TEACHERS AND STUDENTS' PERCEPTIONS OF THE INFLUENCE OF SEXUALITY EDUCATION ON STUDENTS' SEXUAL BEHAVIOUR IN PUBLIC DAY SECONDARY SCHOOLS IN MASABA SOUTH SUB COUNTY, KISII COUNTY, KENYA

Josephine Nyang'wono

A Thesis Submitted in Partial Fulfilment of the Requirements for the Award of the Degree of Master of Education in the Department of Education, School of Humanities and Social Sciences of Africa Nazarene University

April 2023

DECLARATION

I declare that this document and the thesis report describes are my original work and that they have not been presented in any other university for academic work

Signed: _____ **Date: ___17/4/2023___**

JOSEPHINE NYANGWONO
14M04CMED047

This thesis report has been conducted under our supervision and is submitted with our approval as University supervisors

Signed ___ _ **Date ___18/4/2023**

Dr. ENG. BONIFACE NJUGUNA MWANGI

Signed **Date __18/4/2023__**

Dr. PATRICK KAMAU

Africa Nazarene University

Nairobi, Kenya

DEDICATION

I dedicate this thesis report to the almighty God who gives me life, strength and wisdom to work on the proposal. Dedication goes to my beloved husband Mr. Naftal Okeo Mokano, my kids Vincent, Verah, Simon, Abigael, Lilian, my grandchildren Alexis, Leset, Junior Okeo, and my supervisor both of who are the source of strength and encouragement throughout the course.

ACKNOWLEDGEMENT

My sincere appreciation first goes to the almighty Father who has provided me with good health to conduct the research and realize my dream. My gratitude goes to Dr.Daryll Stanton for the initial work on the proposal. Special thanks go to my supervisors Dr Kamau and Dr. Boniface Mwangi who have devoted their time, patience to advise, concern, willingness, and professional guidance to enable me complete the study. Likewise I wish to convey my sincere gratitude to my beloved husband Naftal Okeo and my family for their understanding, moral and financial support for the study. My deep appreciation goes to my Principal Metembe Seventh Day Adventist Secondary School for giving me humble time for the study. Not forgetting my brothers and sisters, together with the family of Africa Nazarene University for their unwavering support, concern, and academic guidance during the study. Lastly, I give thanks to all those in one way or the other gave support in the course of undertaking the study. May God bless you all.

TABLE OF CONTENTS

DECLARATION ..... **ii**
DEDICATION ..... **iii**
ACKNOWLEDGEMENT ..... **iv**
TABLE OF CONTENTS ..... **v**
LIST OF TABLES ..... **viii**
LIST OF FIGURES ..... **ix**
ABSTRACT ..... **x**
LIST OF ABBREVIATIONS AND ACRONYMS ..... **xi**
DEFINITION OF TERMS ..... **xii**
CHAPTER ONE **1**
INTRODUCTION **1**
1.1 Introduction 1
1.2 Background of the Study 1
1.3 Statement of the Problem 5
1.4 Purpose of the Study 6
1.5 Objectives of the Study 6
1.6 Research Questions 6
1.7 Significance of the Study 7
1.8 Scope of the Study 8
1.9 Delimitations of the Study 8
1.10 Limitations of the Study 9
1.11 Assumptions of the Study 9
1.12 Theoretical Framework 10
1.13 Conceptual Framework 10
CHAPTER TWO **12**
LITERATURE REVIEW **12**
2.1 Introduction 12
2.2 Concept of Human Sexuality Education 12
2.3 Teachers and Students' Perceptions of the Influence of Adolescence and Sexual Development Education on Students' Behaviour 16

2.4 Teachers and Students' Perceptions of the Influence of Transmission Education on the Students' Sexual Behaviour 21
2.5 Teachers and Students' Perception of the Influence of Religious and Traditional Views on Sex and Marriage Education on Students' Sexual Behaviour 24
2.6 Summary of Literature Review and Knowledge Gap 28
CHAPTER THREE 30
RESEARCH METHODOLOGY 30
3.1 Introduction 30
3.2 Research Design 30
3.3 Research Site 30
3.4 Target Population 31
3.5 Sample and Sampling Techniques 31
3.6 Data Collection Measures 32
3.6.1 Guidance and Counseling (G&C) Teachers' Questionnaire 33
3.6.2 Principals' Interview Schedule 33
3.6.3 Students' Focus Group Discussion 33
3.7 Pilot Testing of Research Instruments 34
3.8 Validity of the Data Collection Instruments 34
3.9 Reliability of Data Collection Instruments 35
3.10 Data Collection Procedures 35
3.11 Data Processing and Analysis 36
3.12 Legal and Ethical Considerations 36
CHAPTER FOUR 38
DATA ANALYSIS AND FINDINGS 38
4.1 Introduction 38
4.2 Demographic Characteristics of Respondents 38
4.2.1 Response Rate 38
4.2.2 Gender of Respondents 39
4.2.3 Age Bracket of Respondents 39
4.2.5 Sources of Human Sexuality Education 41
4.2.6 Frequency of Guidance and Counselling on Sexuality Education 43

4.4 Influence of Transmission and Prevention of HIV/STI Education on the Students' Sexual Behaviour 50
CHAPTER FIVE 58
DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS 58
5.1 Introduction 58
5.2 Discussion of the Findings 58
5.2.2 Influence of Transmission and Prevention of Sexually Transmitted Diseases Education on the Students' Behaviour 62
5.2.3 Influence of Religion and Traditional views on Sex and Marriage Education on the Students' Sexual Behaviour 64
5.3 Summary of Findings 65
5.4 Conclusion 66
5.5 Recommendations 67
5.6 Suggestions for Further Research 67
REFERENCES 68
APPENDICES 75
APPENDIX I: LETTER OF TRANSMITTAL 75
APPENDIXII: GUIDANCE AND COUNSELING TEACHERS' QUESTIONNAIRE. 76
APPENDIX III: PRINCIPALS' INTERVIEW SCHEDULE 81
APPENDIX IV: INTERVIEW RECORDING CONSENT FORM 82
APPENDIX V: STUDENTS' FOCUS GROUP DISCUSSION 83
APPENDIX VII: RESEARCH PERMIT FROM NACOSTI 84
APPENDIX VIII: MAP OF KENYA SHOWING KISII COUNTY 85
APPENDIX IX: KISII COUNTY SHOWING MASABA SOUTH SUB COUNTY 86

LIST OF TABLES

Table 3.1: Sample Size Distribution 32
Table 4.1: Gender Distribution of Respondents..... 39
Table 4.2: Respondents' Age Bracket Distribution 40
Table 4.3: Frequency of Guidance and Counselling on Sexuality Education 44
Table 4.4: Influence of Adolescence and Sexual Development Education on Students' behaviour..... 48
Table 4.5: Influence of Transmission and Prevention of HIV/STI Education on the Students' Behaviour..... 51
Table 4.6: Influence of Tradition/ Religion views on Sex and Marriage on the Students' Behaviour..... 54

LIST OF FIGURES

Figure 1.1: Conceptual Framework showing the envisaged Relationship between Sexuality Education and Students' Sexual Behaviour 11

Figure 4.1: Experience as a Lead Guidance and Counselling Teacher 41

Figure 4.2: G&C Teachers' Perception of the most Influential Source of Sexuality Education 42

ABSTRACT

The need for information on sexuality becomes even more pertinent in a rapidly changing world where globalization and technological advancements expose children to a wide range of influences. Despite the provision of sexuality education, Masaba South Sub County public secondary schools have been experiencing high girls' dropout rate due to teenage pregnancy, abortion-related mortalities and sexual health complications. The purpose of the study was to establish the teachers and students' perceptions of the influence of sexuality education on the students' behaviour in public secondary schools in Masaba South Sub County, Kisii County, Kenya. The study was premised on Bandura's Social Learning Theory and adopted descriptive survey research design. Fifty principals, 50 guidance and counseling teachers, and 50 chairpersons of the student councils from 50 day public schools were targeted. Census sampling technique was used to sample all the 50 guidance and counseling teachers. Through simple random sampling 30.0 % of principals and 30.0 % chairpersons of the student councils were sampled. Data were collected through guidance and counselling teachers' questionnaires, principals' interview schedules and students' focus group discussions. Content and construct types of validity were ascertained through scrutiny by the two supervisors assigned to the researcher. The reliability of the teachers' questionnaire was ascertained by test-retest technique. Both descriptive and inferential data were used to analyze the data. Qualitative data were put into broad themes for interpretation. However, some qualitative data were used verbatim to maintain the power of the participants' spoken words. The study found that the adolescence and sexual development education offered in schools was inadequate to cater for the physical and psychology challenges faced by the public day secondary students in Masaba South Sub County in Kisii County. Students, principals, and G&C teachers acknowledged that unlike in the past, the information on transmission and prevention of HIV and other STIs seem to have become less persuasive to both students and teachers in avoiding risky sexual behaviours. The study findings may assist in bridging the gap between the theory, practice and the outcome of human sexuality education.

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AOE	Abstinence-Only Education
AOUM	Abstinence-Only Until Marriage
APHRC	African Population and Health Research Center
BOM	Board of Management
CRE	Christian Religious Education
CSE	Comprehensive Sexuality Education
EFA	Education for All
FAWE	Forum for Africa Woman Education
FGM	Female Genital Mutilation
FPE	Free Primary Education
FSE	Free Secondary Education
G&C	Guidance and Counseling
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
KICD	Kenya Institute of Curriculum Development
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MOE	Ministry of Education
NACOSTI	National Commission for Science, Technology, and Innovation
ROK	Republic of Kenya
SPSS	Statistical Package for Social Sciences
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
TSC	Teachers Service Commission
UNCRC	United Nation Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNICEF	United Nations Educational, Scientific and Cultural Organization
USA	United States of America

DEFINITION OF TERMS

Aberrant Sexual Practices: refers to unusual sexual practices such as sex and intimacy between people of the same gender. It is also refers as diverse sexual orientation to avoid stigmatization of the people involved (Mucherah et al., 2016).

Adolescence: refers to the period of psychological and social transition between puberty and adulthood (Leung et al., 2019).

Attitude: refers to an opinion or general feeling about something.

Comprehensive Sex Education: refers to an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information (UNESCO, 2018).

Human Sexuality: refers to a romantic attraction between individuals of the same sex or a sexual attraction or behavior between people of the same gender (Mucherah et al., 2016).

Masturbation: refers to self-stimulation that arouses a person, one can reach orgasm or not (Leung et al., 2019)

Perception: refers to the way in which something is regarded, understood, or interpreted (Nasimile, 2018).

Premarital Sex: refers to the act of sexual activity before marriage (Mathews et al., 2017).

Puberty: refers to the process of physical changes through which a child's body matures into an adult body capable of sexual reproduction. It is initiated by hormonal signals from the brain to the gonads: the ovaries in a girl, the testes in a boy (Pound et al., 2016).

Sexual Abstinence or Sexual Restraint: refers to the practice of refraining from some or all aspects of sexual activity for medical, psychological, legal, social, financial, philosophical, moral, or religious reasons (Aysel et al., 2016).

Sexuality Education (SE) or Sex Education: is the process of assimilating information and developing attitudes and perceptions about sex, sexual inclination, and enables people's to them make informed choices regarding their sexual behaviour (Ekeke, 2019).

Students' Sexual Behavior: refers to a broad spectrum of behaviors in which students experience and express their sexuality. These behavioral expressions contains both biological elements and cultural influences (Mtemeri, 2015).

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter provides the background to the study and the statement of the problem. The chapter also contains the purpose, objectives, hypotheses, significance, scope, delimitation, limitation and assumptions of the study. The chapter culminates with a delineation of the study's theoretical framework and conceptual framework.

1.2 Background of the Study

Sexuality education (SE) or sex education is the process of assimilating information and developing attitudes and perceptions about sex, sexual inclination, and enables people's to make informed choices regarding their sexual behaviour (Ekeke, 2019). While the content of sexuality education may vary from one country to another, 'comprehensive sexuality education' (CSE) has a standard content. The United Nations Population Fund (UNFPA, 2016) defines 'comprehensive sexuality education' as a right-based and gender-focused approach to sexuality education, whether in school or out of school. The provision of comprehensive and accurate information regarding sexual and reproductive health and rights (SRHR) is essential for adolescents to achieve sexual health and make informed decisions regarding their sexuality (Sidze et al., 2017).

The need for information on sexuality becomes even more pertinent in a rapidly changing world where globalization and technological advancements expose children to a wide range of influences (Woog, et al., 2015). Emambokus and Oogarah-Pratap (2019) argue that while parents play the primary role, schools should play a complementary role in providing sexuality education being part of holistic education. In the same line of reasoning Haberland and Rogow (2015) opine that with accurate, current and age-appropriate

sexuality knowledge, and social-emotional competencies, youth was equipped to forestall sexual advances and abuse, peer pressure, and sexual experimentation that could lead to problems related to premarital pregnancies, HIV and sexually transmitted infections (STIs).

Some studies have shown that abstinence-only education programmes have little evidence of improving sexual and reproductive health (SRH) outcomes (Chau et al., 2016). Chau et al. further observe that comprehensive sexuality education programmes that recognize sexual activity during adolescence as normative behavior, that seek to ensure the safety of such behavior, and that focus on gender equality, human, empowerment and human rights, have demonstrated impact in behaviour and capacity in decision making. Comprehensive sexuality education programmes have enabled youth to enhance self confidence and self-esteem; strengthening decision-making and communication skills positively changing attitudes and gender and social norms; building self-efficacy; and increasing the use of protection during sex and responsible use of contraceptives.

School-based Comprehensive Sexuality Education (CSE) provides a structured opportunity for students to gain practical skills and knowledge to explore their values and attitudes and to practice the skills necessary for making healthy informed choices about their sexual lives and relationships in school and beyond (UNESCO 2018). Similarly, the United Nations Population Fund (UNFPA, 2016) advance that CSE delays sexual debut, and reduce the number of sexual partners. As such many countries have embarked on the implementation of CSE.

In the USA, sex education is often included as part of the health or physical education (PE) curriculum for high school students, and delivered by PE and health teachers (Hall et al.,

2016). In the United Kingdom, relationship education is compulsory in all primary schools. Whereas, sex and relationship education (SRE) is a part of the secondary school curricula (Pound et al., 2016). In Thailand, nearly all secondary schools and vocational institutions provide CSE instruction, either as an integrated or standalone subject or both (Thailand MOE, 2006, as cited in Leung et al., 2019). Fakun (2016) observes that in Thailand, only a minority of the teachers use activity-based pedagogy as recommended in CSE while most of the teachers rely on lectures method to instruct students on CSE. This denies students opportunities to ask questions as well as developing their analytic thinking skills. According to WHO (2018), Switzerland, the Netherlands and Denmark have also adopted comprehensive sexuality education and as a result have one of the lowest teen pregnancy rates globally.

In Africa, the implementation of comprehensive sexuality education has been riddled with controversies. As noted by Kadonsi (2019), in traditional African setting children were expected to obey their parents without asking questions. Therefore, it was assumed that by keeping children and youth almost completely ignorant of sex and sexuality matters, chances of engaging in sexual immorality were reduced. However, due to the high prevalence of HIV and AIDS, and teenage pregnancies, several measures towards CSE have been made. For instance, in December 2013, ministers of Education and Health from 20 Eastern and Southern African (ESA) countries, including Kenya, signed the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa (Ministries of Education & Health, 2013, as cited in Panchaud et al., 2019). The convention set specific targets for school-based CSE to be achieved in 2015 and 2020. However, due to a myriad of reasons many countries are yet to accomplish the set targets.

In Kenya, the lack of consensus between lobby groups that are pro CSE and those against has led to a set back the government commitment to scale up comprehensive rights-based sexuality education right from primary school (Panchaud et al., 2019). Some lobby groups, human rights activists and conservative churches such as the Catholic Church, have lodged a great opposition demanding the government to review the contents of CSE, terming it destructive and un-African (Wanzala, 2019). Sidze et al. (2017) explicate that the bone of contention arises from mainly two areas. First, the teaching of the use of contraceptive methods and safe abortion as methods of preventing and getting rid of unplanned pregnancy has been termed as against Christian and Muslim values as well as the Kenyan Constitution. Second, the teaching of different types of sexual orientation as a part of sexual and reproductive rights has also been opposed.

Nonetheless, the Kenya Institute of Curriculum Development (KICD), reiterates that the curriculum has had sex education that tackles all the stages of growth from a tender age to adolescence, and any teaching materials that are not approved by KICD are illegal and schools must reject them (Nyamai, 2019). At the secondary level, sex education topics are captured in Biology, Christian Religious Education (CRE), and Home Science. Additionally, sexuality education is also accomplished through life skills education, guidance and counselling sessions, pastoral services, student peers interactions and others.

Most of the secondary schools in Masaba South Sub County (the current study locale), are sponsored by the churches in the region. These churches encourage and emphasize the learning of CRE as a subject right from form one to four. Additionally, the sponsoring churches provide pastoral care where part of sexuality education is covered. Thus, as the students' progress from form one onwards, they acquire knowledge, values and skills that

are bound to influence their sexual behaviour (Ekeke, 2019). However, according to the Kisii County schools census report of 2019 (MOE, 2019), cases of sexual violence, teenage pregnancies, abortion, sexually transmitted infections, HIV and suicide ideation linked to girl/boy relationships are on increase. This situation warrants investigation. The current study embarked on teachers and students' perception towards sexuality education.

