

Gender Responsive Life-Skills-Based Sexuality Education and Adolescents' Protective Sexuality Attitudes and Behaviour

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Abstract- Adolescent are at high sexual risk owing to their biopsychosocial development and in view of high rate of new HIV infections in persons aged 15-24-years in Kenya. According to the Kenya National AIDS Control Council (2015) the increase is from 21% in the year 2013 to 51% in 2015. Education on adolescent sexuality behavior and reproductive health, is often expected from education sector yet comprehensive sexuality Life skills-based education is not ascertained.

Aims: So, a research study was conducted to determine the relationship gender responsive life-skills based sexuality education and adolescents' protective sexuality attitudes and behaviors in church-based schools in Kenya. The independent variable of study comprised combined variables of gender responsive life-skills based sexuality education, which included comprehensive sexuality education, gender responsive sexuality education, gender equality and equity, & gender power.

Samples: A questionnaire was administered among 140 adolescent girls and boys aged 15-20 in Nairobi and Athi River church schools. The Catholic Church and Presbyterian churches schools were selected by convenience sampling.

Methods: Quantitative research design was employed, adolescents responded to Likert scale items and open-ended questions to provide score on gender responsive life-skills based education and their protective attitude and behavior. Pearson correlations coefficient was used to determine links between independent and dependent variables.

Results and Conclusion: Comprehensive sexuality education takes place in church schools and predicts 10.7% of adolescents' protective sexuality attitudes and behavior. Gender responsive life skills-based sexuality education should be taught in all schools in Kenya as they enhance protective attitudes and behaviors

Key Words-Gender equality; Gender equity; Gender-responsiveness; Gender sensitivity; Life skills Education; Protective Sexuality Attitudes and Behaviors

I. INTRODUCTION AND BACKGROUND

Adolescence is a phase of growth and development and at this time most children in Kenya are in secondary school. At the adolescent stage, many are faced with stress and storms, ego idealism, pseudo-scientific thoughts, and thus need guidance (Hanewald, 2013). At adolescence sexuality health risks are four times higher among blacks aged 15-19 females compared to older youth (Centres for Disease Control

and Prevention, 2013). This critical period of human development is challenging, and schools need to equip learners of both gender with skills (Wango & Mungai, 2007) to enhance protective sexuality attitudes and behaviour.

In Sub-Saharan Africa, sexuality behaviour risks are made worse by lack of condoms or other contraceptives for use, multiple sex and high-risk partners among adolescents (Bearinger, Sieving, Ferguson, & Sharma, 2007; Hindin & Fatusi, 2009). In respect to the risks the International Conference on Population and Development (ICPD) called on governments to provide sexuality education and promote the wellbeing of adolescents (Haberland, & Rogow, 2014). In addition, United Nations Commission on Population and Development Resolution (2009, 2012) required that sexuality education for adolescents be age appropriate, be started as early as possible and that it be enhanced to foster mature decision making. The UNFPA (2014) furthermore operationalized sexuality education to comprise- life skills education that is scientifically accurate, value based and focuses on human rights, gender norms and power relations, education on growth and developmental aspects of puberty, reproduction, relationships, communication, sexual health, unintended pregnancy, condoms, contraception knowledge and use as well as access to health. The need for comprehensive sexuality education is also backed by numerous international reports, some of them include UNESCO (2014), United Nations Population Fund (2014), International Planned Parenthood Federation (2012) and International Technical Guidance on Sexuality Education (2012).

Tolle, Payne, & Davis, (2013) emphasis on gender equality, empowerment for improve reproductive health outcomes (Michielsen, Chersich, Luchters, De Koker, Van Rossem, Temmerman, 2010). The Policy Framework for Education, Aligning Education and training to the Constitution of Kenya (2010) and Kenya Vision 2030 (APRIL, 2012) noted that there are isolated cases of good practice relating to sexuality education in some schools in areas of guidance, counselling, mentorship and assessment services.

Nevertheless, sexuality education in Kenya has tended to focus on abstinence and largely avoids information on

condom and contraception among the youth. The focus tends to deviate from experts view which propose that successful sexuality education should be methodical (O'Donohue, Benuto, & Tolle, 2013), aim at reduction of behavioral and biological (health) risks (O'Donohue, Benuto, Tolle, Payne, & Davis, 2013) and emphasis on gender equality, empowerment for improve reproductive health outcomes (Michielsen, Chersich, Luchters, De Koker, Van Rossem, Temmerman, 2010).

It is not clear if the existing mentorship services are now sufficient and whether they are provided in a comprehensive and a coherent manner and therefore the need to examine the existence and sufficiency of sexuality education.

