

# Perception, Condom Use Among Secondary School Students in Kenya

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**Abstract:** *The sexual practices that are rampant among adolescents in Kenya include having multiple sexual partners and unprotected sexual intercourse. The consequences of risky sexual behaviour include early and unwanted pregnancies, school dropout, poor performance in school, infection with sexually transmitted diseases. Secondary school students are in the category of adolescents because they are between the ages of 14-19 years. Following the introduction of HIV/AIDS education, reproductive health education and establishment of guidance and counselling programmes in schools, students are expected to develop a positive perception about the importance of condom use in the prevention of STDs. This study sought to assess the levels of perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District. This study adopted an ex post facto research design. The target population included 12,319 students and 52 teacher counsellors in the 52 secondary schools in the study area. A sample of 372 students and six teacher counsellors was selected from six schools. The researcher purposively selected 36 mixed schools because girls and boys co-learn together. Simple random sampling technique was used to select the respondents. Data was collected through the administration of two sets of questionnaires. Data collected was analyzed using descriptive and inferential statistics with the aid of the computer programme referred to as Statistical Package for Social Sciences (SPSS) version 11.5 for windows. A major findings of the study was that students expected the Guidance and Counselling departments in their schools to play a more assertive role in creating awareness on sexuality issues affecting them. The study recommended that the Guidance and Counselling programme take a more active role enhancing awareness of sexual behavior and its related consequences in schools following the finding.*

**Keywords:** Perception, Condom Use, Students, Secondary Schools, Sexually Transmitted Disease

## 1. Introduction

It is estimated that by the year 2025, adolescent population in the world will have doubled from the current 17% of the total population (Youth Net, 2000). In Kenya, the 1999 Population and Housing Census indicated that there were more than 10.3 million adolescents in the country (Central Bureau of Statistics — CBS, 2001). In recent years, attention has shifted to sexuality and reproductive health needs (Erulkar, Ettyang, Onoka, Nyaga & Muyonga, 2003). In Kenya, adolescent sexuality and reproductive health needs and problems have been documented in various studies including Central Bureau of Statistics (1989) and Kenya Demographic and Health Survey - KDHS (2003, 1998). They have shown high incidences of teenage pregnancies, abortions, sexually transmitted diseases (STDs) and Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome (HIV/AIDS). The median age of sexual debut decreased from 18.8 years to 16.8 years (GoK, 2005; KDHS, 2003). There are high incidences of abortion, teen pregnancies, sexually transmitted diseases. Cases of early pregnancies have also increased from 3 percent at the age of 15 years, to 45 percent at the age of 19 years. Only 20.4 percent of the sexually active adolescent female aged 15-19 years reported using modern contraceptives. Increasing early childbearing is exposing young mothers to risks of maternal morbidity and mortality. Adolescent mothers are more likely to drop out of schools (FPAK, 2000; KDHS, 1998). Despite the consequences of engagement in early and unprotected sex, the rate of contraceptive use among the adolescents is low though its prevalence rate has increased overtime (FPAK, 2000).

Perceptions about the available methods increase chances for safe sexual behaviours. Perceptions could assist

adolescents into sexual activities or protect those who are already involved in sexual activities. African traditional societies had well-established systems of preparing young people for adult sexual roles and responsibilities. However, traditional systems have weakened and in some places, become extinct and have left adolescents poorly informed (Amalemba, Dortzback, Ndurige, Meredith & Robinson, 1996).

In realisation to the information gap about adolescents reproductive health needs, the Kenya Education Commission of 1964 (Ominde Report) and the Presidential Working Committee on Education and Training for this Decade and Beyond of 1988 (Kamunge Report) discussed students' reproductive health education and recommended that it be part of the Guidance and Counselling programme in learning institutions. The Commission of Inquiry into Education System in Kenya of 1999 (Koech Report) later on recommended that reproductive health education and even HIV/AIDS education be introduced in school curriculum in primary and secondary schools. HIV/AIDS education is now being taught as an integrated subject in primary and secondary schools. All these efforts are geared toward creating the necessary levels of awareness and changing the perception of students about engagement in unprotected sex and the available contraceptive measures for prevention of STDs (PATH 2003).

However, despite these government initiatives including establishment of Guidance and Counselling programme in secondary schools, there is relatively limited information about the level of perceptions of students about contraceptive use in prevention of STDs. Secondary school students in Bahati division of Nakuru North District, as adolescents, have not been spared from the potential

consequences of unsafe and unprotected sexual activities that expose them to STDs and pregnancy. This is in spite of the availability of contraceptive use to protect them. This necessitated the need to assess the level of perceptions of condom use among secondary school students in the prevention of STDs and in the division.