1.3 Statement of the Problem

Policymakers in Kenya such as the Ministry of Education and Ministry of youth and gender, have been preoccupied with seeking solutions to high levels of teenage pregnancy, unprotected sexual activity, STIs (including HIV infection), and abortion among adolescents (Sidze et al., 2017). Several studies have been published showing that Kenyan youth are making their sexual debut while they are still very young and lack sufficient knowledge about HIV transmission and prevention, contraception and abortion (Panchaud, 2019; UNESCO, 2018). In Kisii County, the school census report of 2019, shows that Masaba South Sub County secondary schools had a high girls' dropout rate of about 10% due to teenage pregnancy (MOE, 2017). Further, there were isolated reports of incidences of aberrant sexual behaviors and sexual harassment. If this situation is left unattended, the sexual and reproductive health and rights of many students would be in jeopardy and thus, derailing the envisaged Kenya Vision 2030 which will highly depend on healthy and well-focused manpower. To this end, the researcher embarked on a study to establish the teachers and students' perceptions of the influence of sexuality education on the students' sexual behaviour.

1.4 Purpose of the Study

The purpose of the study was to establish the teachers and pupils' perception of the influence of sexuality education on the students' sexual behaviour in public secondary schools in Masaba South Sub County, Kisii County, Kenya.

1.5 Objectives of the Study

The study was guided by the following objectives:

(i) To establish the teachers and students' perception of the influence of adolescence and sexual development education on students' sexual behaviour in public secondary schools in Masaba South Sub County in Kisii County;

(ii) To determine the teachers and students' perception of the influence of education on transmission and prevention of sexually transmitted diseases on the students' sexual behaviour in public secondary schools in Masaba South Sub County in Kisii County;

(iii) To examine the teachers and students' perception of the influence of towards religion and traditional views on sex and marriage education on the students' sexual behaviour in public secondary schools in Masaba South Sub County in Kisii County.

1.6 Research Questions

The study was guided by the following research questions

(i) What is the teachers and students' perception of the influence of adolescence and sexual development education on the students' sexual behaviour in public secondary schools in Masaba South Sub County in Kisii County?

(ii) What is the teachers and students' perception of the influence of transmission and prevention of sexually transmitted diseases education on the students' sexual behaviour in public secondary schools in Masaba South Sub County in Kisii County?

(iii) What is the teachers and students' perception of the influence of religion and traditional views on sex and marriage education on students' sexual behaviour in public secondary schools in Masaba South Sub County in Kisii County?

1.7 Significance of the Study

The significance of a study shows how the research benefits or impacts others in part or whole (Simon & Goes, 2013). This study was expected to be of benefit to various stake holders namely principals, teachers, students, parents, civil societies, human rights pressure groups and policy makers such as the Teachers Service Commission (TSC) and the Ministry of Education.

On gathering information from teachers on how sexuality education influences students' sexual behaviour and attitude, the stakeholders may reconsider revising the sexuality education curriculum. This would include the scope of the material presented to the students, the mode of presentation, the timing, and the emphasis on the curriculum. Principals and teachers was enlightened on the crucial responsibility bestowed upon them by the society of providing sexuality education to the youth. Consequently, principals in conjunction with the Board of Management (BOM) and Parents Teachers Association (PTA), may devote more resources to support forums in which sexuality education is provided in school. Furthermore, the principals and the MOE quality assurers may purpose to gain a more nuanced understanding of what is taught in the classroom and the tone in which the teaching is delivered.

The study might also provoke a debate among teachers, parents, MOE, TSC, religious leaders, conservative human rights activists, and pro comprehensive sexuality education activists geared to unlock the impasse on whether Kenyan students are ready for comprehensive sexuality education as recommended by the United Nations Population Fund (UNFPA). Lastly, the study findings may provide reference material for other researchers regarding human sexuality education in schools in Kenya.

1.8 Scope of the Study

The scope of the study is the geographical and methodological limits within which the study operates (Marylin & Goes, 2013). The study was conducted in Masaba South Sub County in Kisii County. The study involved day public secondary schools. The study adopted a descriptive research design, and therefore, being a non- experimental design the causal- effect will not be ascertained.

1.9 Delimitations of the Study

The delimitations of the study are the boundaries set by the researcher by conscious exclusionary and inclusionary decisions regarding the subject of interest (Simon & Goes, 2013). Delimitations are within the researcher's control. Sexuality education is very broad, but this study confined itself to students' education in adolescence and sexual development, transmission and prevention of sexually transmitted diseases and HIV, and students' education on religion and traditional views on sex and marriage. The three broad areas were examined in relationship to the students' sexual behaviour in day secondary schools in Masaba Sub County, Kisii County.

1.10 Limitations of the Study

Limitations are possible short comings or influences that can affect the study and are not under the control of the researcher. They limit the extent to which a study can go and may affect the results of the study (Simon & Goes, 2013). Due to the sensitive nature of some information such as abortion, use of condoms, Female Genital Mutilation (FGM), early marriages, sexual harassment, and issues concerning Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI), some respondents were expected to be hesitant in providing the needed information. To mitigate againist such tendencies, the researcher assured the respondents that the sole purpose of the study was academic and that anonymity and confidentiality would be maintained.

1.11 Assumptions of the Study

Simon (2011) explicates that assumptions are underlying ideologies that the researcher trusts or admits but are difficult to attest in any actual way. In other words, assumptions are realistic expectations believed to be true facts necessary for the relevance of the study as they provide the basis of the development and implementation of the research. It was assumed that students from the schools that were involved in this study have been receiving sexuality education from the various subjects as per the curriculum as well as from guidance and counselling sessions, pastoral care sessions, parents, peers and others. It was assumed that the guidance and counselling teachers whose perceptions was sought in this study have been handling various students' sexuality issues in well-functioning guidance and counselling departments. Further, since the students were day scholars, it was assumed that teachers got information about the students' sexual behavior through their own observation or from the local community.

1.12 Theoretical Framework

Glanz et al. (2008) infer that a theory is a set of interrelated concepts, propositions and definitions which explain or try to predict situations or events by specifying the relations among variables. This study was based on Albert Bandura's Social Learning Theory (Bandura, 1977). Psychologists define social learning as the learning that occurs as a result of social interaction (LeFrancois, 2012). Students in a classroom situation imitate the knowledge, attitudes, and behaviors of their teachers when matters of sexuality arise. Teachers on the other hand may have their behaviors influenced by personal experiences during the time they were with students (Klein & Breck, 2010). Given the importance of sexual behavior change as a result of social learning, Albert Bandura's Social Cognitive Theory provides a framework for situating this study. The theory argues that behavior is occasioned by specific drives. These drives are stimulated by particular stimuli. The social learning theory discusses the process of sharing and gathering knowledge as a result of direct observation in the social context. According to Bandura, observational learning is an important source of development (Berk, 2009). Observational learning can be expressed in the form of imitation. Young people imitate sexually suggestive behaviours from the social media, friends and significant others. The social theory also demonstrates how knowledge can be gained through sharing of ideas among people. The behavior modification that arises as a result of sexuality education is a consequence of social awareness which in this study is related to perception and learning.

1.13 Conceptual Framework

Creswell (2014) regards conceptual framework as a research tool intended to help a researcher to develop cognizance and understanding of the condition under inquiry. Creswell further proffers that when clearly enunciated, a conceptual framework has

potential usefulness as a tool to assist a researcher to comprehend the meaning of subsequent findings. Figure 1.1 depicts the proposed study conceptual framework.

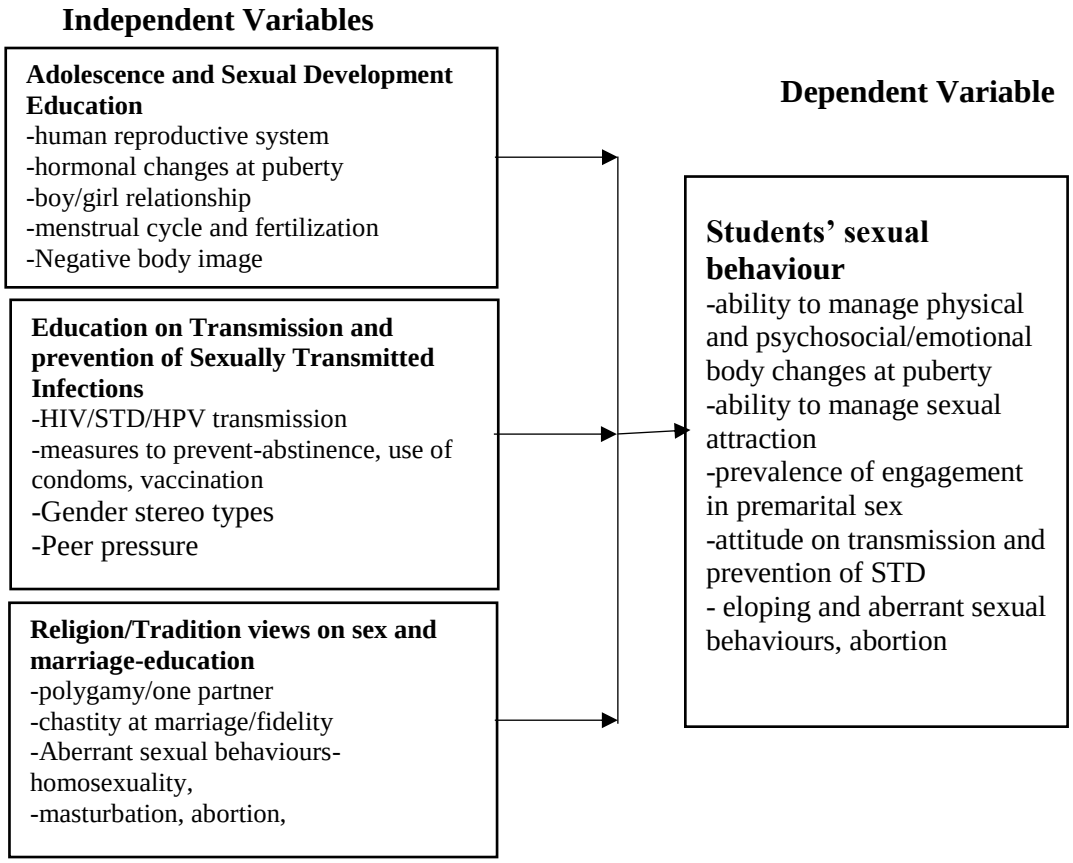


Figure 1.1: Conceptual Framework showing the envisaged Relationship between Sexuality Education and Students' Sexual Behaviour

As shown in Figure 1.1, the sexuality education comprises of puberty and sexual development, transmission and prevention of STIs and HIV, and tradition and religious views of sex and marriage education. Provision of sexuality education is envisaged to influence the students' sexual behaviour and attitudes towards premarital sex, management of body changes at adolescence, abstinence, use of condoms and contraceptives, and aberrant sexual practices. This is in line with Bandura (1977) social learning theory that explicates that behavior modification is a consequence of social awareness and acquisition of vital life skills as done in sexuality education.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains the reviewed literature concerning teachers' perception of providing sexuality education to students and the extent to which the attained skills and information has shaped the students' sexual behaviour. The chapter opens with a treatise of the 'concept of human sexuality education' as taught in schools and then proceeds for literature review in accordance with the study objectives. The chapter closes with a summary of the literature review and research gaps.

2.2 Concept of Human Sexuality Education

Sexuality education refers to an education process that entails a culturally relevant approach to teaching on relationships and sex by providing non-judgmental, scientifically accurate and realistic information while considering the age of the audience (UNESCO, 2018). This definition acknowledges that the aim of sex education extends beyond the transfer of knowledge on human physiology, the reproductive system, or the prevention of sexually transmitted infections (STIs). Rather, sex education is conceptualized holistically with the goal of empowering youths to better understand their sexuality and relationships, which will ultimately improve adolescents' sexual health and overall quality of life (WHO, 2018). This is in line with WHO (2018) assertion that sexual health is not merely the absence of disease, dysfunction or infirmity, but should be considered as a state of physical, mental, emotional and social well-being in relation to sexuality. Therefore, sexual health calls for a positive and respectful approach to sexuality and sexual relationships with a possibility of having voluntary and responsible sexual experiences. Furthermore, for the

maintenance of sexual health, the sexual rights of all persons must be respected, protected, and fulfilled (Leung et al., 2019).

Sex education programs may be school-based led by teachers, health professionals, social workers, or peers; community-based; or family-based. Leung et al. (2019) explicates that there are various approaches to sex education such as abstinence-only education (AOE), abstinence-only-until-marriage (AOUM), abstinence education (AE), and comprehensive sex education (CSE). Leung et al. (2019) further observes that Abstinence-only education or abstinence-only-until-marriage programs, have religious origins and advocate the complete refraining of sex outside of wedlock, including masturbation. Abstinence is perceived moralistically, where notions of chastity and virginity are emphasized and a mutually faithful monogamous relationship in the context of marriage is the promoted (Pound et al., 2016). Under this approach, students' character and morality are core issues. Policies prohibit or limit the mention of contraception in sex education, and biased findings of contraceptive methods such as condoms and birth control pills, as failures are often presented. Advocates believe that abstinence-only message was compromised by providing students with information on where to obtain and how to use contraception and encourage immoral and health-compromising sexual behaviors which turns, increase the rates of unwanted pregnancy and sexually transmitted diseases (Kirby, 2007).

As such, the advocates of abstinence-only believe that the sole unfailing way to prevent STDs and unwanted pregnancies is through abstinence. Thus sexual activity is discouraged through fear, shame and guilt instilling in relation to sexual activity. Moreover, it has been criticized that AOE programs present scientifically inaccurate information, use stereotypical gender roles that discriminate against female students such as portraying

women as the “gatekeepers” of men’s virginity, blaming women for men’s sexual indiscretions. In addition, they overemphasize religious messages (LeClair, 2016). Nonetheless, these approaches are popular with mostly conservative and religious groups (Santelli & Kantor, 2016).

Proponents of abstinence (AE) approach conceptualize it as a behavioral and public health issue as opposed to AOE and AOUM approaches which perceive abstinence under a moral issue. The abstinence approach advocates behaviors such as delaying sex, avoidance of vaginal sex, or refraining from engaging in further sexual intercourse even if one has already had sexual experience. Abstinence, however, does not prohibit other sex-related behaviors such as kissing petting, masturbation, anal or oral sex (Kohler et al., 2008).

Under comprehensive sex education (CSE), abstinence is just a part of a range of prevention strategies on contraception to prevent STDs and unwanted pregnancy (Kohler, et al. 2008). That is, CSE is broader and it covers the same topics as sex education but also includes issues such as relationships, sexual roles, and attitudes towards sexuality, gender relations and the social pressures to be sexually active. It also provides information about sexual and reproductive health services. While sexuality education content may be adapted to reflect specific cultural and linguistic contexts, certain core topics that must be included to maintain quality and meet international standards regarding what constitutes comprehensive sexuality education. The International Technical Guidance on Sexuality Education divides these core topics into six content areas, namely: relationships; values, attitudes and skills; culture, society and human rights; human development; sexual behavior; and sexual and reproductive health (UNESCO, 2009). Moreover, according to

United Nations Population Fund (UNPFA) (2016), CSE is a curriculum-based and rights-based participatory approach that integrates focus on gender.

In order to provide both teachers and students with opportunities to review and adjust their sexual attitudes and values, teachers should receive appropriate training on how to use learner-centered teaching processes. Diverse learning activities, such as practical demonstrations, discussions and debates, individual and group assignments, role-playing, as well as homework, facilitate learning (Haberland, 2015)

Implementation of CSE has been found to be more effective than abstinence-based sexuality education in reducing risky sexual practices, delaying sexual debut, and increasing responsible behaviors (Haberland, 2015; Haberland & Rogow, 2015; UNESCO, 2015). Despite the positive results as a result of CSE implementation, there are many countries including Kenya, whose implementation has been slowed down by opposition from conservative groups such as religion and NGOs (Baswony, 2016). Their main argument has been that providing such information to school-going youth was like giving them a license to engage in sexual activity. Furthermore, some topics in the CSE curriculum touch on controversial issues such as safe sex for same-sex couples or rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) and use of contraceptives to control pregnancies and STIs (Baswony, 2016). However, the Kenyan curriculum has been having age-appropriate abstinence-only education (AOE) and abstinence-only-until-marriage (AOUM) form of sexuality education in primary and secondary schools taught over several years through subjects such as CRE, Biology and Home Science. Additionally, sexuality education has been taught during guidance and counseling and life skill lessons (Kamau, 2016). Wanzala (2019) observes that although Kenya is yet to adopt comprehensive sexuality education fully, over 75.0 % of its content is covered under the

current curriculum. It is then expected that students being the recipients of the sexuality education in Kenya, will exhibit certain behaviour in line with the acquired knowledge and skills. The current study aimed at establishing the teachers and students' perception of the influence of sexuality education on students' behaviour.

2.3 Teachers and Students' Perceptions of the Influence of Adolescence and Sexual Development Education on Students' Behaviour

Adolescence has been described as the transition period in life when an individual is no longer a child, but not yet an adult (Lebow et al., 2015). It is a period in which an individual undergoes enormous physical and psychological changes. In addition, the adolescent experiences changes in social expectations and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships (Okyay & Ergin, 2012). The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity. Adolescents have to cope, not only with changes in their physical appearance, but also with associated emotional changes and emerging and compelling sex urges. Bodily changes cause emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is a common characteristic of this age group (Derman, 2013)

Although they do not exactly coincide with each other, adolescence and 'puberty' are used interchangeably (Yilmazer, 2013). Puberty is a part of the adolescence period, in which biological variation associated with genetic features and individual differences are the most obvious and reproductive capability is obtained. This reproductive capability is observed with menarche in females and with sperm ejaculation in males. While puberty involves

child's physical and sexual development, adolescence involves a child's psychosocial development in addition to physical and sexual development. Therefore, adolescence may last longer than puberty (Aysel, et al., 2016).

