

Sexuality Education: Promoting Safer Sexual Behaviour Among University Students In Kenya.

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ABSTRACT

Sex education has become a major concern in our universities that needs redress. Regardless of this, only few studies have been done on it. This paper seeks to review various studies done by researchers on safer sexual behaviour amongst university students and the impacts of risky sexual behaviour amongst the same. It majors on abstinence, condom utilization, contraception, students' lawlessness and other contributing factors to sexual moral decadence. To mitigate problems related to risky sexual behaviour, it will require a holistic approach from relevant stakeholders as well as implementing new policies in these institutions. This would entail pre-hand orientation of new students, curriculum review and integration of university dons and staff in the health education as a way of alleviating sexual abuse. In addition to policies, a policy action environment is necessary to address sexual and reproductive health rights among university students. This can be achieved through skill building programs such as sex education, peer counseling, and sensitization on contraceptive use.

Key words: Sexual behaviour, university students, abstinence, pre-disposing factors, contraception.

Introduction

Reproductive health is a crucial component in education yet it receives minimal attention from many institutions of higher learning in our country. This is due to cultural sensitivity and political influences. Sexual and reproductive health education is a basic right for all students in an attempt to instill responsible and rightful beings. It is crucial in helping university students to make informed choices. It is of paramount importance in order to make correct choices against premarital sex, homosexuality, unwanted pregnancies and sexually transmitted infections.

Safer sex behavior in universities cannot be overlooked. It entails sexual abstinence, proper and consistent use of condoms and other family planning methods. Barriers to safer sex behavior such as myths, alcoholism, peer pressure and religiosity among university students should be considered. Several studies have found that pregnancy prevention rather than disease prevention is the impetus for condom use while alcohol is strongly related to risky sexual behavior. Students with strong religious convictions are less likely to engage in risky sexual practices (Amar et al, 2010).

Apparently, it is quite debatable whether the prominence of the abstinence-only approach still dominates. This is because it has chronic unintended effects that deny university students access to the information they need to protect

themselves. It risks alienating them at highest risk of negative health outcomes by promoting a “one size fits all” vision of university students that matches the true experiences of only a minority of a few. Sexual abstinence and reproduction education provide the relevant context and meaning of sex. All institutions should embrace teamwork with the health sector and acknowledge that majority of the students are sexually active. This will enhance consistent provision of information on abstinence, contraception and condom use, and sexually transmitted diseases (Chris, et al 2002).

Previously done case- control studies have proved that sex and HIV education programs don't hasten the onset of sex, don't increase the frequency of sex and also do not increase the number of sexual partners but to the contrary they delay the onset of sex, reduce the frequency of sex and reduce the number of sexual partners (Kirby et al, 2001).

Predisposing factors to risky sexual behavior

Drug and substance abuse

Previously done studies have shown that students who abuse alcohol and other drugs are at a higher risk of engaging in high risky behavior. This is worsened by peer pressure and lack of maturity by some students (CDC, 1995).

Alcohol myopia theory explains it as the restriction of

cognitive capacity where the person focuses on the salient situational cues of sexual initiation and ignores the peripheral ones. This suggests that alcohol consumption in an initiate situation, when the arousal is high it may limit a person's ability to identify potential dangers, including the risk of STI, unwanted pregnancy, or sexual coercion (Steele et al, 1990).

Such students engage in unsafe sexual behavior and may contact sexually transmitted infections or have unwanted pregnancies resulting to abortions.

Out of campus living lifestyle

This has been seen to encourage cohabiting amongst students as well as vulnerability to risky sexual behavior. Universities need to adopt the guardianship of parents in order to ensure safe completion of studies by students and reduce the prevalence of diseases like HIV/AIDS. It would be very favourable and attractive if universities provided enough accommodation for majority of the students or liaised with the external hostel providers to lay down rules and policies to avoid cohabiting.

Lawlessness of the students

Some students have moral decadence and need guidance. They have sexual intercourse in the university hostels, poor time management, drugs intoxication and male students staying in girls hostels overnight. This indicates that the rules

and regulations of the university are loose and this needs reassessment of how the university manages the students. Failure to take action strengthens lawlessness of the students.

According to Goyette et al (2000), few lecturers approach female students for sex in exchange for improved grades, which is unethical as well as unprofessional behavior. The students may also succumb due to lack of finances and hence it is for the university to adopt ways of helping such vulnerable students so as to mitigate sexual abuse. A good way is offering work study to the needy students, getting in touch with donors for funding or coming up with activities that generate revenue and run by the students like tuck shops within hostels.

Lawlessness by students will result to poor academic grades and misfortunes to them (Oyelere, 2010).

In addition, lecturers should be ethical and mind the objectives of the student and institution while as students need to be focused and realize that they are protected and guided by the rules and policies of the university.

Low self esteem

Low self-esteem or totally lack of self-esteem may be considered as predisposing factors to risky sexual behaviour. Therefore, this may cause students to lose their self reliance and become dependent on others, which could expose them to dependency, rape, dangerous sexual harassment and other

related risky behaviors. Such students will mostly feel rejected and hence develop a compensatory self-defense mechanism to prove they are lovable. It is for this reason they get multiple sexual partners or older partners 'sugar daddies and mummies' to take care of their needs (Gurmesa et al, 2012).

