SEXUAL ABSTINENCE AS A HIV PREVENTION STRATEGY AMONG ADOLESCENT SECONDARY SCHOOL STUDENTS IN GARISSA MUNICIPALITY, GARISSA COUNTY OF KENYA.

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MARCH 2015
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

To my mother, who taught me the value of discipline and hard work.
ACKNOWLEDGEMENT

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OPERATIONAL DEFINITION OF TERMS

The concepts relevant to this research include the following:

Sexual Abstinence:

In this research, the term sexual abstinence implies the deliberate and voluntary non-engagement in sexual intercourse by adolescents in secondary schools in Garissa Municipality.

Adolescents:

Adolescents are young people aged 10 – 19 years. In this research, adolescents refer to young people aged between 10 and 19 years and in secondary schools within Garissa Municipality.

Primary abstinence:

Refers to refraining from sexual intercourse by those who are already virgins

Secondary abstinence:

Refers to refraining from sexual activities after having been sexually active in the past.

Sexually active:

Refers to those who had sexual intercourse within the last three months.
### ABBREVIATION AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Abstain, Be faithful, and Condoms</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
</tr>
<tr>
<td>APHIA II</td>
<td>AIDS, Population and Health Integrated Assistance project II</td>
</tr>
<tr>
<td>ARH</td>
<td>Adolescent Reproductive Health</td>
</tr>
<tr>
<td>ARH&amp;D</td>
<td>Adolescent Reproductive Health and Development (ARH&amp;D) policy</td>
</tr>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>CBS</td>
<td>Central Bureau of Statistics</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>KAIS</td>
<td>Kenya AID Indicator Survey</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
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<tr>
<td>NEP</td>
<td>North Eastern Province</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<td>WHO</td>
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ABSTRACT

Sexual abstinence is an important pillar for HIV prevention amongst adolescents. However, according to 2009 Kenya Demographic and Health Survey (KDHS) almost one in every four men under age 24 had their sexual intercourse before age 15. Comparing with the 2003 KDHS, there was small increase in age at first sex, with median age at first sex among women and men increasing from 17.8 to 18.2 years and 17.1 to 17.6 years respectively. This precisely indicates that school-going adolescents engage in sexual activities. While the society expects adolescents in schools to abstain from sexual activities, little is known about the reasons why some school-adolescents engage in sexual intercourse and others decide to abstain. This study examined factors associated with sexual abstinence and how those factors promote or constrain HIV prevention among secondary school adolescents in Garissa Municipality. It was a cross sectional study carried out in Garissa Municipality in North Eastern Kenya. The variables tested were sexual abstinence state, age, gender, education level of parents, family size and school environments. Data collection was done using structured self-administered questionnaires and focus group discussion guides. A total of 394 students were interviewed and five focus group discussions (3 male and 2 female groups) conducted. Key informants that included club patrons and HIV/AIDS teachers were interviewed to triangulate information. Chi square test was used to show association between variables. Results show that primary abstinence, secondary abstinence and sexual activeness among secondary school adolescents were 83.8%, 8.6% and 7.6% respectively. Primary abstinent adolescents were motivated by religious background (37.1%), school-based abstinence promotion programs (32.2%) and plans for their future (19.4%), while Secondary abstinent and sexually active adolescents were motivated by “love for partner” and desire to prove manhood/womanhood among other reasons. Factors that were significantly associated with sexual behaviours were age ($\chi^2 = 24.045$, df = 5, $p = 0.045$), educational level of parents ($\chi^2 = 22.325$, df = 10, $p = 0.014$), number of female members in the family ($\chi^2 = 52.7$, df = 34, $p = 0.021$), exposure to HIV prevention and abstinence messages in schools ($\chi^2 = 11.633$, df = 4, $p = 0.020$), having opposite-sex friends ($\chi^2 = 34.541$, df = 12, $p = 0.001$) and motivating factors associated with abstinence ($\chi^2 = 29.922$, df = 10, $p=0.001$). From FGDs, it was found that educated parents were more concerned about adolescent sexual behaviours, more so that of female adolescents, than uneducated parents. It was also observed that strength of family ties and inter-dependability and advice amongst family members usually shape adolescent sexual behaviours. FGD participants mentioned that Fourth-form male students hire residential rooms in the pretext of revising for final examinations but also end up engaging sexual intercourse with female colleagues. It was concluded that majority adolescents practice sexual abstinence while some were sexually active and they did so for specific reasons. Religious beliefs and parental effort on understanding adolescent development and discussing sexual behaviours are important in enhancing sexual abstinence for adolescents. The study recommends encouraging adolescents to participate in religious activities to enhance sexual abstinence. Programs that promote sexual abstinence in schools and enhancing good parent-child communication on adolescent sexuality are also recommended.
CHAPTER ONE: INTRODUCTION

1.1. Background to the Study

The environment in which adolescents are growing up today is very different from that in which their parents grew in. Young people are entering adolescence earlier and are more likely to spend more years in school than previous generations. Consequently, marriage and childbearing are now occurring later than they did in previous generations, and this postponement may literally mean that sex before marriage is becoming more common (Michelle and Adesegun, 2009).

Helping adolescents protect their health is an important public health priority. Besides benefitting young people, increased investment in Adolescent Sexual and Reproductive Health (ASRH) contributes to overall development goals, nationally and globally. In every developing country, early sexual initiation amongst young people is very common. This is further complicated by risks of STIs, inadequate knowledge about contraception, media influences and how to obtain health services, making them more vulnerable to ill health (Guttmacher and IPPF, 2010).

There are an estimated 260 million women and 280 million men aged 15 – 19 in developing countries (UN, 2009). An estimated 25% of these adolescents live in Sub-Saharan Africa. In Kenya, there are about 8 million young people aged 15 to 24 years in Kenya by 2010 according to the 2009 Census. However, this important segment of Kenyan population faces a myriad of health problems. With the average age of sexual debut standing at 17 years according to Kenya Demographic and Health Survey (KDHS) 2008, no health threat is more pronounced to youth than that related to their sexual and
reproductive health. More importantly, the youth remain at the epicentre of HIV crisis in Kenya today.

In the face of HIV threat, young people aged 15 – 24 account for 40% all new cases of HIV (Boonstra, 2010). This indicates that most men and women begin to have sex during teenage years. While the world’s response to HIV and AIDS is now at crossroads, due to rapid expansion of treatment services and climbing rate of new HIV infections outpacing capacity to treat people living with HIV, there are calls to renew focus on HIV prevention. With nearly three million people each year losing their lives to HIV, and four million newly infected, the imperative to stem the pandemic by jointly scaling up prevention and treatment efforts is now a reality. Effectively reinvigorating the global HIV prevention agenda cannot overlook the particularly vulnerable population of the youth (Boonstra, 2007).

According to the Joint United Programme on HIV and AIDS (UNAIDS), young people are the “most threatened” by AIDS and the “greatest hope for turning the tide against AIDS”. UNAIDS further estimates that approximately 10 million young people aged 15 – 24 are living with HIV, of those, most are in sub-Saharan Africa. In countries where HIV is spreading throughout the general population, the vulnerability of youth depends to a large extent on their sexual behaviour. Few very young teens may be sexually experienced, but adolescence is definitely a time of rapid change, and sexual experience is common by late teen years. By their 20th birthday, roughly three in four young women and six in 10 young men in sub-Saharan Africa (the region of the world with highest levels of HIV) have had sex (Boonstra, 2007).
Sexual abstinence for youth has gained much prominence in the advent of HIV prevention programmes. Engagement in early sexual activities amongst young people has been identified as one of the risky behaviours for HIV spread and harmful reproductive health outcomes among adolescents, who are characterized by transitional period of emotional and physical changes. The dire need to protect adolescents from negative effects of sexual and reproductive health, including contraction of STIs, has stimulated execution of sexual abstinence programs for prevention of STIs, particularly HIV, and other detrimental outcomes such as teenage pregnancies (Winskel et al, 2011).