According to Greenleaf et al. (2015), the adolescent stage is characterized by both negative and positive body changes. These changes include body shape, weight status and appearance. Yager et al. (2013) argue that major psychological and biological changes take place in the adolescent stage. The development of sexuality that takes place in this stage is very important since the body parts of the adolescent take the adult shape. The study further argues that puberty is an important landmark of sexuality development. The body development during this stage can put the adolescent under stress. This calls for the need to train the students on how to cope with these body changes: how to handle the changes and most importantly how to appreciate the changes that each other go through to minimize stress incidences. It is therefore important to include the aspect of coping with body changes in the school sexuality education.

Halliwell and Diedrichs (2014) observe that media plays a major role in influencing adolescents body image as it helps shape belief about the perceived ideal body. Internalization of and pressures to conform to these socially prescribed body ideals brings about the association between weight status and body image. Students normally experience weight-related bullying during adolescence and which can develop to negative body perceptions and dissatisfaction surrounding specific body parts (Halliwell & Diedrichs, 2014).

Importantly, the influence of body ideals interacts with a critical period of physical change during adolescence as well (Webb & Zimmer Gembek, 2014). Specifically, during puberty,

the changes that occur are among the most rapid and diverse in human development. Changes occur in height, weight, body composition, body shape, as well as primary and secondary sex characteristics. Coincidentally, these changes happen when the youth is experiencing heightened exposure and subsequent comparisons to cultural ideals of beauty (Schaefer & Salafia, 2014). In the western world, cultural expectations emphasize girls to be thin and lean with large breasts as seen in television, print media, and online. Thus, changes associated with puberty, such as increases in adiposity and widening of the hips, may be perceived negatively and seen as incongruent with the prototypical and societally valued "thin ideal." Conversely, in most African cultures, girls take pride when they develop noticeable hips and big bottoms (Caccavale et al., 2012).

Late-maturing boys specifically, report greater body dissatisfaction as they envy their counterparts. The boys' craze to acquire enormous muscles has, however, driven some boys to use dangerous drugs such as steroids (Lebow et al., 2015). Such drugs can have adverse effects such as high blood pressure, liver damage and testicular atrophy. Thus, the perception of physical changes in a sociocultural context plays a critical role in shaping body image throughout adolescence. A well-structured sexuality education can allay fears and anxiety as students try to acquire the perceived best body (Mathews et al., 2017).

Kargayeva (2020) conducted to establish teachers' perception toward the implementation of sexuality education in Kazakhstan schools. The study collected data from nine biology teachers through semi-structured interviews. The study found that just like in most of the communities in Africa, Kazakhstan society is conservative and parents hardly talk on sex-related topics at home, leaving their teens to get information from the internet and other sources. The interviewed teachers indicated that they feel uncomfortable when delivering

information related to the reproductive development of humans within the Biology subjects, or other social aspects considered part of sexual health education. Due to this culture-based taboo, teachers felt uncomfortable to mention some scientific terms related to reproductive biology or dealing with questions related to developing healthy relationships. Furthermore, teachers lacked self-efficacy in instructing students in topics beyond what was contained in Biology syllabus and felt sexuality education should be left to parents. Thus, sexuality education in Kazakhstan schools was not fully embraced by both teachers and parents. Teachers' perception was that students relied on uncontrolled internet information which was destructive and encouraged teenage sex. However, Kargayeva study may have missed some pertinent information by gathering data from only the Biology teachers. Teachers in guidance and counselling are normally in a position to convey and also get to know very sensitive and nuanced personal information from the students, giving insight into their sexual behaviour and attitudes.

Emambokus and Oogarah-Pratap (2019) conducted a small-scale qualitative in Mauritius, a developing country with a multicultural population, where sexuality education is addressed in a fragmented manner within the school curriculum. The study aimed at exploring teachers' and parents' perspectives of sociocultural factors influencing sexuality education. Information was gathered through a semi-structured interview schedule from two teachers and two parents who were selected through purposive sampling at a secondary school which has students from diverse cultural backgrounds and mostly from socioeconomically deprived areas. Both parents and teachers were found to attach great importance to SE in helping adolescents to understand and cope with the developmental changes at puberty as well as fostering appropriate decision-making skills. However, some parents and teachers were still holding some reservations and felt students could do just

fine without SE. It was also reported by the parents and teachers that certain students might not feel at ease discussing sexual issues owing to their upbringing, especially those from Muslim or Hindu background. Both parents and teachers acknowledged the unavoidable internet as a source of information which could enable or be a barrier to the learners' welfare. The study however, had a major weakness in that it relied on information from only two teachers and two parents purposively sampled. Conversely, the current study gathered information from a larger sample of guidance and counselling teachers, head teachers and students.

In Kenya, Too (2019) examined the influence of sexuality education on students' behaviour and attitude towards sexuality issues in secondary schools in Kosirai division, Nandi County. The study collected data from both teachers and students. Most of the students indicated that body changes at puberty did not take them by surprise as they had learnt what to expect during biology, CRE and life skill lessons. Most students, however, knew little in regard to contraceptives except the emergency pill to prevent pregnancy. Nonetheless, human sexuality education was found to have a statistically significant influence on students' management of body changes during adolescence ($\beta = 0.529$, $t\,(239) = 5.284$, $p < 0.05$). That implied that students' provision of sexuality education came in handy in management of the body changes during adolescence. Whilst Too (2019) study focus was on establishing the link between the provision of SE and students' behaviour statistically, the current study focus was just on teachers and students' perceptions.

2.4 Teachers and Students' Perceptions of the Influence of Transmission Education on the Students' Sexual Behaviour

Adolescence is a developmental phase when the physical maturity is attained and most young people enjoy relatively sound health. However, it is also a period marked by increased autonomy, risk-taking, social immaturity, and spontaneity which make young people more susceptible to reproduction and sexual health risks (Denno et al., 2015). These risks include use of drugs and alcohol, unprotected and unplanned sexual escapades, leading to an elevated risk of sexually transmitted infections (STIs), unintended pregnancy, and unsafe abortion. Leung et al. (2019) explicates that while STIs refer to parasites, viruses and bacteria that are transmitted through anal, vaginal or oral sex, STDs refer to diseases that emerge out of STIs such as cervical cancer and pelvic inflammatory disease. Currently there are four curable STIs namely gonorrhea, syphilis, trichomoniasis, and chlamydia, while, human papillomavirus (HPV), hepatitis B, herpes, and HIV are incurable (WHO, 2018).

A survey by World Health Organization (2019), shows that more than 2 million young people live with HIV/AIDS worldwide where a third of the new HIV infections worldwide were estimated to occur among the youth. Ghaffary et al. (2016) found that health beliefs, religious-spiritual beliefs, and character are the main categories that shape premarital sexual activity among youths. This explains the differential in the prevalence of the premarital sex incidences across the globe. However, Muhammad et al. (2016) cautions that globalization and explosion of media technology are becoming a key factor in teenage sex risky behaviour among the countries that have been very conservative on sex issues. It is therefore important that all the young people be furnished with sexuality education in

order to make appropriate decisions that transcend religious-spiritual beliefs, cultural beliefs, and the influence of media technology.

Namisile (2018) investigated the way teachers perceived the teaching of sexuality education in secondary schools in the Pinetown District, Kwazulu-Natal. The study involved ten educators (five males and five females) of grade 8 to 12 learners from two schools. They filled out questionnaires and took part in focus group discussions. The study found that 90% of the teachers complained of having insufficient knowledge in sexuality education accompanied with insufficient resources to assist in the teaching of sexuality education. Teachers also indicated that they received minimal support from both administration and parents and that there was no time specifically for SE. Further, teachers argued that the impact of sexuality education was undermined by the society's conservative cultural and religious values, parents' resistance, and by the teachers who had illicit affairs with students. Nevertheless, female educators were found to be more positive and confident about the beneficial effects of sexuality education for boys and girls than their male counterparts. However, the study did not solicit information on the teachers' perception of students' specific behaviours after receiving SE such as the use of condoms, abstinence, having one sexual partner, immediate use of anti-HIV drugs in case of rape, and vaccination against human papilloma virus (HPV).

A study by Thapa and Chand (2018) in Bajhang, Nepal, examined the extent to which higher secondary students knew about STIs. Additionally, the study sought to establish teachers and students perceptions of school sexual health education program. The study findings showed that only 38.1% of students had good knowledge about STIs while the rest constituting 61.9% had poor knowledge about STIs. Further, 85.0 % of students and 96.0 % of teachers were of the opinion that sexuality education was essential to all students.

Thus, Thapa and Chand (2018) study did not delve deeper into the behaviour and attitude of the students who had higher knowledge about the STIs. Such information could have enhanced the credence of rolling out a comprehensive sexuality education in which detailed information on transmission and prevention of STIs, HIV and HPV would be offered.

Chaka (2017) did a critical analysis of SE in Schools beyond the disciplinary boundaries of Life Orientation (LO) or life skills in Free State province, South Africa. The study investigated the perceptions held by teachers who did not teach LO regarding their responsibility in the teaching of sexuality, as well as how the sexual messages emanating from these teachers affected learners. The researcher employed interviews to collect data from teachers while learners conveyed their message through drawings as visual participatory methodology, as well as interviews. Teachers indicated that learners should be given relevant comprehensive sexuality information in order to make informed choices. By means of drawings and narratives the majority of learners disclosed that some teachers harass them by dressing provocatively while others lure them to sexual misconduct. Thus, teachers who taught Life Orientation felt that the teachers' misconduct lessened the influence of their teachings. The influence of the teachers' sexual behaviour brings another dimension to the current study in that it can overshadow to a great extent the envisaged gains of sexuality education.

A study by Too (2019) found that most students' secondary schools in Kosirai division, Nandi County were indecisive on condom use. The study attributed the indecision regarding the use of condom to the fact that the form of sexuality education provided often discouraged any sexual activity where condoms had no place. Further, the study found that human sexuality education had statistically significant influence on students' perception of premarital sexual relationship ($\beta = 0.382$, $t\ (239) = 5.284$, $p < .05$). The current study

however will mainly focus on teachers and students' perception towards sexuality education.

2.5 Teachers and Students' Perception of the Influence of Religious and Traditional Views on Sex and Marriage Education on Students' Sexual Behaviour

Globally, scholars have devoted time to establishing how religious instructions have influenced sexual behaviors (Adamczyk & Hayes, 2012). Some research findings show that individuals who believe religion is important and follow its teachings are more likely to delay first sex debut (sometimes until marriage) (Mathews et al., 2017). Adamczyk and Hayes (2012) found that Hindus and Muslims are more inclined to have conservative sex-related attitudes than do Christians and thus, less likely to have premarital sex (Okafor, 2018). For instance, although most religions emphasize that people should respect others, most religions tend to categorize homosexuality as something "unnatural" or "impure" (Janssen & Scheepers, 2019). Thus, religiosity qualifies to be one of the crucial socializing determinants to explain the rejection of homosexuality.

Okafor (2018) advances that before the Eurasian contact with Africa, the issue of human sexuality was well recognized as an individual right that was subject to group norms and values. The elderly members of the community initiated through a well-organized and consistent socialization process, the individual members of the society into the concepts and the act of human sexuality. In Kenya, Nyamai (2019) observes that most religious groups as well traditional values and norms tend to emphasize chastity until marriage. This line of thought and preferred practice has had influence on the sexuality education content that is found in CRE secondary school text books as well as the information given during life skill sessions. Students are also taught that traditionally, gender roles were well defined

such that men of age were encouraged to marry and sire as many children as possible while barren women were shunned. According to these traditional beliefs and which prevail to present, men were expected to exhibit masculine behavior while women are expected to exhibit feminine behavior. Therefore, homosexuality poses a threat to the view that places "masculine" and "feminine" at two opposite ends of a dimension (Wanzala, 2019). The current study seeks to establish the teachers' perception of the students' bahaviour after having received education on what religion and traditional view sex and marriage.

Aberrant or unusual sexual behavior or practices are considered as sexual activities that are unnatural such as homosexuality, man-animal sex, and male-female sodomy (Cantor, 2012). Of the three unusual practices, homosexuality is the most common and the most vilified to varying degrees worldwide. Cantor (2012) defines homosexuality as predominantly sex interest in persons of the same sex. Lewis (2009) observes that homosexuality is regarded as either biological or something that is learnt. People who attribute homosexuality to biological causes are more sympathetic perceptions than those who consider it as a choice (Mtemeri, 2015). Thus, homosexuality remains a controversial issue as proponents of nature and nurture lack consensus. This implies that people judged those who practice homosexuality differently.

Research has shown that in Africa, condemnation of homosexuality is more pronounced than in any other parts of the world (Mtemeri, 2015). Most African nations define homosexuality as "acts against the order of nature and God, a scandalous act, violations of morality, indecent act, gross indecency, and lewd acts (Mucherah et al., 2016). This definition tends to mirror people's perceptions and attitudes of homosexuality. Under Kenya's Penal Code, engaging in same-sex sexual activity, termed "carnal knowledge of a

person against the order of nature," is characterized as an "unnatural offense" and is a felony punishable by up to fourteen years in prison. Although the laws are rarely enforced, LGBT Kenyans are still prosecuted and imprisoned under these laws (Mucherah et al., 2016).

World Health Organization defines risky sexual behaviour as one that affects human sexual health. These risks can include unsafe abortion, STIs, including HIV/AIDS, and unwanted pregnancies. Risky sexual behaviours can include sexual intercourse with the same sex or even commercial sex workers. According to Ena et al. (2015), unusual sexual behaviours are on increase in schools worldwide. The study further outlines that the students are exposed to consequences of unusual sexual behaviours like unwanted pregnancies, HIV/AIDS and STIs among others. The study establishes that there is a high practice of pre-marital sex among the students, low utilization of contraceptives and most of the students considered that condoms do not assist at all in the prevention of STIs, HIV and pregnancies.

Mathews et al. (2017) in a study that sought to outline the Higher education students' attitude towards the Lesbian, Gay, Bisexual and Transgender (LGBT) community in the USA found out that condemnation tolerance rate of the LGBT community lowers as the students go through the college course. Those students in the upper level of the study had positive attitude towards LGBT than those in lower level. The study also outlined that the students in the lower level of study that had friends in upper levels and participated in the aberrant sexual behaviours, showed more tolerance towards the LGBT community. This shows that the source of sexual education among the students is mainly learning from their peers.

In African culture, unusual sexual behaviours and practices such as homosexuality, sexual intercourse with animals, masturbation and others were not acceptable. Such practices are attributed to the western imports believed to have invaded the continent during the pre-colonial period (Murray & Viljoen, 2007). Mathews et al. (2017) conducted an exploratory study to establish the social work students' attitudes towards gay men and lesbians in Namibia. Using pre-existing Attitudes towards Gays and Lesbians Scale (ATLG), the study collected data from 193 individuals enrolled in a social work degree programme in Namibia. The study found that many social work students in Namibia have low rates of acceptance of gay men and lesbians. It was, however, found that women had more tolerance and acceptance of LGBT persons than men. Knowledge of someone who is LGBT was found to be statistically significant variable that increases acceptance of LGBT. It was also found that students who were more committed to their religion in terms of attendance, were less tolerant to gay men and lesbians. Further, the findings showed that participants' attitudes were similarly disapproving of both gay men and lesbians. Mathews et al., (2017) study was however, not comprehensive since it did not capture some of the pertinent correlates that would influence participants' attitudes towards members of the LGBT community, such as access to media images or education surrounding safer sex, sexuality, and HIV. The current study aims at examining the teachers and students' perceptions towards practices that deviate from the religion and traditional views of marriage and sex.

In a study to examine high school students' perceptions of homosexuality in Kenya, Mucherah et al., (2016) came up with several pertinent findings. The study involved 1,250 high school students of which 41% claimed homosexuality is practiced in schools, 61% believed homosexuality is practiced mostly in single-sex boarding schools while 52% believed sexual starvation to be the main cause of homosexuality. Also, 95% believed

homosexuality is abnormal, 60% believed students who engage in homosexuality will not change to heterosexuality after school. However, 64% believed prayers can stop homosexuality, and 86% believed counseling can change students' sexual orientation. Mucherah et al. (2016) concluded that the study findings revealed to some extent a lack of understanding of homosexuality among Kenyan high school students. The study, however, did not use open-ended questions to collect data from teachers and which could have enabled them to capture a nuanced understanding of teachers' responses to the quantitative questions. The current study sought views from guidance and counseling teachers through interviews in addition to information collected from students through a structured questionnaires.

2.6 Summary of Literature Review and Knowledge Gap

The literature review is chockfull with studies done globally, regionally and locally on sexuality education (Baswony, 2016; Emambokus & Oogarah-Pratap, 2019); Haberland, 2015; Lebow et al., 2015; Kargayeva, 2020; Okafor, 2018; Pound et al., 2016; Too, 2019; WHO, 2018). Most of the studies have found that the provision of human sexuality education is critical in furnishing students or youth with knowledge and skills to deal with sexual body changes at puberty, and transmission and prevention of STI/HIV. Additionally, the sexuality education has also been credited in enabling youth in making decisions when confronted by the conservative religion and traditional views on marriage and sex.

However, most of the reviewed studies have not been able to bring out the empirical evidence showing the students' behaviour after going through sexuality education. The proposed study aims at examining teachers and students' perception of the extent to which

sexuality education has led to the students' behaviour and attitudes. Documenting what the teachers and students observe and perceive might lay the background to more commitment and better ways of offering sexuality education in schools.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains and outlines the methodology that was used in achieving the objectives of the study. The chapter consists of the following subsections; research design, research site, target population, sample size and sampling techniques, data collection measures, pilot testing, validity and reliability of data collection instruments, data collection procedures, data processing and analysis, and legal and ethical considerations.