This can mainly be attributed to effects of poor parenting or developmental hiccups. University counselors are hence essential in dealing with such students for them to lead a normal healthy life.

Impacts of risky sexual behaviour amongst university students

Unwanted pregnancies and unsafe abortions

Unprotected sex results to unwanted pregnancies amongst students. It is such a time that students realize that they can't handle the pregnancy and are in a dilemma of keeping or terminating it. As a result, cases of unsafe and criminal abortion become rampant and hence threatening the health status of the students. Some students lose their lives in the process of abortion due to various complications or are rendered infertile. This comes along with other effects like psychological trauma and posttraumatic stress disorder.

HIV/AIDS

A study carried out by Magu et al 2012 in Kenya on Sexual Risky Behaviours among the Youth in Kenya, indicates that

the youth account for 50% of new HIV infections globally. This is due to lack or improper use of condoms. It is essential to reinforce condom use not only during vaginal sex but also during oral and anal sex. It is therefore necessary to involve various partners in making informed sexual decisions so as to broaden the students' clinical and educational efforts. University students need information on condom accessibility, use of clean needles and accessibility to health services. University students are the basis of the future and represent the hope for an HIV/AIDS free generation.

Poor academic grades and school drop out

Discipline and excellent academic performance are directly proportional. Risky sexual behaviour propagated by alcoholism and other vices keeps students away from class attendance and hence poor performance. Students who cohabit tend to play wifely and husband roles other than concentrating on their studies. Risky sexual behaviour may lead to a life of prostitution. A study conducted in Ethiopia reveals that many adolescents continue to engage in risky sexual behaviors associated with low academic achievement and lack of parental communication; while, individual and family-level protective factors appear to moderate the impact of risk (Land,2004).

Importance of sexual and reproductive health education on university students

Reproductive health education is received either formally or informally. Formal means include schools and other organizations while as informal means are from parents, relatives and peers. Somers, 2005 findings indicate that adolescents who get information from formal sources engage in fewer risky sexual behaviors and hold more cautious attitudes about sex than adolescents receiving information from peer and popular media sources.

Sexual education should be comprehensive enough to take care of the needs of all students and not ignoring the different parenting styles they underwent as an influence to their morals. There should be no condemnation or stigmatization from the providers in order to facilitate openness from the students. Studies have shown that access to comprehensive sexual education delays sex initiation, less sexual partners and increases contraceptive use (Kirby et al, 2007).

A rift has always existed on whether to be exclusive on abstinence only or also have information on non-abstinence. Reproductive health education should not seek to promote abstinence only since dwelling only on abstinence until marriage as the expected behaviour ignores sexuality amongst students. Students who choose to be active in premarital sex are as a result left out with no information guide (Herz and Reis, 1987).

Abstinence programs should be part of the reproductive health education information since students who have undergone this training convey a greater factual understanding on sexual health, and more cautious attitude and behaviour than those ones who have not (Hoff and Greene 2000).

Barriers of sexual and reproductive health education to university students

According to Schueller et al, 2000, there has been a public negative attitude towards reproductive health which has constrained inhibiting students from receiving accurate, unbiased and complete information. In our own country, introduction of reproductive health education in our schools faces vehement resistance and protest from the public. This is due to the deep-rooted cultural and social beliefs held by the public regarding reproductive health ignoring the reproductive needs of these students. Students are therefore on the receiving end of the unspoken resulting to further moral corruption.

The attitude of providers should not be overlooked. Some are too inquisitive, unfriendly, judgmental and can't be trusted with such sensitive information. They also demonstrate a level of expected values from the students who seek their services and hence appearing unapproachable to the students' reproductive health issues. This is because open discussion on reproductive health education or sex remains a taboo in majority of societies.

Reproductive health education programs may also be lacking in some universities or are not offered consistently since they may need to outsource the expertise. It is therefore necessary to follow the requirements set by The Commission for Higher Education on the need to have a health facility as well as a guidance and counseling department working closely together. In addition, reproductive health education is a crucial matter requiring collaboration with external providers in order to boost the privacy and confidentiality of students on these sensitive issues.

Other barriers include dominant masculinity ideologies that prevent boys from asking questions about their sexual health to avoid looking unmanly. Ideologies on the feminist may make girls fear that their reputation may be at stake when they appear to know too much about their reproduction. This therefore makes them not seek information and services on reproductive health education (WHO, 2002).

Findings of a study done by (MOH, 2004) show that students also fear that privacy may lack if they share their issues with the sexual health education providers. They fear that the information may leak out and are hence hesitant to seek these services. They therefore need reassurance in confidentiality and privacy from the providers.

Conclusion

University students continue to make unhealthy decisions about their sexual health, a circumstance that can result in both short- and long-term negative consequences at on them and the society. Social influence or peer pressure is an important factor to consider in instilling positive sexual behaviour during reproductive health education. University environment needs to promote safer sex norms in nurturing students.

Reproductive health education programs have been one of the more widespread and effective means of promoting healthy sexual behaviors and attitudes, but students do not receive equal access to such programs and information. There is a need of additional research identifying determinants specific to university students at risk as a result of behaviors they adopt or rather forced to adopt due to social, economic or cultural factors (WHO, 2006).

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