## 2. Methodology

This study adopted an *ex post facto* research design. The study was conducted in Bahati Division in Nakuru North district in Rift Valley province. The target population for this study included all Form Two and Form Three students, and teacher counsellors from the 52 secondary schools in Bahati division. The 52 secondary schools had a total student population of 12,319 in the year 2007 (District Education Office, Nakuru North District, 2007). In order to determine the sample size of students drawn from the 12,319 students in the 52 schools, this study adopted a formula by Kathuri and Pals (1993). The representative sample of 372 students drawn from the study area. division. The researcher selected six mixed schools. Purposive sampling was also used to select one teacher counsellor from each of the six selected schools. From the sampling procedures, the 372 students and six teacher counsellors formed the final sample size for this study. Data was collected using two structured questionnaires (students and teacher counsellor) administered to the selected respondents. Cronbach's Coefficient Alpha was computed for each instrument. A reliability coefficient of 0.72 was obtained to indicate the reliability of the instruments. Data was analysed using descriptive and inferential statistics.

## 3. Results

There were 372 respondents from the selected schools. According to the results, majority of the students are between the age brackets of 14 and 18 years. Approximately 95% of the respondents were between the ages of 14 to 18 years. Gender, like age, is a very important factor as it relates to the subject of contraceptives. The results showed that female students constituted 41% of the sample while male students constitute 59% of the sample. These results agree with the national enrolment figures,

which put male enrolment in secondary school at an advantage over their female counterparts. The current national enrolment for boys is at 54% while that of girls is at 46% (Kigotho, 2009).

## 4. Perception on Most Effective Method of STD Prevention

It was important to establish their perception on the effectiveness of the prevention methods. Table 1 shows that majority of the students rate abstinence as the most effective in the prevention of STDs. Condom use and being faithful to one partners are perceived as being the most effective by a similar proportion (12.1%) of the respondents.

**Table 1: Most effective Method of STD Prevention**

Type of Preventive method	Frequency	Percent
Abstinence	282	75.8
Faithful	45	12.1
Condom	45	12.1
Total	372	100.0

An examination of results in Table 1 shows that knowledge of students on the contraceptives available as effective methods of STD prevention was limited to the condom. This could be because the condom is the only effective contraceptive in the prevention of STDs. They, however, concur with the fact that abstinence is the most effective way of preventing the spreading to STDs including HIV/AIDS (Wienreich & Benn, 2004).

### Perception on Condom Use

The objective of the study sought to determine the level of perception of students about condom use in the prevention of STDs. Students were presented with a set of 10 perception statements. They were required to state whether they strongly agree, agree, are undecided, disagree or strongly disagree with the statement. Agreement to positive statements indicates a higher perception towards condom use while agreement to negative statements would denote poor perception and vice versa.

Table 13 gives the results on students' perception regarding the use of condoms.

**Table 2: Students' Perception on Condom use**

Statements	SA		A		U		D		SD		Totals	
	F	%	F	%	F	%	F	%	F	%	F	%
1. Regular use of condom affect fertility	79	21.2	77	20.7	110	29.6	56	15.1	50	13.4	372	100
2. Condoms cannot help prevent HIV/AIDS and pregnancy	69	18.5	83	22.3	46	12.4	101	27.2	73	19.6	372	100
3. It's possible to tell if a person has STDs so as to use a condom	26	7.0	30	8.1	64	17.2	89	23.9	163	43.8	372	100
4. There is no cure for HIV/AIDS	266	71.5	47	12.6	17	4.6	17	4.6	25	6.7	372	100
5. Adolescents are sexually active and can get pregnant or impregnate a girl	192	51.6	117	31.5	30	8.1	30	8.1	17	4.6	372	100
6. Having unprotected sex can lead to pregnancy and STDs	231	62.1	84	22.6	20	5.4	20	5.4	17	4.6	372	100
7. Abstinence, faithful to one partner and condom use prevent the spread of STI or HIV/AIDS	166	44.6	95	25.5	27	7.3	27	7.3	30	8.1	372	100
8. Condoms don't offer complete protection against STI or HIV/AIDS	163	43.8	120	32.3	35	9.4	35	9.4	26	7.0	372	100
9. Advertisement and information about condom use is immoral	51	13.7	69	18.5	61	16.4	61	16.4	99	26.6	372	100
10. Condom use is an indication that one is promiscuous	51	13.7	40	10.8	134	36.0	134	36.0	78	21.0	372	100

The results in Table 3 show that approximately or the students were uncertain on whether regular use of condoms affects ones fertility. Besides approximately 42% of the

students either agrees or strongly agreed to the statement that regular use of condoms affects fertility. These perceptions by students are contrary to scientific research.

According to scientific findings published by PATH (2006), regular use of condoms does not affect ones fertility.

