

Youth Sexual Behaviour and Sex Education

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Abstract

Despite the presence of aspects of Sex Education in the curriculum in secondary schools in Kenya, youth involvement in sexual immorality is still rampant. This paper is a response to this situation. Its main concern is to assess the relationship between youth sexual behaviour and exposure to aspects of Sex Education in Kenya with a view to determining the way forward in controlling youth sexual behaviour. The study adopts a multi-dimensional approach to data collection. It integrates both secondary and primary sources of data to collect both qualitative and quantitative data through various methods. Collected data is then analyzed for results and recommendations. In this paper it is established that majority of students in secondary schools in Uasin Gishu District are sexually active as shown by statistics on their sexual experiences, and illustrated by indicators of sexual intercourse which include pregnancies, abortions, and STI's including HIV. The situation of Sex Education in secondary schools in Kenya is also presented as mainly confusing leading to clear suggestions as to how SE education can be strengthened to change behaviour.

Key Words: *Youth, Sexual Behaviour, Sex Education, Curriculum*

1. Introduction

Despite the presence of aspects of Sex Education in the C.RE curriculum in secondary schools in Kenya, youth involvement in sexual immorality is still rampant. Cases are many in the media of youth engaging in sex related misdemeanour. For instance, the case of a form two boy who was sexually assaulted in 2006 by his peers in Upper Hill secondary (Daily Nation, July 14, 2006) and the other of Njoro Boys students being the most regular buyers of condoms- more than neighbouring University students secondary (Daily Nation, February 16, 2004) are still fresh in people's minds. Such cases coupled with unwanted pregnancies, abortions, and the prevalence of HIV and AIDS and other sexually transmitted diseases among youth in secondary schools in Kenya call for urgent measures to address the problem especially when statistics show that about 66% of high school boys and girls have already had sex (Binik, 2004).

This paper is a response to the foregoing situation. Its main concern is to assess the relationship between youth sexual behaviour and exposure to aspects of Sex Education in Kenya with a view to determining the way forward in controlling youth sexual behaviour in Kenya. Many researches, for example by the UNAIDS, indicate that, rather than encourage sexual activities, exposure to SE significantly brings down the level of such activities among the youth. It is therefore expected that exposing youth in secondary schools to aspects of SE in the C.R.E curriculum would have a positive impact on their sexual behaviour. On the contrary, this is not always the case. The problem of youth engaging in sex related vices continues to escalate. This paper suggests that the best solution lies in a clear understanding of youth sexual behaviour on one hand, and the efforts that

have been put forth to deal with the vice on the other hand. It is only then that the best solutions can be suggested.

The study adopts a multi-dimensional approach to data collection. It integrates both secondary (documentary) and primary (social survey) sources of data to collect both qualitative and quantitative data through various methods. Data collected from the field was complemented by secondary data. Collected data was then analyzed for results and recommendations.

The secondary source provided data on the general content of SE and the aspects of SE in the C.R.E curriculum. It also enabled the researcher to generate data on the nature and extent of the problem of youth involvement in sexual immorality in Kenya, and measures adopted to solve the problem.

The primary sources constituted the data collected from the field where a social survey was carried out in secondary schools in Uasin Gishu County.

The sample population of students was chosen from 20 secondary schools in Uasin Gishu County out of the total 78 secondary schools in the county. This sample population formed an approximate 30% of the total schools in Uasin Gishu County. The choice of schools was guided by the various categories of schools namely; girls only boarding schools, boys only boarding schools, day schools and mixed schools with the aim of establishing variations in the student's sexual behaviour. Having selected 20 schools in the sample, the researcher then randomly selected ten (10) students from form 1, 2 & 3 (at least three (3) from form1, three (3) from form 2 and 4 in form 3) and another ten (10) form four students who take C.R.E as an examinable subject. Twenty (20) students were sampled from each selected school bringing the total sample population to four hundred (400) students. The target population was purposively sampled and randomly selected. In this case, twenty secondary schools were selected in Uasin Gishu County based on predetermined variables like the location of school (rural/urban), nature of the school (boys/girls/mixed) and the type of school (whether day or boarding). These variables were considered to capture variations in the society such as gender, age, amount of exposure to SE and the various sexual experiences. The researcher conducted both written and oral interviews during school days in the evenings after classes. In written interviews, questionnaires were administered to be filled by 400 students in the sample. Oral interviews were guided by specific questions and allowed free flowing discussions.

