



# Establishing Teachers Views about the Prevalence of Adolescent Health Risk Behaviors in Secondary Schools in Nairobi County, Kenya

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## Authors' contributions

This work was carried out in collaboration between all authors. Authors TW and JD designed the study and reviewed the manuscript, while author LM carried out data collection and analysis and wrote the manuscript. All authors read and approved the final manuscript.

## Article Information

DOI: 10.9734/JESBS/2017/34089

### Editor(s):

(1) Oyedunni Arulogun, Department of Health Promotion and Education, University of Ibadan, Nigeria.

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Complete Peer review History: <http://www.sciencedomain.org/review-history/19831>

Original Research Article

Received 12<sup>th</sup> May 2017

Accepted 25<sup>th</sup> June 2017

Published 3<sup>rd</sup> July 2017

## ABSTRACT

**Aim:** In recent times, researchers in the field of education have shown keen interest in the area of adolescent problem behavior. There is need to recognize the teacher's role in handling these behaviors. This study was aimed at laying a basis for further research that focuses on the teacher's role. The objective of this study was therefore, to establish teachers' views about the prevalence of health risk behaviors (bullying, pre-marital sex and drug/substance abuse) among adolescent learners.

**Methodology:** A descriptive survey research design and a stratified random sampling were used in the study. The population of the study comprised of 1,824 secondary school teachers in Nairobi County, Kenya. From this a sample of 364 teachers was drawn (103 males, 261 females). A questionnaire was used to obtain information from the respondents while data was analyzed using descriptive statistics. Results were presented using a table.

**Results:** Results for the occurrence of the health risk behaviors include: Bullying – Always 0.3%,

Often 15.7%, Sometimes 19%; Early Sex - Always 9.6%, Often 29.14%, Sometimes 47.5% and Never 5.8%; Drug/Substance abuse: Always 6.9%, Often 34.9% Sometimes 42.9% and Never 8.5%. Occurrence in descending order include: pre-marital sex, 94.2%, drug/substance abuse 91.5% and bullying 89%. Occurrence of health risk behaviors sometimes was higher than often, always and never.

**Conclusion:** The health risk behaviors under study occur in majority of the schools. Premarital sex had the highest prevalence while the report of the behaviors occurring sometimes was the highest. The findings form a basis for understanding the gravity of the health risk behaviors among adolescent learners. The data may also be used to infer the teachers' ability to control the health risk behaviors. This will form a basis for policy. More attention should be given to teachers' ability to handle adolescent involvement in pre-marital sex.

*Keywords: Prevalence; adolescent health risk behaviors; bullying; pre-marital sex; drug/substance abuse.*

## 1. INTRODUCTION

Adolescence is considered a critical period of development involving mental, physical, and psychological changes [1]. The stage is characterized by various problem behaviors including health risk behaviors. Smith and Wessel (2011) noted that the National College Health Risk Behavior Survey (NCHRBS) in Virginia identified six health risk behaviors. These include: behaviors resulting to injuries; tobacco use; alcohol/drug use; sexual behaviors; unhealthy eating habits and physical inactivity. Adolescence is a period where many youths are vulnerable to illicit substance use and sexual risk behaviors [2,3], These behaviors are associated with an increase in morbidity and mortality [4]. They have a direct impact on the students' health and the learning process.

Health risk behaviors among adolescent learners have been reported globally. Turkmen et al. [5] in a study in Turkey reported that the prevalence rate of bullying, victimization, witness to bullying and bully victims were 10.5%, 10.7% and 5.5% respectively. On the same subject, Kaplan et al., [6] in a study in New York reported that more than  $\frac{1}{3}$  of students who had had sex reported having started early. In a similar study by Qadri et al. [7] in India, the prevalence of drug/substance abuse was 60% ever users and 34.93% regular users.

A number of studies and media reports indicate that health risk behaviors are a major problem in Kenyan schools. Adam and Mutungi (2007) in a study on Sexual Behavior among Kenyan University students, found that 71% of male students and 46.6% females had had sex. According to Nyaga [8] and Muriithi [9], problem behaviors in secondary schools include health

risk behaviors such as smoking, drinking alcohol, drug abuse, bullying and teenage pregnancy.

In their study Ndeti et al. [10] reported that bullying is highly prevalent in Kenyan schools. In a related case, Kiplangat [11] reported that a form one boy was fighting for his life at a Karbanet hospital in Kenya after senior students forced him to take a laboratory chemical - ethanol - in a bullying incident. The current study examines the prevalence of bullying among adolescent learners from the teacher's perspective.

