



Research Journal of Education

ISSN(e): 2413-0540, ISSN(p): 2413-8886

Vol. 2, No. 10, pp: 159-166, 2016

URL: <http://arpgweb.com/?ic=journal&journal=15&info=aims>

Effectiveness of Guidance and Counseling Programs on Academic Achievement among Public School Students in Bungoma South Sub-County

Negesa Justine V.*

Department of Educational Psychology, Masinde Muliro University, Kenya

Wesangula M. P.

Department of Educational Psychology, Masinde Muliro University, Kenya

Opiyo A. R.

Department of Educational Psychology, Masinde Muliro University, Kenya

Abstract: In Africa, the concept of Guidance and Counseling although relatively new in educational systems, has been embraced by most governments. Although most African countries recognize the essential role of organized Guidance and Counseling Programmes, there are limited researches studies conducted to assess the effectiveness of the programmed services being implemented to improve the student's decision making processes that lead to improved future benefits. Research is yet to identify gender specific strategies to positive psychosexual development in boys and girls that can promote safe reproductive health. A wide spread ignorance on the subject of sex is due to the fact that the subject has been surrounded with mystery and beclouded by dark silence. The result has increased curiosity and desire to acquire more knowledge on this forbidden subject; yet, the people entrusted with the responsibility of educating the adolescents on the subject have not made appropriate information readily available. The study investigated effectiveness of guidance and counselling programmes on academic achievement among public secondary school students in Bungoma South Sub-County, Kenya. The study adopted Albert Bandura's Social Cognitive Theory postulated in 1986. A descriptive research design was used with target population of 52 guiding and counselling teachers. A sample of 16 participants was selected using, using 30% of [Mugenda and Mugenda \(2003\)](#) and randomly selected from 52 schools. Data was collected using structured interview schedule and questionnaire and analyzed descriptively. Results highlights teacher counselling and peer counselling were the most effective strategies in guidance and counselling as compared to students suspension and corporal punishment. More than half of guidance and counselling teachers asserted that schools had inadequate policy and manual procedures and code of ethics and regulation governing sexual behaviour. This paper points at need of guidance and counselling departments to develop policies and manual procedures on sex and relationship education that acts as a reference point to all members of the school. In addition, the Government should set up reproductive health institutions for the youth, promote peer counseling, talks by health providers in schools which has a bearing on students' performance.

Keywords: Academic achievement; Guidance and counselling programmes; Monitoring and evaluation; Sex education; Teen sexual behavior.

1. Introduction

Globally, there is lack of sufficient education on sexual behavior ([WHO, 2012](#)). This is apparent by the low percentages of young people aged between 15 and 24 years in middle and low income countries recorded to be having comprehensive and correct knowledge of how to prevent HIV/Aids and general contraceptive use. This reflects 36% in males and 24% in females while the remaining larger population is sadly prone to HIV/AIDs and pregnancies due to ignorance occasioned by lack of sexual education ([WHO, 2012](#)). Sex education programs are said to be suitable for school environments where it is easier to reach large numbers of young people at early stages of development before they become sexually active. By realizing adolescence early in teenage, school settings provide young people with information and skills they will need to make responsible decisions about their future and their sexual lives which translates to good performance in school according to catholic agencies. While guidance and counseling is an easily accessible service in many developed countries, its benefits are not yet adequately exploited in developing and third world countries ([Hiebert and Bezanson, 2002](#)). In some countries the provision of CGCS

*Corresponding Author

services is considered a luxury that should only be made available largely to choice of subjects (Gysbers and Henderson, 2001).