Quantitative and qualitative data was collected. The collected data was summed up to compute percentages for the purpose of description of the sexual behaviour of youth in secondary. From the statistics provided, inferences were drawn in making interpretations, and testing the assumption that aspects of SE taught in the C.R.E curriculum in secondary schools are effective and adequate for youth moral guidance. Generalizations and objective conclusions were then derived.

2. Youth Sexual Behaviour

This section describes the sexual behaviour of youth in secondary schools in Kenya and particularly in Uasin Gishu County as manifested in indicative behaviour, cases of premarital sex, unwanted pregnancies, abortions, sexually transmitted diseases including HIV and AIDS.

2.1 Sexual Behaviour in Kenya

Past researches in Kenya indicate high cases of sexual activity and mobility among the youth. This behaviour is manifested in the youth's high incidences of pregnancies, abortions, stress and sexually transmitted infections, including HIV. The African Medical Research Educational Foundation (AMREF) – Kenya carried out a study, in 2002, on female adolescents in various schools throughout Kenya. The study established that a very high percentage of school-going female adolescents are not only sexually active but some of them have multiple partners. The

recommendation of the study was for an establishment of a comprehensive curriculum on SE in achieving an effective, accurate and sustainable solution to the youth sexual problems.

2.2 The practice of sex among youth in secondary schools

To establish youth involvement in sex, respondents were asked to state whether they have had sexual experience or not. The responses indicate that students in various schools have had sex as positively answered by 66% of the respondents with 20.2% in disagreement and 13.5% giving no response. The no response from the respondents may be interpreted to mean that sex as a topic is sensitive as it makes many respondents shy away. It may also point out that sexual experiences are secretive and personal such that some students may not readily disclose their experiences especially when they know that whatever they are doing is wrong and condemned.

Students were also asked to state the number of times they have had the sexual experience ranging from once, twice to thrice, and severally. Results indicate that 20.2% and 13.5% of respondents who indicated earlier on that they have not had sex and those who gave no response still affirm their response. The finding indicates that among secondary school students, there are those who have not engaged in pre-marital sex and hence it is worthwhile to try and influence more students to responsible sexual behaviour. The responses also show that 17.8% of the students have had sex once, 38.3% have had it two to three times while 10.2% indicate that they have had sex severally. From this response, it was established that out of the 66% of the respondents who indicated that they have had sexual experience; more than 50% of them (194) have had the experience more than once.

It was further necessary therefore to establish whether the student's sexual experience is with one or different partners. The responses show that over 40% of the youth in the sample population who have had sex, have had it with multiple sexual partners. 23% have had sex with a single partner and this mostly account for those who have just had sexual experience once. This implies that most respondents who have had sex more than once have had it with different partners.

To ascertain this finding, the study also conducted oral interviews with the guidance and counselling teachers in schools as well as some parents as key informants. The guidance and counselling departments in schools, through various teachers in-charge, report students' sexual relationships among peers and with people outside the school. Informal conversations with parents also revealed student's sexual relationships with teachers. Parents claimed that teachers normally take advantage of the ignorance of their children in the process of interaction in school. They acknowledged that such cases are reported to the Teacher's Service Commission (T.S.C) for action. However, parents decry that such teachers are not adequately disciplined since most of them are simply transferred to other stations.

It was therefore concluded that 66% of the youth in secondary schools in Uasin Gishu County are sexually active with over 50% of these having sexual experiences more than once while over 40% having multiple sexual partners. These findings concur with those of the National Council for Population and Development which indicate that 5 in every 10 girls and 3 in every 10 boys in the age bracket of 15-19 years are sexually active, and that most intercourse among them is unprotected, and it occurs with multiple partners.

2.3 Youth sexual experiences

Having established that some youth in secondary schools are sexually active with some having multiple partners, it was important for the study to examine further the various sexual experiences among youth in secondary schools. The experiences include homosexual and heterosexual practices, rape, incest and prostitution.