Concerning adolescent involvement in pre-marital sex, Okong'o [12] noted in a study in Nyanza, that majority of victims of HIV/AIDS are students. He reported that the Nyanza provincial Aids and sexually transmitted diseases coordinator had indicated that 103,144 people in the province had HIV and that half of them were students. In their study Lawrence, et al. [13] concluded that female adolescents had early onset of sexual activity and use of contraceptives. On teenage pregnancy. Lubanga [14] reported that 39 teenage girls had been forced to terminate their studies after they were found pregnant and that school girls' pregnancy was on the rise. Aseda [15] noted that the reality of Aids and early pregnancy demands that students get condoms. This was in reaction to a Kenyan bill on issuing of condoms to school going children due to the rising cases of sexual involvement among learners. This study examines the prevalence of involvement in pre-marital sex in Kenyan schools, creating a basis for intervention.

In September 2001, the Kenya Ministry of Education Science and Technology constituted a task force to gather views on causes of unrest

and indiscipline in secondary schools [16]. This undertaking was motivated by students' unrest in St. Kizito high school where 19 girls died, Kyanguli Secondary school incident where 68 students were burnt to death and Nyeri high school, where four prefects were burnt to death by fellow students. Results indicated that cheap alcohol and drug/substance abuse were among the major causes of these destructive behaviors. In a newspaper report, an incident in which 21 people among them a 16 year old form one and 2 university students had died after drinking adulterated drinks [16] was cited. The current study combines the three health risk behaviors due to the effect they have on the adolescents involved and the challenge they pose to teachers.

Teachers play an important role in modifying adolescent health risk behaviors and especially in Kenya where adolescent learners spend most of their time in boarding schools under the supervision of teachers. Teachers develop policies, rules and practices that guide acceptable behavior in schools. They also deal with routine discipline, offer guidance and provide mentorship. In spite of these roles, the health risk behaviors under study remain a major challenge. Consequently, there is a need to redirect our focus to teachers who are charged with the responsibility of controlling health risk behaviors among learners.

The rate at which health risk behaviors occur among adolescent learners may predict the ability of the teachers to control them. This ability may have a direct or indirect impact on students' overall performance. Given the importance of the teachers' ability to deal with the health risk behaviors, the study has examined teachers' views about the prevalence of these behaviors among the adolescents they teach. Results realized have assisted the researcher in drawing conclusions that are helpful in determining whether the teachers are in control or not.

In this study, views on the prevalence of bullying, pre-marital sex and drug/substance abuse have been sought from teachers as opposed to previous studies that sought information from students who may refrain from disclosing the actual state of health risk behaviors among them. To understand the persistence of these behaviors, we need to ask ourselves whether the teacher is in control. This creates a need to study the prevalence of these behaviors from the teachers' point of view. This area has been under

investigated. To fill this gap, this study was directed towards establishing the prevalence of bullying, pre-marital sex and drug/substance abuse among adolescent learners. This is crucial in studying, understanding and successfully controlling health risk behaviors among learners.

## **2. MATERIALS AND METHODS**

### **2.1 Research Design**

The researcher used descriptive - survey research design.

#### **2.1.1 Participants**

The study comprised a sample of 364 (20%) teachers - 103 males and 261 females - drawn from a population of 1,824 teachers (1,307 females and 517 males) from 78 public secondary schools in Nairobi County, Kenya.

#### **2.1.2 Procedure**

After getting a data collection permit from the National Commission for Science, Technology and Innovation, the researcher visited the schools sampled and issued a letter addressed to the principal requesting to be allowed to collect data. On the day of collecting data, the researcher visited the staffrooms over tea and lunch breaks with an assisting teacher. After the researcher was introduced to the teachers by the assisting teacher, the researcher gave a brief concerning the data to be collected and requested them to fill in the questionnaires. This was followed by the researcher issuing copies of the questionnaire and collecting them after completion. The average time taken to fill in the questionnaire was 30 minutes. The researcher was able to visit two sampled schools in one day. This enabled the researcher to personally administer the questionnaires for a period of two and a half months.

#### **2.1.3 Instrument**

A questionnaire was used to collect data from the respondents. The questionnaire was composed of two parts. Part 1 was used to collect demographic data. Part 2 measured the extent to which bullying, involvement in pre-marital sex and drug/substance abuse occurred in the respondents' schools. The three behaviors were itemized and the respondents indicated the rate at which these behaviors occurred in their school based on the scale of (always, often, sometimes and never).

Content validity of the instrument was established with the help of supervisors and lecturers from the Educational Psychology Department and other designated readers from Kenyatta University. To determine the reliability of the instrument, a pilot study was done using 30 respondents from 2 secondary schools and the feedback used to improve the instrument.

**2.1.4 Data analysis procedures**

A frequency Distribution scale was used to establish the rate at which each of the health risk behavior occurred in the participants’ schools.