3.2 Research Design

Burke and Christensen (2014) regard research design as a meticulous plan to guide a research study in order to obtain answers to the research questions. The study adopted descriptive survey research design. Descriptive survey research design involves describing people and their attitudes, beliefs, opinions and behaviors (Bell et al., 2019). In this study, the researcher sought the teachers and students' perception of the influence of sexuality education on students' behavior. As such, the design was found appropriate.

3.3 Research Site

The research site is the actual geographical location of the study (Creswell, 2014). The research was carried out in Masaba South Sub County, Kisii County, Kenya. Kisii County consists of 11 sub-counties namely: Marani, Kitutu Central, Kisii South, Kisii Central, Sameta, Gucha South, Gucha, Etago, Kenyenya, Nyamache, and Masaba South. According to the Kisii County schools census report of 2019, among the 11 sub-counties, Masaba South Sub County had the highest prevalence (7.5 %) of girls dropping out due to teenage pregnancies and indiscipline cases inclined to sexuality (MOE, 2019).

3.4 Target Population

A target population refers to a complete set of individuals, cases or objects with some common observable characteristics (Burke & Christensen, 2014). According to Kisii County schools census report 2019, there were 50 public day secondary schools in Masaba South Sub County (MOE, 2019). Thus, the study targeted 50 principals, 50 guidance and counseling (G&C) teachers and 50 chairpersons of the student councils. The three categories of respondents were important in this study. Guidance and counseling teachers are normally in the fore front in receiving in confidence the various students' psychosocial and academic issues. They then offer both short and long-term solutions as well as giving referral for issues that would require specialized attention. Equally important are the school principals who have the records of each student's academic and psychosocial progress right from form one onwards. They get information regarding students who drop out due to pregnancies, sexual harassment, incest, sicknesses, abortions, teenage marriages, alcohol and drug abuse, and other social evils. Students are the main recipients of sexuality education and therefore, their views on the subject cannot be gainsaid. The chairperson of the student council, is most often a student in senior classes (forms 3 or 4) and is inclined to possess valuable information on the students' behaviour and view on sexuality education.

3.5 Sample and Sampling Techniques

According to Cooper and Schindler (2018), a sample is a sub-group of the target population chosen in a way to ensure representation of the entire population. Orodho (2012) postulates that for a small target population, the researcher can sample the entire population. Similarly, Scheaffer, Mendenhall, Ott and Gerow (2011) posit that census survey is the approach where the population is equal to the sample. Thus the researcher used census

sampling technique in which all the 50 guidance and counseling teachers from all the 50 day public secondary schools in Masa South Sub County was sampled to take part in the study. Though the guidance and counseling department or programme in a school may consist of several teachers, the study targeted the head of the department or the lead teacher. Gay, Mills & Airasian (2009) maintain that 10% to 30% of the population is sufficient for reliable findings in a survey research. The researcher therefore, sampled 30.0 % of 50 principals and 30.0 % of chairpersons of the student councils to take part in the face to face interviews and focus group discussion respectively. Thus, 15 principals and 15 chairpersons of the student councils was selected through simple random sampling to take part in the study. Table 3.1 shows the sample size distribution.

Table 3.1: Sample Size Distribution

Category of Respondents	**Population**	**Sample**	**Proportion**	**Sampling Technique**
Principals	50	15	30.0 %	Simple random
Guidance and Counseling Teachers	50	50	100.0 %	Census
Chairpersons of the Student Councils	50	15	30.0 %	Simple random
Total	**150**	**80**	**%**	**53.3 %**

3.6 Data Collection Measures

The study employed the guidance and counseling teachers' questionnaire, and interview schedule for principals.

3.6.1 Guidance and Counseling (G&C) Teachers' Questionnaire

Morse (2010) defines a questionnaire as a research instrument consisting of a series of questions for the purpose of gathering information from respondents. The researcher applied a self-designed semi-structured questionnaire to collect both quantitative and qualitative data from the guidance and counseling teachers. The first section A consisted of respondents' demographic data and some other pertinent background information. Section B sought information on teachers' perception of the influence of providing education on puberty and sexual development on the students' sexual behavior. Section C gathered information on teachers' perception of the influence of providing education on transmission and prevention of HIV/STI/HPV on the students' sexual behavior. Finally, section D collected information on the teachers' perception of the influence of providing education on tradition and religious views on sex and marriage on students' sexual behavior.

3.6.2 Principals' Interview Schedule

The use of interview schedule allows the researcher to pose probing questions to the interviewee and thus, generating more enriching data unlike the use of questionnaire (Bell et al., 2019). Through the principals' interview schedule, the researcher aimed at gathering in-depth information on the influence of sexuality education on the students' sexual behaviour. The principals were subjected to questions in accordance with the research objectives.

3.6.3 Students' Focus Group Discussion

Burke and Christensen (2014) explicate that a focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The group of participants is guided by a moderator (or group facilitator)

who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst themselves.

The strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs and their experiences and practices. The researcher was the moderator as the sampled group of chairpersons of the student councils was deliberating on several issues concerning sexuality education as experienced in their different secondary schools. The questions to be deliberated were in line with the study objectives.

3.7 Pilot Testing of Research Instruments

To ensure the validity and reliability of research instruments, it is important to conduct pilot testing (Creswell, 2014). Through pilot testing the clarity of the language, duration, layout of the tools and the process of administering was ascertained. According to Sahu (2013), it is prudent to use 10% of the study's sample size when conducting a pilot test. Thus, the study involved one principal and four guidance and counselling teachers from day public secondary schools in the neighbouring Masaba North Sub County. Simple random sampling was used to select the schools involved in pilot testing. The participants were encouraged to comment and make suggestions geared to improve the various items. The pilot study enhanced the validity and reliability of the data collection instruments.

3.8 Validity of the Data Collection Instruments

Validity refers to the correctness, meaningfulness of inferences and soundness of outcomes of conclusion, which are based on the research findings (Kothari, 2014). The researcher sought the expert opinion on the content and construct validity. The questionnaire was

availed to two university supervisors before and after piloting in order to review the items in the instruments. Comments solicited from supervisors were then used to enhance the research instruments before commencing data collection.

3.9 Reliability of Data Collection Instruments

Reliability is the degree to which a research tool gives consistent data or results after repeated trials (Babbie, 2014). When a research instrument meets the aforementioned criteria then it is said to be reliable. It can be used from severally and give similar outcome irrespective of the environmental set up. The test-retest technique was used to measure the reliability of teachers' questionnaire. The questionnaires were administered to the respondents during pilot testing and administered again after a duration of two weeks. The data from the two sets of questionnaires were correlated using the Pearson Product Moments' correlation method. According to Cohen, Marion and Morrison (2012) reliability coefficient of 0.7 and above is considered sufficient for a research instrument in social sciences.

3.10 Data Collection Procedures

The researcher secured a letter of introduction from Africa Nazarene University. The introduction letter enabled the researcher to secure a research permit from the National Council for Science and Technology and Innovation (NACOSTI). The acquired permit was presented to Masaba South Sub County Education Officer who then issued a clearance letter for data collection from the sampled schools. The researcher then visited the sampled schools and after presenting the official permission letters to principals and striking rapport, data collection commenced. The researcher personally administered the questionnaire to the guidance and counseling teachers. Face-to-face interviews were then be conducted with the principals. The interviews were carried out in varied places as found convenient. Before

each interview, the respondents were requested to read and respond to the contents of the consent form (Appendix V). The interviews were audio recorded using a smart phone and later transcribed by the researcher.

3.11 Data Processing and Analysis

Kombo and Tromp (2006) regard data analysis as the process of organizing the collected raw data to establish meaning or certain trends. The process started by editing to identify omissions and errors. After coding, the data from the questionnaires was fed into the Statistical Package for Social Sciences (SPSS) version 22 software for analysis. The data collected were analyzed with respect to the study objectives using both descriptive an inferential techniques. Descriptive statistics such as percentages, means and standard deviation were used to analyze the data. T-test were used to find out whether there is a significant mean difference between teachers perceptions gender-wise. Qualitative data were put into themes and where necessary converted into quantitative data. Some of the data generated from head teachers' interview schedules were reported verbatim and used to augment the quantitative data.

3.12 Legal and Ethical Considerations

To ensure legal measures were observed, the researcher sought a letter of introduction from Africa Nazarene University and which assisted the researcher to secure a research permit from the National Council of Science, Technology and Innovation (NACOSTI). The NACOSTI permit further enabled the researcher to secure research clearance from the County Commissioner and County Director of education. A prior visit to the sampled schools enabled the researcher to strike rapport with both head teachers and teachers. To ensure ethical considerations, the respondents were assured of anonymity and utmost

confidentiality. Interviewees were requested to fill a consent form. The consent form enabled the researcher to audio and visual record the interview proceedings. Respondents were assured of the right to withdraw from the data collection process at any stage without any consequences. They were also allowed to scrutinize the transcribed information and expunge any sections that might not reflect what they meant. To observe copy rights and avoid plagiarism, the researcher acknowledged all the sources of information collected from peer-reviewed journals articles, textbooks, unpublished and published dissertations and other research materials.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter contains analysis and interpretation of the collected data in accordance to the three objectives of the study. The purpose of the study was to establish the teachers and pupils' perception of the influence of sexuality education on the students' behaviour in public day secondary schools in Masaba South Sub County, Kisii County, Kenya. The study objectives were to establish the teachers and students' perception of the influence of adolescence and sexual development education on the students' behaviour, to determine the teachers and students' perception of the influence of transmission and prevention of sexually transmitted diseases education on the students' behaviour, and to examine the teachers and students' perception of the influence of religion and traditional views on sex and marriage education on the students' behaviour in public day secondary schools in Masaba South Sub County in Kisii County. Data were collected through guidance and counselling teachers' questionnaires, principals' interview schedules and students' focus group discussions.

4.2 Demographic Characteristics of Respondents

This section contains the analysis of the respondents' demographic data.

4.2.1 Response Rate

The study sampled 15 principals, 50 guidance and counselling teachers, and 15 chairpersons of student councils. However, the researcher managed to collect data from 12 principals, 50 guidance and counselling teachers, and 12 student council's leaders giving a response rate of 80.0 %, 100.0 %, and 80.0 % respectively. Creswell and Creswell (2017)

recommend a response rate of 70% or more, and therefore, this response was considered sufficient for analysis.

4.2.2 Gender of Respondents

The researcher sought to establish the gender distribution of the respondents. Table 4.1 shows the finding.

Table 4.1: Gender Distribution of Respondents

Category of respondents	Gender	Frequency	Percentage %
Guidance and	Male	18	36.0
Counselling Teachers	Female	32	64.0
	Total	**50**	**100.0**
Principals	Male	7	58.3
	Female	5	41.7
	Total	**12**	**100.0**
Chairpersons of Student	Male	**8**	**66.7**
Councils	Female	**4**	**33.3**
	Total	**12**	**100.0**

Table 4.1 shows that majority of G&C teachers were female constituting 64.0 %. Conversely, most of the head teachers were male (67.9%). Both genders were fairy represented in headship of schools since 58.3 % of principals were male while 41.7 % were female. The ratio of male to female in the student council leadership was 2 to 1. However, the presence of both gender regardless of their number, enabled the researcher to gather varied views, opinions, and perceptions from both sides.

4.2.3 Age Bracket of Respondents

The researcher sought to establish the respondents' age bracket distribution. Table 4.2 depicts the findings.

Table 4.2: Respondents' Age Bracket Distribution

Age in years	Category					
	Guidance and Counselling Teachers		Principals		Student Council's Leaders	
	f	%	f	%	f	%
< 25	0	0.0	0	0.0	12	100.0
25-30	3	6.0	0	0.0	0	0.0
31-40	13	26.0	0	0.0	0	0.0
41-50	18	36.0	4	33.3	0	0.0
> 50	16	32.0	8	66.7	0	0.0
Total	**50**	**100.0**	**12**	**100.0**	**12**	**100.0**

As shown in Table 4.2, majority of G&C teachers (84.0 %) were 50 years and below, implying that they were more likely to successfully handle the current and emerging issues in the youth sexuality. Equally important is the presence of 32.0 % of the teachers who were over 50 years in age. This category of G&C teachers were mostly the mentors of both students and younger teachers owing to their experience in real life situations. Most of the principals were 50 years and above while 33.3 % were in the age bracket of 41 to 50 years.This implied that most of them were experienced mature teachers who could give in depth information regarding the subject of interest in this study. All the student Councils' leaders were under 25 years. In fact most of them were between 15 to 18 years-the teenage years characterized with stormy issues regarding sexuality.

4.2.4: Experience as a Lead Guidance and Counselling Teacher

The study sought to establish the experience of the G&C teacher as the lead teacher in the school G&C department. Table 4.3 shows the findings.

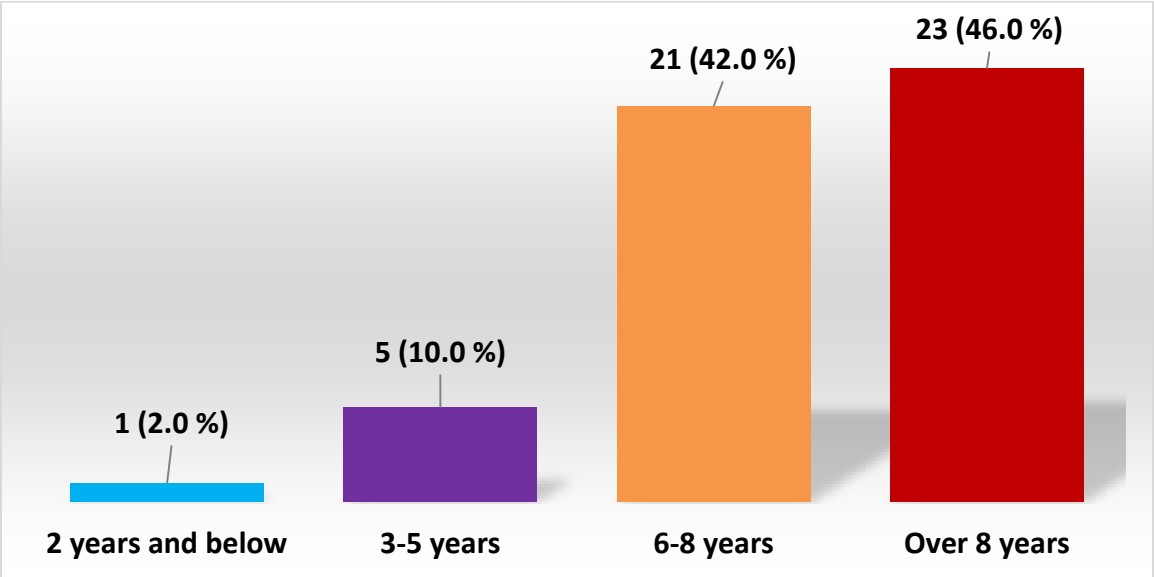


Figure 4.1: Experience as a Lead Guidance and Counselling Teacher

As evident from Figure 4.1, majority of G&C teachers (88.0 %) had served for six years and above as the lead guidance and counselling teachers in their schools. This implied that they were well aware of the sexuality issues that students encountered in and outside the school environment. Thus, they were well suited to give information sought by the current study.

4.2.5 Sources of Human Sexuality Education

Students' acquire sexuality information from the teacher through different subjects such as Biology lessons, religious education lessons, life skills lessons, guidance and counseling sessions, guidance during school assemblies and during church services. However, the extent to which students understand and internalize the given information depends on several factors such as the competency of the teacher, the mode of delivery, the teachers' preparation, and the teachers' conviction. To establish the teachers' perception of the most influential sources of sexuality education to students, teachers were required to rank some

given sources, assigning number one to the most influential source. Figure 4.2 shows the findings.

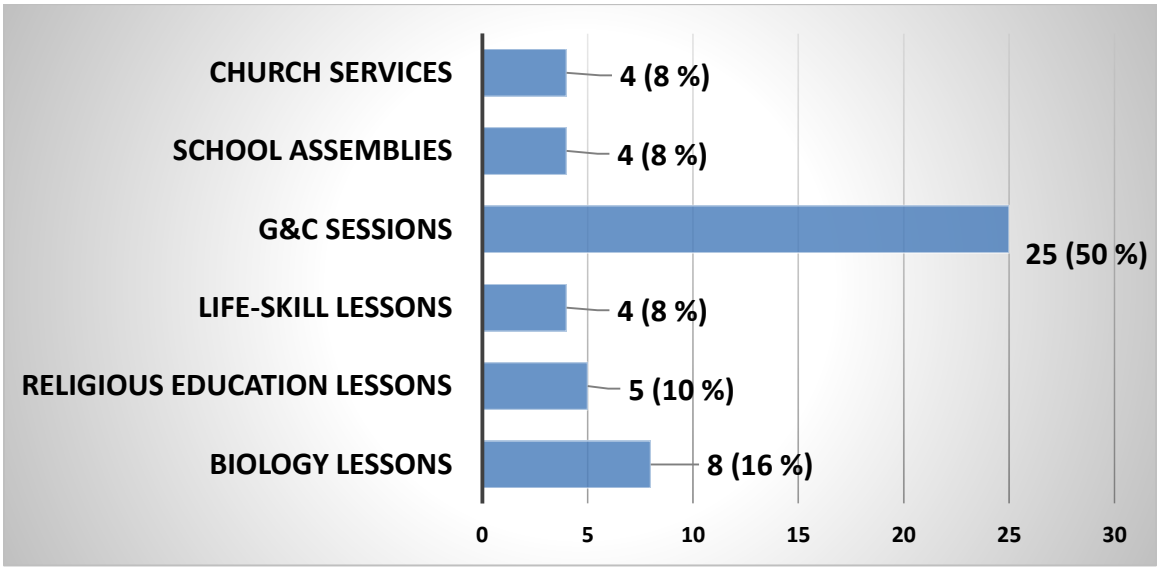


Figure 4.2: G&C Teachers' Perception of the most Influential Source of Sexuality Education

Figure 4.2 shows that guidance and counselling sessions were rated by half of the teachers (50.0%) as the most influential source of sexuality of education to the students. This implies that G&C teachers are aware of the importance of their positions in conveying sexuality education. Biology lessons were also recognized as the most influential source of sexuality by 16.0 % of teachers followed by religious studies (10.0 %). Some teachers also recognized church services, school assemblies, and life skills as important sources of sexuality education. The student council leaders' group discussion also shed more light on the source of sexuality education to the students. There was a consensus that most of the information was conveyed during biology lessons, followed by guidance and counselling sessions, and church services. In one of the group deliberations a student narrated that:

> We are normally eager to know how our bodies work especially on reproduction…our biology teacher gives all the details concerning both girls and boys without fear. I have now come to understand about the various body changes we encounter as we move from form one to form four. I also know the risks

> involved when one participates in unprotected sexual activity. Much of what we get from peers are pure lies and which can result to very serious health problems. So my biology teacher and the biology textbook are my main sources of sexuality education (FGD).