Linked to the objectives, the researchers sought to test the following hypothesis:

H₀₁: There is no statistically significant relationship between comprehensive sexuality education and adolescents' protective sexuality attitudes and adolescents

H₀₂: There is no statistically significant relationship between gender responsive life-skills education and adolescent protective sexuality attitudes and behaviors

II. RESEARCH DESIGN AND METHODOLOGY

Quantitative research design was employed. It involved both adolescent girls and boys responding to closed ended questions and a questionnaire on 5-point Likert scale. Data was collected in Christian faith-based schools in Nairobi County and Athi River. The schools were selected by convenience sampling to obtain 3 private schools sponsored by Presbyterian Church of East Africa, Anglican Church of Kenya and Catholic Church in Kenya. Nairobi and Athi River was selected purposefully for their cosmopolitan and cultural multiplicity nature. A sample of 140 students was obtained through stratified random sampling of students in form 3. The class was purposively selected owing to their long experience in school and not being candidates of Kenya Certificate of Secondary Education examinations.

III. ANALYSIS AND FINDINGS

A questionnaire in 5-point Likert scale was administered to students for completion. The five points were rated as 1=Strongly Disagree, 2=Disagree, 3=Not sure, 4=Agree and 5=Strongly Agree. The descriptive statistics included percentages, frequencies "Means" (M) and "Standard Deviation" (Std. Dev.) The descriptive statistics were condensed into agreed and disagreed for purposes of ease in consumption. The findings on 5point Likert scale on both the independent and dependent variables were them converted to mean score in interval scale to enable computation of Pearson Correlation coefficient. A score of a mean of 1 and less than 1.5 implied 'strongly disagreed', greater than 1.5 and less than 2.5 implied that the respondents 'disagreed,' means greater than 2.5 and less than 3.5 implied that the respondents were 'uncertain' 3.5 and less than 4.5 implied that the respondents

'agreed' while more than 4.5 implied that the respondents 'strongly agreed'

For analysis, correlational coefficient (α) values were used to quantify the association between the two continuous variables forms of gender responsiveness life-skills education (independent variable), comprehensive life-skills based sexuality education and the independent variable protective attitudes and behaviour. Critical values were set at either .01 or .05 were considered statistically significant and if greater than the set (α) the correlation was considered not statistically significant.

A. Demographic Information.

As shown in Fig 1, The study participants comprised 57% male students and 43% female students. Some 52.9% of the respondents aged between 15-19,

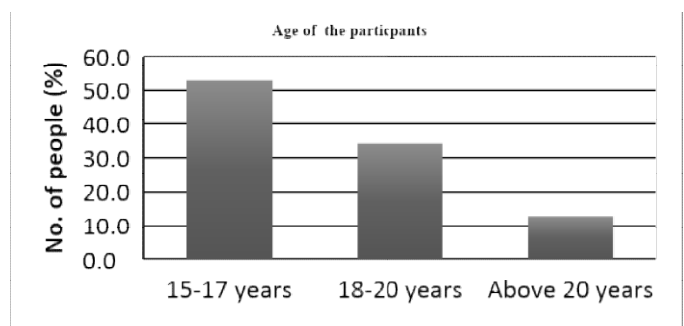


Fig. 1 Respondents' Demographics

B. Existence of Comprehensive Life- Skills Based Sexuality Education

The first objective of this study was to assess the existence of comprehensive life skills-based sexuality education in Nairobi church secondary schools. To achieve the objective, respondents were asked to indicate the extent to which they agreed or disagreed to various statements in regard to existence of comprehensive life skills based on sexuality education.

The results as shown in Table: I, indicates that 74.4% of the adolescent boys and girls had comprehensive life-skills education in church school, 87.1% also reported that they were taught growth and development of both girls and boys and 85.7% agreed that they learnt sexual differences in boys and girls. Finally, 85% agreed they were taught abstinence from sex and 74.3% were taught to say no to sexual advances they do not approve of. It was also noted that 69.3% of girls and boys agreed to have been taught to make decisions related to sexual relationship, 85% learnt refusal skills on sex and drugs.

In addition as shown in Table 1, both boys and girls in church based secondary schools in Nairobi generally agreed that; life skills education had been taught them ($3.5 \leq \text{Mean} < 4.5$); Christian ideas related to sexual relationship between girls and boys was taught, growth and development of both girls and

boys, that there are sexual differences in boys and girls, that both girls and boys in a relationship are equal, there are risks of engaging in sex for both girls and boys, and that there are risks of unplanned pregnancy for both young boys and girls. Further, the boys and girls of secondary schools in Nairobi generally agreed ($3.5 \leq \text{Mean} < 4.5$) that; life skills education had taught them self-esteem and self-worth, abstinence from sex, protective sex for both boys and girls, how to negotiate for actions in a relationship, how to make decisions related to sexual relationship, about sexually transmitted diseases, refusal skills e.g. saying no to sex and drugs, and how to say no to sexual advances they do not approve of.