Abstinence for unmarried youth is an important pillar for the ABC (Abstain, Be Faithful and Condoms) model of HIV prevention. However, the characteristics of adolescents who choose to abstain sexually till marriage and the reasons for abstaining are not much understood. The young people may choose to abstain from pre-marital sex for a variety of grounds including individual, faith factors, and socio-cultural contexts. Different individuals in the target cohort may abstain for different reasons. Such differences, if they exist, are powerful information to guide the designing and execution of appropriate and acceptable programs to advance adolescent sexual and reproductive health. These factors if better understood can significantly contribute to informing adolescent sexual health programming including HIV, STI and early pregnancy prevention (Kabiru, 2007).

Today, young people are exposed to a variety of media that influences their sexual attitudes and behaviours. Televisions, internet and print media are some of the highly influential channels can be both part of the solution and part of the problem in the area of
sex and youth. The question, however, is how to prevent the young people from contracting STIs.

In sub-Saharan Africa, there is remarkable concern about the consequences of premarital sexual intercourses, which include illegal abortions, risks of HIV infection and dropping out of school as a result of teenage pregnancies. This has increased the interest in adolescent fertility because of recognition of the importance of young people to the nation’s socio-economic wellbeing.

In the absence of a cure for HIV and AIDS, prevention remains the most effective strategy to eliminate the pandemic. Abstinence from sexual intercourse is, therefore, the primary prevention weapon among unmarried adolescents especially the school-going ones. To design and implement effective prevention interventions, it is important to understand determinants of people’s sexual behaviour in relation to the social environments where a variety of factors interact to influence sexual behaviours.

The single biggest challenge for HIV prevention amongst the youth is to empower teens to delay sexual initiation, while also preparing them with information and skills to prevent HIV transmission when they do become sexually active. This requires leaders at all levels – health care providers, teachers, parents, programmers and policy makers – to be willing enough to meet young people’s needs not only for the short-term but also for the long-term (Fothergill et al, 2002).

Cultural and social norms as they relate to sex and sexuality play a critical role in controlling sexual behaviours. Similarly, school settings present the all-important
socialization platform outside the family for many young people in Kenya, and therefore could influence sexual behaviours (Mensch et al., 2001)

1.2. Statement of the Problem

Abstinence from sexual intercourse is an effective and definite prevention strategy for STIs, including HIV, and early pregnancy. It has gathered special focus in HIV and reproductive health programs mainly for the youth. While adolescents in Kenya are socially expected to abstain from sex before marriage, a significant proportion initiates sexual activities at early ages. According to KDHS 2009 report, one in every four men under 24 years has had their sex debut before age 15. To reduce new HIV infections in the country, the adolescents who constitute majority of high risk groups cannot be neglected and hence many HIV programs have targeted the youth with prevention messages to protect them against the infection (Kenya National Bureau of Statistics and ICF Macro, 2010).

Despite the existence of programs promoting sexual abstinence for the youth, little is known of the attributes of adolescents who choose to abstain from and those who indulge in sexual intercourse. While much is known about factors that predispose youth to risky sexual behaviours, little is known about the reasons why young people prefer to abstain from sexual intercourse. The adolescents may decide to sexually abstain due to a variety of reasons, some of which may be unknown to programmers and policy makers. Very little is known about the reasons why some school-going adolescents engage in sexual intercourse while others choose to abstain. Given the insufficiency of studies that investigate sexual abstinence among adolescents in Garissa county, this study examines
the factors associated with sexual abstinence amongst school-going adolescents in Garissa Municipality (Kabiru and Ezeh, 2007).

1.3. Justification

Adequate information on reasons for sexual abstinence among young people is critical for designing and implementing programs to address adolescent sexual health for HIV prevention and reproductive health programs targeting young people. However, the scarcity of studies on factors associated with sexual abstinence by adolescents has considerably affected evidence-based youth programming especially in the prevention of HIV, other STIs and teenage pregnancies. Because, not much is known about factors and importance that youth attach to sexual abstinence before marriage, the mere promotion of abstinence may not hit the target in achieving sexual abstinence for adolescents in schools, and thus the need to better understand drivers of sexual abstinence among youth in Garissa.

The findings of the study have enormous implications in planning and executing adolescent sexual and reproductive health programs. The results of the study provide lead information to enhance abstinence interventions by availing crucial characteristics of adolescents who abstain or not. With the study providing such data available, primary abstinent can be maintained to remain so while the sexually active adolescents can be influenced to abstain secondarily.

One of the major problems with ASRH programs in Kenya, and in the developing world, has been lack of comprehensive and region-specific information on young people’s knowledge, attitudes and behaviours on sexual matters. This is further amplified in the
marginalized North Eastern Province which is largely left out in national behavioural surveys. Most of national evaluations of youth programs have been conducted in densely populated and significantly developed regions of Kenya, to the exclusion of the ultra-conservative Muslim-dominated NEP.

The results of the study help policy makers, program implementers and other stakeholders involved in adolescent reproductive health to implement youth-centred interventions and policies that respond to the immediate health needs of adolescents in the region who bear different characteristics than other Kenyan youth.

1.4. Research Questions

The study answers the following research questions:

a) What factors are associated with sexual abstinence among secondary school adolescents in Garissa Municipality?

b) What are the reasons for sexual abstinence among secondary school adolescents in Garissa Municipality?

1.5. Hypothesis

The study’s hypothesis is that contextual factors associated with sexual abstinence do not influence adolescents’ sexual behaviour.
1.6. Purpose of the Study

Main objective:
The broad objective of the study is to examine factors associated with sexual abstinence and how those factors promote or constrain HIV prevention among secondary school adolescents in Garissa Municipality.

Specific Objectives
The specific objectives of the study were:

a) To identify factors associated with sexual abstinence among secondary school adolescents in Garissa Municipality.

b) To establish reasons for sexual abstinence among adolescents in Garissa Municipality.

c) To determine how those factors constrain or promote HIV prevention among secondary school adolescents in Garissa Municipality.

1.7. Significance and Anticipated Output
While the society expects adolescents to abstain from sex before marriage, some engage in premarital sex while others opt to delay their sexual debut. Many programs target adolescent youth with abstinence messages without exactly knowing what the adolescents feel and practise about abstinence.

Because early initiation of sex can put adolescents at advanced risk of HIV, other STIs and early pregnancies, the findings of the study help adolescent health programs, policy
makers and stakeholders to understand young persons’ preferences and reasons for sexual abstinence and therefore align programmes for resource efficiency.

Results of this study also inform context-appropriate programs for adolescents in conservative Muslim communities. The most pronounced findings relate to the significant differences in adolescent sexual experiences across gender, age and preference lines.

Little is documented about youth sexual practices in Somali culture. In public, the Somali young people suggest that there is little promiscuity and indulgence in illicit sex but in the background sexual activities thrive. The need to study and document Somali school-going adolescent’s sexual behaviours was important to disentangle underground practices and devise ways to address them.

1.8. Limitation and Delimitation

The study was limited to secondary school-going adolescent male and females in Garissa Municipality. While sexual abstinence for youth can be viewed from other reproductive health perspectives such as maternal health outcomes, teenage pregnancies and other STI prevention, the study narrowed down in youth sexual behaviours in relation to prevention of HIV infection.