The student council leaders also extolled the many sexuality teachings done during the church services three times a week. One of the student noted:

> Church services particularly those targeting the various issues affecting the youth, have made us learn so much on how to prevail against peer pressure and evade sex pests. We have been made aware of how even our teachers can lure one into sexual affair with serious consequences to both parties. Using real life examples from the bible, we have learnt the negative consequences of indulging in irresponsible sexual activities (FGD).

The contribution of guidance and counseling department towards sexuality education was also highly recognized by the student council leaders. The focus group discussion found that in some schools, students mainly got individual counselling services, while in others, in addition to individual counselling, teachers invited resource persons to talk on sexuality. In one of such schools, the G&C department had several activities targeting all the students. There existed short and focused harangues on sexuality during morning assemblies thrice a week, a minimum of one hour talk on Tuesdays after classes and a brief talk during class meetings. Students were also encouraged to seek personal clarification in a privacy.

4.2.6 Frequency of Guidance and Counselling on Sexuality Education

The researcher sought to establish how often the various topics in sexuality education were taught for the last one year. This information was sought to shed light on the extent to which the students were exposed to sexuality education through guidance and counselling department. The frequency in which guidance and counselling was conducted was rated in the form of a Likert scale such that Never-1, Rarely-2, Sometimes-3, Often-4. Table 4.15 shows the analyzed data in means and standard deviations (SD).

Table 4.3: Frequency of Guidance and Counselling on Sexuality Education

Sexuality Education Topics		Never	Rarely	Sometimes	Often	Mean	SD
Sexual and reproductive physiology (Puberty/physical changes in the body; reproductive organs; menstruation; pregnancy and childbirth)	f	5	18	27	0	2.4	0.7
	%	**10.0**	**36.0**	**54.0**	**0.0**		
HIV/STI transmission and prevention (HIV and AIDS; other STIs; where to access STI/HIV services; prevention of mother-to-child transmission	f	6	10	12	22	3.0	0.6
	%	**12.0**	**20.0**	**24.0**	**44.0**		
Contraception and unintended pregnancy (Contraceptive methods; where to get contraceptive methods; how to use contraceptive methods; abortion)	f	50	0	0	0	1.0	0
	%	**100.0**	**0.0**	**0.0**	**0.0**		
Values and interpersonal skills (Communicating within relationships; decision-making skills; sex in exchange for money or gifts; sexual behavior; abstinence/chastity; moral issues related to sexuality)	f	0	10	16	24	3.3	0.7
	%	**0.0**	**20.0**	**32.0**	**48.0**		
Gender and Sexual and Reproductive Health (SRH) rights (Sexual and reproductive rights; equality between men and women; prevention of violence and sexual abuse; sexual orientation)	f	27	11	12	0	1.7	0.6
	%	**54.0**	**22.0**	**24.0**	**0.0**		

N = 50

Table 4.3 shows that the G&C department in ten schools had not guided students on sexual and reproductive physiology (puberty/physical changes in the body; reproductive organs; menstruation; pregnancy and childbirth) for a period of one year. However, 18 schools did it rarely while it was accomplished sometimes in 27 schools. Though reproductive

physiology is also covered in biology lessons, guidance and counselling sessions was more beneficial since it targeted the whole school.

The topic on HIV/STI transmission and prevention was rather popular in 44.0 % of the schools, since it was often presented to the learners. Further, 24.0% of the G&C teachers indicated that the topic was taught sometimes, 20.0 % rarely and 12.0% never. This implied most of the G&C departments were keen on disseminating information on dangers of HIV infection and which is still prevalent among the students of aged 17-24 years ($M = 3.6$, $SD = 0.6$).

Concerning values and interpersonal skills such as communicating within relationships; decision-making skills; sex in exchange for money or gifts; sexual behavior; abstinence/chastity; moral issues related to sexuality) were often done by 48.0 % of schools while 32.0 % did it sometimes (M = 3.3, SD = 0.7). This shows that there are many students equipped with appropriate interpersonal skills to guide them on personal sexuality choices. Over half of the G&C teachers (54.0 %) indicated that the issues of gender and sexual and reproductive health (SRH) rights such as sexual orientation (heterosexual, homosexual, and others) sexual abuse, and female genital mutilation are never presented in their schools. However, 46.0 % of the counsellors affirmed that they did some presentations occasionally.

The topic on contraception and unintended pregnancy (contraceptive methods; where to get contraceptive methods; how to use contraceptive methods; abortion) was given a wide-berth by the G&C departments in all the schools (100.0%). This was confirmed by one of the G&C teachers who wrote:

> We normally teach and offer guidance in sexuality education and not the comprehensive sexuality education that encompasses topics such as contraceptives and family planning as well as sexual orientation. Teaching of comprehensive sexuality education has been the center of controversy between churches,

> government, and the civil rights movements and others. So we do not teach students about contraceptives as well as sexual orientation (Teacher 38).

The foregoing discussion shows that G&C teachers are in the fore front in imparting sexuality education in their schools. However, the intensity and frequency to which the message is put across to the recipients varied from one school to another in public secondary schools in Masaba South Sub County in Kisii County. In some schools, sexuality education is taught in a very fragmented manner where some topics are never covered leaving students with varied perception towards its usefulness. Yet in other schools, sexuality education is imparted in an organized way through G&C departments, religious forums, through peer teachings, and biology lessons among others. In one of such schools the head teacher narrated how sexuality education has made a difference in students' behaviour:

> Teaching of sexuality education should be prioritized in all schools. When I came to this school nine years ago, students as well as teachers had many unresolved issues that were inclined to the lack of knowledge in sexuality education. Some these issues included stigmatization of students and teachers leaving with HIV, sexual violence, rampant teenage sex and pregnancies, female genital mutilation, homosexuality, students enhancing their body complexion with disastrous results, and students' low esteem due to perceived abnormal body changes. First, I strengthened G&C department and any other channels that could propagate sexuality education. Second, the facilitators were identified and motivated through professional development. Third, the frequency of teachings was increased. I am happy to report that by the end of the third year, both teachers and students were well equipped with appropriate information and changes were evident (Head teacher 9).

Similarly, student council leaders appreciated the positive change of behaviour among the students after going through sexuality education. However, some students linked the benefits accrued from sexuality education with religious beliefs and argued that for one to follow some guidelines with fidelity, divine intervention was a must. The following student narration exemplifies such perceptions:

> I thank our teachers especially from the guidance and counselling department for guiding us in girl/boy relationship, abstinence, sexually transmitted diseases, and homosexuality. I am however, sad that most of the students have failed to chill, and have encountered serious health complications due to abortions and violent break up with their boyfriends. The temptations and peer pressure are too strong to desist and the only you can defeat them is through prayers and getting saved. Otherwise, sexuality education on its own cannot achieve the desired results (Student 8-group discussion).

It is therefore, evident that teachers' and students' perceptions on the usefulness of sexuality education is crucial in fostering practical universal life skills and knowledge that will enable them make personal informed decisions. The following sections analyzes the study respondents' perception of how different aspects of sexuality education has influenced the students' behaviour.

4.3 Influence of Adolescence and Sexual Development Education on Students' Sexual Behaviour

The first objective of the study was to establish the teachers and students' perception of the influence of adolescence and sexual development education on students' sexual behaviour in day public secondary schools in Masaba South Sub County in Kisii County. To achieve the objective, a set of statements in form of a Likert scale were posed to the G&C teachers to indicate the extent to which they agreed or disagreed with them. The scale was such that SD=Strongly Disagree (1) D= Disagree (2) N = Neutral (3) A= Agree (4) SA = Strongly Agree (5). Table 4.4 shows the analyzed data in percentages, means, and standard deviations.

Table 4.4: Influence of Adolescence and Sexual Development Education on Students' behaviour

Statement (due to Sexuality education……)		SD	D	N	A	SA	Mean	SD
Students are able to adjust well to their rapid body changes	f	5	10	8	12	15	3.4	0.9
	%	**10.0**	**20.0**	**16.0**	**24.0**	**30.0**		
Girls are able to handle better the onset of menarche (menstruation)	f	6	8	5	18	13	3.5	1.0
	%	**12.0**	**16.0**	**10.0**	**36.0**	**26.0**		
Late and early maturers are able to cope with the enveloping stressful environment	f	10	5	12	14	9	3.1	1.2
	%	**20.0**	**10.0**	**24.0**	**28.0**	**18.0**		
Students are able to prevail over peer pressure of engaging in teenage sex	f	15	8	13	8	6	2.6	1.1
	%	**30.0**	**16.0**	**26.0**	**16.0**	**12.0**		
Girls are not affected by the media ideal body shapes and appearance	f	12	10	13	7	8	2.8	0.9
	%	**24.0**	**20.0**	**26.0**	**14.0**	**16.0**		
Boys are not affected by the media and society ideal body shapes and appearance	f	15	13	5	9	8	2.7	1.0
	%	**30.0**	**26.0**	**10.0**	**18.0**	**16.0**		
Overall							**3.2**	**1.0**

N = 50

As evident from Table 4.4, 54.0 % of the G&C teachers agreed that students are able to adjust well to their rapid body changes as a result of adolescence and sexual development education. However, 30.0 % disagreed while 16.0 % remained non-committal. Similarly, majority of G&C teachers (62.0 %) agreed that girls are able to handle better the onset of menarche (menstruation) after going through adolescence and sexual development education (M =3.5, SD = 1.0). The statement that late and early maturers are able to cope with the enveloping stressful environment after going through sexuality education, elicited varied reactions since while 46.0 % of G&C teachers agreed, 30.0% disagreed and 24.0 % were non-committal (M = 3.1, SD = 1.2). Only 28.0 % of G&C teachers accepted that students are able to prevail over peer pressure of engaging in teenage sex after sexuality education. This implied that peer pressure had a very great influence on the students.

Similarly, only 30.0 % of G&C teachers agreed that girls are not affected by the media ideal body shapes and appearance while 34.0 % agreed that boys are not affected by the media and society ideal body shapes and appearance. This implied that even after receiving adolescence and sexual development education, most of both boys and girls were influenced by the media on things like dressing and hair-styles.

Through the focus group discussion, student council leaders were categorical that apart from the knowledge they get about their body sexual changes during biology lessons, there existed no formal presentations in other fora. One of the student expressed dissatisfaction on how adolescence and sexual development education was conducted in the school:

> Students should be well guided regarding body changes at adolescence since some of the students get stressed when their body changes rapidly…some of my friends dropped out as they felt overwhelmed and get traumatized by peers who keep on pointing out their body changes. Hormonal changes almost drove me crazy when I was in form two (FGD group).

However, in some schools, the guidance and counselling departments organized girls or boys' only groupings for guidance on their body changes. Most of the interviewed head teachers acknowledged that the students' rapid body changes were occurred associated with turbulence in their emotions and behaviour. The emotional turbulence may manifest in school unrests and numerous transfers especially in form two. A head teacher narrated:

> Education on body changes and peer pressure on boy/girl relationship is a must in my school. Being a day mixed school, students pairing up tends to be very popular and some end with teenage pregnancies and life threatening abortions. So our work is to always remind them that, the hidden curriculum they get from their peers is wrong and must be resisted by all means. The message is normally conveyed through guidance and counselling weekly sessions and during morning assemblies. As some of the students confide in me, giving the abstinence message regularly has strengthened their resolve of not engaging in sexual affairs as well as allaying the fear of being ostracized by the rest of the students (Head teacher 4).

The focus group discussion however, brought forth the great pressure mounted by the proponents of girl/boy relation. It was also noted that in some schools, homosexuality was

taking root though on a smaller scale. The following excerpt from the field note book demonstrates the magnitude of the issue.

> It is true that we occasionally get education on how to deal with body changes at adolescence and how to deal with heightened sexual desires. However, the advice and information from our peers seem to be packaged and presented in a more enticing manner. For my case, I was pressured for one and half years. I was made to understand that I was abnormal and will never be able to marry. So finally to prove myself, I found myself in a relationship. Thus, teachers and our chaplain need to be more proactive in educating us on the importance of abstinence (FGD).

Overall the G&C teachers' perception was that adolescence and sexual development education influences students' behaviour positively (M = 3.2, SD = 1.0). Similarly, most of the head teachers appreciated the role played by sexual development education in students' positive behavioural change. However, the student council members felt the education as given was not adequate; they still suffered psychologically as they got undue attention and ridicule from peers.

4.4 Influence of Transmission and Prevention of HIV/STI Education on the Students' Sexual Behaviour

The second objective of the study was to determine the teachers and students' perception of the influence of transmission and prevention of sexually transmitted diseases education on the students' sexual behaviour in public day secondary schools in Masaba South Sub County in Kisii County. To achieve the objective, a set of statements in form of a Likert scale were posed to the G&C teachers to indicate the extent to which they agreed or disagreed with them. The scale was such that SD=Strongly Disagree (1) D= Disagree (2) N = Neutral (3) A= Agree (4) SA = Strongly Agree (5). Table 4.5 shows the analyzed data in percentages, means, and standard deviations.

Table 4.5: Influence of Transmission and Prevention of HIV/STI Education on the Students' Behaviour

Statement (due to Sexuality education……)		SD	D	N	A	SA	Mean	SD
Students consult and express their fears of AIDS/STI when pressured by their peers to engage in sexual relationship	f	13	12	10	8	7	2.7	0.9
	%	**26.0**	**24.0**	**20.0**	**16.0**	**14.0**		
Students change their attitude towards teenage sex	f	10	13	11	10	9	3.1	1.1
	%	**20.0**	**26.0**	**22.0**	**20.0**	**18.0**		
Students become more positive on using condoms when they cannot abstain from sex	f	14	12	9	9	6	2.6	0.8
	%	**28.0**	**24.0**	**18.0**	**18.0**	**12.0**		
Students enquire more on HPV vaccine	f	20	10	8	7	5	2.3	0.7
	%	**40.0**	**20.0**	**16.0**	**14.0**	**10.0**		
Students get HPV vaccine	f	18	14	10	5	3	2.2	0.8
	%	**36.0**	**28.0**	**20.0**	**10.0**	**6.0**		
Students become more resolute in practicing abstinence	**f**	**17**	**15**	**7**	**8**	3	2.3	0.6
	%	**34.0**	**30.0**	**14.0**	**16.0**	**6.0**		
Overall							**2.5**	**0.8**

N = 50

It is evident from Table 4.5, that half of G&C teachers (50.0 %) disagreed that education on transmission and prevention of HIV/STI made students consult and express their fears of AIDS/STI when pressured by their peers to engage in sexual relationship (*M* = 2.7, *SD* = 0.9). Further, 20.0 % of G&C teachers were non-committal while 30.0 % agreed. This implied that provision of sexuality education on sexually transmitted diseases was not sufficient to dissuade students from engaging in sexual relationships. Equally important, the statement that 'students change their attitude towards teenage sex' got varied response from G&C teachers. Forty six percent of teachers disagreed with the statement, 22.0 % were non-committal while 38.0 % of them agreed (M = 3.1, SD = 1.1). Thus, according to the teachers' perception, provision of sexuality education did not necessarily lead to change of attitude towards teenage sex.

More than half of the G&C teachers (52.0 %) disagreed that students become more positive on using condoms when they cannot abstain from sex while 30.0 % agreed. This implied that majority of students failed to heed the risks involved in unprotected sex. Further, majority of G&C teachers (60.0 %) refuted that students enquire more on HPV vaccine after receiving education on transmission and prevention of sexually transmitted diseases. Similarly, 64.0 % of G&C teachers were of the disagreed that students become more resolute of practicing abstinence after receiving sexuality education (M = 2.3, SD = 0.6). Thus, according to most of the G&C teachers, students were neither keen in HPV vaccination nor were they serious on abstinence even after receiving education on transmission and prevention of HIV/STIs. Majority of the G&C teachers (64.0 %) refuted that students become more resolute in practicing abstinence after receiving education on transmission and prevention of HIV/STI education (M = 2.3, SD = 0.6). Thus, according to majority of teachers, education on transmission and prevention of HIV/STI did little in persuading learners to refrain from sex till marriage.

The discussion among student council members showed that education on transmission and prevention of HIV/STI, persuaded some students to refrain from risky sexual behaviours. The following narrative from a student in the discussion group captures her perception:

> Our G&C teacher shows us videos on various sexually transmitted diseases, the treatment and prevention. The videos show vividly how the human organs appear when infected and we get really scared. This has helped me and many others to refrain from engaging in sexual activities. Additionally, our teacher invites a medic who cautions that virus related diseases are incurable hence very dangerous. The teacher and the medic insist on abstinence and use of condoms where possible (FGD).