Another misguided perception was on whether condoms could help prevent spread of HIV/AIDS and pregnancy. According to table 13, 41% of the respondents agreed or strongly agreed to the statement that condoms cannot help prevent HIV/AIDS and pregnancy while 12% were undecided on whether to agree or disagree with the statement. Condoms use has been advocated for as an effective way of HIV/AIDS and pregnancy prevention. Condom use has been highly rated in the prevention of HIV/AIDS and pregnancy (Weinreich & Benn, 2004). Theoretically, the use of the condom can prevent HIV and pregnancy by almost 100%. In reality, however "use errors" reduce effectiveness protection to 85%. The "use errors" include incorrect use of condoms.

However, majority of students are in agreement that adolescent are sexually active and can get pregnant or impregnate a girl. They also agree to the fact that having unprotected sex can lead to pregnancy and STDs and that there is no cure for HIV/AIDS. Besides, majority of the students disagree, 24% or strongly disagree, 44% to the statement that it is possible to tell if a person has STDs so as to use a condom. On the perception that condom use is an indicator of promiscuity, 36% of the students were uncertain while 24% either agree or strongly agree with that line of thinking. They would therefore be hesitant to use condoms for fear of being perceived to be promiscuous. Similar findings had been obtained by the Central Bureau of Statistics (2004). Studies reveal that condom use is associated with myths, which propagate its use with promiscuity (CBS, 2004).

## 5. Discussion

Most secondary schools students in Kenya are in the adolescent stage (Spear, 2000)). Most secondary schools students are between 14 to 18 years of age (GoK, 2005). Spear (2000) says that adolescence is a time when the adolescents undergo a lot of changes and growth. They undergo a lot of cognitive changes. Boys are more than girls yet girls are more vulnerable. The current national enrolment at the secondary school level in Kenya for boys is at 54% while that of girls is at 46% (GoK, 1999).

The results of the research indicate that it is common knowledge that students are sexually active and engage in sexual activities. These results support the findings by CBS (2004), which showed that in Kenya 44% of adolescents between 15 and 19 years have experienced sexual activities. WHO (2002) findings shows that students are the world's most poorly informed about the risks of HIV/AIDS, means of transmission and their own vulnerability.

In Canada by 2005 43% of teens aged 15 -19 reported that they had had sexual intercourse at least once down from 47% in 1996 – 1997. This is in line with the trend in Kenya where the median age of sexual debut decreased from 18.8 years to 16.8 years according to KDHS (2003) and the findings of the research.

Many teens do not use effective contraceptive methods, and those who do are likely to use them infrequently or incorrectly (Wienreich & Benn, 2004). Crosby et al (2005) suggest the discomfort experienced when using the condom may suggest why many young men and women become less motivated to use it. The discomfort includes being too tight or loss of sensation. The discomfort would be antecedent of condom breakage, incomplete use and less motivation to use condoms. Students' knowledge on the contraceptives available as effective methods of STD prevention was limited to the condom as indicated by results of the research. This could be because the condom is the only effective contraceptive in the prevention of STDs according to the research results. The cost of a pack according to the research is Ksh 10 (less than one dollar). In Ethiopia the cost for a pack of condoms differs from place and during day and night time. However, many respondents that were involved in a survey considered the cost of a pack of condom to be cheap (not expensive). They pointed out that they faced little problems in getting the condoms (United Management Consultants, 2000).

Majority of the teacher counsellors, indicated that information on students' sexuality and risks of early sexual activities was passed on the students of all classes (F1-4) in their schools. The teacher counsellors indicated that providing information to students was important because it created awareness about sexuality and related risks of sexual behaviour. However, some student's had never sought information, while some student had rarely sought for information. This was an indication that students were sensitive over issues of sexuality and contraceptives (CBS, 2004). Evidence from the focus – group discussions in Zimbabwe indicates that adolescents are aware of this conflict between choice of strategy and sometimes conceal their condom use in order not to disappoint adults. In some cases, their moral conflict gives young people limited choices about reproductive behavior. Moreover adults should reconsider their moralizing concerning young people's sexual activity and support real rather than limited choices with regards to adolescents reproductive health (Ravai et al, 2003).

The parents do not discuss adolescent reproductive health with their children they advise them on abstinence. Adolescents hide the condoms for their parents. Teachers do not discuss condom with students (Ravai *et al*, 2003).

## 6. Recommendation

The study made the following recommendations in view of the above conclusions:

There is need to sensitize students on the dangers of early sexual activities through effective Guidance and Counselling programmes by enhancing the teaching of life skills to students. The perception on condom use among students for the prevention of STDs and HIV/AIDS needs to be enhanced.

The perception on condom use can be corrected and strengthened through the use of the mass media. The Ministry of Education, in collaboration with the Ministry of

Health can hold campaigns that target students with student appropriate messages on the perception of condom use.

Stakeholders in the education sector should formulate policies that will enhance responsible sexual behaviour among pupils. The Heads of State and Government in a world summit agreed to encourage education for all especially universal primary education. They agreed to combat HIV/AIDS by reversing the spread. The policies aim at enhancing responsible sexual behaviour and improving enrollment in schools.

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