

# Implementation of life Skills Training in Reality Therapy towards Curbing Teenage Pregnancy In huruma Ward, Turbo Sub-County, Uasingishu County, Kenya.

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**ABSTRACT:** This study was on Life Skills Education in Reality Therapy as a tool in Curbing Teenage Pregnancy in Huruma Sub County, UasinGishu County, Kenya. The study investigated Life skills training in Reality Therapy as a tool of Curbing Teenage Pregnancy. The researcher used a mixed method approach, specifically an embedded design. The target population in the study was 300 teenage mothers in Huruma sub-county. Simple random sampling technique was used to select a sample of 100 participants from 300. Questionnaires were used to collect data. Research instrument were validated through pilot testing and their reliability through test re-tests measure. The quantitative data from questionnaires was cleaned, coded and entered into SPSS version 23 to generated escriptive and inferential statistics. The study found out that Life skills training through reality therapy was beneficial to the teenage mothers in society; it provided ability to make informed decisions in life and through life skills training in reality therapy adolescent mothers gained self-confidence and self-esteem. The study recommended that National and County Governments needs to sensitize the community through psychologists and social worker son the need of reality therapy and life skills training regularly to enhance the capacity of community members the importance of life skills education.

## I. BACKGROUND

Training life skills through reality therapy influences individuals' understanding from their sufficiency, self-confidence and self-esteem promotion and also has an important role in mental health. With promotion the level of mental health the individual motivation in taking care of him/her and others increases and this prevents their many mental disorders and problems. In fact, life skills are trainings for living better and lessening life problems, taking pleasure from life and providing self-physical and mental health. Life skills are received as effective, useful and important things because they enable individual to change his/her potential abilities to real and identical abilities with increasing the knowledge and change of attitude. Also, it helps the person to benefit from individuality forces for the sake of happiness (Koohestani & Mirzamani, 2006).

Adolescent mothers have been found to have a higher likelihood of poor mental health during pregnancy and after compared to mothers who are older as well as non-pregnant peers. "Among adolescent mothers, rates of depression are estimated to be between 16% and 44%. In contrast, the lifetime prevalence of major depression among non-pregnant adolescents and adult women is between 5% and 20%"(Hodgkinson et al. 2014). Adolescent mothers taking on maternal responsibilities early in their development stage, especially if they are in

an unstable low-income environment facing additional life factors, can quickly escalate as trauma for these young girls.

Teenage motherhood is a situation in which a girl in her teenage years becomes a mother as result of getting pregnant (Brady, Stephanie & Ventura, 2012). According to Lucker (2010), it is a complex reality of contemporary society. Among the developed countries, the United States of America (USA) leads in the rates of teenage mothers whereas Japan and South Korea are the least affected (Lowen, 2012). According to Molosiwa and Moswela (2012) school girls pregnancy is an international crisis that affects the social economic welfare of countries, societies and families at large because it is one, if not the leading cause of school dropout for female students. In the United States of America 30% of all teen girls who drop out of school cite pregnancy as a key reason (Shuger, 2012) and fewer than 38% of the teen mothers ever earned their high school diploma (Van Pelt, 2012).

Adolescent pregnancy trends in percentage terms are quite worrying in Sub Saharan Africa because of the health, social, economic and educational consequences. Niger is worst affected at 51%, Chad at 48%, Uganda at 33%, Tanzania at 28% and Kenya at 26% (Loaiza and Liang, 2013). In Kenya, approximately, 13000 girls leave school annually due to teenage motherhood (UNDP, 2010). Teenage mothers are often unprepared or too immature to care for a child. Their choices in all aspects of life are restricted. Though, Life Skills Education is taught as one lesson per week; nobody has done a follow up to establish whether the curriculum is being implemented or not. Some teachers are willing to implement the programme but still experience many challenges (Abobo, 2012). These include girls early sexual involvement (Musonga, 2014) that results in multiple and concurrent partnerships with boys and men that may be transactional in nature due to poverty. Poverty at home affects individual attributes of some girls in that it may force girls' into survival sex for subsistence (FAWE Uganda, 2011). Issues emanating from the home environment that are relational in nature may contribute to teenage pregnancy. Life skills education is one way to offer the information and skills that adolescent girls need to deal with issues such as abstinence, sexual abuse, prevention of pregnancy and Sexual Transmitted Infections (STIs) (Bearinger, Sieving et al. 2007).

