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Influence of Students' Awareness on Implementation of National Adolescent Sexual and Reproductive Health Policy among Secondary School Students in Gucha South Sub-County, Kisii County, Kenya

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ABSTRACT

The government of Kenya through the Ministry of Health enacted the National Adolescent Sexual and Reproductive Health Policy (NASRH) in 2015 which outlines the need for Comprehensive Sexuality Education (CSE) among adolescents. The policy is meant to inform the adolescents through the Ministry of Education on proper practices on reproductive health. Despite the implementation of this policy, there are increased incidences of unintended pregnancies, sexually transmitted infections, substance and drug abuse, early marriages, harmful traditional practices, sexual and gender-based violence among secondary school students in Kenya. This study sought to determine students' level of awareness of the implementation of NASRH policy in secondary schools in Gucha South Sub-County. The study adopted concurrent mixed method research design (QUANT+QUAL). Quantitative data was analysed using descriptive statistics (percentages & frequencies), while qualitative data were analysed using content analysis. The results indicate that majority of the students (72.7%) agreed that their schools strive to reduce incidences of Sexual and Gender-Based Violence incidences among students. (66.4%) of the students agreed that the school had put in place measures to curb drug and substance abuse, while (65.1%) agreed with the item that the school referred them to health facilities in case they had reproductive health issues. On the other hand, (45.8%) of the students did not agree on the statement that the school trains students on sexual and reproductive health. A minority (40.8%) agreed with the statement while a small number (13.4%) sparing agreed. This is an indication that sexual and reproductive health trainings are not adequately covered in schools and hence, a majority of students are not aware of the schools' role in enhancing sexual and reproductive health education. Therefore, the ministry of health in collaboration with the ministry of education should establish adolescent friendly centres to provide quality services on sexuality education and provide sexuality materials i.e. teaching manuals, curriculum frameworks and comprehensive sexuality education guidelines.

Keywords: MoH, MoE, NASRH policy, Awareness, Selected Factors

BACKGROUND

Globally, there are approximately 1.2 billion adolescents between the age 10 to 19 years (Akseer et al., 2017). In this regard, international agencies such as United Nations Population Fund (UNFPA) argue that adolescents should be provided with age-appropriate sexuality knowledge (Breuner et al., 2016). It is important to manage adolescent's health because they are at risk of human rights maltreatment, particularly sexual abuse such as rape, emotional torture, parental neglect, drug and substance use, and child marriages (United Nations Population Fund [UNFPA], 2011). However, Fernández et al. (2021) notes that the essential provision of Sexual Health Education for Adolescents (SHEA) is a debated issue that is influenced by numerous challenges in most societies. The challenges include domestic assault, poverty, cultural practices, stigma to accessing services, and gender discrimination in education. These challenges put adolescents at risk of teenage pregnancies, abortions, and early marriages. This being a public health concern, there is need for a reproductive health policy.

In African countries, Sexuality education is required to equip adolescents with sexuality knowledge that is culturally appropriate to reduce the high rates of abortion and violence against children (Vanwesenbeeck, 2020). For instance, in Nigeria, sexual activities among adolescents' girls are rampant, 20 percent of adolescents indulge

in early sex (Odii et al., 2020). Hence, Adolescent Sexual and Reproductive Health policy (ASRHP) came up to cater for the SRH desires of teenagers, which are essential for the prevention and control of Reproductive Health problems such as early sexual activities, teenage pregnancies, and abortions (Tchounwou, 2004). For instance, Ethiopian adolescents are sexually active but never use contraceptives leading to 90% of unplanned pregnancies (Erena & Kerbo, 2015).

In Kenya, a report by National Council for Population and Development indicates that Kisii region has around 834 adolescent girls in secondary school becoming pregnant every year (NCPD, 2020). In the Nine Sub-Counties, Gucha South Sub-County a fast-growing Sub-County in Kisii, has high rates of reproductive health issues among adolescents (Mogere & Obutu, 2014). These include, unsafe abortion, unintended pregnancy, sexual violence, child marriages, female genital mutilation and sexual transmitted infections including HIV. According to the report several causes were identified namely: poverty, difficulties accessing services, gender inequalities, and inadequate information among others. Since the outbreak of the COVID 19 pandemic, dangerous relations with boda-boda riders have caused suicidal missions and rape cases which has greatly affected adolescents (Gutto, 2021).