Since the questionnaires were administered to adolescent students who were within the school compounds, absence of potential student respondents with substantial information at the time of data collection constituted a limitation to the study. Moreover, the nature of
self-reporting and self-administration of questionnaires was another limitation of the study.

1.9. Theoretical Framework

The study used the Social Cognitive Theory (Bandura, 1986) which explains human behaviour in terms of dynamic and reciprocal model in which behaviour, personal factors and environmental influences interact. It is a complex theory with many constructs including self-efficacy and addresses the psychological dynamics underlying behaviour and methods for promoting behaviour change.

Sexual abstinence is the most appropriate prevention method for a variety of adolescent health problems including teenage pregnancy, HIV and other STIs. The Social Cognitive theory in this context is important in explaining how adolescents acquire and maintain or cease sexual abstinence while also providing the basis for intervention strategies. Evaluating behavioural change depends on the factors environment (e.g. school environment), people and behaviour (abstinence or sexual activeness).

While efforts to control HIV spread have focused mainly on informing the youth on how HIV is transmitted and how to protect against such infection, prevention of HIV infection
requires young people to exercise influence over their own behaviours and their social environment. As Bandura (1994) observed heightened awareness and knowledge of HIV risks are important preconditions for self-directed change. Nevertheless, information alone, as bombarded on young people, does not necessarily exert much influence. Adolescents need to be given not only reasons to abstain and delay sexual initiation but also the behavioural means, resources and social supports to do so. It is therefore important to identify connections between behavioural determinants such as social desirability of being sexually active and peer influence, personal characteristics like age and gender; and the external environment such as a sexualised media.

1.10. The Conceptual Framework

<table>
<thead>
<tr>
<th>Contextual/underlying factors</th>
<th>Initial outcomes</th>
<th>Behavioural outcomes</th>
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<tr>
<td>Age</td>
<td>Perceived self-risks</td>
<td>Sexual abstinence</td>
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<tr>
<td>Gender</td>
<td>Beliefs and attitudes</td>
<td></td>
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<td>Social systems</td>
<td>Values</td>
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<td>Communication technology</td>
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<td>Health programs/policy</td>
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<td>School environment</td>
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CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

Early sexual intercourse initiation among youth is not uncommon in sub-Saharan Africa and it is a known factor in increasing teenage pregnancy, maternal mortality and sexually transmitted infections including HIV (Pettifor et al., 2004). Studies indicate that about half of new HIV infections in sub-Saharan Africa occur among youth aged 15-24 (Mishra et al., 2006; Garcia-Calleja et al., 2006). An estimated 40% women in sub-Saharan Africa have had premarital sex before the age of 20.

2.2. Global Picture of Adolescent Sexual Behaviour

An estimated 25% of the world’s population is made up of young people between the ages of 10 and 24, and most of them live in developing world. In many parts of the developing world, adolescents face serious reproductive health challenges, and the situation in sub-Saharan Africa is further complicated by effects of poverty and conflicts (Centre for the Study of Adolescence and Population Action International, 2009).

Sexual abstinence programs promote unmarried youth to abstain from sexual activity as the best and sure way to protect themselves from exposure to HIV and other STIs. Studies in Uganda, Kenya, and Zimbabwe have provided evidence that an increase in abstinence behaviors tends to be associated with declining HIV acquisition among young people (Cheluget et al., 2006; Kamali et al., 2000; Mahomva et al., 2006). The factors associated with early onset of sexual activity and abstinence among youth include
individual socio-demographic factors, such as age, gender, educational status, and race/ethnicity (Cuffee et al., 2007; Mott et al., 1996; Stallworth et al., 2004; Steele et al., 2006), interpersonal factors related to knowledge, attitudes, beliefs, and expectations (Steele et al., 2006; Lammers et al., 2007), and family structure and parental involvement (Aspy et al., 2007; Babaloba et al., 2005; Lammers et al., 2000; Mott et al., 1996; Stallworth et al., 2004). A few studies have also highlighted the importance of school environment, peer influence, social context, and community involvement (Barnett and Parkhurst, 2005; Gregson et al., 2004; Mensch et al., 2001), but our understanding of such contextual factors in affecting youth sexual behaviour in the context of HIV prevention remains limited.

According to Centre for the Study of Adolescence (2009), adolescents’ sexual activity begins early and is often unprotected. Young people are sexually active by their late teens, and high level of sexual activity among adolescents is associated with risks such as HIV, pregnancy, unsafe abortion, economic hardships and school dropouts. However, these variations are based on residence, level of education and socio-economic status. Biddlecom et al (2007) argues that, in most parts of the developing world, unmarried adolescents often face societal disapproval and condemnation if they are sexually active.

2.3. National Picture of Adolescent Reproductive Health

Following the 1994 International Conference on Population and Development (ICPD) endorsement that the rights of adolescents and young adults to obtain the highest levels of
healthcare, the Kenyan government has put in place the Adolescent Reproductive Health and Development (ARH&D) policy. The policy addresses ARH issues and challenges including ASRH rights, harmful practices, drug and substance, and the special needs of adolescents and young people. The policy provided a guide to the development of an action plan that further isolated four strategic areas: advocacy; health awareness and behaviour change communication; access to and utilization of sustainable youth-friendly services; and management.

Luke (2003) argues that the socioeconomic environment that prevails in Kenya encourages early sexual activity, especially among females. Young females’ tendency to give in to sexual pressures of older males is influenced by their youth and inexperience, their socialization to acquiesce to male authority and their potential economic dependence on male partners. In the same study, Kenyan youth in schools spoke of financial pressures and motivations to engage in sex with older partners, contributing to both sugar mommy and sugar daddy relationships.

In a study conducted in Nyanza Province, based on the Information-Motivation-Behavioural Skills (IBM) framework as regards postponement of first intercourse for HIV risk reduction, Eric and Eleanor (2008) found out that persons engaging in a particular self-protective behaviour (such as postponing sexual intercourse) are influenced by knowledge that the behaviour reduces the risk of infection. To engage in the behaviour, the person must be motivated to do so and have the requisite self-efficacy and skills.
Nzioka (2001) found that adolescent boys aged 15 – 19 attending schools in rural, eastern Kenya feel the need to conform to social prescriptions of male prowess, early sexual experience, and having more than one partner, yet their feelings about this behaviour are ambiguous and contradictory. They consider getting girls pregnant as a mark of masculinity, and want to boast about their sexual conquests to their peers. Yet they feel embarrassed and reticent about discussing sexual issues with adults.

2.4. Sexual Behaviour and Declining HIV Rates

During the late 1980s up to 1990s, large scale anti-AIDS campaign in Uganda that included messages of sexual abstinence was reported to have resulted in a decline in HIV rates (Green et al., 2002). According to a World Bank publication, the proportion of 15 – 19 year-olds reporting that they “never had sex” rose from 31 per cent to 56 per cent among males and from 26 per cent to 46 per cent among females during the period 1989 to 1995 (World Bank, 1999). While some experts argue that the dramatic fall in HIV infections in Uganda is enough proof that abstinence from sex is the best strategy to combat the epidemic, many reviews indicate that promoting abstinence to adolescent youth, if positioned well, can result in significant reduction in the HIV prevalence.