2.3.1 Homosexual and heterosexual experiences.

Homosexuality is a romantic behaviour or sexual attraction among members of the same sex. It refers to an enduring pattern or disposition to experience sexual affection, or romantic attractions primarily with people of the same sex. As a form of sexual orientation, homosexuality is usually categorized alongside heterosexuality (having sexual and romantic attraction primarily or exclusively with members of the opposite sex) and bisexuality (having a significant degree of sexual and romantic attraction to both men and women). Consequently, Sexual orientation refers to an enduring pattern or disposition to experience sexual affection, or romantic attractions to men, to women, or to both sexes. Those involved in the homosexual sexual orientation are described as gay, lesbians or bisexuals. Gay is used in reference to “homosexual man” while lesbianism is strictly sexual relationship among females (Michael, 1994).

The sexually active respondents (66%) were asked to state whether their sexual experience(s) is heterosexual, homosexual or bisexual. The responses indicate that majority of the sexually active youth have had a heterosexual experience as positively answered by 50.5% of the respondents. Another 10.8% accounted for the bisexual forms while 5% have had a homosexual experience. On further probing as to why youth engage in homosexual relations, respondents were of the view that homosexual experiences are common among boys only and girls only boarding schools. The sexually active peers find it difficult to cope in boarding schools without engaging in sex and hence resort to homosexuality.

2.3.2 Rape, incest and prostitution

Rape, incest and prostitution were also considered under forms of sexual experiences among youth in secondary schools. Rape usually involves sexual intercourse with a person without his/her consent (Myriam, 2004). It is a form of coerced sex involving both men and women as victims and perpetrators. In the Kenyan context however, perpetrators are mostly men with women as the victims. Rape dehumanizes the victim by lowering his/her dignity. In Kenyan law, rape is illegal and is punishable in a court of law. It is classified in two categories according to the age of the victim. The two categories are rape and defilement. The later involves sexual intercourse with a person below the age of 16, with or without her consent.

Prostitution is the practice of giving sexual pleasure either for money, material gains or favors (Kamaara, 2005). Those involved in prostitution are commonly known as prostitutes or commercial sex workers. Prostitution involves both male and female although the society only views females as prostitutes because of the gender imbalance in society. The practice was rare among the African traditional communities. However, today, because of the permissiveness in society, the practice is a common and ever-present element even among youth in schools.

Incest is sexual intercourse between close relatives (Wolf & Durham, 2005). The practice was uncommon in traditional African communities because of the strict penalties that discouraged the practice. For instance, children conceived incestuously would be killed as they are likely to have genetic problems due to in-breeding and the victims had to undergo ritual cleansing or risked being excommunicated.

In the sample, respondents were asked to give their personal opinion on the prevalence of the said sexual experiences. Each respondent was to choose the type of experience that they felt was common among their peers in schools.

The responses indicate the presence of rape (16.1%), incest (14.3%) and (13.5%) for prostitution among youth in secondary school. 46.2% indicated that rape, incest and prostitution are rare among peers in secondary school and another 9.9% gave no response possibly because they are not either aware of these practices around them or they are not sure of the prevalence of the practices. There is a drop in the 'no response' in this case as compared to the previous responses because it seems respondents are ready and more willing to comment on issues that refer to their peers than on themselves. Although a majority of the respondents (46.2%) were of the opinion that the practices were rare, the responses led to the conclusion that there are cases of rape incest and prostitution among youth in secondary schools.

Through focus group discussions, respondents acknowledged that incidents of rape are often reported among peers in day schools where girls trek for long distances from home to their respective schools. Such students are forced to leave home as early as 4.00 am in order to get to school in time. It was also revealed that rape in form of sodomy is a form of 'monolisation' in schools where junior boys in boarding schools are sodomised by their seniors. Respondents however acknowledge that, victims of rape do not come out openly to talk about their experiences for fear of shame, embarrassment, humiliation and guilt.

Through informal interviews, parents and guidance and counseling teachers from various schools confirmed incidences of rape among students in schools. They decry that there is a serious problem of sexual exploitation of schoolgirls by male teachers where teachers take advantage of the ignorance of the students in the process of interaction in school to sexually harass them.

Cases of rape and defilement among youth in secondary schools in Kenya have been reported in the media and therefore concur with these findings. *The Standard newspaper of Wednesday*, February 10, 2010 for instance as reported by Barsito, highlighted a case of a form two student at Dadaab Secondary School in Garissa who claimed that the principal sodomised him. It further disclosed that forty students were either defiled or sodomised by their teachers in Kenya in 2009.¹ More so, in the near past, incidents involving mass rapes in secondary schools, in one case leading to several deaths, brought international publicity leading to Government attempts at reform.