The standard deviation on the adolescents view of existence of comprehensive life-skills based sexuality education ranged from 1.0-4.4 SD. High standard deviations of 4.4 were recorded on students agreeableness to being taught on sexual differences between girls and boys, and the same in a relationship, that both girls and boys in a relationship are

equal, and 2.8 SD was scored on students being taught that they are equal in an opposite sex. Education on HIV scored 3.5SD, valuing the opposite sex person score 3.6SD, protective sex scored 4.6SD, negotiation for action in an opposite sex relationship scores 4.6SD. Some forms of comprehensive life-skills based sexuality education scored SD below the mean, these include education on; sexual relationship between girls and boys 1.2, growth and development of both girls and boys 0.9, sexual relationship between girls and boys 1.0, risks of engaging in sex between boys and girls.1.0, abstinence from sex 1.0, say no to sexual advances I do not approve of 1.1, make decisions related to sexual relationship 1.2, me refusal skills e.g. saying no to sex and drugs 1.2, sexually transmitted diseases 1.0. risks on unplanned pregnancy 1.1, respect for opposite sex's view and decisions 1.0, self-esteem and self-worth 0.8, Adolescent boys and girls disagreed to learning 1.2 aspects comprehensive life-skills based sexuality education.

	Agree	Not Sure & Disagree	M	SDev
My school teaches Christian ideas related to sexual relationship between girls and boys	74.4	25.6	3.9	1.2
Life skills education has taught me growth and development of both girls and boys	87.1	12.9	4.2	0.9
Life skills education has taught me that there are sexual differences in boys and girls	85.5	14.5	4.5	4.4
Life skills education has taught me that both girls and boys in a relationship are equal	58.6	41.4	3.9	2.8
My school teaches Christian ideas related to sexual relationship between girls and boys	74.4	25.6	4.3	1.0
Life skills education has taught me that there are sexual differences in boys and girls	85.7	14.3	4.5	4.4
Life skills education has taught me that both girls and boys in a relationship are equal	58.6	41.4	3.9	2.8
Life skills education has thought me that there are risks of engaging in sex for both girls and boys	83.6	16.4	4.3	1.0
Life skills education has thought me that there are risks of unplanned pregnancy for both young boys and girls	84.3	15.7	4.3	1.1
Life skills education has thought me HIV & AIDS modes of transmission and protection for both boys and girls	80.7	19.3	4.5	3.5
Life skills education has thought me to value the opposite sex person for who they are	73.5	26.5	4.3	3.6
Life skills education has thought me the respect for opposite sex's view and decisions	78.6	21.4	4.0	1.0
Life skills education has taught me self-esteem and self-worth	89.3	10.7	4.4	0.8
Life skills education has taught me abstinence from sex	85	15	4.4	1.0
Life skills education has taught me protective sex for both boys and girls	56.4	43.6	3.8	4.6
Life skills education has taught me how to negotiate for actions in a relationship	35.9	64.1	3.8	4.6
Life skills education has thought me to say no to sexual advances I do not approve of	74.3	25.7	4.1	1.1
Life skills education has taught me how to make decisions related to sexual relationship	69.3	30.7	3.7	1.2
Life skills education has taught me refusal skills e.g. saying no to sex and drugs	80	20	4.2	1.1
Life skills education has taught me about sexually transmitted diseases	85	15	4.3	1.0

The findings suggest both girls and boys in church secondary school are not receiving adequate comprehensive life-skills based sexuality education considering the high SD deviation above the mean and the SD below two which mean disagreeing that they were taught.

However, some forms of sexuality education highly scored percentages of 69%- 87% on agreeing they were taught, it can be affirmed that there is some form sexuality education being taught but it is not comprehensive inn church based secondary schools.

The adolescents were also asked to indicate whether life skills sexuality education was adequate some 57% of the adolescents in church based secondary schools agreed while 43% disagreed as shown in Fig. 2.

Furthermore, the adolescents were provided with plausible reasons for adequacy or inadequacy the life skills as shown in Table 2. Some, 29.3% of the girls and boys indicated that life skills education helps them in handling sexual related behaviour such a as abstinence and self-control at 29.3%, it is a source of making right decision and right choices for students e.g. choosing good friends at 7.1%, it is taught by experienced teachers and motivation speakers at 6.4%, help to reduce earlier pregnancy, diseases, and school dropout at 6.4%, nature youths on how to behaviour and be successful in life at 4.3%, and help the students to be more disciplined both in and out of school at 1.4%.

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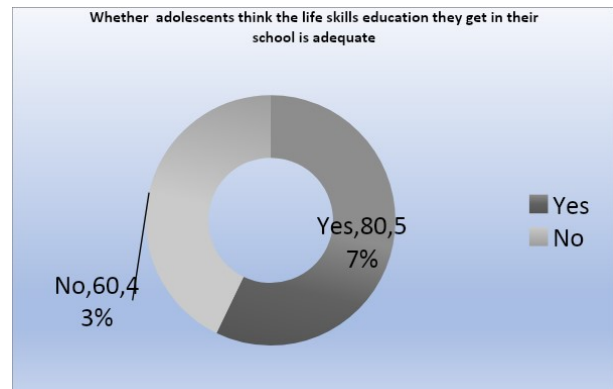


Fig. 2 Adequacy of life skills Sexuality Education

Drawing from the findings on adequacy of life skills sexuality education, it appears that there is some teaching of gender responsive life-skills sexuality education, however there are inadequacies relating to teacher competency, inadequate time spent, quality of teachers and willing to teach by teacher.

