder the effectiveness of reproductive health education and services among secondary school students.

Hypothesis of the study

Ho₁ There is no significant differences in the level of awareness of reproductive health education between boys and girls

Ethical Issues

- (i) Completing the survey was voluntary and students were assured of confidentiality
- (ii) The researcher obtained a letter from Egerton university, which was used to get research authorization and clearance from the district education office in Lugari District

Research Methodology

The study adopted descriptive survey research design which allows collection of data on factors whose manifestation have already happened leaving the researcher with no direct control over independent variables (Mugenda & Mugenda, 1999). The design allowed the

researcher to establish barriers to reproductive health education in secondary schools in both private and public secondary schools in Likuyani Division. The study focused on all 13 secondary schools in Likuyani division Lugari district. Lugari has a high number of students in secondary schools, in adolescent stage, and require information and services on RHE. They also encounter challenges as they try to access the services. Multi-stage, proportionate to size, stratified and simple random sampling method was used to select the participating schools, Students and teachers to ensure equal chance for each participant. Stratified sampling technique was employed to ensure representation of each gender.

Data Collection was done through two questionnaires, one for teachers and the other for students. Level of awareness on reproductive health education was measured by asking students on their knowledge on reproductive issues. Barriers to RHE were measured through asking students questions on challenges they encounter in accessing information and services on RHE. Validity of the study was established by giving the data collection instruments to experts in psychology for evaluation on content and structure of the study items. Reliability established through test retest technique and correlation coefficient was calculated using spearman's Rank order. Correlation coefficient was found to be 0.70 and since it was closer to 1, the instrument was deemed reliable. Data collected was analyzed using descriptive and inferential statistics.

RESULTS AND DISCUSSION

Gender Difference in the Level of Awareness of Reproduction Health Education

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

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

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

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

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

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

		<i>Gender</i>		<i>Total</i>
		<i>Boys</i>	<i>Girls</i>	
<i>Level of awareness</i>	<i>Moderate</i>	95 77.2%	86 72.9%	181 75.1%

High	28 22.8%	32 27.1%	60 24.9%
Total	123	118	241

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

Factors that Hinder Effective Reproductive Health Education and Services among students

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

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

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

N=241

Data in Table 4 can be categorized as fear to be seen in the clinic, attitude of the staff, and accessibility. 54 percent of the respondents reported that they fear going to the clinic because the services are meant for adult and married people only; might meet older people there, and it portrays one as promiscuous. This fear emanates from the cultural influence whereby adolescents have been made to believe that matters concerning reproduction are a preserve of the adults and married people only. Society also has a belief that when adolescent are given reproductive health education they become promiscuous, (PATH, 2001). Various studies done indicate that when students get accurate information on reproductive health education, they can be able to make responsible decisions on their sexuality: Contrary to believe that RHE encourages sexual activities.

For those who have managed to go to the clinics, the attitude of the hospital staff does not encourage one to freely and openly get the required services. They are too inquisitive,

unfriendly, and judgmental, and cannot be trusted with such sensitive information. Students felt the health facilities are expensive in terms of distance and finance, making it hard for them to access. Some of the clinics are located far away from the schools or homes and one has to spend a lot of time in order to get there, for those clinics that can be easily located the services are not offered free. This is an expense that most adolescents are not ready and able to meet.

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

Table 4: Challenges in Accessing Reproductive Health Education and Services

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

From table 4, the cultural background of both the teacher who is supposed to provide this knowledge and the student to receive it impedes free and open access to reproductive health education and services. Some of the teachers and students believe that matters relating to sex are sacred and not supposed to be spoken in the open, especially between people of different age groups. To be effective in passing information, teachers should reflect upon their attitude, feelings, beliefs, experience and behaviour regarding reproductive health education (Barnet & Schueller, 1997). Peer pressure limits access to accurate information as many attempts to copy what his/her peers are doing and be part of them. Many peers lack factual knowledge and instead believe in actual experimentation as the best way to learn. Other students fear to openly and freely seek for this information thinking they will be victimized by the teachers (providers) as having loose morals and involved irresponsible sexual behaviour.

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

Conclusion

It is evident from the foregoing results and discussion that challenges facing students in accessing RHE and services in secondary schools were Lack of time, cultural, peer pressure, lack of teacher training, lack of confidentiality and expense. Lack of training of teachers adversely affected implementation of RHE and services. Limited time due to crowded

academic programs was found to be a challenge caused by lack of support from the school administration. Cultural issues was also a major factor as student's fear being seen at the clinics or seeking information to protect their innocence or dignity depending on gender.

The study emphasizes the need for Open communication through mass media at a more personal level helps remove the taboo from discussing adolescent sexuality and also can provide information, redefine social norms, and change attitude and behaviour. The school administration should ensure the school programs are flexible enough to allow time for RHE. Furthermore, teachers handling RHE should have manageable workloads to enable them handle RHE. Beside the school administration should provide funds for the purchase of reference materials such as, books, magazines and audio visual CDs on RHE.

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