In China there is stigma related to personal and emotional problems, hence reluctance by most students to seek counseling. The counseling recommended for anxiety, depression” is qi-gong” meaning (deep breathing) acupuncture and music therapy. Matters pertaining to sex in most societies worldwide remain sacred. Babalola (2012) indicated the opposition to sex education to teenagers with campaigns against the same carried on along ethnic and religious lines. In Indonesia motivational beliefs are viewed as an effective form of counseling as it influences students thinking in a given way and promotes self-determination. Most people imagine that students who have good motivation have good academic achievement. However, successful performance of teenagers relies on confidence beliefs and use of regulatory strategies, while unfavorable beliefs impede learning. Hill (2008) laments over the mystery associated with the topic of sex and attributes the widespread ignorance on the same to shying away by adults who are meant to spear head guidance and counseling sessions to the teenagers. Resultantly, little or no regard is placed on sex education but studies by Obiechna *et al.* (2010) and WHO (2012) reiterate on this fact. Unfortunately in Ghana sexual reproduction is a sensitive matter not discussed at home due to social, cultural and religious reasons and adolescent ideas are not taken into planning of programmes and services for them while knowledge on contraceptives is limited (Boamah, 2012).

In Ghana the only adolescence reproduction health talks carried out are occasional in schools, by beauticians, churches and associations mostly by unqualified personnel (Boamah, 2012). In Malawi and Nigeria, most teenagers have little information about sexual behavior and reproduction health. They are ignorant about their own bodies and functions of the reproductive system. They know little on how to protect themselves and are unable or unwilling to practice contraceptive use as many do not consider themselves at risk (Obiechna *et al.*, 2010). Through programs, educators have opportunities to delay onset of sexual activity and of training them to behave responsibly when they eventually engage in sexual activities, particularly by using condoms and other modern methods of contraception. In most countries, schools provide best venues to reach large numbers of young people with different socio-economic backgrounds via structured programs that are replicable and can become sustainable (Mill, 2009).

There are several factors that explain the hostile, ambiguous and unclear policy climate that inhibits the school based guidance and counseling on sexuality. Wangoi (1994) pointed out that, firstly, a belief that provision of sex education and contraceptives leads to an increase in sexual license and promiscuity. To the policy makers and religious leaders, particularly the Catholic Church, these provisions are equated to 'how to do sex' and 'freedom to go and have sex'. Secondly, the unclear distinctions between childhood and adulthood and thirdly, the mistaken notion that the adolescent is too young to know about sex matters. This notion fails to recognize that the adolescents, particularly young and unmarried ones are sexual beings, capable of engaging in sexual behaviour. As a result adults feel uncomfortable discussing young people's sexuality. All youth need information on abstinence and delayed sexual initiation as well as HIV/AIDS issues. An important prerequisite to effective guidance and counseling on sexuality issues therefore is clear policies and guidelines supporting young people's access to both information and services. These policies should be widely known by teachers and service providers and should be implemented.

In most African families, the general guidance and counseling was the duty of senior members of the family, parents, uncles, aunts, and grandparents. Today, as the pressure of the socio-economic and political factors continues, informal counseling has become eroded and outdated as people in their communities have become more individualistic. At school level, teachers would therefore require special skills to handle specific skills to handle specific controversial topics in sex education like: condom use, sexual intercourse, delaying sexual activity, male and female organs among other topics. According to Mill (2009), teachers as agents of change can be trusted sources of information and therefore it is important to train them to impact the decision- making skills that young people need to rely on. Boonstra (2007) notes that in many societies sexual activity among young people prior to marriage is stigmatized and even talking about sex is taboo. Policy makers in order not to be perceived as promoting promiscuity are reluctant to expand the capacity of teachers and health caretakers to effectively provide sexual health information and services of young people. In India, the changing moral and social values and shift in the standard of societal behavior from conservatism to liberal interaction between sexes is attributed largely to exposure to the media, especially television and movies. The teenagers in the conservative society find themselves sandwiched between a glamorous western influence and a stern conservatism at homes which strictly forbid discussion about sex. The dichotomy aggravates the confusion among teens and has led to increase in pre-marital sexual activity, pregnancy among unmarried girls, incidences of abortion and STDs (Malleshepa *et al.*, 2011). Malaysia has for long been silent on sensitive topics such as sexual behaviour, but with urbanization , modernization and exposure to western influence, the government deemed it fit to introduce sex education in its schools in the year 2011. The move was an effort to curb social problems related to sex among Malaysian teens. In areas where programs as well as public policies specifically targeting teens are in high concentration, the likelihood of experiencing teenage pregnancies is low.