	Frequency	Percentage (%)
<i>Reasons for Adequate</i>		
Help the students to be able to handle sexual related behaviour such a as abstinence and self-control	41	29.3
It helps us in making right decision and right choices for students e.g. choosing good friends	10	7.1
It is taught by experienced teachers and motivation speakers	9	6.4
Help to reduce earlier pregnancy, diseases, and school dropout	9	6.4
Nature youths on how to behaviour and be successful in life	6	4.3
Help the students to be more disciplined both in and out of school	2	1.4
<i>Reasons for Inadequate</i>		
Rarely taught due to inadequate time set for life skills and inadequate teachers	45	32.1
The life skills have no impact	8	5.7
Unwilling sharing of information between students and teachers	5	3.6
Training and knowledge given out is not enough	5	3.6
Total	140	100.0

C. Gender Responsive Life-skill Based Sexuality Education

The researchers further sought to determine if gender responsive life-skills (equity, equality and power balance is associated with adolescents’ protective sexuality attitudes and behaviour. Study finding as shown in Table III indicate 14.9%

agreed 76.4% disagreed while 8.6% were not sure that both male and female teachers taught life-skills in the schools. Asked whether they had learnt life-skills on decision making in opposite sex partner relationship 54.3% agreed, 23.6 % disagreed while 22.1 were not sure.

Table III
Gender Responsive Life-skills Based Sexuality Education(N=140)

		Responses					M	Std Dev.
		5 S.A	4 A	3 N.S	2 D	1 S.D		
Both male and female teachers are usually involved in life skills Education	N	12	9	12	74	33	2.2	1.1
	%	8.57	6.4	8.57	52.9	23.5		
Iv learn abilities, skills and decision making in opposite sex partner relationship in LSP	N	52	24	31	14	19	3.5	1.4
	%	37.1	17.1	22.1	10.0	13.6		
I have learnt not to follow decisions of opposite sex partners without thought in situations of sexual relationship in LSP	N	9	15	20	61	35	2.3	1.1
	%	6.4	10.7	14.3	43.6	25.0		
I have learnt not to consider myself more important in an opposite sex relationship in LSP	N	25	27	34	33	21	3.0	1.3
	%	17.9	19.3	24.3	23.6	15.0		
I have learnt to consider myself as an equal partner in decision making in opposite sex relationship in LSP	N	55	51	21	10	3	4.0	1.0
	%	39.3	36.4	15.0	7.1	2.1		
I have learnt the need to negotiate for condom use if I am to have sex in LSP	N	49	31	24	19	17	3.5	1.4
	%	35.0	22.1	17.1	13.6	12.1		
I have learnt to respect the views and decisions of the person in sex relationship in LSP	N	46	40	17	27	10	3.6	1.3
	%	32.9	28.6	12.1	19.3	7.1		

On whether the girls and boys had learnt not to follow decisions of opposite sex partners without thought in situations of sexual relationship, 17.1% agreed, 68.6% disagreed and 14.3% were not sure. On the learning not to consider self-more important in an opposite sex relationship, 37.2% agreed, 38.6% disagreed and 14.3% were not sure. Furthermore, on learning to consider self as an equal partner in decision making in opposite sex relationship, 75.7% of adolescent girls and boys agreed 9.2% disagreed and 15.0% were not sure. In addition, 57.1% of the adolescent girls and boy agreed to have learnt the need to negotiate for condom use if they had to have sex, while 43.9% disagreed and 17.1% were not sure. Finally, 61.5% the adolescent girls agreed to have learnt to respect the views and decisions of the person in

sex relationship while 26.4% disagreed and 12.1% were not sure.

Generally adolescent girls and boys agreed ($3.5 \leq \text{Mean} < 4.5$) have learnt to; believe in their abilities, skills and decision making when involved with an opposite sex partner; respect the views and decisions of the other person in sex relationship; negotiate for condom use if they had to have sex; and consider themselves as an equal partners in decision making in opposite sex relationship. Also, boys and girls of secondary schools in Nairobi generally disagreed ($1.5 \leq \text{Mean} > 2.5$) that both male and female teachers are equally involved in life skills education, and that they have not learnt to follow the decisions of opposite sex partners in situations of sexual relationship.

Table IV
Adolescent Girls and Boys Sexuality Protective Attitudes and Behaviors (N=140)

		5 SA	4 A	3 N.S	2 D	1 S.D	M	Std Dev
		N	61	34	18	16		
I know students in school who say they have never involved in sexual intercourse	%	43.6	24.3	12.9	11.4	7.9	0.2	0.8
		5	5	2	1.03	25	2.0	0.8
I have had sexual intercourse with adult persons		3.6	3.6	1.4	73.6	7.9		
	N	8	4	4	98	26	2.1	0.9
%	5.7	2.9	2.9	70.0	18.6			
I have suspected my sex partner has a sexual relationship with another person	N	10	10	30	64	26	2.4	1.1
	%	7.1	7.1	21.4	45.7	18.6		
I have had sexual intercourse with high risk partners	N	2	7	9	100	22	2.1	0.7
	%	1.4	5.0	6.4	71.4	15.7		

D. Protective Sexuality Attitudes and behaviour

To determine if gender responsive life-skills sexuality education relating to equity and equality and gender power is associated with adolescents' protective sexuality attitudes and behaviour. First adolescent boys and girls on their sexuality attitudes and behaviors were measured on a 5-point Likert scale.