In 2004, Population Services International (PSI), an international NGO implementing health programmes in Kenya, initiated nationwide campaign dubbed “Nime-Chill” whose goal was to promote abstinence for the cohort 10 – 15 year old while addressing reduction of peer pressure to engage in premarital sex. This national campaign has elicited recognition and close understanding among both primary and secondary
audience. In a tracking survey conducted by the same organisation in 2005, target audience with higher exposure to the message were more likely to believe in their own ability to abstain from sex than those who did not (Mary Ann Seday, 2007).

2.5. Adolescence and Sexual Abstinence

Adolescence is a period of transition from childhood to adulthood and WHO defines adolescents as young people aged between 10 and 19 years. It is a period of rapid change in sexual activity. Biddlecom et al (2007) argues that though adolescents may become victims of sexual violence and forced sex, mostly they engage in sexual activities voluntarily. This voluntary engagement in sexual intercourse before marriage has a bearing on reproductive health outcomes of adolescents and what values are attached to sexual abstinence.

2.6. Age and Sexual Behaviour

The age of a person is a factor that may influence sexual behaviour and the level of perceived risk of HIV infection. Men and women in their teens are at increased risk of HIV infection because they often engage in unprotected sexual intercourse (Hulton et al., 2000).

Compared to ten years ago, the general trend is that age at first sexual intercourse is increasing. According to the KDHS 2008-2009, men across all age groups have reported an earlier sexual debut than women. For instance, 19 % of men aged 20 – 49 had sex before age 15, while younger men started sex much earlier than older men. The study further indicates that almost one in every four men under age 24 had their sexual
intercourse before age 15. Comparatively, there is small increase in age at first sex between KDHS 2003 and KDHS 2008, with median age at first sex among women age 20-49 increasing from 17.8 years to 18.2 years and that men age 20-54 increasing from 17.1 to 17.6 years (KDHS, 2009). The difference between the two demographic and health surveys is an indication that promotion of sexual abstinence, which was heightened specially during that period, has significantly contributed to raising the age at first sexual intercourse. Consequently, KAIS 2007 reports that the earlier the age of first sexual encounter, the higher the chances of contracting HIV. But the question is what are reasons for the abstainers doing so and for the non-abstainers’ negation?

2.7. Youth and HIV

Young people who initiate sexual activities early are more likely to have sexual intercourse with high-risk partners or multiple partners and are less likely to use condoms (WHO, 2000). According to Chiao and Mishra (2007) in their analysis of KDHS of 1993, 1998 and 2003, both primary and secondary abstinence levels have risen over the past 10 years and recommend culturally appropriate and gender sensitive abstinence programs. They further found out that knowledge that condom use could prevent HIV infection was associated with lower abstinence practice. However, little is mentioned of the drivers of the shift in sexual behaviour among the in-school adolescents who remain at an increased risk not only to HIV but also to other STIs and teenage pregnancies.

Studies from several African countries have shown that school-going youth, particularly females, may be less likely to engage in risky behaviour and, therefore, less vulnerable to
HIV infection than out-of-school youth (Mathews et al., 2008; Pettifor et al., 2008). For example, among females surveyed in the 2003 KDHS, level of education was strongly related to age at first sex with about 25% of women 15 - 24 years with no education reporting sexual activity by age 15 compared to only 4% among those with at least some secondary education (CBS, MOH, & ORC Macro, 2004).

Hargreaves et al. (2008) present more recent evidence of the protective nature of school attendance and observe that school attendance is associated with a lower likelihood of reporting multiple partnerships, unprotected sexual intercourse, or, among females, sexual intercourse with a male partner more than 3 years older.

Kabiru and Orpinas (2008) present that existing evidence demonstrates that in-school adolescents engage in less risky sexual behaviour than their out-of-school counterparts, studies conducted within school settings demonstrate that in-school youth are also at risk for negative sexual and reproductive health outcomes stemming from risky sexual behaviour, such as multiple sexual partnerships and unprotected sexual intercourse. Mathews et al (2008) have found out that male gender, inadequate parental supervision, and low socio-economic status, have been associated with increased likelihood of sexual activity and risky sexual behaviour (e.g. lack of condom use).

In a study conducted in Nairobi among high-school students in 2008, Caroline and Orpinas found out that a greater proportion males (50%) than females (11%) reported ever having had sexual intercourse (Kabiru and Orpinas, 2008).
2.8. **Teenage Motherhood**

In Sub Saharan Africa, the range of unplanned pregnancies among adolescent girls ranges from high to very high in some countries where up to 50% of adolescent mothers reported that their pregnancies were unplanned (WHO, 2007). In addition, sexual and reproductive risks are higher among adolescent women due to biological, cultural and economic reasons, and pregnancy is the leading cause of death for young women aged 15 – 19 worldwide with complications of childbirth and unsafe abortion being major risk factors.

According to KDHS 2008/2009, the proportion of teenage mothers declined from 19% in 2003 to 15% in 2008-2009 while the proportion of those pregnant with their first child declined as well, from 5% in 2003 to 3% in 2008-2009. There was also a significant reduction in the number of births in following years in that cohort. However, the study doesn’t specify what factors enhance that reduction in teenage motherhood to improve reproductive health outcomes of adolescent females.

2.9. **Social Environment and Sexual Abstinence**

A recent study found chastity is highly valued for unmarried youth despite largely sexualized media Kenya. However, sexual cultures and gender norms vary between different ethnic groups in Kenya (Ouma & Kwaak, 2009). Researchers also found out that youth sexuality issues, which have considerable influence on youth sexual behaviour, are seen and understood as largely private activities and the religious people view it with lot of conservatism.
Kirby (2007) documented that adolescents from strong religious background in the United States are less likely to be sexually active than are their peers from less religious environments. Other studies found out that adolescents whose families have higher socio-economic ranking are less likely to be sexually active, may be as a result of the social environment, perceived opportunities and role models they interact with.

In a Sexual Networks Study commissioned by APHIA II NEP project in 2008, researchers found out that though the low HIV prevalence in NEP is attributed to strong belief systems, religious people believe that chastity and abstinence before marriage are the primary control strategies. The study also found out that young people in Garissa practice a form of sexual behaviour they call “sexual pension”, presumably because it is not satisfying, which relates to youth’s inability to afford a wedding or stable union that is culturally recognized, and therefore engage in sex and feel that they owe each other that sexual favour as youth in love, but unable to get married. This predisposes them to HIV and other STIs. Male students were also reported to rent rooms on the pretext of studying but date girls in those rooms (APHIA II North Eastern, 2008).
CHAPTER THREE: MATERIALS AND METHODS

3.1. Research Design

The study used a descriptive survey design. Descriptive survey design was chosen because it is appropriate for sexual behaviour fact-finding and yields a great deal of information. It also enables the researcher to gather data at a particular time and use it to describe the nature of existing conditions (Cohen et al., 2000). Both quantitative and qualitative methods were used for data collection and analysis. Descriptive survey was deemed appropriate for the study because it enabled the researcher to collect information regarding sexual abstinence behaviours of secondary school adolescents in Garissa Municipality including the reasons for abstinence or sexual activeness.

3.2. Variables

The independent variables in the study were age, gender, educational level of parents, family size and school environment. The dependent variable was sexual abstinence state of the subjects (i.e. primary abstinence, secondary abstinence or sexual activeness)

3.3. Location of Study

The study was conducted in secondary schools in Garissa Municipality, where adolescent sexual and reproductive health programs targeting youth in schools were implemented. The location was ideal for the study for its mix of urban and peri-urban youth, who were exposed to a wide media of influences that provides temptations for unmarried youth to engage in sexual activities.
According to data from KNBS Garissa Office, the population of Garissa town by 2010 was projected at 93,368 (with 49,030 males and 44,338 females) constituting 7.1% of the district population.