Peer education is a preferred measure in many countries as it empowers students collectively and individually. The rationale behind it is that, it is easy for students to reach out to fellow students for assistance with both personal and social problems. It is thus known to decrease depression, reduce anxiety, and promote self-awareness, positive decision making and academic performance (Mill, 2009). In Senegal, for example, there is inclusion of curricula for peer educators; training for teachers and development of norms and guidelines in reproductive health for teenagers (Dann, 2009). In Malawi and Nigeria, teenagers tend to view sexual behavior positively. They keep their sex

experiences secret for fear of disapproval by their elders and sometimes have a feeling of anxiety and shame. As a result, they receive little guidance about reproduction and how to protect themselves (Obiechna *et al.*, 2010). Unfortunately in Ghana sexual reproduction is a sensitive matter not discussed at home due to social, cultural and religious reasons and adolescent ideas are not taken into planning of programmes and services for

An often overlooked but important component to Guidance and Counselling of teen sexual behaviour is monitoring and evaluation. Monitoring is the act of assessing the young people's development process as they interact with the environment. Monitoring is the routine continuous tracking of the key elements of adolescent's performance that is: Even so, schools remain the best venue for sex education thus the consistent clamor for serious counseling in schools as groups advocate for inclusion of sex education in the curriculum to promote awareness (Kahenda, 2013). In South Africa as a measure to monitor teenage sexual behavior, all teenagers are trained in sex education and life skills (IRIN, 2012). According to Boonstra (2007) only half of young people get sex education in schools ranging 15% in Burkina Faso to 52% in Ghana. Disiye *et al.* (2011) showed that in some schools where peer counseling is practiced and peer counseled students academically outperformed non-counseled students. Implying that sex education which forms the better part of counseling especially in secondary school students, contraceptive use included, impact positively on the performance of the learners.

Studies have further shown that this position creates a vacuum as the teens are left to wallow in the miasma of confusion on this important transitional stage that is a determining factor on the teenagers' academic achievement and successful life as a whole. For instance in India, Malleshepa *et al.* (2011) record that this dark silence leaves the teenagers sandwiched between the glamorous western influence and stern conservatism at home which strictly forbid discussions about sex. The few studies that indicate counseling of teenagers emphasize on abstinence, comprehensive sex education and motivational beliefs. Bridges (2010) pointed out that although many studies have been done on counseling of students, the information available shows it is mostly on academic performance and career choices.

In addition, the traditional societies had their own ways of teaching sex education during initiation by elders; these are no longer in use because of westernization and urbanization. Parents shy away and have no time to interact with the teenagers. The responsibility has then been left to schools which on the other hand have inadequate skills and facilities for counseling (Kinaro, 2009). The major aspect of all these studies done does not seem to point any connectivity between strategies implemented and academic achievement. In view of this, this paper therefore seeks to find out mechanisms put in place by guidance and counseling teachers to monitor teen sexual behavior and contraceptive use impact on academic achievement in Bungoma South Sub-County, Kenya.