The findings are as shown in Table 4 indicate that 67.9% agree to knowing students in school who say they have never involved in sexual intercourse while 32.2% were either not sure or disagreed on knowing students in school who say they have never involved in sexual intercourse.

Majority of the students comprising 91.5% disagreed to have had sex with an adult partner, while 7.2 % agreed. Over 88% disagreed to have sex with more than one person while 8.6% agreed to have had. Slightly over 64% disagreed to have suspected that their sex partners had sex with another person while that 14.2% agreed. While 87.1 disagreed, they had involved in sex with high risk partners, 6.4% agreed.

Furthermore, 87.1% of the adolescent boys and girls agreed they considered abstinence as possible protective measure but 6.4% agree and 8.6% were either not sure. In addition, 69.3% agreed they would consider abstinence till marriage as a protection measure while 57.9% would consider use of a condom as a protection measure. Notable 28.5% of the adolescent's girls and boys agreed to have suspected themselves to have contracted an infection related to sexual intercourse sometime, 10% agreed to have has same sex sexual.

The respondents agreed ($3.5 \leq \text{Mean} > 4.5$), of the students never involved in sexual intercourse, considered using a condom as a means of protection, abstaining from sex till marriage as protective sexual behaviour, and reported that abstinence is possible among young people. On the other hand, the respondents disagreed ($1.5 \leq \text{Mean} > 2.5$) to; having had sexual intercourse with adult persons, having had sexual intercourse with more than one person in a period of time, have suspected their sex partner of a sexual relationship with another person, having had sexual intercourse with high risk partners, have suspected themselves of having contracted an infection elated to sexual intercourse and having had same sex sexual relationship.

indicate male students constituted decision-makers (51%) in an opposite sex relationship among, while 21% indicated both male and female are decision-makers in opposite sex relationships. Some 7% of the respondents indicated that they were not sure of the person who makes most of the decisions in an opposite sex relationship. Seeking to triangulate information on sexuality behaviours, adolescents were asked whether they ever had sexual intercourse. From the findings in Figure 4, most of the adolescents (75%) in secondary schools confirmed that they never had sexual intercourse while a few (25%) agreed to have had sexual intercourse.

The findings, show over 75% never involved in sexual intercourse, can consider using a condom as a means of protection, abstain from sex till marriage as protective sexual behaviour, and reported that abstinence is possible among young people. It means life skills education involving abstinence, use of condom are useful protective attitudes and behaviour for training in sexuality life-skills education.

The researchers also set to determine who makes most of the decisions in an opposite sex relationship among the adolescents. Findings shown in Figure 3,