If statistics on rape are to be compiled therefore, it is possible to conclude that there is an increasing number of women and girls who report rape cases daily. For instance, in 1993, the figure was 1274, in 1994, it was 1310, in 1995, it was 1445 and 2010 for 1996 (Nganda, 2004). This may not be a true representation for those in high school but a pointer that reports of rape are rampant and this trend may partially reflect the scenario among youth in secondary schools.

Youth sexual abuse therefore seems to be a part of a generalized abuse resulting from pressures of social change and loss of the holding power of traditional taboos. An alarming new development, however, has appeared with the rise of AIDS. This is the exploitation of pubescent girls by older men, hoping to find inexperienced partners who are unlikely to be infected. Victims of rape, other than contracting STDs, may end up pregnant and this complicates the rape experience even more. Such victims are traumatized and may also suffer Post Traumatic Stress Disorder (PTSD), a condition of developing phobia for males and experiencing nightmares.

In addition, discussions with respondents reveal cases of prostitution among peers. They said that there are those who 'hook up' with strangers in towns for sexual purposes in return for money and

other favors. Adults who target young girls and boys are popularly known as “sugar daddies” and “sugar mummies” respectively. Young girls especially are on demand due to the misconception that sex with a virgin results in automatic cure of AIDS! Social places such as bars and discothèques are cited as their most convenient meeting places. Commenting on the issue of prostitution, Kamaara (2005:14) notes that;

It is necessary to combat the social-economic conditions that facilitate the development of prostitution. It is important to know that not all prostitutes engage in the practice willingly. Many of them are forced in it by poverty... many girl children orphaned by HIV and AIDS have resorted to prostitution to support their siblings with basic necessities...

Youth in schools therefore need to be taught skills that make it possible for them to earn a comfortable living outside the sex trade. They should be encouraged to conduct themselves with dignity by seeking alternative means to earn a living rather than reducing themselves to sex objects.

Likewise, cases of incest are becoming common among youth due to breakdown of traditional African values, permissiveness in modern society, urbanization, the influence of pornographic materials, mass media, alcoholism and drug abuse. There is no clear record of those involved in incest but youth in the sample reveal that at times they get attracted to close relatives such as cousins whom they are separated from for a long time especially when they kiss, hug and caress them. Respondents also said that the use and abuse of alcohol and drugs and watching of pornographic literatures in the company of relatives has led to incest. In fact, past researches cite close relatives and family friends as the initiators of young girls into early sex.¹

2.4 Indicators of premarital sex

Having established that youth in secondary schools in Kenya are sexually active with some having multiple sexual partners with various sexual experiences, it was important to confirm such findings by examining the indicators of sexual intercourse which include pregnancies, abortions, and sexually transmitted diseases including HIV and Aids. Contraceptive practice is also considered as a pointer to youth involvement in sexual activity. Youth in the sample viewed these indicators in terms of risks and consequences of pre-marital sex.

To establish pregnancy and abortion indicators of pre-marital sex, the study adopted the approach of seeking the respondent's opinion to determine their prevalence. This was done because it was considered that respondents may not willingly talk about their personal pregnancy and abortion cases, but may reveal the situation of the indicators when they talk about the general prevalence. This is because for example, abortion is illegal in Kenya and respondents were likely to withhold information on such issues.

2.4.1 Pregnancy and abortion cases

Respondents were asked to state whether cases of pregnancies and abortion are prevalent among peers in their schools or neighbouring schools ranging from common, rare, and absent.

The opinion of the respondents indicate that pregnancies are prevalent among youth in secondary schools with over 70% of the sample population approving it as common. Those who gave a negative response account for 20.8%. This response may be explained in relation to the nature of schools selected. Respondents from boys only schools are likely to have given a negative answer to this item. A small percentage of respondents (3.7%) did not know whether pregnancies were

prevalent. These may account for new students who may not have interacted much with their environment. It was hence concluded that unwanted pregnancies are prevalent among youth in secondary schools in Kenya.

The high rates of unintended pregnancies among youth therefore indicate the need for factual information, and dispassionate dialogue among youth in secondary schools.

Abortion on the other hand is broadly classified into two; spontaneous and induced abortions. An abortion is termed as spontaneous when it naturally occurs without any interference with the pregnancy. Induced abortion occurs when some external factors interfere with the state of pregnancy (Lee, 2010). Induced abortions can be due to medical reasons or criminal reasons in Kenyan law. For the sake of this study, both forms of abortions are considered as an indicator to youth involvement in premarital sex.