3.4. Study Population

The study was carried out among secondary school students in Garissa Municipality, who were in session during the schooling term. There were 12 registered secondary schools within the municipality, 7 of them being public schools and 5 being private. The total enrolment in the schools was 3,975 students, 65.6% (2,609) being boys and 34.4% (1,366) being girls. The public schools had higher enrolment (85%) than private schools (15%).

3.5. Sampling Techniques and Sample Size

3.5.1. Sampling Techniques

Secondary schools in Garissa Municipality were purposely selected. Stratified sampling methodology was then applied where schools were clustered into two strata: boys and girls schools. Simple random sampling technique was then used to select study respondents. Subjects were selected randomly from each category in equal proportion.
### Table 3.1: Secondary schools Strata in Garissa Municipality

<table>
<thead>
<tr>
<th>No.</th>
<th>Strata</th>
<th>School name</th>
<th>Management</th>
<th>Day or Boarding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Boys only</td>
<td>Young Muslim High School</td>
<td>Private</td>
<td>Day and Boarding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Garissa High School</td>
<td>Public</td>
<td>Boarding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County High School</td>
<td>Public</td>
<td>Boarding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tetu Secondary School</td>
<td>Public</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Iqra High School</td>
<td>Private</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Al Iman High School</td>
<td>Private</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boystown Secondary School</td>
<td>Public</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NEP Girls Secondary School</td>
<td>Public</td>
<td>Boarding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Umu-salama Girls Secondary School</td>
<td>Public</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Khadija Girls Secondary School</td>
<td>Private</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Garissa Girls Secondary School</td>
<td>Private</td>
<td>Day</td>
</tr>
</tbody>
</table>

Source: District Education Office, Garissa (2011)

#### 3.5.2. Sample Size

With a desired confidence level of 95% and margin of error/confidence interval of 0.05, with a study population of 3,975, a sample size of 384 students was selected for the study. The sample size determination was also the one recommended by Mugenda and Mugenda (2003), as follows:

\[
n = \frac{Z^2 pq}{d^2}
\]

where \( n \) = the desired sample size

\( Z \) = standard normal deviation at required confidence level 95% or 1.96

\( p \) = proportion in target population estimated to have characteristics being measured (set at 0.5)

\( q = 1 - p \) (the proportion without characteristics)

\( d \) = level of statistical significance (degree of freedom = 0.05)
\[ n = 1.96^2 (0.5)(0.5) / (0.05)^2 \]
\[ = 384 \]

3.6. Construction of Research Instruments

Self-administered questionnaires were used to collect primary data from the respondents. These questionnaires were preferred for this study because students could express feelings without fear or shyness as opposed to when administered by someone else. Because respondents filled out responses for themselves, individual sexual abstinence behaviours were confirmed by the respondents themselves, and thus self-administered questionnaires increased potential for capturing factual and true state of sexual abstinence among the secondary school students.

Questions were structured to identify the contexts in which replies were given. Closed (or multiple choice) questions were used to ask respondents to choose the responses most closely representing their viewpoints, among a possible set of answers. In specific contexts, open-ended (free response) questions were used for respondents to give responses by entering numbers, words or short texts. Contingency questions were administered to sub-groups of the respondents who qualify to answer filter questions which directed them to a relevant set of specialized questions and instructs other respondents to skip to a later section of the questionnaire.

Focus group discussion (FGD) guides were also used to obtain in-depth information and gather opinions and perceptions on sexual abstinence among adolescent secondary school students. The FGD guides were constructed to stimulate discussions among the students.
invited to participate and used open-ended questions to allow participants answer from different angles.

3.7. Pre-test

To test the logistics, gather information and to improve the study’s quality and efficiency, pre-testing was carried secondary school students in Wajir High School to reveal deficiencies in the design and procedure of the study. The research instruments were pilot tested among randomly selected students.

3.8. Validity

Content validity was built into construction of research instruments by careful selection of items to include. Items were chosen so that they comply with the test specifications which were drawn up through a thorough examination of the subject domain, by using a panel of experts to review the test specifications and by covering representative sample of the behaviour.

3.9. Reliability

To ensure reliability of the study instruments, internal consistency was estimated by grouping questions that measure same concept in the questionnaires. Correlations were run between groups of questions to determine if instrument was reliably measuring the concept. Cronbach’s Alpha was used to compute correlation values among questions in the instruments, and thus the closer it was to one, the higher the reliability estimate of the instrument.
3.10. Data Collection Techniques

In order to achieve intended objectives of the study, two types of data i.e. primary and secondary data, were collected. Primary data was collected from respondents through self-administered questionnaires and focus group discussions (FGDs). Secondary data was collected through wide literature review from the various studies and books and journals relevant to adolescent sexual behaviours. This included recorded information on adolescent sexual abstinence and sexual activities which involved reading books, magazines, and periodicals, from websites, research institutions and governmental and non-governmental organizations dealing with adolescent health.

3.11. Data Analysis

Raw data collected was processed into output data before applying different statistical methods to analyse and understand the data better. Basic univariate statistics (means, standard deviations, and frequency counts) was computed for all variables. For the variables of categorical and continuous variables, cross tabulations (chi-squares) were computed to examine differences across respondents based on their sexual abstinence behaviours. Effects of independent variables on sexual abstinence status were also examined. Chi-square test of independence was used because of the two nominal variables each with two or more possible values.

3.12. Ethical Considerations

All 12 – 19 year students in secondary schools in Garissa Municipality were eligible for inclusion in the study. Informed consent was obtained from all eligible adolescents who took part in the study and parental/teacher consent was obtained for those younger than
18 years. Care was taken to guarantee an environment where respondents could express freely. After data collection, information obtained was used for research purpose only and confidentiality was strictly maintained.
CHAPTER FOUR: RESULTS

4.1 Overview of Results

This chapter presents the results of quantitative and qualitative findings of the study. The chapter covers the following issues: socio-demographic information of respondents, sexual abstinence statuses of respondents, abstinence knowledge of respondents, social-cultural factors that influence abstinence or lack of it.

4.2 Socio-demographic Characteristics of Study Population

Table 4.1 below presents a summary of the socio-demographic characteristics of the study population. Overall, data was collected from 394 (207 male, 187 female) school-going adolescents in secondary schools in Garissa Municipality.

Table 4.1 - Socio-demographic characteristics of study population by Abstinence status