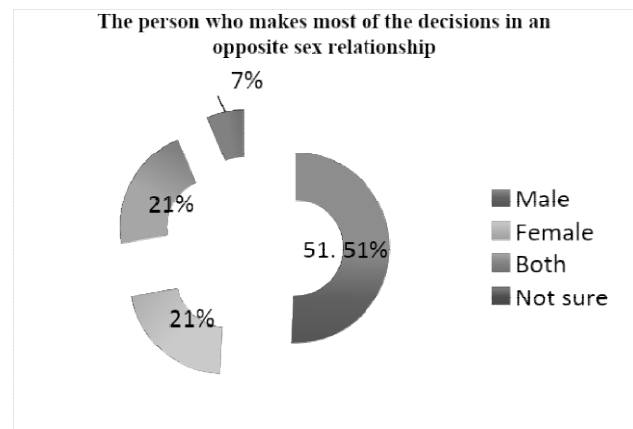


Fig. 3 Decision making in opposite sex relationship

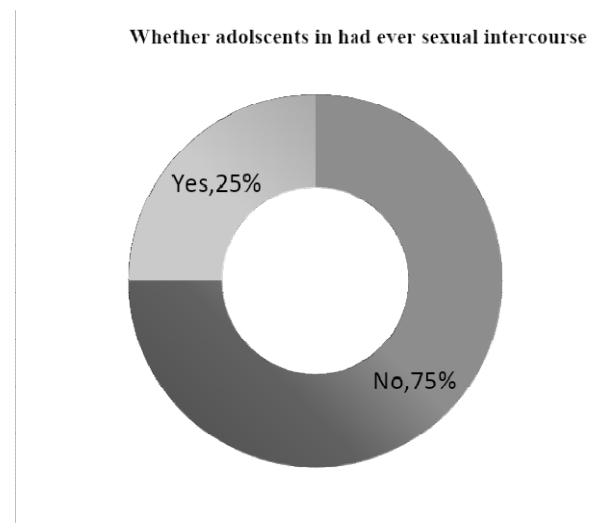


Fig. 4: Adolescents Involvement in Sexual Intercourse

Adolescents who indicated that they ever had sexual intercourse were further asked to indicate the age at which they first had sexual intercourse as shown in Fig 5. Most of them (63%) had sexual intercourse at the age of 15-17 years, followed by 31% who had first sexual intercourse when below age 15, and a few (6%) who indicated they had first intercourse at the age of 18-20. The findings drawn from Figure 5 have clearly shown that 25% boys and girls in secondary schools engage in sexual intercourse. The findings imply that gender responsive and comprehensive sexuality

education is needed right from onset of adolescence for both boys and girls.

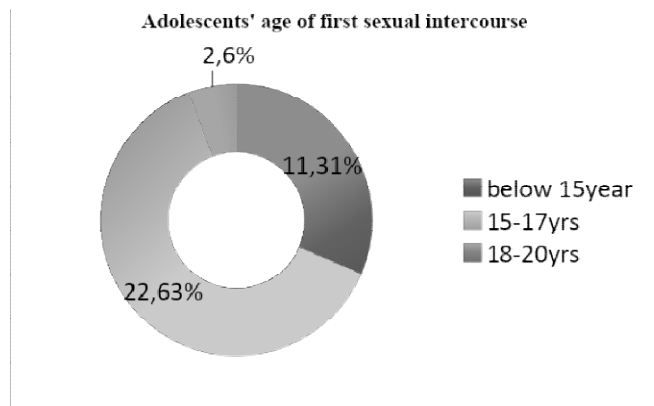


Fig. 5: Adolescents' Age of First Sexual Intercourse

E. Relationship between Gender Responsive life-skills Based Sexuality Education and Adolescents' Protective Sexuality Attitudes and Behaviour

The study sought to determine H₀₁. that comprehensive sexuality, H₀₂. gender responsive sexuality education (equity and equality, and gender power balance) is not statistically significantly related with adolescents' protective sexuality attitudes and behaviour as shown in Table V, the results showed that there is a statistically significant correlation between gender responsive sexuality education (equality, equity and power) and adolescents' protective sexuality attitudes and behaviour at $r (.688^{**}) = 140, p < .01$, one tailed test. Equally comprehensive sexuality life-skills based sexuality education was statistically significantly correlated with adolescents' protective sexuality attitudes and behaviors at $r (.214^*) = 140, p < .05$, two tailed tests.

		Equity, Equality and power balance	Comprehensive sexuality Life skills Based Education	Protective Sexuality attitudes and behaviors
Equality, Equity, & Power Balance in Relationships	Pearson Correlation	1	.149	.688**
	Sig. (2-tailed)		.078	.000
	N	140	140	140
Comprehensive Sexuality Life-skills Based Education	Pearson Correlation	.149	1	.214*
	Sig. (2-tailed)	.078		.011
	N	140	140	140
Protective attitudes and behaviour	Pearson Correlation	.688**	.214*	1
	Sig. (2-tailed)	.000	.011	
	N	140	140	140

** . Correlation is significant at the 0.01 level (2-tailed).
 * . Correlation is significant at the 0.05 level (2-tailed).

The gender responsive sexuality education variable and adolescents' protective sexuality attitudes variables were subjected to multivariate linear regressions, Model of fitness, Analysis of Variance and Regression of coefficients were used to determine the predictive power of each of the independent variables on adolescents' protective sexuality attitudes and behaviour as shown in Table VI. Analysis of Variance (ANOVA) was conducted to establish whether the whole model was significant fit of the data. the analysis of variance (ANOVA) and F-test were carried out. The confidence level was set at 95% after which the Null was rejected or alternative accepted.

The findings show that Gender responsive sexuality life-education (gender equity equality, and power, and comprehensive sexuality education predicted 10.7% protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya as represented by the R Square (R²).

The findings suggest there are other major factors not studied in this research that contribute 89.3% to adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya. The F critical value at 5% level of significance was 0.009. Since F calculated is greater than the F critical (value = 3.212), this shows that the overall model was significant.

The findings suggest there are other major factors not studied in this research that contribute 89.3% to adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya. The F critical value at 5% level of significance was 0.009. Since F calculated is greater than the F critical (value = 3.212), this shows that the overall model was significant between the independent variables (Gender responsive sexuality life-skilled based education) and the dependent variable (adolescents' protective sexuality attitudes and behaviour) was statistically significant at $F (5, 134) = 3.212, p (.019) < .05$, therefore, the regression model is a good fit.