In response to this menace, the government of Kenya through the Ministry of Health enacted the National Adolescent Sexual and Reproductive Health Policy (NASRH) in 2015 which outlines the need for Comprehensive Sexuality Education (CSE) among adolescents. The policy is meant to inform the adolescents through the Ministry of Education on proper practices on reproductive health. Despite the implementation of this policy, there are increased incidences of unintended pregnancies, sexually transmitted infections, substance and drug abuse, early marriages, harmful traditional practices, sexual and gender-based violence among secondary school students in Kenya. There is therefore a need to determine students' awareness on implementation of NASRH policy among secondary school students in Gucha South Sub-County, Kisii County.

Objective of the Study

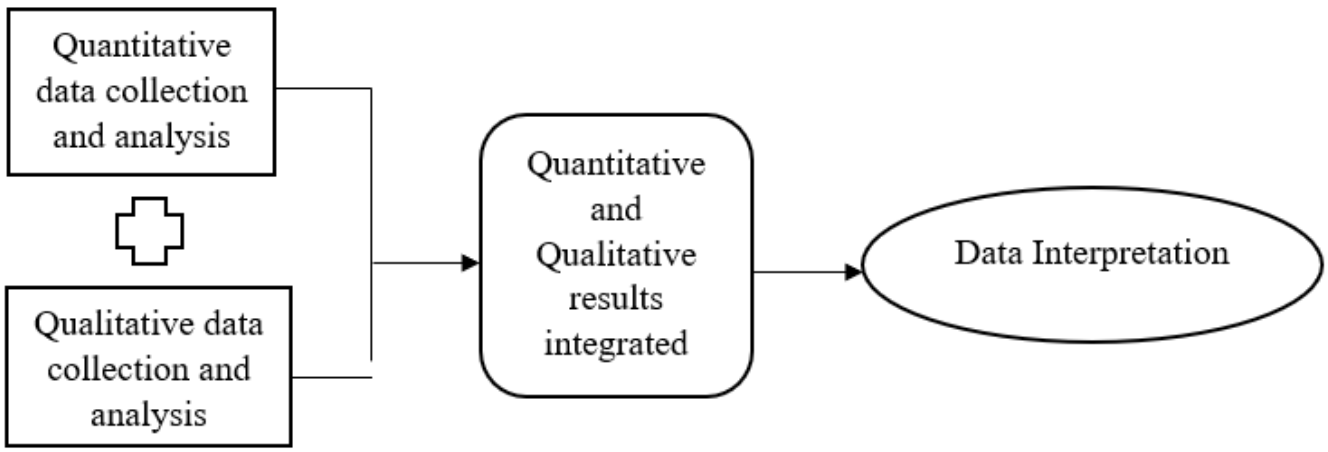
To determine students' awareness on the implementation of NASRH policy in secondary schools in Gucha South Sub-County

METHODOLOGY

Study Design

The study employed concurrent mixed method research design. Figure 1 presents the research design the study employed.

Figure 1 Diagrammatic Representation of the Research Design the Study will Employ



This study used concurrent mixed method research design denoted as QUANT + QUAL. Both qualitative and quantitative data were collected and analysed separately then merged during interpretation (Creswell, 2014; Venkatesh et al., 2016).

Study Setting

This study was carried out in Gucha South Sub County of Kisii County. The Sub-County covers an area of 94.9 sq. km, with a population of 83,623. The main inhabitants are the Abagusii community. The sub-county has a system of health facilities including the two major sub-county hospitals namely Nduru and Tabaka mission hospitals. It comprises of 23 public secondary schools. Agriculture and cottage industry constitute the socio-economic activity of the Sub-County (KNBS, 2019). The rationale for selecting Gucha South Sub-County is because it is among the leading Sub-Counties with high rates of reproductive health issues such as teenage pregnancies, early marriages, and drug and substance abuse (Edna, 2018).

Population of the Study

The target population comprised of all reproductive health workers, all guidance and counselling teachers and all secondary school students in Gucha South Sub-County. The accessible population comprised of 23 reproductive health workers, 18 guidance and counselling teachers and 2493 Form two students.

Sampling

A census of all reproductive health workers (23) and guidance and counseling teachers (18) was undertaken. Proportionate stratified sampling was used to select adolescent students in co-educational schools to participate in the study (Etikan & Bala, 2017). Strata was based on the 3 wards. Schools in each ward were randomly selected. Simple random sampling was applied to select the stream with students to participate when the school had more than one stream.

A sample size of 147 participants was attained using the following formula provided by (Nassiuma, 2000),

$$n = \frac{NC^2}{C^2 + (N-1)e^2}$$

Where,

n=sample size

N=population size

C=Coefficient of variation which is ≤ 30%

e=margin of error which is fixed between 2-5%).