Life skills training is a deliberate and purposeful activity directed at the achievement of range of ends which could potentially include the development of knowledgeable individuals who are able to think rationally and make reasonable judgements (Rizvi and Lingard, 2010). Life Skills Education (LSE) is an interactive process of teaching and learning which enables learners to acquire knowledge and to develop attitudes and skills which support the adoption of healthy behaviors (Kenya Institute of Curriculum Development, 2008). A consensus on the conceptualization of Life Skills Education is yet to emerge (UNESCO, 2012) making its implementation rather complex.

Monteiro & Shetty (2016) conducted a study in India on "Introduction of Life Skills Education in Curriculum for Creative and Positive Social Functioning among Young Students". One of the major objectives of adolescence mothers is to develop life skills in reality therapy to empower youngsters to react to the real life situations in positive and capable ways. The investigation surveyed that the large portion of the adolescents is having absence of confidence in students acquired life skills. The study suggests that implementing life skills education among the adolescent is mandatory because it will shade light in their daily lives.

In Africa, life skills education in Lesotho was aimed at equipping adolescents with various Life Skills in an attempt to promote acceptable attitudes and behaviors. Life skills education was introduced in Lesotho Primary and high schools in 2008. The Lesotho government has supported life skills education with the significant role that education contributes to national development. Puspakumarag (2013) in his study showed that life skills training was effective in preventing a wide range of problems such as substance abuse, teenage pregnancies, violence bullying and to promote self-confidence and self-esteem among the adolescents. Roodbari, Sahdipoor,

and Ghale (2013) in their research showed that life skills training has a positive effect and improves social development, emotional and social adjustment, suggesting an increase in compatibility of children and public health, something that the current study examined on whether through life skills education the rising teenage pregnancy has got any solution in the society therein.

Roberts, Smith and Sherr (2021) conducted a study in the height of understanding mental health in context of adolescent pregnancy and HIV in Sub-Saharan Africa. The study aimed at identifying the prevalence of common mental health disorders among adolescents who are living with HIV and have experienced pregnancy, risk and protective factors for common mental disorders among the same group and interventions for common mental health disorder. The data was collected by systematic reviewing, searching of electronic data bases by use of predetermined search terms and hand searching. The study found 2287 unique records, of the 2287 records 38 qualitative and 7 quantitative records were used for the review.

A qualitative case study was done by Manhica (2021) on Promoting sustainable health and wellbeing for pregnant adolescents in Uganda. Adolescent pregnancy is a global health problem. In Uganda, the rate of teenage pregnancies is approximately 25% and these are associated with both poor maternal- and prenatal health outcome. The study aimed at examining health workers' experiences of promoting sustainable health and well-being for pregnant adolescent girls in Uganda. A qualitative study design was used and data was collected through semi-structured interviews where four health workers working for a Non-Government Organization (NGO) based in Uganda were included in the study. Data was inductively analyzed by content analysis. The study concluded that the health workers can promote health and well-being among pregnant adolescent by applying person-centered care, including therapies and empowerment strategies by a faith-based approach. Social structures and families should be encouraged to provide support to pregnant adolescent girls.

In Kenya, Ndirangu, Ngare and Wango (2013) state that the introduction of life skills education to adolescents in schools by the Ministry of Education both came as a directive and also as a result of the ineffectiveness of the guidance and counseling programme. They further posit that the contemporary world requires a modern outlook that may inadvertently place life skills before counseling. Being a new subject in the curriculum, life skills present certain requirements that have to be met for successful implementation. The government of Kenya introduced the teaching of Life Skills Education as non-examinable subject in secondary schools in 2008 with the intention to empower students with psychosocial competencies that would help them make informed decisions, solve problems, think creatively and critically, communicate effectively, build health relationships, empathize with those in need and manage their life in a healthy and productive manner including the fight against HIV and AIDS infections (Republic of Kenya, 2012).

Ndeti, (2022) conducted a study in Nairobi Makadara Sub-County the effect of life skills training on mental health and academic performance of primary school children. The investigator used concurrent triangulation design under mixed method. Data was collected by use of questionnaires and interview guide. The findings of the study showed that there was significant improvement in overall academic performance for both lower primary and upper primary classes after the life-skills training intervention was done. For lower classes increase in academic performance was significantly associated with fathers and mothers' education levels, region and class. There was an increase which was associated with region, class and age in upper classes in academic performance.