2. Materials and Methods

The study targeted 52 Guidance and Counselling teachers from 52 schools found in Bungoma South Sub-County. A sample of 16 participants was randomly and selected after sample size obtained using minimum 30% (Mugenda and Mugenda, 2003). All the participants took part in the study. The study utilized a descriptive research design. This is because a descriptive survey research determines and reports the way things are (Mugenda and Mugenda, 2003) and also attempts to describe such things as possible behavior, values and characteristics. This was in line with the study purpose as it sought to determine the effectiveness of guiding and counselling programmes on academic achievement of students in Bungoma South Sub-County. It was the adhesive that was used to join the whole study (strategies used in guidance and counselling programmes, monitoring and evaluation of teen sexual behaviour and academic achievement) to come up with a beautiful pattern or meaningful and coherent study. The study employed questionnaires and interview schedule as data collecting instruments because in researching human beings, no single source of information can be trusted to provide a comprehensive perspective in any study program. As a result it is imperative to use two or more methods of data collection to improve on reliability and validity of the data collected. Schofield (1996) reported that using a combination of data sources and collection methods are a validating aspect which cross-checks the data. Data was analyzed using descriptive and inferential statistics (Pearson's r) and presented in form of frequency, percentages and means to get the quantities of teenage contraceptive users and academic achievement.

3. Results and Discussion

The purpose of the study was to determine the effectiveness of guidance and counselling programmes on academic achievement among public secondary school students in Bungoma South Sub-County. The study return rate of 100.0 per cent was achieved which boosted the reliability of the results that was set at a 5 per cent level of precision.

The study found out that all the Guiding and Counselling teachers asserted that they used counseling to address teen sexual behavior and use of contraceptives. Accordingly, 31.3% of Guiding and Counselling teachers preferred corporal punishment as a mechanism to address teen sexual behavior. In addition, 62.5% preferred peer counselling as a way of sex and relation education. Another 68.3% indicated that learners were to be helped through individual counselling when they were found engaging in inappropriate sexual behavior. Furthermore, 18.8% asserted that the school management should invite guest speakers as external personnel to address learners on the need to have good discipline and reduce cases of inappropriate sexual behavior and use of contraceptives which may influence students' academic performance, while 12.5% stated that they preferred students' suspension as another way of

dealing with teen sexual behaviour. For suspension to occur it also means counseling has failed and the student's behaviour was alarming. This probably was a combined effort to get the parents aware and involvement in their children's adolescent life so that if they were later expelled then the parents had been notified too. Results are illustrated in [Table I](#).

Table-I. Strategies used in Guidance and Counseling Departments and Academic Achievement among Public Secondary School Students

Strategies used	Frequency	%
G&C by teachers	16	100
Corporal punishment	5	31.3
Peer counselling	10	62.5
Individual counselling Inviting external personnel	11	68.3
	3	18.8
Student suspension	2	12.5

Surveyed data (2016)

Findings from [Table I](#) show that guidance and counselling method was the most viable method of controlling teen's sexual behaviour by 100% responses. This result points to the role of teachers in molding young people to be responsible citizens. In most African families, the general guidance and counseling was the duty of senior members of the family, parents, uncles, aunts, and grandparents. Today, as the pressure of the socio-economic and political factors continues, informal counseling has become eroded and outdated as people in their communities have become more individualistic. Therefore, at school level teachers would therefore require special skills to handle specific skills and controversial topics in sex education like: condom use, sexual intercourse, delaying sexual activity, male and female organs among other topics. Similar results were reported by [Mill \(2009\)](#) that teachers as agents of change can be trusted sources of information and therefore it is important to train them to impact the decision-making skills that young people need to rely on.

Secondly, individual counselling was also prominent due to the fact that a belief that provision of sex education and contraceptives leads to an increase in sexual license and promiscuity. The strong religious teaching particularly the Catholic Church on provisions of 'how to do sex' and 'freedom to go about it and have sex', and unclear distinctions between childhood and adulthood and the mistaken notion that the adolescent is too young to know about sex matters. This notion fails to recognize that the adolescents, particularly young and unmarried ones are sexual beings, capable of engaging in sexual behaviour. In addition, the changing moral and social values and shift in the standard of societal behavior from conservatism to liberal interaction between sexes is attributed largely to exposure to the media, especially television and movies. The teenagers in the conservative society find themselves sandwiched between a glamorous western influence and a stern conservatism at homes which strictly forbid discussion about sex. The dichotomy aggravates the confusion among teens and has led to increase in pre-marital sexual activity, pregnancy among unmarried girls, incidences of abortion and STDs ([Malleshepa et al., 2011](#)) and students' unrest that lead to poor performance in schools. As a result adults feel uncomfortable discussing young people's sexuality. All youth need information on abstinence and delayed sexual initiation as well as HIV/AIDS issues. An important prerequisite to effective guidance and counseling on sexuality issues therefore is clear policies and guidelines supporting young people's access to both information and services. These policies should be widely known by teachers and service providers and should be implemented in schools. These findings are similar to those by [Boamah \(2012\)](#) done in Ghana that sexual reproduction is a sensitive matter not discussed at home due to social, cultural and religious reasons and adolescent ideas are not taken into planning of programmes and services for them while knowledge on contraceptives is limited