The study sample was calculated at 25% coefficient of deviation and 2% margin of error.

$$n = \frac{2{,}493 * 0.25^2}{0.25^2 + (2{,}493-1)0.02^2}$$

$$n = \frac{155.8125}{1.0593}$$

$$n = 147.0900$$

$$n = 147$$

The sample size was 147 participants from an accessible population of 2493 students. Table 1 shows the sample size of Form two students who participated in the study.

Table 1 Representation of Sample Size

Wards	Number of Schools	Number of Health Workers	Number of Teachers	Number of Students
Boikang'a	2	1	2	33
Bogetenga	2	1	2	41
Tabaka	3	2	3	73
Total	**7**	**4**	**7**	147

Table 1 shows the proportionate sample size of students per ward were, Boikanga (33), Bogetenga (41) and Tabaka (73).

Data Collection

Two sets of instruments were used to collect data. These were questionnaires and interview schedules. The study used a reproductive health workers semi structured interview schedule administered to health workers, guidance and counselling teachers' reproductive health questionnaire administered to guidance and counselling teachers and students' reproductive health awareness questionnaire administered to students, research instruments.

Validity and Reliability

Validity is established through expert judgement. Therefore, content validity was established by experts in policy and research in the department of Curriculum Instruction and Educational Management, Egerton University. Piloting of the research instruments was undertaken in comparable schools outside the study area. A reliability coefficient was found to be 0.892 reflecting the internal reliability of the instruments (Fraenkel & Wallen, 2000).

Data Analysis

The study used SPSS software to analyze quantitative data using descriptive (means and percentages) and inferential statistics. The Qualitative data gathered through interview schedules were analyzed using content analysis.

Ethical Consideration

Permit to conduct the study was sought from National Council for Science, Technology and Innovation (NACOSTI). Written informed consent was obtained from all participants. The researcher followed all ethical procedures while collecting data. Data was used for academic purposes only.

Results

Students' Awareness on the Implementation of NASRH Policy in Secondary Schools

Students were asked to rate how informed they were on the implementation of the NASRH policy in their schools in a five-point Scale: Very Lowly Informed (VLI), Lowly Informed (LI), Moderately Informed (MI), Highly Informed, (HI), Very Highly Informed (VHI). Table 2 summarizes key findings.

Table 2 Students' Response on Awareness of NASRH Policy Implementation in school

Item	n	VHI	HI	MI	LI	VLI
There is a team in my school that informs us on reproductive health	150	21.3	19.4	25.3	20.0	14.0
The school refers us to specific health facilities when we have issues with reproductive health	152	40.1	25.0	10.5	11.2	13.2
I feel free to visit reproductive health centres for treatment of STIs	150	42.0	18.7	15.3	14.7	9.3
The school organizes activities (awareness campaigns, training) for students on reproductive health and sexuality	148	31.1	19.6	16.9	16.9	15.5
I trust my guidance and counseling teachers and I can disclosure my reproductive health issues	151	42.4	21.2	15.2	7.3	13.9
The Guidance and counseling teachers give us support we need in health reproductive issues	147	42.9	20.4	17.0	8.2	11.5
The school trains students on sexual and reproductive health	142	24.6	16.2	13.4	17.6	28.2
The school provides SRH G&C services to students.	139	26.6	18.0	15.8	22.3	17.3
The schools has put in place strategies for controlling drug and substance abuse among students	146	50.0	16.4	13.0	9.6	11.0
The school strives to reduce Sexual and Gender-Based Violence (SGBV) incidences amongst students	150	54.0	18.7	13.3	7.3	6.7
The school facilitates treatment of students with Sexual Related Health issues	150	29.3	17.3	17.3	20.0	16.1
The school provides support services to sexual and reproductive health needs of students	152	24.3	15.2	19.7	19.1	21.7
The school promotes sexual reproductive rights of students	148	20.3	21.6	13.5	9.5	35.1

The results indicate that majority of the students (72.7%) agreed that their school strives to reduce incidences of Sexual and Gender-Based Violence incidences among students. (66.4%) of the students agreed that the school had put measures to curb drug and substance abuse, while (65.1%) agreed with the item that the school referred them to health facilities in case they have reproductive health issues. The findings indicate that schools are raising awareness to students on reproductive health education. This findings contradict those of (Vanusha & Parvathavarthini, 2018) who found out that knowledge on sexual behaviour and reproductive health among school going adolescents is scarce.