In Kenya, abortion is illegal unless the mother's life is at risk or doctors certify that the pregnant woman is mentally unstable and incapable of caring for a child. Thousands of Kenyan young girls in secondary schools are therefore forced every year to turn to illegal and unsafe abortions.

In this study, 45% of the respondents indicated that abortion is common among peers in schools, 12.5% felt it is rare while 37.5% said they did not know. Only a small percentage (5%) said it is not there. Through focused group discussions, 15% of the respondents were able to describe the abortion experiences of their peers. Considering that abortion is illegal in Kenya as earlier noted, together with the stigma surrounding abortion, it is viewed that most youth may choose to keep their abortion experiences a secret and only confide in particular people. This may be the reason why about 40% of the respondents said that they did not know while only a few (5%) indicated that it was not there.

Teachers in girls only and mixed schools indicated that abortion is increasingly becoming common among girls in schools. Statistics of the recorded counselling sessions reveal that abortion cases are as high as 5 cases per term in most girls and mixed schools. Based on the opinion of the respondents and the teachers in the guidance and counselling department, it was concluded that abortion is common among the sexually active girls in secondary schools in Kenya.

2.4.2. Sexually Transmitted Diseases and the Situation of HIV and AIDS.

The common sexually transmitted diseases in Kenya are syphilis, gonorrhoea, herpes genitals, hepatitis B, and HIV and AIDS and youth in schools have not been spared either. With their care-free attitude, cases of contact with high risk persons are reported. Youth in the sample scored highly in naming these STDs. They also had high level of knowledge (99%) on the mode of transmission and even protection. To establish the prevalence of the sexually transmitted diseases, students were asked to state whether they have ever had an STD or not.

From the responses, 8% of the respondents in the sample population indicated having ever suffered from an STD though they did not specify which one. Majority of the respondents (79%) indicated that they have never had an STD and 13% gave no response. Their responses indicate the presence of sexually transmitted diseases among youth in schools though at a minimal level.

Respondents also acknowledge that sexually transmitted diseases are common among the sexually active peers but those infected by STDs do not easily come up to talk about them. Asked why they suffer silently, students indicated that most of the symptoms present themselves on the genitalia, an area which in most African cultures should not be mentioned publicly.

Through in-depth probing, respondents also revealed that they have difficulty in expressing their experiences of the sexually transmitted diseases for fear of stigma, embarrassment, harassment and worries that the people they share with will not be confidential. Others noted that they are treated badly by health providers. An 18 year old male respondent observed: *“Once I had a sexually transmitted disease. The doctor talked with me and then told me to wait. I overheard him tell someone on phone about my condition. I felt so betrayed. I went away.”* (Male 18).

The HIV and AIDS situation among youth in schools, on the other hand, cannot be overemphasized and the link between STIs and HIV/ AIDS, makes it necessary to break the silence in order to save lives. AIDS is the most dangerous of the sexually transmitted diseases known as up to date, there is no known cure for AIDS. Despite governmental and nongovernmental efforts to reduce the spread of HIV, the incidence of HIV and AIDS among youth in schools does not seem to be abating. Youth are the most affected category of the human population as they are sexually active (Kamaara, 2005). Youth in the sample have a clear understanding of sexual intercourse as the major mode through which HIV and AIDS is transmitted but it was revealed that they do not understand that the presence of HIV infection could only be detected by testing. For them, signs such as loss of weight, skin infections, persistent cough, tuberculosis (TB) are obvious symptoms of AIDS. In fact, many youth, believe that healthy looking persons are HIV negative. Consequently, youth do not generally take the AIDS threat seriously even after having been declared a national disaster.

2.4.3 Contraceptive practice among youth in secondary schools

Contraceptive practice is also considered as a pointer to youth involvement in sexual activity. Respondents were asked to say whether it is possible to avoid some of the consequences of pre-marital sex. Their responses indicate that they are aware of contraception as a way to prevent unwanted pregnancies. They are also aware of condom use as a way to prevent sexually transmitted diseases including HIV and AIDS. Respondents showed high level of knowledge of at least one contraceptive. The methods mentioned include the condom, the safe period, the pill, injectables, withdrawal, the sponge, diaphragm, foam and Intrauterine Device (IUD). Students were asked to state whether they have ever used a contraceptive. The responses indicate that 21% of the sample population has ever used a contraceptive. 68% accounted for those who had never used a contraceptive and 11% gave no response. The 21% who have ever used a contraceptive further point to youth involvement in pre-marital sex. However, the percentage of contraceptive use is significantly lower as compared to the percentage of the sexually active youth (66%). This indicates that not every sexually active youth in secondary school is using contraceptives although they are aware of such contraceptives.