Concerning peer education, 62.5% of the respondents also preferred it as a measure in public secondary schools in Bungoma South Sub-County as it empowers students collectively and individually. The rationale behind it is that, it is easy for students to reach out to fellow students for assistance with both personal and social problems. It is thus known to decrease depression, reduce anxiety, and promote self-awareness, positive decision making and academic performance ([Mill, 2009](#)). Similar results were reported in Senegal, for example, there is inclusion of curricula for peer educators; training for teachers and development of norms and guidelines in reproductive health for teenagers ([Dann, 2009](#)). In Malawi and Nigeria, teenagers tend to view sexual behavior positively. They keep their sex experiences secret for fear of disapproval by their elders and sometimes have a feeling of anxiety and shame. As a result, they receive little guidance about reproduction and how to protect themselves ([Obiechna et al., 2010](#)). Unfortunately in Ghana sexual reproduction is a sensitive matter not discussed at home due to social, cultural and religious reasons and adolescent ideas are not taken into planning of programmes and services for them while knowledge on contraceptives is limited ([Boamah, 2012](#)).

Furthermore, corporal punishment, invitation of professional speakers/guests and students suspension were also used but to little extent. Sex education programs are said to be suitable for school environments where it is easier to reach large numbers of young people at early stages of development before they become sexually active. By realizing adolescence early in teenage, school settings provide young people with information and skills they will need to make responsible decisions about their future and their sexual lives which translates to good performance in school according to catholic agencies. While guidance and counseling is an easily accessible service in many developed countries, its benefits are not yet adequately exploited in developing and third world countries ([Hiebert](#)

and Bezanson, 2002). In some countries the provision of CGCS services is considered a luxury that should only be made available largely to choice of subjects (Gysbers and Henderson, 2001). Therefore suspension and corporal punishment are not ideal methods to regulate teen sexual behaviour.

Through effective guidance and counseling services therefore, fundamental assistance would enable them develop positive self-concept that further helps them experience psychological wellbeing and mental wholeness that results in academic excellence. This paper also examined whether monitoring and evaluation of teen's sexual behaviour was effective. All the guidance and counseling teachers agreed that the school has incorporated sex and relationship education in guidance and counseling programmes which has influenced students' positive academic achievement. Majority 62.5% of the guidance and counseling teachers asserted that the school has inadequate support materials and personnel for training sex and relationship education. In addition, 43.75% of guidance and counselling teachers reported that most schools had no policy put in place for sex and relationship education and usually reviewed. The policy is an important tool because it must: define sex and relationship education; describe how sex and relationship education is provided and who is responsible for providing it; say how sex and relationship education is monitored and evaluated; include information about parents' right to withdrawal; and be reviewed regularly. The teaching of some aspects of sex and relationship education might be of concern to teachers and parents. Sensitive issues should be covered by the school's policy and in consultation with parents. Schools of a particular religious ethos may choose to reflect that in their sex and relationship education policy. Research demonstrates that good, comprehensive sex and relationship education does not make young people more likely to enter into sexual activity. Indeed it can help them learn the reasons for, and the benefits to be gained from, delaying such activity.