## II. METHOD

### Research Design

A research design is the framework of research methods and techniques that guides the investigator in every stage to recognize solutions to the problem under investigation (Bhandari, 2023). The researcher employed mixed method research approach and particularly embedded design which combined both quantitative and

qualitative designs which helped in the identification of the solutions to the study. The quantitative design was first be used and then was followed by qualitative design at the same time. The qualitative data supported the quantitative data collected. The quantitative design used cross sectional design because it entails the collection of data from the sample population at one time which makes it less time consuming. Qualitative design utilized phenomenology design that described the lived experiences of individuals about a particular phenomenon (Okendo, Atoni&kitula, 2020).

### **Location of the Study**

The study will be conducted in Huruma ward, Turbo Sub-County. The Turbo sub-county is constituency number 142 with a population of approximately 210,409 people and an area of 322.7 square kilometres. Turbo Sub County has six constituency assembly wards namely Ngenyilel, Tapsagoi, Kiplombe, Huruma, Kapsaos and Kamagut. This Sub-County is the third largest in UasinGishu County. Huruma ward is a metropolitan ward with many tribes residing in this area. Teenage pregnancy has been experienced in this ward for a while. The study decided to use life skills training through reality therapy as a way of creating awareness to curb teenage pregnancy in Huruma ward.

### **Target Population**

Target population refers to a group of elements that an individual want to know more information about it (Gail &Benichou, 2018). The target population of the study was 330 adolescent mothers, aged 14-19 years and who lived in low- and middle-income estates, formal and informal settlements of Huruma Ward, UasinGishu County. According to the available records in UasinGishu County (UGC) data, an average of 330 adolescent mothers resides in Huruma Ward (UGC, 2022). The researcher decided to use teenagers because helping them to reduce teenage pregnancy the coming generation will easily follow the footsteps in reducing this problem.

### **Sample Size and Sampling Procedures**

Selecting a sample size is of paramount importance to avoid wasting time by selecting a sample that is not too big in size and to build confidence of the findings from the study by the sample size not being too tiny (Kothari, 2003).

In order to obtain a representative sample for the participants, the researcher employed probability sampling technique and in particular simple random sampling technique to select adolescent mothers from the targeted area to participate in the study. This technique was used because it enabled the researcher to avoid hints of biasness in the sense that each member of the target population and who met the requirements of the study got an equal chance of being selected as a study participant. This was done by drawing names of the adolescent mothers out of a container until the required number was attained (Okendo, Atoni&Kitula, 2020). According to Mugenda and Mugenda (2023), a sample size of 30% is acceptable. Therefore, from the target population of 330 adolescent mothers, the researcher identified the adolescent mothers required for the study and samples a size of 100 to take part in the study.

### **Research Instruments**

Data were collected using questionnaire. A questionnaire is a list of questions used to gather data from respondents, about their attitudes, experiences or opinions, the questions are fixed-alternative, scale and open-ended (Bhandari, 2023). The method of choosing a specified quantity of subjects from a definite population to represent that population is referred to as sampling (Orodho and Kombo, 2003). The study used simple random sampling in the selection of subjects to be administered with questionnaires. Simple random sampling method was used to select adolescent mothers. The questionnaires were distributed to each participant; where only adolescent mothers were required to fill in the questionnaire.

**Effect of life skills training on mental health of adolescent mothers**

The effects of life skills training on mental health were assessed using seven statements which respondents were asked to rate based on a three-point scale where 1 = Disagree, 2 = Moderately Agree and 3 = Agree. Findings were summarized and presented in the table below.

**Table 1 Effects of life skills training on mental health**

| Statement   | N  | Minimum | Maximum | Mean   | Std. Deviation |
|---|----|---------|---------|--------|----------------|
| I make decisions basing on what I value                           | 80 | 1.00    | 3.00    | 1.4375 | .79307         |
| I weigh the risks and rewards before making a decision            | 80 | 1.00    | 3.00    | 1.1625 | .43411         |
| I am able to solve problems when they come my way                 | 80 | 1.00    | 3.00    | 1.5500 | .74460         |
| I know the most important things and important people in my life  | 80 | 1.00    | 3.00    | 1.8125 | .95591         |
| I know what stresses me most and what relaxes me when stressed up | 80 | 1.00    | 3.00    | 1.6125 | .90699         |
| I am creative on how to start up a project to help me             | 80 | 1.00    | 3.00    | 1.4500 | .77786         |
| I know how to plan things that relates to my life                 | 80 | 1.00    | 3.00    | 1.7500 | .93457         |
| Valid N (listwise)  | 80 |         |         |        |                |