**2.1.5 Logistical and ethical considerations**

Research authorization was sought from the National Commission for Science, Technology and Innovation and Kenyatta University Graduate School. The data collection procedure did not involve any physical or psychological harm to the respondents. The questionnaire administrator explained to the sampled participants what was required of them after which participation was voluntary. Participants were not required to indicate their identity in the questionnaires. This catered for anonymity and privacy.

**3. RESULTS**

**3.1 Prevalence of Health Risk Behaviors (Bullying, Involvement in Pre-Marital Sex and Drug/Substance Abuse)**

Results for the occurrence of health risk behaviors include: Bullying – Always 0.3%, Often 15.7%, Sometimes 19%; Early Sex - Always 9.6%, Often 29.14%, Sometimes 47.5% and Never 5.8%; Drug/Substance abuse: Always 6.9%, Often 34.9% Sometimes 42.9% and Never 8.5%. These results reveal that nearly three quarters (58.2%) of the respondents reported that bullying occurs in their schools sometimes, while slightly less than a quarter (19%) reported no cases of bullying in their work stations (Table 1). Less than a fifth (16%) admitted that

bullying occurs in their schools often/always. Slightly more than three quarters (86.5%) of the respondents indicated that cases of pre-marital sex had been reported in their schools – that is sometimes, often and always. A small number (5.8%) reported that there were no cases of pre-marital sex in their schools. Slightly less than a tenth (8.5%) of the respondents were not aware of any cases of drug and substance abuse in their schools while nearly three quarters (84.7%) admitted that drug and substance abuse cases had been reported in their schools (sometimes, often and always).

**4. DISCUSSION**

Overall, bullying, involvement in early sex and drug/substance abuse occur in secondary schools across the board. Early sex had the highest prevalence (86.5%) among the health risk behaviors under study. These results are consistent with those of Finer and Philbin [17] who in a study, noted that teens aged 17-19 are sexually active and that about 30% aged 15-16 have had sex. In agreement with these results is Muriithi [9] who in a related study found teenage pregnancy a major challenge to school principals. Lawrence et al. [13] concluded that female adolescents had been involved in pre-marital sex and use of contraceptives. These results highlight the seriousness of pre-marital sex among adolescent learners. It is noteworthy that involvement in pre-marital sex is higher than bullying and drug/substance abuse among adolescent learners. This could result from the lack of well established programmes to manage issues related to sex among adolescent learners. Teachers could still be treating sex issues as taboo topics and this may influence their attempts in handling the problem behavior.

Drug and substance abuse was the second in prevalence (84.7). The findings indicate that this behavior occurs moderately. Contrasting results are reported by Maithya [18] who reported that drug abuse among both males and females is

**Table 1. Prevalence of health risk behaviors**

Health risk behavior	Extent of occurrence in schools								Total	
	N		S		O		A		F	%
	F	%	F	%	F	%	F	%		
Bullying	76	19	218	58.2	63	15.7	7	0.3	364	100
Pre-Marital Sex	28	5.8	180	47.5	114	29.4	42	9.6	364	
Drug/ Substance Abuse	38	8.5	162	42.9	133	34.9	31	6.9	364	

Note: N – Never; S – Sometimes; O – Often; A – Always

common though it is more prevalent in boys' schools. Similarly, Qadri et al. [7] reported a prevalence of 60%. In a related study, Muriithi [9] found drug abuse, to be a major challenge in Kenyan secondary schools. The contrasting results could be due to the fact that the participating teachers were from both girls and boys schools though it is clear that more boys than girls are involved in drug and substance abuse. Furthermore, the Kenyan Ministry of Education has put in place various programmes to eliminate this behavior among the learners. It is therefore important to consider the problem of drug and substance abuse an issue requiring more attention. After all, the moderate use could escalate if not addressed.

Bullying had the least prevalence (58.2%) among the risk behaviors under study. The fact that it occurred occasionally is consistent with results by Nansel et al. [19] who reported that it occurred moderately. Bullying could have had the least prevalence because most secondary schools in Kenya have engaged in efforts to phase out the behavior. Contrary to this, a report in a previous study in Kenya by Ndeti et al. [10] on "Bullying in Public Secondary Schools in Nairobi," indicated a high prevalence. However the bullying cases require a lot of attention as the cases continue to get complicated as evidenced by Wambui [20] who reported a case in which four boys gorged out a form one's eye in a bullying incident in a Kenyan school.

This disparity in results could be due to the difference in respondents. The current study collected data from teachers, some of who could be ignorant about the problem behavior of their students outside class, while in some of the other studies, students were involved. It is important to note that a number of teachers had indicated that these behaviors often occurred in their schools. Therefore, due to the seriousness of the effects of health risk behaviors, the report in the current research that they occur moderately should be taken as a major challenge until the health risk behaviors are eradicated.

## 5. CONCLUSION OF THE STUDY

- i. A number of conclusions are drawn from the study's findings based on teachers' responses.
- ii. Majority of the teachers reported that health risk behaviors occurred in their schools sometimes, often and always.