As to whether reporting of students in relationships to their parents/guardians in the school has increased absenteeism which has a bearing on students' academic performance, 56.25% of guiding and counselling teachers agreed. This means corporal punishment as a measure did not have much positive impact on academic performance. Probably when students get used to it and expect it, they don't take it seriously and so no much impact. Moreover, 37.5% of participants asserted that the school community works closely with health professionals, parents and community in development and implementation sex education. Consequently, reporting of students in relationships to their parents/guardians in the school had a positive influence on students by 56.25% responses. This shows teenagers fear their parent's wrath and so are bound to conform to their guidance and this significant to students' performance in schools. In addition, reporting of students in relationships to their parents/guardians in their school had no significant influence to school absenteeism. The involvement of parents as persons who pay fees, leads to monitoring of the students behaviour and fear of discontinuity and therefore no or reduced absenteeism. This means involvement of parents can be a powerful strategy in teenage behaviour change.

Furthermore, half of the proportion of participants equally agreed and strongly agreed that teacher counseling of students in boy/girl relationships in their school has reduced cases of STDs and improved performance. This means that on average the guidance and counseling of students in boy/girl relationships in their school has reduced cases of STDs and improved performance and therefore teacher counseling is a positive tool to improving students' performance. Moreover, 68.75% of participants implied teacher counseling of students involved in boy/girl relationship in their school had not changed anything in academic performance. This shows that on average the guidance and counseling teachers disagreed that teacher counseling of students involved in boy/girl relationship in their school had not changed anything in academic performance. This proves teacher counseling has an impact on students. Majority 43.75% of the participants asserted that peer education programs for peer counseling of students has positive correlation to students' academic performance in their school. This means just like teacher counseling, peer counseling is another powerful tool of counseling and has added value a student's academic life. This could be attributed to the fact that they are in the same age group, easily associate with each other and therefore look at each other as role models. Most, 62.5% of the guidance and counseling teachers strongly asserted that their schools lacked manual procedures and code of conduct and ethics that regulate sexual behaviour for all members of the school. Therefore, learning institutions just like any other organization should incorporate policies and manual procedures and code of conduct and ethics that regulate sexual behaviour for all members of the school community. This acts as a reference point in handling adolescents in matters of sexuality that has been regarded as 'sacred' by parents and religious community. Results are stated in [Table II](#).

Table-II. Monitoring and Evaluation of Guidance and Counseling Programs in Management of Teen Sexual Behavior and its influence on Academic Achievement among Public Secondary School students

	SA		A		N		D		SD		TOTAL S	
	F	%	f	%	F	%	F	%	F	%	T	P
1. The school has incorporated sex and relationship education in guidance and counseling programme	0	0	9	56.25	0	0	7	43.75	0	0	16	100
2. The school has adequate support materials and personnel for training sex and relationship education	0	0	0	0	0	0	10	62.5	6	37.5	16	100
3. The school has put in place a policy for sex and relationship education and usually reviewed	0		0	0	2	12.5	7	43.75	7	43.75	16	100
4. The school works closely with health professionals, parents and community in development and implementation sex education	6	4.3	6	4.3	4	25	0	0	0	0	16	100
5. Reporting of students in relationships affairs to their parents/guardians in my school has improved attendance.	7	43.8	9	56.25	0	0	0	0	0	0	16	100
6. Reporting of students in relationships to their parents/guardians in my school has increased absenteeism.	0	0	9	56.25	0	0	7	43.75	0	0	16	100
7. Teacher counseling of students in relationships in my school has reduced cases of STDs and improved performance.	8	50	8	50	0	0	0	0	0	0	16	100
8. Teacher counseling of students involved in relationships in my school has not changed anything in academic performance.	0	0	0	0	2	12.5	11	68.75	3	18.75	16	100
9. Peer education programs for peer counseling of students has improved students' academic performance	6	37.5	7	43.75	3	18.75	0	0	0	0	16	100
10. School has manual procedures and code of conduct and ethics that regulate sexual behaviour for all members of the school.	0	0	0	0	0	0	6	37.5	10	62.5	16	100