From these findings, it was concluded that youth in secondary schools practice contraception as indicated by 21% of the sample population. Considering their high level of knowledge of contraceptives coupled with the total sample population that is sexually active (66%), this may be a small percentage but an indication of youth involvement in pre-marital sex. This also implies that knowledge does not always constitute practice since youth contraceptive knowledge is not a determinant to contraceptive practice. A value based SE is therefore needed to improve on the moral values held by youth. Respondents also indicated that some service facilities are so hostile and mostly inaccessible hence they face difficulties when they attempt to obtain contraceptives.

In view of this, youth acknowledged that they preferred obtaining contraceptives from friends although they knew that it was safer to go to a clinic. It also emerged that youth are reluctant to consult the adults on issues of contraception as they do not know how to approach the issue and do not want to alert the disapproving adults of their sexual activities. The ‘informed’ peer is then

viewed as a better source of knowledge and counsel because of assumed confidentiality and non-judgment.

3. Government policies and attempts to implement Sex Education

The situation of teaching SE in schools in Kenya is confusing and is faced with a lot of controversies. At the initial stage, the government attempted to use television for SE in the late 1980s, developing a popular soap opera series in Swahili. After several episodes, the then president, Daniel Moi ordered the programme stopped, endorsing instead traditional SE by tribal elders. Later, the Boy Scout movement, with the help of Pathfinder Funds, published a book on SE for youths. This book discussed topical issues in SE such as human anatomy, sex, pregnancy, and abortion. Subsequently, the Government used this book as the basis for a SE syllabus to be taught in schools. Following much resistance and criticism from the religious groups and parents, President Moi again ordered the book's withdrawal from all bookshops.

Also to be remembered is that plans to introduce SE in schools were among the main items discussed during the 1994 Cairo Conference.¹ This was to be a major component of the reproductive health care package that was presented at the conference. The agenda was however, controverted again by the Roman Catholic Church (RCC) who argued that it aimed at giving contraceptives to the youth. The church urged parents not to allow their children to be taught SE in school.

Currently, SE in Kenya is focused on stemming the growing AIDS epidemic where HIV and AIDS education is an essential part of HIV prevention. The program is a product of the National AIDS Control Council (NACC) which was created by the Government to coordinate all HIV and AIDS activities in the country.¹ Media such as television and comic books are used well in AIDS education, but this is the only topic systematically dealt with. Commenting on the use of media in SE, Mbiti (1998:126) asserts:

Sex- information is gathered and disseminated by fellow young people and the partisan mass media. This is often a mixture of truth, myth, ignorance, guesswork and jokes so much that formal schools and universities in modern Africa are often centers of even greater ignorance in these matters, so that young people go through knowing, perhaps to dissect a frog but nothing about either their own procreation system and mechanism, or how to establish family life.¹

In 1999, the Government established a national curriculum on HIV and AIDS education which was developed with the assistance of United Nations International Children's Emergency Fund (UNICEF), and was the outcome of an extensive consultation process within Kenyan society that included many stakeholders, including religious groups.¹

Later, in 2000, the Government established AIDS education programs in partnership with the World Health Organization (WHO) and international NGOs, particularly the National Christian Council of Kenya (NCCCK), the Kenya Family Planning Association (FPAK), the Young Men's Christian Association (YMCA), the Kenya Catholic Secretariat (KCS), and the National Women's Federation (NWF) and AIDS education is part of the curriculum in both primary and secondary schools.¹

One particularly successful initiative has been the Primary / Secondary School Action for Better Health Kenya (P/SSABH). This initiative began in October 2001 with the aim of creating positive behavior change among upper primary school pupils and secondary school youth to reduce their risk of exposure to HIV. With the aim of a national roll-out, around 11,000 out of 19,000 Kenyan

schools had implemented P/SSABH by June 2006. Evaluations of the programme revealed positive results – an increase in condom use among boys was reported and girls were more likely to decrease or delay sexual activity.¹ Topics that are covered include information on the routes of HIV transmission and prevention strategies, skill-building for resisting the social, cultural and interpersonal pressures to engage in sexual intercourse, adolescent health and sexuality, issues related to HIV stigma and discrimination, and the care of people living with AIDS.