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sexual abstinence status</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstinent (330)</td>
<td>Secondary abstinent (34)</td>
<td>Sexually active (30)</td>
</tr>
<tr>
<td>Mean age</td>
<td>16.5</td>
<td>16.9</td>
<td>17.3</td>
</tr>
<tr>
<td>Respondent sex</td>
<td>(52.4%) M (173)</td>
<td>(47.1%) M (16)</td>
<td>(60.0%) M (18)</td>
</tr>
<tr>
<td></td>
<td>(47.6%) F (157)</td>
<td>(52.9%) F (18)</td>
<td>(40.0%) F (12)</td>
</tr>
<tr>
<td>Respondents’ schooling grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 1</td>
<td>27 (8.2%)</td>
<td>0 (0.0%)</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td>Form 2</td>
<td>227 (68.8%)</td>
<td>23 (67.6%)</td>
<td>18 (60.0%)</td>
</tr>
<tr>
<td>Form 3</td>
<td>65 (19.7%)</td>
<td>10 (29.4%)</td>
<td>6 (20.0%)</td>
</tr>
<tr>
<td>Form 4</td>
<td>11 (3.3%)</td>
<td>1 (2.9%)</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>306 (92.7%)</td>
<td>30 (88.2%)</td>
<td>26 (86.7%)</td>
</tr>
<tr>
<td>Christianity</td>
<td>24 (7.3%)</td>
<td>4 (11.8%)</td>
<td>4 (13.3%)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>School status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day school</td>
<td>133 (40.3%)</td>
<td>19 (55.9%)</td>
<td>14 (46.7%)</td>
</tr>
<tr>
<td>Boarding school</td>
<td>170 (51.5%)</td>
<td>11 (32.4%)</td>
<td>11 (36.7%)</td>
</tr>
<tr>
<td>Mixed (Day and Boarding)</td>
<td>27 (8.2%)</td>
<td>4 (11.8%)</td>
<td>5 (16.7%)</td>
</tr>
</tbody>
</table>
All respondents were aged between 13 and 19 years. The mean age of respondents was 16.6 years, and was highest among the sexually active (17.3) and least among the primary abstinent (16.5) students. Ninety six per cent of respondents were between the age of 14 and 19 years. With regard to adolescent student’s sex, the male – female dichotomy was almost equal to one another. Female respondents constituted 52.5% while the male subjects were 47.5%. In addition, the highest proportion of girls was in secondary abstainers (52.9%) and lowest in sexually active (40%). In contrast, the highest proportion of boys was in sexually active (60%) and secondary abstainers (47.1%) respectively. With regard to faith, 91.9% (N=394) of respondents subscribed to Islam as a religion while the remainder were Christians. Majority respondents (89.1%) were respondents from Somali ethnic group.

With regard to respondents’ schooling status, 48.7% were in boarding schools, 42.1% in day schools and 9.1% in day and boarding school. For the primary abstainers, the proportion in boarding schools was highest (51.5%) and lowest (8.2%) in mixed (day and boarding) schools. The proportion among secondary abstainers and sexually active was highest among students in day schools.

For the schooling grade, majority respondents (68%) were in Form 2, while those in Forms 3, 4 and 1 were 20.6%, 3.8% and 7.6% respectively. In addition, students in Form 2 recorded the highest proportion in primary abstainers, secondary abstainers and sexually active categories.
4.3 Proportions of Respondents by Sexual Behaviour

The study sought to establish the state of sexual abstinence among the adolescent students in the study area. Results obtained showed high primary abstinence across the study population even though a good proportion of respondents constituted secondary abstinent and sexually active students.

Figure 4.1 - Per cent of respondents by sexual abstinence state

4.4 Association between sexual abstinence state and gender of respondents

With regard to respondent gender, more males were sexually active (60%) and primary abstinent (52.4%) than their female counterparts. However, a greater proportion of female respondents reported secondary sexual abstinence (52.9%) than the males (47.1%).
However, no significant relationship was found between gender of respondent and adolescent sexual abstinence behaviours ($\chi^2 = 1.081$, df = 2, $p = 0.582$).

4.5 Association between age and sexual abstinence behaviour

There was an association between sexual abstinence status and age ($\chi^2 = 24.045$, df = 5, $p = 0.045$). The results showed that with increasing age, there was a rising trend from primary abstinence to sexual activeness among the adolescent students.
Sexually active adolescents had the highest mean (17.3 years) while the primary abstinent had the lowest age mean (16.5 years). This implied that the higher the age the more likely the adolescents were to engage in sexual activity.

4.6 Adolescent sexual behaviours and education level of parents

Thirty four per cent of respondents’ parents did not have any educational background, 23.6% had university education, 13.5% had secondary education, and 18.8% were educated up to primary level. Results showed that majority (52.8%) of respondents’ parents had primary level education or no education at all (Figure below)
Figure 4.4 - Educational level of parents

The study sought to establish whether educational level of parents influenced the sexual behaviours of adolescent students. Results indicated that parents’ educational level had significant association with adolescent sexuality and abstinence behaviours of students. The chi-square revealed significant relationship between sexual abstinence status of respondents and parent’s level of education ($\chi^2 = 22.325$, df = 10, $p = 0.014$).

Table 4.2 - Adolescents sexual abstinence state by educational level of parents

<table>
<thead>
<tr>
<th>Educational level of parent(s)</th>
<th>Sexual abstinence state</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstainers (%)</td>
<td>Secondary abstainers (%)</td>
<td>Sexually Active (%)</td>
<td></td>
</tr>
<tr>
<td>Educated (primary and post-primary)</td>
<td>64.5%</td>
<td>67.6%</td>
<td>53.4%</td>
<td></td>
</tr>
<tr>
<td>Not Educated</td>
<td>34.2%</td>
<td>29.5%</td>
<td>36.6%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
<td>2.9%</td>
<td>10.0%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
The table above describes the state of adolescent’s sexual abstinence in study area by educational level of parents. The proportion of adolescents whose parents had no education at all was highest (36.7%) in the sexually active category. Similarly, those whose parents had primary or post-primary education had the least proportion (53.4%) in the sexually active category. The finding implies that adolescents whose parents were educated were more likely to be primary abstainers than sexually active.

Table 4.3 - Correlation between educational level of parents and having friends from opposite sex

<table>
<thead>
<tr>
<th>Variable</th>
<th>Highest education level of parent(s)</th>
<th>Sig. level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
</tr>
<tr>
<td>Have you had a friend of opposite sex for intimacy reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9 (13.2%)</td>
<td>23 (45.1%)</td>
</tr>
<tr>
<td>No</td>
<td>59 (86.8%)</td>
<td>28 (54.9%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>68 (100.0%)</td>
<td>51 (100.0%)</td>
</tr>
</tbody>
</table>

As shown in table 4.3 above, the results also reveal strong correlation between existence of friends from opposite sex and the level of education of parents (p<0.001). These findings indicate that the level of education of adolescents’ parents has significant impact on the sexual behaviours of adolescents.

4.7 Effect of family size on adolescent sexual behaviours

The study sought to establish the relationship between adolescent sexual abstinence status and number of male and female members within the family. Table 5 below shows the
relationship between number of males and females in the adolescent’s family and their sexual abstinence state.

Table 4.4 - Relationship between family gender composition and adolescent's sexual abstinence state

<table>
<thead>
<tr>
<th>Family gender composition</th>
<th>Sexual abstinence state</th>
<th>Sig. level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstainer</td>
<td>Secondary abstainer</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>Count</td>
</tr>
<tr>
<td>No. of females in the family</td>
<td>5</td>
<td>330</td>
</tr>
<tr>
<td></td>
<td>$\chi^2 = 52.7$</td>
<td>df = 34</td>
</tr>
<tr>
<td>No. of males in the family</td>
<td>5</td>
<td>330</td>
</tr>
<tr>
<td></td>
<td>$\chi^2 = 29.55$</td>
<td>df = 34</td>
</tr>
</tbody>
</table>

Results indicate a significant correlation between the number of female members in the family and sexual abstinence behaviours ($\chi^2 = 52.7$, df = 34, p = 0.021). As for male members, there is no sufficient evidence to suggest adolescent sexual behaviours are influenced by the number of male family members ($\chi^2 = 29.55$, df = 34, p = 0.686).