On the other hand, (39.7%) of students were of the opinion that the school provided support services for their sexual and reproductive health needs while (40.8%) were of the contrary opinion. (44.1%) were of the opinion that the school promotes sexual reproductive rights of students whereby (44.6%) thought otherwise. The results (Table 2) also show that (45.8%) of the students did not agree on the statement that the school trains them on sexual and reproductive health. A minority (40.8%) agreed while a small number (13.4%) moderately agreed. This is an indication that sexual and reproductive health trainings are not majorly covered in schools and hence, a majority of students are not aware of the school role in enhancing sexual and reproductive health education. This findings are similar with the findings of (Adekola & Mavhandu-Mudzusi, 2022) which revealed that sexuality education provided to adolescent students did not improve their drive or encourage behaviour change to act on the information given. These study findings contradict those of Ontiri (2021) who found out that although there is high awareness of reproductive health services among adolescents but there is low consumption meaning there is a big gap between policy making and its actual implementation at community level.

Teachers' Opinions on Students' Awareness of NASRH Policy Implementation in Schools

The guidance and counselling teachers' opinions on students' awareness of NASRH policy implementation in schools were also sought. The teachers were asked to indicate the extent of agreement with items on students' awareness of NASRH policy implementation based on the scale; Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD). The responses are summarized in Table 3.

Table 3 Teachers' Opinions on Students' Awareness of NASRH policy Implementation in Schools

Item	N	SA	A	U	D	SD
The school through G&C teachers informs parents of the sexual and reproductive health status of their children according to MoE requirements	26	23.1	42.4	26.9	3.8	3.8
NASRH policy is beneficial to students	26	23.1	57.7	15.4	3.8	-
Sexual matters are enshrined in the school curriculum	26	15.4	46.2	15.4	11.5	11.5
Guidance and counselling teachers are trained on how to handle sexuality education	27	25.9	40.7	18.5	14.9	-
In our school we teach sexuality education	26	15.4	42.3	7.7	19.2	15.4
There is a health facility attached to the school which provides reproductive health services to students	27	14.8	22.2	11.2	33.3	18.5
Learners are well equipped with reproductive health knowledge through the school programme	27	25.9	29.7	18.5	22.2	3.7
Knowledge acquired by students on reproductive health is adequate in assisting them make appropriate decisions	27	22.2	29.7	11.1	25.9	11.1
Materials in our school with information on sexual and reproductive health is adequate	27	7.4	14.9	11.1	44.4	22.2

Results in Table 3 denote that majority of the teachers (80.8%) agreed that NASRH policy is beneficial to students while (15.4%) were undecided. This is an indication that students are aware of reproductive health. The study is in line with study by (Nyarko, 2022) who observed that adolescents who have access to formal education are cognizant of reproductive health. Majority of teachers (66.6%) agreed that they are trained on how to handle sexuality education, while (18.5%) were undecided and (14.9%) did not agree. This is an indication that majority of teachers were conversant with the set objectives of the NASRH policy. More than half of teachers (65.5%) reported that they inform parents on sexual and reproductive health status of their children according to MoE requirements while (26.9%) were undecided and (7.6%) were of the contrary opinion. This implication reveal that parents place the responsibility for teachers to discuss on sexuality matters with students.

About a Half of guidance and counselling teachers (51.8%) disagreed with the opinion that there is a health facility attached to the school which provides reproductive health services to students while (37.0%) accepted the statement and a small number (11.2%) were undecided. This implies that schools do not have health programs on ASRH and social support for adolescents not provided. This findings concur with the findings of (Stephen et al., 2021) who found out that Adolescent's reproductive health programmes need social support structures for sustainable implementation. Majority of guidance and counselling teachers (66.6%) disagreed that materials in their school with information on sexual and reproductive health is adequate while (22.3%) agreed with the statement. Majority of teachers (61.6%) reported that sexual matters are enshrined in the school curriculum, (18.5%) were undecided on the same, while a small number (14.9%) never agreed with the statement. This implies that the school has limited resources hence teachers are not well equipped. These findings were in concurrence with Wanje (2017) who stated that teachers provide limited information in regard to reproductive health information.

Health Workers' Views on Students' Awareness of NASRH Policy in Schools

Interviews were conducted with a view of seeking to know whether students who visited health facilities with sexuality issues were aware of NASRH policy. The health workers' responses on students' awareness of NASRH policy are expressed as follows;

Three health workers reported that most of the students visited health facilities alone, a pointer that they were aware of NASRH policy as expressed by the remarks of Interviewee 5, 6 and 8 below:

The respondents indicated that; I normally see adolescents coming alone, those who come with the parents, they must be special ones. Based on the behavior of the adolescents I have seen, it's not common for them to be escorted by parents.