Besides, the Center for the Study of Adolescence (CSA) has been instrumental in the implementation of SE in schools in Kenya. The Centre launched a two-year, 2.3 billion shilling, SE program for secondary school students funded by the Dutch government in 2007 by the name "The World Starts With Me."¹ The initiative aimed at equipping the youth with the right information about HIV and AIDS, drug abuse, alcohol, pregnancy and sexually transmitted infections among others. An evaluation of 2000 schools found that AIDS education in schools is effectively promoting healthy behaviours and reducing the risk of infection.

However, the controversies that surround SE have made this subject to be treated with great ambivalence in Kenya. Though the Ministry of Education has an AIDS education curriculum integrated in subjects at school, there is no specific time set aside for this, leaving teachers and school heads to fit in the subject at their discretion. In addition, schools are ill-equipped and unprepared to handle SE as many have not seen the government's curriculum. SE policy in Kenya therefore seems not explicit, resulting in different institutional and individual policies that cause confusion to the more vulnerable youth.

Other challenges that have contributed to inaccessibility to SE in Kenya include a predominant culture of silence with regard to matters of sexuality. For example, most parents do not discuss sexuality issues with their children, a role that has been left to schools already limited by the current debates on sex education. The strong influence of fundamentalist Christians in HIV funding to Kenya has also played a part in preventing SE from being taught in schools; and there is resistance from parents, many of whom feel school is not the place to learn about sex.

In fact, out of all the social influences of SE, one is particularly vocal in its opposition and that is religion. Most religions are nervous about the teaching of SE among youth in schools. A study by Kavivya (2003), for example, on the policy of the Catholic Church on Family Planning (FP) and its influence on fertility behavior in Kangundo Division, Machakos District reveals that Christians in Kenya are seemingly divided on the issue of SE. The study indicates that 80.90 % Protestants and 46.7% Catholics supported the introduction of SE in schools. Of the total respondents, 81.8% health workers supported the introduction of SE in schools.

In this study, those who favored SE argued that it would provide knowledge to school children on the consequences and evils of irresponsible premarital sex as well as on the dangers of premarital pregnancies. Additionally, the group in favor of SE in schools reported that in most cases, the youth learn about sexuality from experiments, which sometimes result in pregnancy. Such experiments could be avoided if SE was taught in schools. SE would also help the youth to know more about the biological development of their bodies and the implications of the same. Primary school boys and girls are already engaged in sex and they are likely to continue to engage in premarital sex with or without SE.¹

Besides, the above mentioned controversies and challenges in the implementation of SE in Kenya are made complex by the conservative Christian perspective on one hand and the broadcast media, particularly situation comedies, talk shows and soap operas portraying unfettered and

inconsequential sexuality and liberal sexual mores. On the other hand, many leading medical experts and doctors who deal with youth, along with some social workers, decry what they see as a denial of reality. For them, young people are having sex and need to be protected against pregnancy and disease by teaching them SE. At the centre stage is the Ministry of Education, playing the role of the honest broker where educational leaders ask for a consensus of strategies before the problem becomes uncontrollable. These challenges and controversies therefore demonstrate the serious need for an authentic SE. There is need for compulsory and comprehensive SE - and not just the bare bones. One recommendation drawn from the study was for the Ministry of Education to have a clearer policy on its stance on SE.

3.2 Sex Education in Secondary School Curriculum

The bumpy road that the Government has travelled in seeking to introduce SE is presented with the indication that in spite of all controversies and challenges, the Government of Kenya has made attempts to implement aspects of SE in secondary schools. These aspects have been integrated into various curricula. For example, an AIDS education curriculum has been integrated in various subjects in secondary schools. The most notable and holistic integration of the aspects of SE is in the C.R.E curriculum where these aspects are taught in the form four C.R.E syllabus content.

3.2.1 The Form Four CRE Curriculum

Aspects of SE underlie most of the topics in form four. We highlight some of these topics below.