However, it was also noted that some students downplayed the dangers of contracting HIV and HPV. This clique of students claimed that there are drugs to prevent HIV prevention

as well as pregnancy. They claimed that teachers were using old notes that did not reflect the reality. They also dismissed the use of condoms as old fashioned. One of the student narrated:

> To be frank, education on transmission and prevention of HIV/STI has not dissuaded some students on adopting safe sexual practices. They advocate on having girl/boy relationships and put pressure on those who seem not ascribe to their belief. They further, dismiss the use of safety measures such as condoms and claim they lessen the expected pleasure (FGD).

On another dimension some of the student council leaders indicted teachers of not playing their role as role models. One of the student observed that:

> We know some teachers who get sexually involved with some students…they move from one student to another and it is alleged they do not use any protection. You know we tend believe teachers know better and when they disregard the same things they have been cautioning us against, then the students do the same. Surely teachers should be the good role models and demonstrate the need to shun these risky behaviours (FGD).

Most of the principals acknowledged that information on transmission and prevention of HIV and other STIs was done occasionally through the guidance and counselling programmes. Nonetheless, they acknowledged that unlike the past the information seem to have become less persuasive and both students and teachers paid less attention. Overall, G&C teachers perceived that students' education on transmission and prevention of HIV/STI education had low influence on the students' behaviour (M= 2.5, SD = 0.8).

4.5 Influence of Tradition/ Religion views on Sex and Marriage on the Students' Behaviour

The third objective of the study was to examine the teachers and students' perception of the influence of religion and traditional views on sex and marriage education on the students' sexual behaviour in public day secondary schools in Masaba South Sub County in Kisii County. To achieve the objective, a set of statements in form of a Likert scale were

posed to the G&C teachers to indicate the extent to which they agreed or disagreed with them. The scale was such that SD=Strongly Disagree (1) D= Disagree (2) N = Neutral (3) A= Agree (4) SA = Strongly Agree (5). Table 4.6 shows the analyzed data in percentages, means, and standard deviations.

Table 4.6: Influence of Tradition/ Religion views on Sex and Marriage on the Students' Behaviour

Statement (due to Sexuality education……)		**SD**	**D**	**N**	**A**	**SA**	**Mean**	**SD**
Students become more pro chastity until marriage	f	10	11	11	11	7	2.9	1.1
	%	**20.0**	**22.0**	**22.0**	**22.0**	**14.0**		
Students change attitude on boy/girlfriend peer pressure conformity of engaging in teenage sex	f	12	13	9	8	8	2.7	1.0
	%	**24.0**	**26.0**	**18.0**	**16.0**	16.0		
Students become aware of different sexual orientations	f	7	12	10	12	9	3.1	1.2
	%	**14.0**	**24.0**	**20.0**	**24.0**	18.0		
Students shun the unusual sexual orientation such as homosexuality	f	8	10	13	5	14	3.1	1.1
	%	**16.0**	**20.0**	**26.0**	**10.0**	28.0		
Students are able to resist watching of pornographic materials	f	15	14	8	6	6	2.4	0.9
	%	**30.0**	**28.0**	**16.0**	**12.0**	12.0		
The older students take upon themselves to guiding the young students on sexuality	f	8	10	6	16	10	3.2	1.2
	%	**16.0**	**20.0**	**12.0**	**32.0**	20.0		
Students have positive regard to the idea of establishing family through marriage	**f**	**7**	**6**	**8**	**15**	14	3.5	1.0
	%	**14.0**	**12.0**	**16.0**	**30.0**	28.0		
Students shun sexual violence such as rape	**f**	**11**	**9**	**10**	**11**	9	3.0	1.1
	%	**22.0**	**18.0**	**20.0**	**22.0**	18.0		
Students shun abortion	**f**	**12**	**13**	**7**	**9**	9	2.8	1.0
	%	**24.0**	**26.0**	**14.0**	**18.0**	18.0		
overall							**3.0**	**1.1**

N = 50

Table 4.6 shows that G&C teachers had a varied opinion regarding the statement that students become more pro-chastity until marriage after going through tradition/religion

views on sex and marriage (*M* = 2.9, *SD* =1.1). This implied that some teachers felt that students were keen to maintain chastity before marriage, a virtue that is cherished in many cultures while others felt otherwise. Half of the teachers (50.0 %) disagreed that Students change attitude on boy/girlfriend peer pressure on engaging in teenage sex while 18.0 % were undecided. Thus, learning the traditional approach to marriages did not influence some students to change the attitude towards teenage sex.

G&C teachers had a mixed reaction regarding the statement that 'students become aware of different sexual orientations' since while 42.0% of the teachers agreed, 38.0 % of teachers refuted while 20.0% were undecided. Some teachers observed that while a few sexual perversions existed in different communities, it was not rampant. However, the punishment was normally severe. Similarly, G&C teachers had varied opinion on the statement that students shun the unusual sexual orientation such as homosexuality after receiving education on tradition/religion views on sex and marriage (M = 3.1, SD = 1.1). Nonetheless, 58.0% of teachers disagreed that students are able to resist watching of pornographic materials, while 16.0 % of teachers were non-committal. This implies that student's urge to watch pornographic materials is hardly affected by the traditional/religion views on sex and marriage. It is however, instructive to note that pornography is one of the emerging issues that could not be adequately addressed by traditional and religious education.

More than half of the G&C teachers (52.0 %) agreed that upon receiving traditional and religious education on sex and marriage, the older students are keen in guiding the young students on sexuality. Most of the teachers were categorical that elders in the traditional societies considered sexuality education as crucial information given to those transitioning from childhood to adulthood. Similarly, 58.0 % of G&C teachers agreed that traditional

and religious education on sexuality influenced students to have positive regard to the idea of establishing family through marriage (M = 3.5, SD =1.0). While comparing the modern and traditional/religious marriages as described in the bible and other books, the student council leaders' discussion group concluded that many students preferred traditional/religious marriage.

The statement that 'students shun sexual violence such as rape' after receiving traditional and religious education on sexuality elicited varied reaction from G&C teachers. While 42.0 % of teachers agreed, 40.0 % disagreed and 18.0 % were undecided. This implied that a large section of teachers perceived students to be inclined to violence even after sexuality education. Likewise, half of the G&C teachers (50.0%) disagreed that students shun abortion after receiving traditional and religious sexuality education (M =2.8, SD = 1.0).

The student council leaders acknowledged that most of the traditional practices in sexuality and marriage were guided by certain rules and regulations similar to religious teachings. Students acquired this knowledge through Christian Religious Education (CRE), Islamic Religious Studies (IRE), and during church sermons. A bride in most of the communities rated highly if she was a virgin. This implied that she must have practiced abstinence despite having been socializing with her male peers. Subsequently, her parents were proud to receive relatively large dowry. The following narration depicts the various ways some communities ensured respect and dignity was preserved among male and females.

> In our community, young men were not expected to drink alcohol, always be ready to defend their community as the warriors. Most of these warriors were single but any sexual misbehavior was not tolerated. Thus, social issues such as rape were rare. Marriages were normally pre-arranged and though polygamy was the order of the day, marriages were stable (FGD).

The student council leaders also observed that marriages and young people sexual practices were orderly and were within certain rules and regulations and any deviation was

undesirable. It was however, noted that though students appreciated the orderly life as practiced, they dismissed the practices to have taken by events, that is, they were archaic. In a similar opinion, principals observed that despite the fact that students learn the traditional and religious practices in marriage, they seem not to heed the good practices. One of the principal commented:

> Even after learning the good practices that were practiced traditionally, our students elope while as early as in form one and two. We then do a lot of work to search for these students and once we get them, it becomes a police case because some are even under 18 years. They disregard involvement of parents and elders in their decision-contrary to both traditional and religious practices in marriage (Principal 13).

The student leaders also acknowledged that they were taught about some cases of homosexuality though rare in traditional societies. Such a practice was an abomination and the victims ended up being ostracized by the society. In other words, a sexual activity that did not aim at bringing forth a child was abhorred. Marriage and bearing of children was considered as a very important event to all adults. Planned abortion was never an option.

Principals expressed their concern that, some students were swift in assuming the practices that have been an abomination in their societies. Thus, according to most of the principals, teaching students of what used to happen traditionally and in various religions concerning marriage and sexuality is vital. However, principals observed that the traditional and religious teachings on sexuality did not give adequate guidance on pornography.

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion of the results as per the research objectives, summary of the findings and conclusions derived from the findings and discussion. The chapter closes with the recommendations as per the objectives and suggestions of areas of further study. The purpose of the study was to establish the teachers and pupils' perception of the influence of sexuality education on the students' behaviour in public day secondary schools in Masaba South Sub County, Kisii County, Kenya. The study objectives were to establish the teachers and students' perception of the influence of adolescence and sexual development education on the students' behaviour, to determine the teachers and students' perception of the influence of transmission and prevention of sexually transmitted diseases education on the students' behaviour, and to examine the teachers and students' perception of the influence of religion and traditional views on sex and marriage education on the students' behaviour in public day secondary schools in Masaba South Sub County in Kisii County. Data were collected through guidance and counselling teachers' questionnaires, principals' interview schedules and students' focus group discussions.

5.2 Discussion of the Findings

This section discusses the results and analysis of data (in chapter four) as per the three objectives.

5.2.1 Influence of Adolescence and Sexual Development Education on the Students' Sexual behaviour

The first objective of the study was to establish the teachers and students' perception of the influence of adolescence and sexual development education on the students' behaviour in public day secondary schools in Masaba South Sub County in Kisii County. In reference to section 4.3, 54.0 % of the G&C teachers agreed that students are able to adjust well to their rapid body changes as a result of adolescence and sexual development education. However, 30.0 % disagreed while 16.0 % remained non-committal implying that almost half of G&C teachers noted the difficulties students experienced due to body changes. This finding was in line with the student council leaders' discussion that pointed out the physical and psychological difficulties some of the students undergo during this phase in their lives. The finding was also consistent with Derman (2013) observation that body changes cause emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is a common characteristic of this age group (Derman, 2013).

Majority of G&C teachers (62.0 %) indicated that after going through adolescence and sexual development education, girls were able to handle better the onset of menarche (menstruation) ($M = 3.5$, $SD = 1.0$). This finding corroborated Too (2019) study findings that students' body changes at puberty did not take them by surprise as they had learnt what to expect during biology, CRE and life skill lessons. However, the G&C teachers' perception that girls went through the rapid body changes smoothly after receiving some instructions was inconsistent with student council leaders from Masaba South Sub County who narrated of great physical and psychological challenges especially during menarche. This showed that there was a serious disconnect between the G&C teachers' perception

and what the students experienced. Greenleaf et al. (2015) explicate that the adolescent stage is characterized by both negative and positive body changes. These changes include body shape, weight status and appearance. In concurrence, Yager et al. (2013) posit that major psychological and biological changes take place in the adolescent stage and that the development of sexuality that takes place in this stage is very important since the body parts of the adolescent take the adult shape. In emphasis, Aysel et al. (2016) contend that the body development during this stage can put the adolescent under stress. This calls for the need to train the students on how to cope with these body changes: how to handle the changes and most importantly how to appreciate the changes that each other go through to minimize stress incidences. It is therefore important to include the aspect of coping with body changes in the school sexuality education.

The study findings also showed that only 28.0 % of G&C teachers accepted that students are able to prevail over peer pressure of engaging in teenage sex after sexuality education. This implied that peer pressure had a very great influence on the students. This finding concurs with Mathews et al. (2017) and Nasimile (2018) who found that the greatest fuel in teenage sex is peer pressure and teachers, parents, religious leaders, and mentors should work overtime to reduce the peer influence. However, with social media such as Face Book, Instagram, You Tube and others, student mentors must be more proactive to achieve their objective.

Similarly, only 30.0 % of G&C teachers agreed that girls are not affected by the media ideal body shapes and appearance while 34.0 % agreed that boys are not affected by the media and society ideal body shapes and appearance. This implied that even after receiving adolescence and sexual development education, most of both boys and girls were influenced by the media on things like dressing and hair-styles. The G&C teachers

perception on media influence concurs with Halliwell and Diedrichs (2014) observation that media plays a major role in influencing adolescents' body image as it helps shape belief about the perceived ideal body. Internalization of and pressures to conform to these socially prescribed body ideals brings about the association between weight status and body image. Students normally experience weight-related bullying during adolescence and which can develop to negative body perceptions and dissatisfaction surrounding specific body parts (Halliwell & Diedrichs, 2014).

Importantly, the influence of body ideals interacts with a critical period of physical change during adolescence as well (Webb & Zimmer Gembek, 2014). Caccavale et al. (2012) observed that while in the western world, cultural expectations emphasize girls to be thin and lean with large breasts as seen in television, print media, and online, in most African cultures, girls take pride when they develop noticeable hips and big bottoms. The craze to achieve these media based ideals has prompted some youth to use dangerous methods of lightening their skin colour and enlarging their hips (Caccavale et al., 2012). Coincidentally, all categories the respondents in the current study (G&C teachers, principals, student council leaders) noted that students are rarely mentored on the dangers of media influence on how they treat their bodies.

Concerning boys, Lebow et al. (2015) observe that late-maturing boys specifically, report greater body dissatisfaction as they envy their counterparts. Lebow et al. (2015) further note that the boys' craze to acquire enormous muscles has led to use of dangerous drugs such as steroids resulting to high blood pressure, liver damage and testicular atrophy. According to Mathews et al. (2017), a well-structured sexuality education can allay fears and anxiety as students try to acquire the perceived best body.

5.2.2 Influence of Transmission and Prevention of Sexually Transmitted Diseases Education on the Students' Behaviour

The second objective of the study was to determine the teachers and students' perception of the influence of transmission and prevention of sexually transmitted diseases education on the students' behaviour, public day secondary schools in Masaba South Sub County in Kisii County. In reference to section 4.4, It is evident that half of G&C teachers (50.0 %) disagreed that education on transmission and prevention of HIV/STI made students consult and express their fears of AIDS/STI when pressured by their peers to engage in sexual relationship (M = 2.7, SD = 0.9). Only 30.0 % of G&C teachers agreed while 20.0 % were non-committal. This implied that provision of education on sexually transmitted diseases did not lead to students' curiosity and consultation on how to handle peer pressure to engage in sexual relationships. As noted by Denno et al. (2015) adolescence is also a period marked by increased autonomy, risk-taking, social immaturity, and spontaneity which make young people more susceptible to reproduction and sexual health risks. These risks include use of drugs and alcohol, unprotected and unplanned sexual escapades, leading to an elevated risk of sexually transmitted infections (STIs), unintended pregnancy, and unsafe abortion.

The G&C teachers' perception that students hardly heed to the serious implications of contracting HIV and other sexually transmitted diseases concurred with the student council leaders' observation. Importantly, the student council leaders indicted some teachers of preaching water and drinking wine in that they indulged in sexual relations with students in disregard of any risks of HIV and STIs. Cognate to this finding, Chaka (2017) found that teachers' misconduct lessened the influence of their teachings. Thus, the influence of the teachers' sexual behaviour overshadowed to a great extent the envisaged gains of sexuality

education (Chaka, 2017). It is unfortunate that the apathy towards the measures against transmission and prevention of HIV and STI continues when a survey by World Health Organization (2019), shows that more than 2 million young people live with HIV/AIDS worldwide where a third of the new HIV infections worldwide were estimated to occur among the youth (15-24 years).

Most of the principals acknowledged that unlike the in the past the information on transmission and prevention of HIV and STI seem to have become less persuasive and both students and teachers paid less attention. Overall, G&C teachers perceived that students' education on transmission and prevention of HIV/STI education had low influence on the students' behaviour (M= 2.5, SD = 0.8). According to Kose et al. (2022) as of September 2021, adolescents are a high risk group in Kenya to be infected by HIV. Nearly 106,000 adolescents, aging from 15 to 19, are living with HIV. Kose et al. (2022) attributes the trend partly due to the stigmatization of HIV/AIDS within adolescent communities and society. Further reports on HIV prevalence among the youth in Kenya shows that while HIV epidemic affects everyone, it is more prevalent among men who have sex with men, women, sex workers and people who inject drugs. Waweru (2021) notes that HIV prevalence among young women is almost twice that of young men – 2.1% versus 1.2%. Waweru (2021) observed that young women and girls are disproportionately affected by poverty, violence and injustice that make them vulnerable to HIV.

Overall most of the respondents in the current study perceived that provision of education to students on transmission and prevention of HIV and STI had low influence on the students' sexual behaviour. Considering that the infections among the youth (15-24) is still on increase, there is a need for the stakeholders to be more proactive and come up with

new feasible approaches that will influence the youth to observe the recommended safety measures.

5.2.3 Influence of Religion and Traditional views on Sex and Marriage Education on the Students' Sexual Behaviour

The third objective of the study was to examine the teachers and students' perception of the influence of religion and traditional views on sex and marriage education on the students' behaviour in public day secondary schools in Masaba South Sub County in Kisii County. In reference to section 4.5, shows that 42.0 % of G&C teachers disagreed that students become more pro-chastity until marriage after going through tradition/religion views on sex and marriage, 36.0 % agreed while 22.0 % were undecided (M = 2.9, SD =1.1). This shows that G&C teachers had very varied opinion on the issue. The finding was consistent with Mathews et al. (2017), who found that individuals who believe religion is important and follow its teachings are more likely to delay first sex debut (sometimes until marriage). In a similar study, Okafor (2018) found that Hindus and Muslims are more inclined to have conservative sex-related attitudes than do Christians and thus, less likely to have premarital sex.