Surveyed data (2016)

The study findings reveal that most schools incorporated sex and relationship education to some extent. This also means teenagers fear their parent's wrath and so are bound to conform to their guidance. However the findings differ from [Malleshepa et al. \(2011\)](#) whose studies indicated the discussion on sex is strictly forbidden at home. The involvement of parents as persons who pay fee, leads to monitoring of the students behaviour and fear of discontinuity and therefore no or reduced absenteeism. This means involvement of parents can be a powerful strategy in teenage behaviour change. Unfortunately findings of the study differ from [Obiechna et al. \(2010\)](#) whose study shows parents shy away from spearheading topics that are sex related to teenagers.

Inadequate policy and manual procedures on sex and relationship education reflects the seriousness of guidance and counselling departments in schools on sexual relationships among the students and its implication on monitoring and evaluation. Monitoring is the routine continuous tracking of the key elements of adolescent's performance that is: Even so, schools remain the best venue for sex education thus the consistent clamor for serious counseling in schools as groups advocate for inclusion of sex education in the curriculum to promote awareness (Kahenda, 2013). It is an often overlooked but important component to guidance and counselling of teen sexual behaviour is monitoring and evaluation. Studies were conducted in South Africa as a measure to monitor teenage sexual behavior; all teenagers are trained in sex education and life skills (IRIN, 2012). According to Boonstra (2007) only half of young people get sex education in schools ranging 15% in Burkina Faso to 52% in Ghana. Disiye *et al.* (2011) showed that in some schools where peer counseling is practiced and peer counseled students academically outperformed non-counseled students. Implying that sex education which forms the better part of counseling especially in secondary school students, contraceptive use included, impact positively on the performance of the learners.

Peer education programs for peer counseling of students have improved students' academic performance in their school. This could be attributed to the fact that they are in the same age group, easily associate with each other and therefore look at each other as role models. The study agrees with Disiye *et al.* (2011) studies which showed that peer counseled students out performed none peer counseled students. This means that on average the guidance and counselling of students in boy/girl relationships in their school has reduced cases of STDs and improved performance and therefore teacher counseling is a positive tool to improving students' performance. The motivational beliefs are an effective form of counseling. Studies have further shown that this position creates a vacuum as the teens are left to wallow in the miasma of confusion on this important transitional stage that is a determining factor on the teenagers' academic achievement and successful life as a whole. For instance in India, Malleshepa *et al.* (2011) record that this dark silence leaves the teenagers sandwiched between the glamorous western influence and stern conservatism at home which strictly forbid discussions about sex. The few studies that indicate counseling of teenagers emphasize on abstinence, comprehensive sex education and motivational beliefs. Bridges (2010) pointed out that although many studies have been done on counseling of students, the information available shows it is mostly on academic performance and career choices.

4. Conclusion

Based on the findings of the study, the paper concludes that teacher counselling, peer counselling were the most effective strategies of guidance and counselling in public secondary schools in Bungoma South Sub-County. On the other hand, student suspension and corporal punishment had had little significance influence on regulating teen sexual behaviour. This paper points at teacher counselling and peer counselling influence on teenagers lives and they can 'make or break' them hence affects academic achievement.

The study also points at the urgent need of policy and manual procedures developed by schools and incorporation of sex education. Adequate policy and manual procedures on sex and relationship education reflects the seriousness of guidance and counselling departments in schools on sexual relationships among the students and its implication on monitoring and evaluation. Based on the findings, this paper points at the following recommendations of the study: Guidance and counselling departments should develop policies and manual procedures on sex and relationship education that acts as a reference point to all members of the school. This will help schools in provision of adequate support and training materials and also training of competent sex education instructors. The Government should set up reproductive health institutions for the youth, promote peer counseling, talks by health providers in schools and distribution of contraceptives among teenagers at the youth friendly reproductive centers which has a bearing on students' performance.