A statistic was conducted, as shown in Table VII. The test was to determine whether the overall regression model is a good fit for the data. The significance value obtained in the

regression analysis life skills-based comprehensive sexuality education significantly statistically predict the adolescents' protective sexuality attitudes and behaviors'

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	27.719	5	5.544	3.212	.019 ^b
	Residual	231.274	134	1.726		
	Total	258.993	139			
a. Dependent variable: adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya.						
b. Predictors: (Constant): gender equity and equality in life skills education, gender and power focus in life skills education, gender responsive life skills education, comprehensive life skills-based sexuality education, comprehensive sexuality education						

The test was to determine whether the overall regression model is a good fit for the data. The significance value obtained in the regression analysis life skills-based comprehensive sexuality education significantly statistically predict the adolescents' protective sexuality attitudes and behaviours. The Coefficients of correlation obtained from multiple correlation analysis were used to determine the relationship of Gender responsive sexuality life-skills based education factors and their influence on adolescents' protective sexuality attitudes and behaviour. The tested variables included: gender equity and equality in life skills education, gender power balance in life skills education, gender responsive life skills-based sexuality education, comprehensive sexuality education. Table 8 shows the results.

From the findings in Table 7, $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon$ becomes:

$Y = 2.350 + 0.330X_1 + 0.056X_2 + 0.070X_3 + 0.056X_4 + 0.026X_5$. The equation shows that all the gender responsive sexuality life-skills based education factors considered constant at zero, adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools will be at 2.350. A unit increase in comprehensive sexuality education will lead to a 0.330 (33%) increase in adolescents' protective sexuality attitudes and behaviour; a unit increase in gender responsive life skills education will lead to 0.070 (7%) increase in adolescents' protective sexuality attitudes and behaviour; a unit increase in gender power and focus in life skills education will lead to 0.056 (5.6%) increase in adolescents' protective sexuality attitudes and behaviour; and a unit increase in equity and quality in life skills education will lead to 0.026 (2.6%) increase in adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya.

At 5% level of significance, 95% level of confidence, the relationships between gender responsive sexuality life-skills based education factors and adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Nairobi was generally significant with a significant value (p)

=0.001. However, the significant value (p) of the gender varies with only the relationship between comprehensive sexuality education and adolescents' protective sexuality attitudes and behaviour being statistically significant at .05 confidence level (p=0.003).

The null hypothesis on comprehensive life skills-based sexuality education was that there is no relationship between comprehensive life skills-based sexuality education and adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya. Results in Table 8 show that the p-value was $0.010 \leq .05$, the null hypothesis that there is no relationship between comprehensive life skills-based sexuality education and adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya is rejected and the alternative hypothesis accepted.

The null hypothesis for gender responsive life skills education was that there is no relationship between gender responsive life skills education and adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya. As shown in Table 9 the results shown indicate $p(.045) p < 0.05$, the null hypothesis that there is no relationship between gender responsive life skills education and adolescents' protective sexuality attitudes and behaviour in Faith-based Secondary Schools in Kenya is rejected and the alternative hypothesis accepted.

The overall findings show that both gender responsive life-skills sexuality education and comprehensive sexuality education positively influence adolescents' protective sexuality attitudes and behaviour. However, the individual factors gender factors (equity, equality and power) do not the statistically significantly influence adolescents' protective attitudes and behaviors.

IV. SUMMARY OF KEY FINDINGS

- i. Comprehensive sexuality life's-skills based education is offered in church schools in Kenya

- ii. The comprehensive sexuality life-skills based education was observed by over 43% of adolescent girls and boys in terms of, having no impact, time set for it, unqualified and lack of teachers' good will.
- iii. Some 25% of adolescents in the secondary school involve in sexual intercourse, however, majority of the adolescent girls and boys 67%- 80% of the adolescents' manifest protective sexuality attitudes and behaviors ($3.5 \leq \text{Mean} > 4.5$).
- iv. Combined gender equality, equity, & power balance life-skills based sexuality education contributes to adolescents' protective sexuality attitudes and behaviour. All the gender responsive sexuality education factors, -equity, equality and power should be included in life-skills based sexuality education for enhanced protective sexuality attitudes and behaviour.
- v. Comprehensive sexuality life-skills Based sexuality education influences adolescents' protective sexuality attitudes and behaviors.

V. DISCUSSION

Drawing from the findings psychosocial support involving life skills-based sexuality education is in existence among adolescents in church owned secondary schools. The practice is in line with United Nations Commission on Population and Development Resolution (2009, 2 UNFPA (2014 012) and require that sexuality education for adolescents. Equally Comprehensive Sexuality Education is going on as recommended by UNESCO (2014), United Nations Population Fund (2014), International Planned Parenthood Federation (2012) and International Technical Guidance on Sexuality Education (2012). However, the churches in Kenya have been against sexuality education among children largely. This could be an indicator that sexuality education is not fully understood noting that they largely practice what they are against off.

It is notable that life skills-based sexuality education based on Gender equity, equality and power balance increases protective attitudes and behaviour by 10%. The funding on protectiveness concurs with WHO (2012) and Dieckhoff & Steiber, (2010) that incorporating gender perspectives in life skills education helps them to critically think and solve problems in life and empower the disadvantage youth.