4.8 Adolescent sexual behaviour and school environment

The study investigated the potential influence of school status and type on the sexual behaviours of adolescents. Results indicate that 84.5% of respondents were studying in a public (government-owned) school while 15.5% were in private schools. Similarly, 52.3% were in “boys only” school while 47.7% were “girls only” schools. Regarding boarding status, majority respondent (48.7%) were in boarding while 42.1% in “Day” school and 9.1% in “Day and Boarding” school.
Table 4.5 - School environment factors and adolescent sexual abstinence

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sexual abstinence state</th>
<th>Sig. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstainer</td>
<td>Secondary abstainer</td>
</tr>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>School boarding status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>133</td>
<td>40.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boarding</td>
<td>170</td>
<td>51.5%</td>
</tr>
<tr>
<td>Day &amp; Boarding</td>
<td>27</td>
<td>8.2%</td>
</tr>
<tr>
<td>School type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed (boys and girls)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys only</td>
<td>172</td>
<td>52.1%</td>
</tr>
<tr>
<td>Girls only</td>
<td>158</td>
<td>47.9%</td>
</tr>
<tr>
<td>School management state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>281</td>
<td>85.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>49</td>
<td>14.8%</td>
</tr>
<tr>
<td>Mission</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

However, the results show no relationship between adolescent sexual abstinence behaviours and school management state ($\chi^2 = 3.328$, df = 2, p = 0.189), boarding status ($\chi^2 = 7.675$, df = 4, p = 0.104), and type of school ($\chi^2 = 1.092$, df = 2, p = 0.579). This infers that the school environment factors such as type of school, boarding status and management state do not significantly influence the sexual behaviours of school-going adolescents.

### 4.9 Relationship between sexual abstinence and exposure to HIV prevention and abstinence messaging

The study investigated the level of exposure to abstinence and HIV prevention messages among the adolescents in study area and its impact on their sexual behaviours. The results
shows existence of relationship between exposure to HIV prevention messages in schools and adolescent sexual abstinence statuses ($\chi^2 = 11.633$, df = 4, p = 0.020).

**Table 4.6 - Exposure to HIV prevention messaging by sexual behaviours**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Primary abstainers</th>
<th>Secondary abstainers</th>
<th>Sexually active</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has anyone talked to you, about HIV and AIDS or other STIs?</td>
<td></td>
<td></td>
<td></td>
<td>$\chi^2 = 11.633$</td>
</tr>
<tr>
<td>Yes</td>
<td>225 (70.3%)</td>
<td>20 (62.5%)</td>
<td>22 (75.9%)</td>
<td>df = 4, p = 0.020</td>
</tr>
<tr>
<td>No</td>
<td>83 (25.9%)</td>
<td>8 (25.0%)</td>
<td>3 (10.3%)</td>
<td></td>
</tr>
<tr>
<td>I can’t remember</td>
<td>12 (3.8%)</td>
<td>4 (12.5%)</td>
<td>4 (13.8%)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>320 (100.0%)</td>
<td>32 (100.0%)</td>
<td>29 (100.0%)</td>
<td></td>
</tr>
</tbody>
</table>

In addition, 70% of respondents have received HIV prevention messaging within the school term from either peers or teachers (figure 4.5 below). Among adolescents who did not receive any HIV prevention messages, the lowest proportion (10.3%) was found in the sexually active category.
Has anyone talked to you, this term, about HIV and AIDS or other STIs?

- Yes: 70.08%
- No: 24.67%
- I cannot remember: 5.25%

**Figure 4.5 - Exposure to HIV prevention and abstinence messaging**

The research also investigated whether attempts to have sexual intercourse among adolescents was influenced by exposure to HIV prevention and abstinence messaging. The majority (78.3%) of adolescents who reported attempts by friends of opposite gender to have sexual contact have received messages on HIV prevention and sexual abstinence. 66.9% of those who never had such attempts were also exposed to HIV prevention and abstinence sessions.
Table 4.7 - Correlation between sexual attempts and exposure to HIV prevention messaging

<table>
<thead>
<tr>
<th>Variable</th>
<th>Attempts by friends of opposite sex to have sexual intercourse</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Has anyone talked to you, this term, about sexual abstinence and HIV and AIDS or other STIs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>83 (78.3%)</td>
<td>184 (66.9%)</td>
</tr>
<tr>
<td>No</td>
<td>19 (17.9%)</td>
<td>75 (27.3%)</td>
</tr>
<tr>
<td>I cannot remember</td>
<td>4 (4.0%)</td>
<td>16 (5.8%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>106 (100%)</td>
<td>275 (100%)</td>
</tr>
</tbody>
</table>

However, as shown in table 4.7 above, the results indicate no significant association between the two variables. This implies that attempts by adolescents to engage or not to engage in sexual contacts are not significantly affected by prior exposure to messages on HIV prevention and adoption/maintenance of abstinence.

4.10 Access to mass media and adolescent sexual behaviours

This research also investigated the influence of mass media on adolescent sexual behaviours. The results indicate that television and internet were the most accessed media outlets at 35.8% and 35.2% respectively. Radio listenership was 14.8% while those accessing newspapers and journals constituted 13.7% of the study population.
Internet was the most preferred outlet amongst sexually active respondents (37%), while TV was preferred media amongst primary abstainers (36%). However, no significant relationship existed between media accessed and respondents’ sexual behaviours ($\chi^2 = 5.070$, df = 8, p = 0.750).

### Table 4.8 - Mass media and sexual abstinence

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sexual abstinence state</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstainers</td>
<td>Secondary abstainers</td>
</tr>
<tr>
<td>Media accessed most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>113 (36.0%)</td>
<td>12 (38.7%)</td>
</tr>
<tr>
<td>Radio</td>
<td>42 (13.4%)</td>
<td>7 (22.6%)</td>
</tr>
<tr>
<td>Internet</td>
<td>111 (35.4%)</td>
<td>10 (32.3%)</td>
</tr>
<tr>
<td>Newspapers/journals</td>
<td>46 (14.6%)</td>
<td>2 (6.5%)</td>
</tr>
<tr>
<td>Others</td>
<td>2 (0.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>314</strong> (100.0%)</td>
<td><strong>31</strong> (100.0%)</td>
</tr>
</tbody>
</table>
Access to internet over mobile phones has supported adolescent’s easy access to uncensored content. FGD participants mentioned that they use their mobile phones to visit websites and watch and download sexual contents. Some male participants pointed out that they at times share the downloaded contents with their female counterparts and that may predispose them to engage in sexual behaviours.

### 4.11 Friendship networks and influence on adolescent sexual behaviours

The study sought to determine the association between friendship networks and its influence on adolescent sexual behaviours. The results indicate that majority of respondents (48.2%) who had friends of opposite sex for intimacy reasons said studying and revising together was the single most important avenue that encouraged them to engage in sexual intercourse. Those motivated by desire to show love for their partners were 19.8% while those wanting to purposely have sexual intercourse 8.1%. Those who mentioned wanting to have leisure time together, those influenced by friends and those wanting to please peers were 7.6%, 7.1% and 4.6% respectively.
Table 4.9 - Distribution of respondents according to reason(s) for having friend(s) from opposite sex

<table>
<thead>
<tr>
<th>Reasons for having a friend from opposite sex</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have sexual intercourse</td>
<td>16</td>
<td>8.1%</td>
</tr>
<tr>
<td>To study/revise together</td>
<td>95</td>
<td>48.2%</td>
</tr>
<tr>
<td>To have leisure time together</td>
<td>15</td>
<td>7.6%</td>
</tr>
<tr>
<td>Influence from friends</td>
<td>14</td>
<td>7.1%</td>
</tr>
<tr>
<td>To please my peers</td>
<td>9</td>
<td>4.6%</td>
</tr>
<tr>
<td>To show love</td>
<td>39</td>
<td>19.8%</td>
</tr>
<tr>
<td>Others</td>
<td>9</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>197</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The adolescents had various reasons that made them have friends from opposite sex (table 4.9 above). As shown in table 11 below, a significant relationship existed between sexual activeness and reasons for having friends from opposite (χ² = 34.541, df = 12, p = 0.001). This association was strong. The factor that mostly influenced sexual activeness was studying and revising together (48.2%). This finding agrees with Jaccard, et al. (2005) in which, adjusting for other factors, the odds of adolescents engaging in sex were 2 – 4 times higher if the same-sex closest friend of that adolescent was sexually active.
Table 4. 10 - Correlation between sexual abstinence and reasons for having friends from opposite sex