References

- Babalola, B. (2012). Contraceptive Use and Adolescence Sexual Behaviour in Nigeria. Available: www.ebscohost.com/articles/contraceptiveuseadolescentssexualbehaviornigerianfederaluniversity
- Boamah, A. E. (2012). Sexual Behaviors and Contraceptive Use among Adolescents in kintampo, Ghana. Available: <http://www.search4dev.nl/document/455713>
- Boonstra, D. H. (2007). Young people need help in preventing pregnancy and HIV. How will the world respond? : Available: www.gutmacher.org
- Bridges, E. (2010). Comprehensive Sex Education and Academic Success. Available: <http://www.advocatesforyouth.org/publishers/1745-comprehensive-sex-Education>
- Dann, G. (2009). Sexual Behaviour and Contraceptive Use among Youth in Africa. Population Reference Bureau. Available: <http://www.Prb.org/Article/2009/westafrica.youth.aspx>
- Disiye, A. M., Kodero, N. H. and Ongeti, K. (2011). Influence of peer counseling on social adjustment and academic performance of secondary school students. *Educational Journal of Behavioral Science*: Available: http://www.thehopevalleyfamily.org/index.php?option=com_content&view=article&id=70&Itemid=
- Gysbers, N. C. and Henderson, P. (2001). Comprehensive guidance and counselling programmes. Arch history and a bright future. *Professional School Counselling*, 4(4): 246-56.

- Hiebert, B. and Bezanson, L. (2002). *Making waves: Career development and public policy*. Canadian Career Development Foundation: Ottawa, O. N.
- Hill, R. J. (2008). Troubling adult learning in the present time. *New Directions for Adult and Continuing Education*, 2008(119): 83–92. Available: <http://onlinelibrary.wiley.com/doi/10.1002/ace.308/full>
- IRIN (2012). South Africa: Teenage pregnancy figures cause alarm. Available: www.irinnews.org/Report/70538/SOUTHAFRICA-Teenage-Pregnancy-figures-cause-alarm
- Kahenda, M. (2013). Groups advocate for sex education in curriculum. *The Standard*: 22.
- Kinaro, W. J. (2009). Contraceptive Use among High School Students in Kenya. Available: www.eric.ed.gov/ERICwebportal/recorddetail?accno=EJ851881
- Malleshepa, K., Krishna, S. and Nandhi, C. (2011). Knowledge and attitude about reproductive health among rural adolescents in kuppan mandal: An international study by biomedical research *Biomedical Research Journal*, 22(3): 305-10. Available: www.isa.niscair.res.in/isatest.jsp?ttype3=1andtttype2=Octandtttype
- Mill, E. (2009). The Peer counseling/Peer helping Model. Available: <http://Unisa.ac.za/bitstream/handle/10500/2530/03chapter3.pdf>
- Mugenda, M. O. and Mugenda, G. A. (2003). *Research methods: Quantitative and quantitative approaches*. Laba Graphics Services Ltd: Nairobi-Kenya.
- Obiechna, N. J. A., Ugoaja, J. O., Umbamara, S. O., Ogelle, M. and Akabuike, J. (2010). Knowledge attitude and practice of contraception among students in tertiary schools in Anambra state S.E Nigeria. *Academic International Journal of Medicine And Medical Sciences*, 2(1): 001-04. Available: <http://www.academicjournals.org/ijmms/PDF/pdf2010/Jan/Nwora%20et%20al.pdf>
- Schofield, W. (1996). *Survey sampling*. In R. Sapsford and V. Jupp (1996) (eds) *data collection and analysis*. Sage and the Open University Press: London. 25–55.
- Wangoi, N. (1994). Review of Literature on Adolescent/Youth Sexuality and Reproductive Health Nairobi, C.A.S. (unpublished).
- WHO (2012). Trends in maternal mortality: 1990 to 2010. WHO, UNICEF, UNFPA and World Bank estimate.