The first statement had a mean of 1.43, which implies that majority of the respondents disagreed as to whether they make decisions basing on what they value. The second statement had a mean of 1.16, which implies that majority of the respondents disagreed as to whether they weigh the risks and rewards before making a decision. The third statement had a mean of 1.55, which implies that majority of the respondents disagreed as to whether they are able to solve problems when they come their way. The fourth statement had a mean of 1.81, which implies that majority of the respondents moderately agreed as to whether they know the most important things and important people in their life. The fifth statement had a mean of 1.61, which implies that majority of the respondents disagreed as to whether they knew what stresses them most and what relaxes them when stressed up. The sixth statement had a mean of 1.45, which implies that majority of the respondents disagreed as to whether they were creative on how to start up a project to help themselves. The seventh statement had a mean of 1.75, which implies that majority of the respondents moderately agreed as to whether they knew how to plan things that relates to their life.

This study concurs with other previous studies on reality therapy and mental health. For instance, BharathSrikala and Kishore (2018) found that adolescents who had participated in life skills training reported better self-esteem, perceived adequate coping, better adjustment generally in school and pro-social behavior. On the same breadth, Ndetei (2022) also reported a positive and significant relationship between life skills training and overall academic achievement among learners.

**III. Discussions**

Aliloo (2004) investigated the effect of training life skills on mental health through reality therapy of Iranian medical students at OloumPezeshki University. His findings indicated that training self-expressing and taking heart methods, controlling unpleasant excitements (anxiety, depression, anger) and stress resulted in significant decrease at depression and anxiety levels and also caused improvement in general health and educational

performance of the students. But, it was not effective in social performance dimension and totally, experimental group had higher general health and educational performance compared to control group.

Errecart and Ross (2002) investigations also indicated that through reality therapy training life skills caused improvement in individuals' general health. Vertainen (2004) has performed such program on the 4523 girl and boy students in Finland and obtained similar results. Different studies also showed that training life skills results in increasing individuals' mental health. The findings emerging from the present study indicated that training life skills has been effective in decreasing anxiety and depression of the mothers having exceptional children.

Yadavari (2004) investigated the effect of training life skills through reality therapy on variety variables and found that training these skills caused improvement in mental health dimensions (physical, social performance, anxiety and depression). These findings are congruent with the findings of the current study.

#### IV. CONCLUSION

Teenagers are people who need a lot care in order to secure their future life. Any mistake committed during teenage period might ruin one's whole life. Using life skills training through reality therapy will equip young girls at teenage age to live a moral life in the society and this curb teenage pregnancy.

#### References

- [1] Aliloo, M. (2004). The effect of training life skills on mental health of Iranian medical students at OloumPezeshki University
- [2] Hodgkinson et al. (2014) Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114–122. <https://doi.org/10.1542/peds.2013-0927>.
- [3] Koohestani, M., & Mirzamani, M. (2001). *Behavioural sciences researches journal*, 4(1&2), 46-51.
- [4] Monteiro, R. & Shetty, L. (2016). Introduction of Life Skills Education in Curriculum for Creative and Positive Social Functioning among Young Students. *International Journal of Engineering Research and Modern Education*, 1 (1), 2455-4200.
- [5] Molosiwa, S. & Moswela, B. (2012). Girl Pupil Dropout in Secondary Schools in Botswana: Influencing Factors, Prevalence and Consequences. *International Journal of Business and Social Science* Vol. 3 No.7; April 2012.
- [6] Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. Nairobi: Acts Press.
- [7] Ndirangu, A. N., Ngare, G. W. & Wango, G. (2013). Gender Factors in Implementation of Life Skills Education in Secondary Schools in Nairobi, Kenya. *International Journal of Education and Research*, 1 (5), 1-18. Retrieved from <http://www.ijern.com/images/May-2013/38.pdf>
- [8] Orodho, J. A. (2009). *Techniques of writing research proposals and reports in education and social sciences*. Nairobi. Kanezja publishers.
- [9] Yadavari, M. (2004). The effect of training life skills on general health, Self-respect and self-expressing of Iranian high school girls students. *General psychology M.A thesis, Islamic Azad University-Ahvaz branch*. Vertainen, E. (2004). *Health promotion*. 1(3), 269- 283.