The study findings showed that G&C teachers had a mixed reaction regarding the statement that 'students become aware of different sexual orientations' through religious /traditional education since while 42.0% of the teachers agreed, 38.0 % of teachers refuted while 20.0% were undecided. This finding was supported by the student council leaders who observed that homosexuality was well documented in the bible old and New Testament. This finding was consistent with Mucherah et al., (2016) observation that through church teachings or religious lessons in school, most of the students are aware of the Sodom and Gomora sins that led to the destruction of these two cities. In a similar study, Murray and Viljoen (2007)

posit that in African culture, unusual sexual behaviours and practices such as homosexuality, sexual intercourse with animals, masturbation and others were not acceptable. According to Mtemeri (2015), though such vices were rare, punishments were normally severe. It is however, noteworthy there are many students who do not take CRE as a subject in school as well as not attend religious gatherings. Furthermore, the traditional settings where the youth were counseled by elders hardly exist.

The study findings also showed that more than half of G&C teachers (58.0 %) disagreed that students are able to resist watching of pornographic materials, while 16.0 % of teachers were non-committal. This implies that student's urge to watch pornographic materials is hardly affected by the traditional/religion views on sex and marriage. Pornography being one of the emerging issues may not be adequately addressed by traditional and religious education. This finding was consistent with Wanzala (2019) that management of the pornographic materials that come through the social is one of the greatest challenges confronting humanity in the modern world. Similarly Nyamai (2019) points out that teachers and parents are yet to find a feasible way of monitoring what the students are exposed to through the social media.

5.3 Summary of Findings

This section presents the summary of the study findings in accordance to the objectives of the study.

The G&C teachers' perception was that adolescence and sexual development education had a positive bahavioural influence among public day secondary school students in on students' sexuality behaviour in Masaba South Sub County in Kisii County. Similarly, most of the principals appreciated the role played by sexual development education in

students' positive behavioural change. However, the student council members felt the education as given was not adequate since they still suffered physically and psychologically as they went through the puberty and adolescence stage.

Most of the principals acknowledged that information on transmission and prevention of HIV and other STIs was done occasionally through the guidance and counselling programmes. Nonetheless, they acknowledged that unlike the past, the information given seem to have become less persuasive and both students and teachers paid less attention. Overall, G&C teachers perceived that students' education on transmission and prevention of HIV/STI education had low influence on the students' behaviour ($M = 2.5$, $SD = 0.8$).

The study findings showed that G&C teachers, principals, as well as students perceived education in traditional/religion views on sex and marriage had an impact on the students' behaviour. However, it was noted that there are many emerging issues such as pornography that have no strong reference in religious and traditional practices on sexuality.

5.4 Conclusion

From the study findings and foregoing discussions, several conclusions were made:

The study concludes that the adolescence and sexual development education offered in schools is inadequate to cater for the physical and psychology challenges faced by the public day secondary students in Masaba South Sub County in Kisii County. It was also concluded that students, principals, and G&C teachers acknowledge that unlike in the past, the information on transmission and prevention of HIV and other STIs seem to have become less persuasive to both students and teachers in avoiding risky sexual behaviours. Finally, the study concluded that although education on traditional and religious approaches to marriage and sexuality has had a positive behaviour influence among

students, all the school stakeholders must be more proactive in tackling the ever-emerging sexuality issues.

5.5 Recommendations

The following recommendations were made based on the findings and conclusions made. Most of the secondary school students are at an age where sexuality education is vital for stable progress in social and academic progress. Therefore, principals and teachers should plan and invest in a structured guidance and counselling programme where sexuality education takes prominence. Additionally, the methodology of instructing students in topics like transmission and prevention of HIV and STI should shift from instigation of fear to a more accommodating and interesting approach.

5.6 Suggestions for Further Research

The following areas have been suggested for further research:

The researcher suggests that similar studies should be conducted in at least 30 % of the 47 counties in Kenya. The findings from these studies should inform a national policy on teaching of the sexuality education. A more detailed research in which segregated data on the response of males and females can be carried out to shed more light on attitudes, behaviours and perceptions possessed by each gender.

REFERENCES

Adamczyk, A., & Hayes, B. E. (2012). Religion and Sexual Behaviors: Understanding the Influence of Islamic Cultures and Religious Affiliation for Explaining Sex Outside of Marriage. *American Sociological Review 77*(5) 723–746. DOI: 10.1177/0003122412458672

Adogu, P. O. U., & Nwafulume, O. S. (2015). Knowledge, attitude and willingness to teach sexuality education among secondary school teachers in Nnewi, Nigeria. *British Journal of Education, Society & Behavioural Science, 7*(3): 184-193.

Aysel, O., Nevin, U., & Aylin, P. (2016). Physical and psychosocial effects of the changes in adolescence period. *International Journal of Caring Sciences*, 9(2), 717-723.

Babbie, E. (2014). *The basics of social research* (6thed.). Belmont, CA: Wadsworth, Cengage Learning.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall, Inc.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

Baswony, C. O. (2016). *Youth empowerment. It's time to introduce sexuality education in Kenyan schools.* Retrieved from https://www.dsw.org/en/2016/02/sexuality-education-kenya/

Bell, E., Bryman, A., & Harley, B. (2019). *Business research methods* (5th ed.). Oxford

Berk, L. (2009). *Child development* (2nd ed.). Pearson International. New York.

Bonjour, M., & Vlugt, I. (2018). *Comprehensive sexuality education knowledge file.* Rutgers

Botti, J. (2010). *London school prefects.* London: Bethesada Publications.

Burke, J., & Christensen, L. (2014). *Educational research* (5th ed.). Sage

Caccavale, L. J., Farhat, T., & Iannotti, R. J. (2012). Social engagement in adolescence moderates the association between weight status and body image. *Body Image*, 9(2), 221–226.

Chau, K., Seck, A., Chandra-Mouli, V., & Svanemyr, J. (2016). Scaling up sexuality education in Senegal: integrating family life education into the national curriculum. *In Sex Education, 16*(5), 503-519. DOI:10.1080/14681811.2015.1123148.

Cohen, L. Marion, L. & Marisson, K. (2012*). Research methods in education* (6th ed.). London: Routledge Falmer.

Cooper, D. R. & Schindler, P. S. (2018). *Business research methods* (13th ed.). McGrew-Hill

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (5th Ed). London: Sage Publishers.

Denno, D. M., Hoopes, A. J., & Chandra-Mouli, V. (2015). Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. *Journal of Adolescence and Health, 56,* 22–41.

Derman, O. (2013). Adolescents physical, sexual development. *Turkey Clinics J Fam Med-Special Topics, 4*(1), 7–11.

Ekeke, J. H. (2019). Assessing students' perception towards the teaching of sexuality education in senior secondary schools in Nigeria. *International Journal of Advanced Biological and Biomedical Research, 7*(3), 204-212.

Emambokus, W. B. S., Oogarah-Pratap, B. (2019). Exploring parents' and teachers' perspectives about school-based sexuality education in a multicultural context: a case study in Mauritius. *Educational Process: International Journal, 8*(3), 185-195.

Ena, L., Hurissa, B, F., & Aliyu, A. S. (2015). Knowledge, attitudes and practices towards risky sexual behaviors among adolescents of Jimma University Community High School, South West Ethiopia. *Journal of Human Healthcare,* 3(2), 34-62.

Fakun, N. (2016). Youth debate: Sex education at school. *Defimedia*.

Fraenkel, J., Wallen, N., & Hyun, H. H. (2012). *How to design and evaluate research in education (8th ed.).* Boston: McGraw Hill.

Ghaffary, M., Gharghani, Z. G., Mehrabi, Y., Ramezankhani, A., & Movahed, N. (2016). Taking care of sexual distress. *Journal of Iran Red Crescent Med,* 18(2), 48-63. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863361/

Glanz, K., Rimer, B. K., & Viswanith, K. (2008). *Heath behavior and health education: Theory, research, and practice* (4th ed). San Francisco: Jossey-Bass.

Haberland, N. (2015). The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health,* 41(1), 31-42.

Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health,* 56, 515-521.

Hall, K. S., McDermott, S. J., Komro, K. A., Santelli, J. (2016). The state of sex education in the United States. *Journal of Adolescent Health,* 58, 595–597.

Halliwell, E., & Diedrichs, P. C. (2014). Testing a dissonance body image intervention among young girls. *Health Psycholo*gy, 33(2), 201–204.

Holland, L., Matthews, T. L., & Melinda, R. S. (2013): "That's so Gay!" Exploring college students' attitudes toward the LGBT population. *Journal of Homosexuality, 60*(4), 575-595. http://dx.doi.org/10.1080/00918369.2013.760321

Janssen, D., & Scheepers, P. (2019). How religiosity shapes rejection of homosexuality across the globe. *Journal of Homosexuality, 66*(14), 1974-2001, DOI: 10.1080/00918369.2018.1522809

Kadonsi, K. (2019). *Parents' perception towards the teaching of comprehensive sexuality education in secondary schools in Zambia: A case of Kalomo District* (Unpublished M. Ed Thesis). University of Zambia.

Kamau, G. (2016). *Youth empowerment. It's time to introduce sexuality education in Kenyan schools.* Retrieved from https://www.dsw.org/en/2016/02/sexuality-education-kenya/

Kargayeva, E. (2020). *Teachers' perception toward implementation of sexual health education in Kazakhstani schools* (Published MSc Thesis). Nazarbayev University

Kirby, D. (2017). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases; National Campaign to Prevent Teen and Unplanned Pregnan*. Retrieved from https://powertodecide.org/sites/default/files/resources/primarydownload/emerging answers.pdf

Klein, N. K., & Breck, S. E. (2010). I wish I had known the truth sooner: Middle school teacher candidate's sexuality education experiences. *RMLE online research in Middle Level Education,* 33 (6).

Kombo, D., & Tromp, A. (2006). *An introduction proposal and thesis* writing. Kenya: Pauline's Publications Africa.

Kothari, C. R. (2014). *Research methodology: Methods and techniques (3rd ed.)*. New Delhi: Wiley Publications.

Lebow, J., Sim, L. A., & Kransdorf, L. N. (2015). Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine, 56*(1), 19–24.

LeClair, D. (2016). Let's talk about sex honestly: Why Federal Abstinence-only-until-marriage Education Programs Discriminate Against Girls, are Bad Public Policy, and should be Overturned. *Wisdom Women's Law Journal*, 21, 291–322.

Lefrancois, G. R. (2012). *Theories of human learning: what the professor said.* 6th Ed., Wadsworth Cengage Learning. USA

Leung, H., Shek, D. T. L., Leung, S. E., & Shek, E. Y. W. (2019). Development of contextually-relevant sexuality education: lessons from a comprehensive review of adolescent sexuality education across cultures. *International Journal of environmental Research and Public Health*, 16, 621; doi: 10.3390/ijerph16040621

Marylin, K, S., & Goes, J. (2013). *Dissertation and scholarly research; Recipes for success.* Seattle, WA: Dissertation Success LLC.

Mathews, J. D., Clemons, K., & Avery, L. C. (2017). Social work students' attitudes towards gay men and lesbians in Namibia: results from an exploratory study. *South African Journal of Higher Education, 31*(4), 286-306. http://dx.doi.org/10.20853/31-4-882

Mucherah, W., Owino, E., & McCoy, K. (2016). Grappling with the issue of homosexuality: Perceptions, attitudes, and beliefs among high school students in Kenya. *Psychology Research and Behavior Management,* 9, 253-262.

Ministry of Education (2019). *Kisii County schools census report.* MOE

Morse, J. M. (2010). *Approaches to qualitative and quantitative methodological triangulation.* United Kingdom: Nursing research publishers.

Mtemeri, J. (2015). Attitude and perceptions of university students in Zimbabwe towards homosexuality. *Journal of Humanities and Social Science (IOSR-JHSS), 20(2), 115-119. Retrieved from www.iosrjournals.org*

Murray, R., & Viljoen, F. (2007). Towards non-discrimination on the basis of sexual orientation: The normative basis and procedural possibilities before the African Commission on Human and Peoples' Rights and the African Union. *Human Rights Quarterly* 29(1): 86–111.

Nasimile, J. M. (2018). *Teachers' perceptions of the teaching of sexuality education in secondary schools in the Pinetown District, Kwazulu-Natal* (Published M.Ed Thesis). KwaZulu-Natal University.

Nyamai, F. (2019). *Schools on the spot over illegal sex education*. Retrieved from https://www.nation.co.ke/news/Schools-on-the-spot-over-illegal-sex-education/1056-4936812-mbl4brz/index.html

Okafor, S. O. (2018). The Indigenous Concept of Sexuality in African Tradition and Globalization. *Global Journal of Reproductive Medicine, 6*(1), 1-5. DOI: 10.19080/GJORM.2018.06.555676**.**

Okyay, P., & Ergin, F. (2012). Physical Growth and Development in Adolescence Period. In Eskin M & et.al (Ed.), *Youth in Turkey* (pp. 3–52). Ankara: Turkey Association of Child and Adolescent Psychiatry.

Orodho, J. A. (2012). *Techniques of writing research proposals and reports in education and Social science*s. Nairobi: Kanezja Publishers.

Panchaud, C., Keogh, S. C., Stillman, M., Awusabo-Asare, K., Motta, A., Sidze, E., & Monzón, A. S. (2019). Towards comprehensive sexuality education: a comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and Guatemala. *Sex Education,* 19(3), 277-296, DOI:10.1080/14681811.2018.1533460

Parlar, H., Emin Türkoğlu, M., & Cansoy, R. (2017). Leadership development in students: teachers' opinions regarding activities that can be performed at schools. *Universal Journal of Educational Research, 5*(2), 217-227. doi: 10.13189/ujer.2017.050207.

Republic of Kenya (2012). *Ministry of Education task force on the realignment of the education sector towards a globally competitive quality education for sustainable development.* Nairobi: Government printer.

Republic of Kenya (2013). *The Basic Education Act 2013*. Nairobi: Government Printer

Rutgers. (2016). *We all benefit. An introduction to the whole school approach for sexuality education.* Utrecht: Rutgers. https://www.rutgers.international/what-we-do/comprehensive-sexuality-education/whole-school-approach-sexuality-education-step-step.

Sahu, P. K. (2013). *Research methodology: A guide for researchers in agricultural science, social science and other related fields.* New Delhi: Tata McGraw Hill.

Santelli, J. S., & Kantor, L. M. (2017). Abstinence-Only-Until-Marriage: An updated review of U.S. policies and programs and their impact. *Journal of Adolescents' Health*, 61, 273–280.

Saunders, M., Lewis, P. & Thornhill, A. (2012). *Research methods for business students* 6th Ed. London: Pearson Education Limited.

Schaefer, M. K., & Salafia, E. H. B. (2014). The connection of teasing by parents, siblings, and peers with girls' body dissatisfaction and boys' drive for muscularity: the role of social comparison as a mediator. *Eating Behavior* 15(4), 599–608.

Scheaffer, R., Mendenhall III, W., Ott, R., & Gerow, K. (2011). *Elementary survey sampling*. Cengage Learning.

Sekaran, U. (2013). *Research methods for business: A skill-building approach (6th edn.).* New York: Wiley.

Sharma, S. R. (2008). *Encyclopedia of modern educational research*. New Delhi: Anmol Publications

Sidze, E. M., Stillman, M., Keogh, S., Mulupi, S., Egesa, C. P., Leong, E., Mutua, M., Muga, W., Bankole, A., & Izugbara, C.O. (2017). *From paper to practice: sexuality education policies and their implementation in Kenya*. Guttmacher Institute. https://www.guttmacher.org/report/sexuality-education-kenya.

Simon, M. K. (2011). *Dissertation and scholarly research: Recipes for success*. Seattle, W. A, Dissertation Success, LLC.

Simon, M. K., & Goes, J. (2013). *Dissertation and scholarly research: Recipes for Success. Seattle*, WA: Dissertation Success LLC.

Thapa, K. B., & Chand, S. B. (2018). Knowledge and awareness about sexually transmitted infections among higher secondary school students in Bajhang, Nepal. *MOJ Public Health*, 7(3), 101–106.

Too, J. J. (2019). *Influence of sexuality education on students' behaviour and attitude towards sexuality issues in secondary schools in Kosirai Division, Nandi County, Kenya* (Unpublished M. Ed Thesis). Africa Nazarene University.

UNESCO. (2009). *International technical guidance of sexuality education. Volume I: The rationale for sexuality education. Paris, France: UNESCO*. Retrieved from: http://unesdoc.unesco.org/images/0018/001832/183281e.pdf

United Nations Population Fund. (2016). *Comprehensive sexuality education*. Retrieved from https://www.unfpa.org/comprehensive-sexuality-education

United Nations. (2009). *Committee on the Rights of the Child General Comment NO. 12: The right of the child to be heard.* Geneva: United Nations.

UNESCO. (2015). *Emerging evidence, lessons and practice in comprehensive sexuality education. A global view. Paris, France: UNESCO.* Retrieved from http://unesdoc.unesco.org/images/0024/002431/243106e.pdf

UNESCO. (2018). *International guidelines on sexuality education: An evidence informed approach to effective sex, relationships and HIV/STI education.* Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/8556521DD9D4A9E64

Victor, J., & Hoole, C. (2017). The influence of organizational rewards on workplace trust and work engagement. *SA Journal of Human Resource Management/SA,15*(0), a853. https://doi.org/10.4102/sajhrm.v15i0.853

Yager, Z., Diedrichs, P. C., Ricciardelli, L. A., & Halliwell, E. (2013). What works in secondary schools? A systematic review of classroom-based body image programs. *Body Image*, 10(3), 271–281.

Yılmazer, T. (2013). National and global adolescent health. *Turkey Clinics J Fam Med-Special Topics*, *4*(1), 1–6.