These adolescents majorly they come on their own, like boys when they need condoms they just come alone, not even their friends, coming with parents mostly maybe when they need general attention and not reproductive health issues.

At this area cases of friendships are so many gender-based violence is high also so they don't even come but when we go to the field to play football, because I really love to engage with the boys, they always tell me to bring condoms for them, so I always encourage them to come for them and I leave them on the dispenser for them to pick.

When asked the health workers reported that students sometimes come with their partners and they do encourage them to visit. As expressed by interviewee 3 and 4 below:

Sometimes they may come with their partners but it is on rare cases maybe when you ask them if they are married, they say no but they were told in school to check their status or ask which contraceptives are good for them.

These girls and boys we feel they don't know what they are doing but with the social media era mmmh… they have the courage to come imagine with their partners they call them their person.

Health workers reported that they attended to a fairly large number of adolescents with reproductive health issues, between 7 and 19 boys and 13 and 30 girls were recorded in their facilities daily. The health workers were asked the types of adolescent sexuality issues they largely handled. The most prominent ones were; HIV/AIDs tests (60%), treatment of STIs (11.5%), condoms for boys (80%) and contraceptives for the girls (45%), to pre and post maternal care to teenage mothers (75%). The health workers attributed this to policy guidelines in health facilities and some schools, outreach programs carried out by the health facilities in collaboration with chiefs, some churches, a few schools and NGOs such as Marie Stopes, LVCT, TIKO and social media. The awareness was also attributed to talks with the adolescents as affirmed by the remark of interviewees 8, 9, 11, 14 below:

Mmmh…. with regard to interventions to enlighten boys and girls about their reproductive health issue, we occasionally hold health talks with them in respective places maybe in their schools, the villages, yeah.

We do hold health talks when guidance and counselling teachers request us to visit their schools, though our health facility is not attached with any schools. Also, we do hold the talks once or twice a year so it is very rare.

When we go to these schools for vaccinations covid19 and HPV vaccine when we were vaccinating it happened to be on a Wednesday, a day for guidance and counselling the teacher requested us to educate the adolescents about sexuality matters.

By the way eeh... TIKO is good they do give these adolescents vouchers so they pay for their basic needs like sanitary towels, yes, they do teach them on hygiene.

DISCUSSION

Findings from this study does not depict a picture of a policy failure, but a policy that is yet to arrive. Health workers, teachers and students each one of them tell the same story but in different contexts. The students' awareness of the NASRH policy among secondary schools in Gucha sub-County is not at its best and that the gap between policy objectives and policy implementation is extremely wide. Many students are not aware of their legal entitlements on reproductive health, they were only able to indicate their schools' efforts in curbing

drug abuse and violence. Teachers were not even sure if sexuality education was taught as they were divided in views. Health workers were doing their level best at the end of the chain which had already crushed a couple of links earlier. It is not that any of the three groups were failing but they were working hard in ways that silently strengthened each other.

This is more practical when it comes to policy implementation. Sexuality and Reproductive Health (SRH) education in Kenyan schools are offered in optional subject. The biggest challenge is that they are taught by teachers who are less resourced, less trained and mostly uncomfortable to deliver the content. Parts of the policy that touches on discipline are the one that gets the attention but the more important and sensitive content is never touched thus silently falling away.

Health workers added an interesting picture into the discussion. Students were coming to hospitals when something bad had already happened not because the culture of preventive reproductive healthcare had taken a hold but because no such culture had already been built. Religious leaders and communities' voices were filling the silence left by teachers but not in ways that served well adolescence thus the gap still remains. NASRH imagines a multi-sectoral approach where teachers, health workers and community leaders are working together and that community leaders are viewed as partners not a stumbling block, but that reality is yet to be realized at the grassroot level.

CONCLUSION

This study establishes that while secondary school students in Gucha South Sub-County possess some awareness of NASRH Policy-related activities, their knowledge of SRH rights, available services and the school's specific role in NASRH implementation remains limited. Schools are perceived as more effective in addressing visible disciplinary outcomes (SGBV reduction, drug abuse) than in delivering formal SRH education or promoting SRH rights.

RECOMMENDATION

The study recommends that the ministry of health in collaboration with the ministry of education should establish adolescent friendly centres to provide quality services on sexuality education and provide sexuality materials. The implementers should also come up with strategies to disseminate the information to adolescents and train parents on how to approach sexuality topics.

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