- iii. Involvement in pre-marital sexual relationships has the highest prevalence followed by drug/substance abuse while bullying has the lowest. This implies that more attention should be directed towards dealing with pre-marital sex.
- iv. The prevalence of health risk behaviors among adolescent learners is generally moderate and therefore manageable if teachers are equipped with the appropriate knowledge and skills.

## ACKNOWLEDGEMENTS

I wish to express my gratitude to my supervisors Dr. Tabitha Wang'eri, and Dr. Jotham Dinga, Department of Educational Psychology, Kenyatta University, for their continued guidance and advice without which this study would not have been a success. I also wish to thank my husband, Mr. Samuel Macharia who supported me morally and financially, together with my children: Mumbi, Nyambura, Wairima and Waweru. They were there for me when I needed to format my document even at very odd hours.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. Santrock JW. Life- span development (9th Ed.). New York: McGraw Hill; 2004.
2. Mahalik JR, Coley LR, McPherran LC, Doyle LA, Markowitz AJ, Jaffee SR. Changes in health risk behaviors for males and females from early adolescence through early adulthood. *Health Psychology*. 2013;32:685-694.
3. Spear LP. Adolescent neurodevelopment. *The Journal of Adolescent Health*. 2012; 52:S7-S13.
4. Rugulies R, Aust A, Syme SL. Epidemiology of health and illness: A socio-physiological perspective. In S. Sutton, A. Baum, & M. Johnston (Eds.), *The sage handbook of health psychology*. London: Sage Publications. 2004;27-68.
5. Turkmen DN, Dokgoz MH, Adgoz SS, Eren BN, Vural EH, Polat HO. Prevalence of bullying behavior, its victims, types and places of bullying among 14-17 year old students in Bursa, Turkey. *Maedica Buchar*. 2013;8(2):143-152.

6. Kaplan DL, Jones EJ, Olson EC, Yunzal-Butler CB. Early age of first sex and health risk in an urban adolescent population. *Journal of School Health*. 2013;83:350-356.
7. Qadri SS, Goel R, Singh J, Ahluwalia SK, Pathak R, Bashir H. Prevalence and pattern of substance abuse among school children in northern India: A rapid assessment study. *International Journal of Medical Science and Public Health*. 2013; 2(2):273-282.
8. Nyaga R. Challenges facing head teachers in enhancing pupil discipline in primary schools in Kibera Slum, Nairobi. University of Nairobi. Unpublished thesis; 2004.
9. Muriithi WE. Challenges principals face in enhancing student discipline in secondary schools in Ndia District, Kenya. Chuka University College, Unpublished thesis; 2010.
10. Ndetei DM, Khasakhala LI, Syanda J, Mutiso V, Otieno CJ, Odhiambo G, Kokonya DA. Bullying in public secondary schools in Nairobi, Kenya. *Journal of Child and Adolescent Mental Health*. 2007; 19(1):45–55(11).
11. Kiplangat B. (reporter). Gene in a bottle (Television news). In 60 minutes. Auckland New-Zealand: TV3 Network Services; 2013.
12. Okong'o E. Student major victims of HIV AIDS in Nyanza. *Journal of Education*. 2013;086(3):1.
13. Lawrence D, Ikamari E, Towett R. Sexual initiation and contraceptive use among female adolescents in Kenya. *Journal of School Health*. 2013;83(5).
14. Lubanga D. Alarm as 39 school girls get pregnant. *The Daily Nation*. 2014;19.
15. Aseda R. Condoms and contraceptives will reduce teenage pregnancy. *The Daily Nation*. 2014;14.
16. Republic of Kenya. The report of the task force on student discipline and unrest in secondary schools. Nairobi: Government Printers; 2001.
17. Finer LB, Philbin JM. Sexual initiation, contraceptive use and pregnancy among young adolescents; 2013. DOI: 10.1542/peds.2012-3495
18. Maithya WR. Drug abuse in secondary schools in Kenya: Developing a programme for prevention and intervention; 2009. Available: [fromuir.unisa.ac.za/bitstream/handle/10500/3433/dissertation\\_Mathya\\_pdf?sequence=1](http://fromuir.unisa.ac.za/bitstream/handle/10500/3433/dissertation_Mathya_pdf?sequence=1)
19. Nansel TR, Overpeck M, Pilla RS, Ruan WJ, Simons-Morton B, Scheidt P. Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment; 2001. Available: [www.ncbi.nlm.nih.gov/pubmed/11311098](http://www.ncbi.nlm.nih.gov/pubmed/11311098)
20. Wambui E. (reporter). Four form four students from Terige high school aligned in court for allegedly assaulting another student (Television news). Kenya: Citizen TV; 2014.

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