Wanzala, O. (2019). *Kenya dilly-dallies on sex education as other countries reap the benefits.* Retrieved from https://www.nation.co.ke/news/Kenya-dilly-dallies-on-sex-education-as-others-reap-benefits/1056-5036400-o60j1q/index.html

Webb, H. J., Zimmer-Gembeck, M. J. (2014). The role of friends and peers in adolescent body dissatisfaction: a review and critique of 15 years of research. *Journal of Research and Adolesc*ent, 24(4), 564–590.

WHO. (2018). *Regional office for Europe and America. Standards for sexuality education in Europe: A framework for policy makers, educational and health authorities and specialists.* Retrieved from http://www.cwhn.ca/en/node/43913

Woog, V., S. Singh, A. Brown, & Philbin, J. (2015). *Adolescent women's need for and use of sexual and reproductive health services in developing countries.* New York, NY: Guttmacher Institute.925762000240120-UNESCO-Aug2009.pdf

APPENDICES

APPENDIX I: LETTER OF TRANSMITTAL

Dear Respondent,

I am a Post-Graduate Student at the Africa Nazarene University, pursuing a master's degree in Education. I am currently carrying out a research on: **TEACHERS' PECEPTION OF THE INFLUENCE OF SEXUALITY EDUCATION ON STUDENTS' SEXUAL BEHAVIOUR IN DAY PUBLIC SECONDARY SCHOOLS IN MASABA SOUTH SUB COUNTY, KISII COUNTY, KENYA,** as part of the course requirement. For this reason, therefore, your school has been sampled for the study and you have been selected as a respondent. Kindly answer the questions as candidly as possible. There is no right or wrong answer. Do not write your name on the questionnaire. The results of this study will be used for academic purposes only. Thanks

Yours Faithfully,

JOSEPHINE NYANG'WONO OKEO

CELL PHONE: 0724828402

EMAIL ADDRESS: okeojosephine@gmail.com

APPENDIX II: GUIDANCE AND COUNSELING TEACHERS' QUESTIONNAIRE

You are expected to respond to all questions by ticking (√), commenting or providing information as requested

SECTION A: General Information

1. Gender: Male [ ] Female [ ]

2. Age bracket:

Below 25years [ ] 25 – 30 [ ] 31 – 40 [ ] 41-50 [ ] Above 50 [ ]

3. How long have you served as the lead guidance and counseling teacher in your current school?

2 years and below [ ] 3 – 5 years [ ] 6 – 8 years [ ] Over 8 years [ ]

4. Human sexuality education in school is mainly taught during biology lessons, Religious education (CRE and IRE), life skills lessons, guidance and counselling sessions, a brief talk during school assemblies and during church service. Rate these sources, assigning number one to the source which you think has furnished your students with the most information on sexuality.

Biology lessons	[ ]
Religious education lessons	[ ]
Life skills lessons	[ ]
Guidance and Counselling sessions	[ ]
Guidance during school assemblies	[ ]
Church service	[ ]

5. Please rate the instances that your department hold group or individual guidance and counseling (for the last one year) on the following Key categories and topics that constitute comprehensive sexuality education.

Category	Never	Rarely	Some times	Often
Sexual and reproductive physiology (Puberty/physical changes in the body; reproductive organs; menstruation; pregnancy and childbirth)				
HIV/STI prevention (HIV and AIDS; other STIs; where to access STI/HIV services; prevention of mother-to-child transmission				
Contraception and unintended pregnancy (Contraceptive methods; where to get contraceptive methods; how to use contraceptive methods; abortion)				
Values and interpersonal skills (Communicating within relationships; decision-making skills; sex in exchange for money or gifts; sexual behavior; abstinence/chastity; moral issues related to sexuality)				
Gender and Sexual and Reproductive Health (SRH) rights (Sexual and reproductive rights; equality between men and women; prevention of violence and sexual abuse; sexual orientation; positive living for young people living with HIV; female genital mutilation)				

SECTION B: Education on Adolescence and Sexual Development, and its Influence on Students' Sexual Behaviour

6. Please indicate your level of agreement or disagreement in regard to the following statements:
SD=Strongly Disagree D= Disagree N = Neutral A= Agree SA = Strongly Agree

Statement (due to Sexuality education……)	SD	D	N	A	SA
Students are able to adjust well to their rapid body changes					
Girls are able to better handle the onset of menarche (menstruation)					
Late and early maturers are able to cope with the enveloping stressful environment					
Students are able to prevail over peer pressure of engaging in teenage sex					
Girls are affected by the media ideal body shapes					
Boys are affected by the media and society ideal body shapes					

7. Please add any other information on how education on body changes at puberty influences students' behaviour

_____

_____

_____

_____

SECTION C: Education on Transmission and Prevention of HIV/STI and Students' Sexual Behaviour

8. Please indicate your level of agreement or disagreement in regard to the following statements:

SD=Strongly Disagree D= Disagree N = Neutral A= Agree SA = Strongly Agree

Statements	**SD**	**D**	**N**	**A**	**SA**
Students consult and express their fears of AIDS/STI when pressured by their peers to engage in a sexual relationship					
Students change their attitude towards teenage sex					
Students become more positive about using condoms when they cannot abstain from sex					
Students enquire more about the HPV vaccine					
Students get the HPV vaccine					
Students become more resolute in practicing abstinence					

9. Please, add any other information on how Education on Transmission and Prevention of HIV/STI influences students' sexual behaviour

_____

_____

_____

_____

SECTION D: Education on Tradition/ Religion Views on Sex and Marriage, and Students' Sexual Behaviour

10. Please indicate your level of agreement or disagreement in regard to the following statements on how parents support their children to enhance psychomotor and creative activities.
SD=Strongly Disagree D= Disagree N = Neutral A= Agree SA = Strongly Agree

Statement	**SD**	**D**	**N**	**A**	**SA**
Students become more pro-chastity until marriage					
Students change attitude on boy/girlfriend peer pressure conformity of engaging in teenage sex					
Students become aware of different sexual orientations					
Students shun the unusual sexual orientation such as homosexuality					
Students are able to resist watching of pornographic materials					
The older students take upon themselves to guiding the young students on sexuality					
Students have positive regard to the idea of establishing family through marriage					
Students shun sexual violence such as rape					
Students shun abortion					

11. Write other views that you have regarding the students' behaviour and attitude after going through how marriage and sex were viewed traditionally and in religion

_____

_____

_____

_____

_____

_____

12. What do you think should be done in order to enhance the effectiveness of sexuality education in achieving its purpose?

_____

_____

_____

_____

_____

APPENDIX III: PRINCIPALS' INTERVIEW SCHEDULE

The head teachers' Interview was guided by the following questions;

1. Your students have been undergoing sexuality education through religious studies, biology lessons, life skill lessons and through guidance and counselling sessions. How has this information and skills influenced their behaviour regarding the physical and emotional changes they experience from puberty onwards
2. How has the information regarding transmission and prevention of sexually transmitted infections and HIV influenced your students' behaviour?
3. How has the information on religion and tradition views on marriage and sex shaped their behaviour and attitudes towards premarital sex and sexual orientations?
4. How has sexuality education influenced their behaviour regarding gender violence?
5. What do you think would be done to enhance the effectiveness of sexuality education

APPENDIX IV: INTERVIEW RECORDING CONSENT FORM

I appreciate your participation in this research study, however, in order to protect your interests as one of the participants, kindly read through the interview recording consent form and confirm your consent by signing accordingly.

The researcher aims at gathering data through Principals' interview schedules. All data will be confidential and transcripts, observational notes and electronic files will be stored securely. You have the right to consent to digital audio recordings for the desired purpose of the study. You also have the right not to answer all the questions if you so wish. The audio-recorded information will be transcribed and analyzed to discover major themes that will have been discussed. You will be presented with a "smoothed narrative" version of the transcription - where false starts, repetitions, and paralinguistic utterances are removed to improve readability. You will be asked to check the transcription to clarify and add information, so as to construct the meanings and interpretations that become "data" for later interpretation by the researcher. You may delete anything you do not wish to be quoted within the study.

Participation is voluntary, and you may withdraw from this study at any time without fear of penalty or reprisal. If you choose to withdraw, the audio tape recordings, transcripts and interview data will be destroyed.

The results of the study will be disseminated in the researcher's Master of Education Thesis. Later, the study may be published as an article in a scholarly journal or presented at a conference. Your confidentiality and anonymity will be protected through the use of pseudonyms. If you have any questions about your participation or your rights as a participant in this study, you may contact the researcher at **okeojosephine@gmail.com** or Cell phone: **+254 0724828402**. Thanks

I, _____, understand the guidelines above, agree to participate in the study and have received a copy of the consent form for my records.
Date: _____
Participant's signature: _____
Researcher's signature: _____

APPENDIX V: STUDENTS' FOCUS GROUP DISCUSSION

1. How is the teaching of sexuality education accomplished in your school?

2. How do you perceive the competence of the persons who deliver information on sexuality?

3. How do you compare the different sources of sexuality education in your school?

4. How do you think information about sexual body changes during adolescence has influenced the behavior of students in your school?

5. What changes occur in students' behaviour and attitude after undergoing education on prevention and transmission of STI/HIV/HPV?

6. Religious and traditional views on marriage have many similarities such as a girl remaining chaste until marriage, the man being the caring and provider of the family, and the institution of marriage being a formal and recognized milestone of a person. How do most of the students regard premarital sex and fidelity in marriage?

APPENDIX VII: RESEARCH PERMIT FROM NACOSTI



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 417380

Date of Issue: 19/May/2022

RESEARCH LICENSE

This is to Certify that Ms., Josephine Nyangwono of Africa Nazarene University, has been licensed to conduct research in Kisii on the topic: TEACHERS AND STUDENTS' PERCEPTION TOWARDS SEXUALITY EDUCATION IN PUBLIC SECONDARY SCHOOLS IN MASABA SOUTH SUB COUNTY, KISII COUNTY, KENYA for the period ending : 19/May/2023.

License No: NACOSTI/P/22/17435

417380

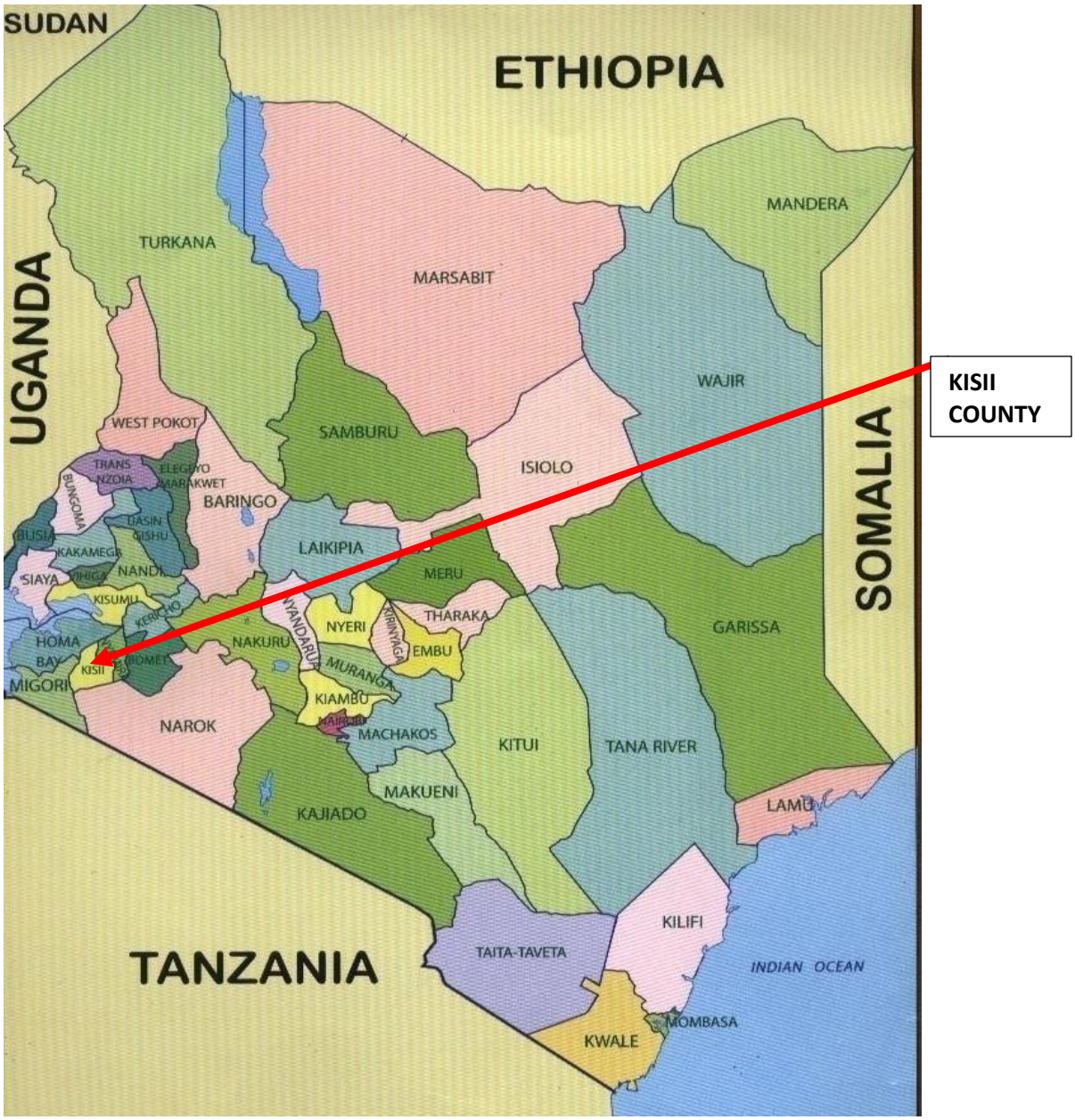
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

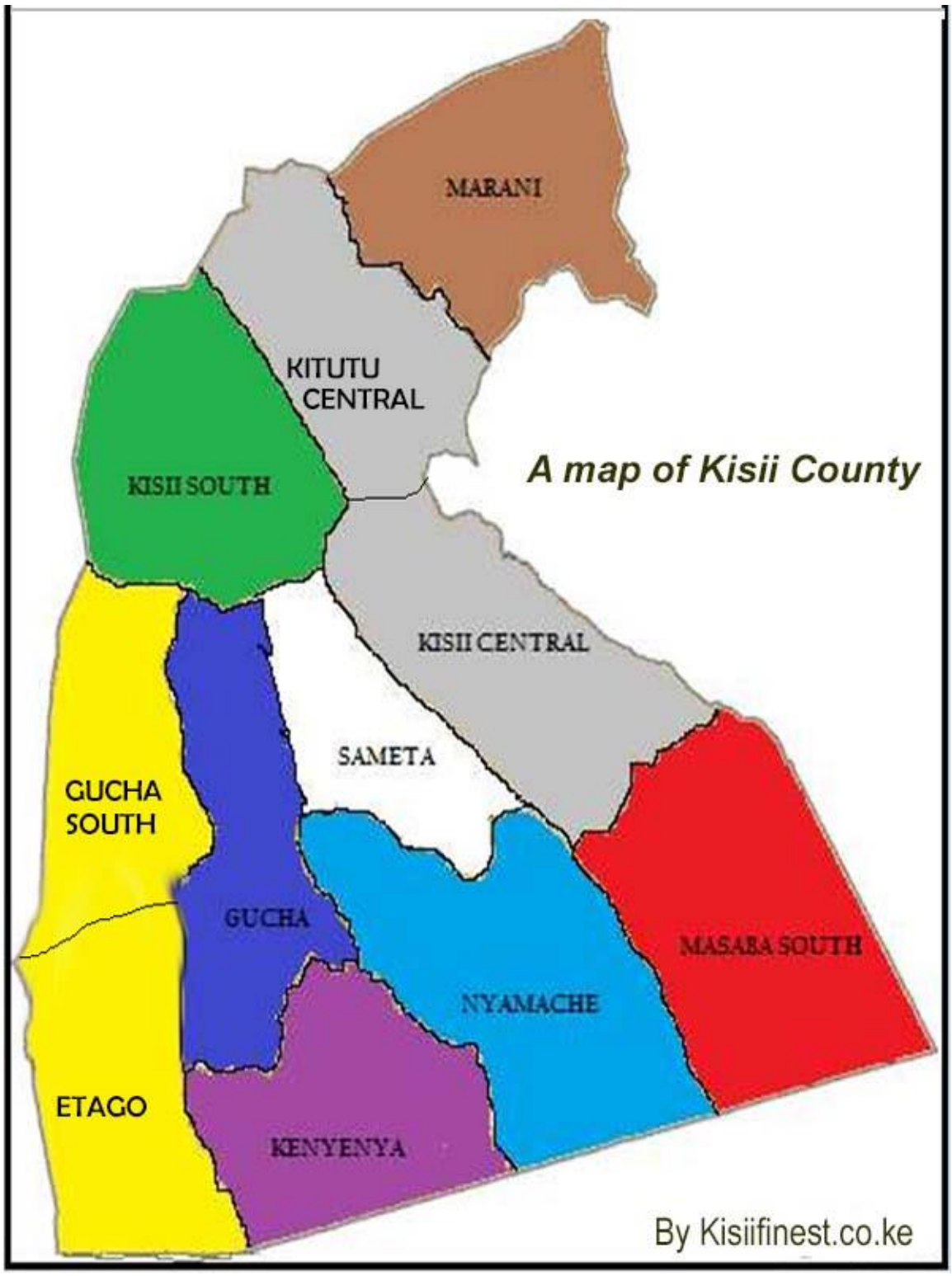
NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

APPENDIX VIII: MAP OF KENYA SHOWING KISII COUNTY



Source: *https://en.wikipedia.org/wiki/Counties_of_Kenya*

APPENDIX IX: KISII COUNTY SHOWING MASABA SOUTH SUB COUNTY



Source: *https://kisiifinest.co.ke/kisii-county-sub-counties*