ABSTRACT

Background: Few young people receive adequate preparation for their sexual lives leaving them potentially

vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections,

including HIV. A school set up provides an environment where many young people can be reached with education

related to their sexuality. The critical role of teachers in sexual health promotion can therefore not be over

emphasized. Research has shown that comprehensive sexuality education can help young people abstain from or

delay the onset of sexual relations; reduce the frequency of unprotected sexual activity; reduce the number of

sexual partners; and increase the use of protection against unintended pregnancy and HIV/STIs during sexual

intercourse. This study sought to establish the awareness, perception and implementation of comprehensive

sexuality education by teachers in secondary schools in Kisumu central sub-county, Kenya.

Methods: This was a cross sectional study, with a descriptive exploratory design. The study population comprised

of teachers in the secondary schools in Kisumu Central Sub-County. A total of 170 teachers from 11 schools

participated in the study. Both purposive and simple random sampling techniques were applied in obtaining

respondents in each school. The first stage involved purposive sampling of the teachers with designated responsibilities to counsel students. Subsequently, simple random sampling was used to select an additional 15

teachers. Quantitative data was collected through the use of a self- administered questionnaire and an observation

checklist, while qualitative data was collected through key informant interviews using a semistructured interview

guide. Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) version 21.

Descriptive statistics such as proportions were used to summarize categorical variables. Qualitative data obtained

from responses in the key informant interviews, was analyzed using a thematic approach. The transcripts were

annotated and emerging themes were identified. Findings were then presented using frequency tables, pie charts,

narratives, and triangulated with qualitative data in verbatim form.

Results: The study found low level of awareness on issues of CSE. Most teachers have not undergone comprehensive sexuality education training and there is low knowledge in key topics such as HIV/STIs, condom

use, benefits of abstinence and contraception. The study established that teachers understand the need and

importance of CSE, and are ready and willing to provide CSE, but personal biases, opinions and values

related to

sexuality education threaten the delivery of CSE as most teachers opt to handle only topics they are comfortable

with. CSE is not included in the secondary school curriculum and therefore there is no structured way of teaching

it. In addition, teachers use more of non-participatory approaches to deliver CSE as compared to participatory

approaches. Resource materials for teaching CSE (teachers guides and students manuals) are not available and

therefore there is no uniformity in the information being delivered to students, which further implies that secondary

school students are not receiving CSE in its entirety.

Conclusion: The study concluded that teachers despite teachers acknowledging the need for and importance of

comprehensive sexuality education, but its delivery is limited by lack of training, inadequate time allocation for

CSE lessons, and lack of teaching resources amongst other challenges.

Recommendations: It was recommended that all teachers be trained in comprehensive sexuality education. This

will ensure that all teachers are able to support the delivery of CSE. Key topics in CSE such as HIV/STIs, condom

use, benefits of abstinence and contraception should be included in the pre-service teachers' course and CSE as a

whole incorporated into the in-service teacher trainings. This will help the teachers acquire accurate and scientific

knowledge related to the topics and be better able to handle the topics while teaching students. The Ministry of

Education should support teachers to implement CSE by incorporating it in the secondary school curriculum. This

will ensure a structured way of teaching and time allocated for CSE, standard information on CSE being taught and

will enhance its delivery. More research should be conducted to determine the most effective approaches and

methodologies that can be used to deliver CSE. The MOE should ensure that resource materials (teaching guides

and student's manuals) are available in all schools. This can be done by enhancing partnerships with nongovernmental organizations with interest in the field of reproductive health. This will ensure that standardized

information is communicated to the students across the country.