- a) **Introduction to Christian Ethics:** This is the topic whose main purpose is to equip learners with the skills and knowledge that enable them make appropriate moral choices and decisions when they are faced with challenges in their lives. The choices and decisions are informed by a sound understanding of Christian values and life skills. It is pertinent to note that among these challenges, are those related to sex.
- b) **Human Sexuality:** This topic deals with core aspects of SE. It is characterized by the biological or physiological differences associated with the state of being male or female. It determines the reproduction roles performed by male and female. It is the total make-up of a human being. Clarification is made that sexuality is not sex although sex is an integral component of sexuality.
- c) **Forms of responsible sexual behaviour:** The curriculum further provides various forms of responsible sexual behavior as aspects of SE. All these are discussed in terms of definitions, causes, and effects. Also included here is the topic of leisure which is significant because of its relation to sexual behaviour.

From the foregoing, it is possible to conclude that the SE policy in Kenya is not explicit, resulting in different institutional and individual policies that cause confusion to the more vulnerable youth. More so, there is no specific time set aside for SE, leaving teachers and school heads to fit in the subject at their discretion.

4. Towards Strengthening Sex Education

In the light of the above findings the following recommendations for strengthening SE are made:

- a) There is need to enhance the teaching of SE in secondary schools in Kenya to improve on the existing mixed perceptions among students to bring about positive change in behaviour. The Ministry of Education in conjunction with the stake holders in education should come up with a clear policy with regard to the teaching of SE. The study acknowledges the need for the various stake holders in education namely, the Government, the Church, parents and teachers to jointly reinforce and support the teaching of SE in schools.

- b) There is need to review the curriculum content of the aspects that have been integrated in C.R.E in order to develop one that is geared towards a comprehensive SE that encompasses the physical, biological, mental and spiritual development of the youth. Carefully constructed SE programs that address the needs of young people to gain their trust and overcome their fears would be more successful than the present situation of SE in schools. The review should be done to ensure relevance of the content to students in a dynamic society. It should include the aspects of SE that are currently lacking in the curriculum. For instance, youth need to be encouraged through SE to embrace the option of abstinence against the risks of pre-marital sex but it should also take into consideration those who may not abstain to increase their knowledge on the available health safety measures. The curriculum should also be comprehensive enough in order to correct the various misconceptions held by the students.
- c) The teaching of SE should be activity oriented and personalized to touch on the emotions of the students. There is need to divorce it from the normal examination curriculum and teach it independently as a life skill subject with the aim of achieving specific behavioural goal.
- d) The training of school-teachers should be restructured with the aim of producing SE teachers who are able to handle the subject with competence to help change the perception of youth on SE. Learning institutions should therefore fully accept the responsibility of strengthening SE among youth in schools.
- e) There is need to strongly re-assert the role of moralists and theologians in the teaching of SE. SE should equip religious and moral principles to affirm the value of sexuality.
- f) Since C.R.E is not a compulsory subject in secondary schools in Kenya, the study recommends that there is need for SE to reach every youth in secondary school. If all the students in secondary school are the target of SE, it is hoped that this will go a long way in assisting students to correct the problem of immorality in secondary schools. More so, Since SE has been infused in the form four syllabus content, the study further recommends that it should be strengthened by allocating it more time for students to learn and internalize the concepts and it should start early enough in a student's life, right from form one to continue beyond high school to middle level colleges and universities.

5. Conclusion

In this paper it is established that majority of students in secondary schools in Uasin Gishu District are sexually active as shown by statistics on their sexual experiences. In order to ascertain this information, indicators of sexual intercourse which include pregnancies, abortions, and STI's including HIV were considered. It is established that out of the sexually active youth in the sample, 8% have had a sexually transmitted disease.

Contraceptive practice was also considered as a pointer to youth involvement in sexual activity and 21% of the respondents acknowledge having ever used a contraceptive. The study observed that there is a high level of knowledge (99%) of contraceptives among youth in secondary schools in Uasin Gishu county but only 23% of the sexually active respondents indicated that they have ever used a contraceptive method.

The study further presented the situation of SE in secondary schools in Kenya with an indication that in spite of the controversies and challenges, the Government of Kenya has made attempts to implement SE in secondary schools. For instance, it is established that presently, SE in Kenya is focused on stemming the growing AIDS epidemic where HIV and AIDS education is part of the curriculum in both primary and secondary schools. The Ministry of Education has integrated this curriculum in subjects at school but the SE policy is not explicit, resulting in different institutional

and individual policies that cause confusion. Finally, suggestions are made as to how SE education can be strengthened to change behaviour.

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