VI. CONCLUSIONS AND RECOMMENDATIONS

The following recommendations were made-

1. Ministry of Education should ensure that comprehensive sexuality life skills-based education is taught in all schools in Kenya.
2. Life skills education should focus on gender responsive education focusing on equity, equality and power balance that enhance protective sexuality attitudes and behaviors.

3. Other factors other than gender responsive sexuality life- skills based education influence over 90% of protective sexuality attitudes and behaviour. Future studies should investigate the other possible factors.
4. Other similar studies should focus on public schools and also apply mixed research design.
5. Ministry of Education should consider enforcing gender responsive sexuality life-skills education in all schools in Kenya as effort towards enforcing protective sexuality attitudes and behaviour.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

REFERENCES

- [1] Bearinger, Sieving, Ferguson, & Sharma, (2007); Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *Lancet*. 2007 Apr 7;369(9568):1220-31.
- [2] Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2013*.
- [3] Atlanta, GA, USA: U.S. Department of Health and Human Services, 2014.
- [4] Dieckhoff & Steiber, (2010). A Re-Assessment of Common Theoretical Approaches to Explain Gender Differences in Continuing Training Participation Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1467-8543.2010.00824.x>
- [5] Haberland G & Rogow D (2014). Sexuality Education: Emerging Trends in Evidence and Practice. *Journal of Adolescent Health* Volume 56, Issue 1, Supplement, January 2015, Pages S15-S21 Retrieved from <http://www.sciencedirect.com/science/article/pii/S1054>
- [6] Hindin, M. J., & Fatusi, A. O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. *International Perspectives on Sexual and Reproductive Health*, 35(2), 58–62.
- [7] International Planned Parenthood Federation. Exploring new territories: Dialogues from a consultative meeting on comprehensive sexuality education. Available at: www.ippf.org/system/files/exploring_new_territories_2012.pdf. Accessed January 25, 2013.
- [8] International Technical Guidance on Sexuality Education (2012); An Evidence Informed Approach. Retrieved from https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf
- [9] Michielsen K, Chersich MF, Luchters S, De Koker P, Van Rossem R, Temmerman (2010). Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials, *AIDS*, 24(8):1193–1202.
- [10] MoE (2010-2012). The Policy Framework for Education, Aligning Education and Training to the Constitution of Kenya (2010) and Kenya Vision 2030 (APRIL, 2012) Retrieved from [https://www.google.com/search?q=The+Policy+Framework+for+Education%2C+Aligning+Education+and+Training+to+the+Constitution+of+Kenya+\(2010\)+and+Kenya+Vision+2030+\(APRIL%2C+2012\)&rlz=1C1CHBD_enKE819KE819&oq=The+Policy+Frame+work+for+Education%2C+Aligning+Education+and+Training+to+the+Constitution+of+Kenya+\(2010\)+and+Kenya+Vision+2030+\(APRIL%2C+2012\)&qs=chrome..69i57.313 0j0j8&sourceid=chrome &ie=UTF-8](https://www.google.com/search?q=The+Policy+Framework+for+Education%2C+Aligning+Education+and+Training+to+the+Constitution+of+Kenya+(2010)+and+Kenya+Vision+2030+(APRIL%2C+2012)&rlz=1C1CHBD_enKE819KE819&oq=The+Policy+Frame+work+for+Education%2C+Aligning+Education+and+Training+to+the+Constitution+of+Kenya+(2010)+and+Kenya+Vision+2030+(APRIL%2C+2012)&qs=chrome..69i57.313 0j0j8&sourceid=chrome &ie=UTF-8)

- [11] O'Donohue WT, Benuto LT and Woodward Tolle L, (2013). *Handbook of Adolescent Health*
- [12] *Psychology*, New York: Springer, 2013, pp. 295–322.
- [13] United Nations. Commission on Population and Development Resolution 2009/1 (para 7)
- [14] E/CN.9/2009/5. Available at: http://www.un.org/en/development/desa/population/commission/pdf/42/CPD42_Res2009-1.pdf. Accessed February 22, 2014.
- [15] United Nations. Commission on Population and Development Resolution 2012/1 Adolescents and youth. E/CN.9/2012/8. Available at http://www.un.org/en/development/desa/population/pdf/commission/2012/country/Agenda%20item%208/Decisions%20and%20resolutions/Resolution%202012_1_Adolescents%20and%20Youth.pdf. Accessed February 22, 2014.
- [16] United Nations Population Fund (2014), Annual Report, Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_annual_report_2014_en.pdf
- [17] United Nations Educational, Scientific and Cultural Organization and United Nations Population Fund. Youth Compr Sex Education Fact Sheet. Available at: <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-sexuality-education.pdf>. Accessed August 11, 2014.
- [18] Wango, G. M. and Mungai, E. K. (2007). *Counselling in the school: A handbook for teachers*. Nairobi: Phoenix Publishers.
- [19] WHO (2012) *Life Skills Education in Schools, Parts Parts 1 and 2*. Geneva, Switzerland: WHO, Division of Mental Health.