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sexual abstinence state</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstainers</td>
<td>Secondary abstainers</td>
</tr>
<tr>
<td>Reasons for having friends of opposite sex for intimacy reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To have sexual intercourse</td>
<td>8 (5.4%)</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>To study/revise together</td>
<td>82 (55.0%)</td>
<td>6 (21.4%)</td>
</tr>
<tr>
<td>To have leisure time together</td>
<td>10 (6.7%)</td>
<td>5 (17.9%)</td>
</tr>
<tr>
<td>Influence from friends</td>
<td>11 (7.4%)</td>
<td>3 (10.7%)</td>
</tr>
<tr>
<td>To please my peers</td>
<td>8 (5.4%)</td>
<td>1 (3.6%)</td>
</tr>
<tr>
<td>To show love</td>
<td>24 (16.1%)</td>
<td>10 (35.7%)</td>
</tr>
<tr>
<td>Others</td>
<td>6 (4.0%)</td>
<td>1 (3.6%)</td>
</tr>
</tbody>
</table>

4.12 Refraining Factors

This research also investigated the reasons for not having intimate friends from opposite sex. As shown in figure 4.7 below, the results indicate that nearly half (48.7%) of those not having friends of opposite sex for intimacy reasons stated that their religious teachings do not allow them.
The reasons were interrelated and were: religious prohibition of sex before marriage (48.7%), distraction from studies (30%), preserve virginity (10.1%), a waste of time (7.1%), among others.

4.13 Motivating factors for sexual behaviours

This research sought to establish the factors associated with sexual abstinence and how those factors motivated adoption of adolescent behaviours. Results showed that motivating factors stated by adolescents had significant association with sexual abstinence behaviours (p=0.001).
## Table 4.11 - Motivating factors associated with sexual abstinence

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sexual abstinence state</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary abstainers</td>
<td>Secondary abstainers</td>
</tr>
<tr>
<td>Motivating factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-based abstinence programs</td>
<td>103 (34.7%)</td>
<td>3 (11.1%)</td>
</tr>
<tr>
<td>Parental communication and support</td>
<td>9 (3.0%)</td>
<td>2 (7.4%)</td>
</tr>
<tr>
<td>Religion and spiritual background</td>
<td>113 (38.0%)</td>
<td>9 (33.3%)</td>
</tr>
<tr>
<td>Consequences (e.g. HIV, pregnancy)</td>
<td>22 (7.4%)</td>
<td>3 (11.1%)</td>
</tr>
<tr>
<td>Focus on future (education)</td>
<td>50 (16.8%)</td>
<td>9 (33.3%)</td>
</tr>
<tr>
<td>Others</td>
<td>0 (0.0%)</td>
<td>1 (3.7%)</td>
</tr>
</tbody>
</table>

The study further reveals that secondary-school abstinent adolescents in Garissa had various motivators that help them practice sexual abstinence, either as primary or secondary abstainers. These were: religion and spiritual background (37.1%); school-based abstinence promotion programs (32.2%), plans for future (19.4%), fear of consequences such as pregnancy and STIs (7.3%) and parental support and communication (3.8%). For the sexually active adolescents, the results indicate that desire to show love for partner (26.7%), to prove manhood/womanhood (21.7%), and pressure from friends (14.2%) were the main factors that influenced their sexual behaviour. Other reasons included gaining favours (8.3%), out of curiosity (7.5%) and internet media influence (5.8%).
CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the results and compares findings with other similar studies. It also presents conclusions and recommendations based on study findings and with specific reference to study objectives. Suggestions for further research are also provided.

5.2 Discussion

5.2.1. Relationship between sexual abstinence and gender

Though there was no significant association between gender and sexual abstinence state, it emerged from focus group discussions, that the predominant Somali culture in Garissa allows boys to be socially freer than girls who are closely watched by their parents and encouraged to mostly remain indoors.

“Male students from Garissa High School usually have relationships with their (female) counterparts from Umu Salama Girls, just like boys from County High School do so with girls from NEP Girls” said a male student from Garissa High School

“Boys are allowed to talk to any girl they want as long as it is not forced. This most times lead to having boy-girl relationships which eventually may lead to having intercourse” said 17-year female student from NEP Girls School.
“My mother does not allow me to talk to boys outside the family, while my brothers are free to talk to anybody including girls from our neighbours” said an 18-year female respondent in Garissa.

5.2.2. Age and sexual abstinence behaviour

The results indicated strong correlation between sexual abstinence state and age of adolescents. With increasing age, adolescents are more likely to engage in sexual activities. This finding agrees with the findings of Kabiru and Ezeh (2007) that age influences adolescent sexuality and differentiates primary abstainers from secondary abstainers and sexually active adolescents. Just as Kabiru and Ezeh (2007) found that age is a key determinant of sexual debut, the study findings confirm that with increasing age, a larger proportion of young people in Garissa report sexual activity. Majority (92.8%) of primary abstainers were between age 16 and 19, compared to 7.1% under 15 years. Similarly, 90.0% of secondary abstinent respondents fell between 16 and 19 years. This shows that as age increases chances of engaging in sexual activities equally increases among adolescent students in Garissa.
5.2.3. Adolescent sexual behaviour and educational level of parents

The results indicated significant association between adolescent sexual behaviours and level of education of parents. It also showed that primary abstinence would be more likely practiced by adolescents whose parents were educated compared to those whose parents had no education. From focus group discussions it was found that many learned parents are concerned about adolescent sexual behaviours, more so that of female adolescents, and because of the shame and indignity associated with teenage pregnancies in Somali culture, more parents closely follow their children’s habits, friends and social
practices with an intention to forestall any such disgrace that the child may bring to the family. On the other hand, uneducated parents were reported to be less concerned about their children’s adolescent behaviours and give them the freedom of association, including allowing them sleep outside the homestead.

The findings concur with that of Lieberman (2006) that parental effort on understanding adolescent development and discussing sexual behaviours lead to improved sexual outcomes. It is argued that parent involvement in adolescent sexuality could be an effective strategy in the repertoire to delay sexual intercourse and reduce teenage pregnancy and STDs.

The research findings also agree with Marston, et al (2006) which underscores the importance of parental supervision and educational levels in driving sexual behaviours of adolescents.

5.2.4. Family gender composition and adolescent sexual behaviour

The study established strong association between number of female members in the family and sexual abstinence by adolescents. However, there was no significant correlation with number of male members in the family.

Family formation and bonding have long been considered precursors to not only psychological wellbeing of adolescents but also their potential indulgence in sexual behaviours. The WHO (2005) observes that many communities in sub-Saharan Africa regard adolescent sexual activity as representing a decline in traditional family values. Others argue that changing patterns of teenage sexual behaviours are the inevitable
consequences of broader social trends that include widespread use of contraception, changing family forms and patterns of marriage, feminism, and liberalization of adult sexual activities.

Discussions with school-going adolescents in Garissa revealed that strength of family ties and inter-dependability and advice amongst family members usually shapes young peoples’ sexual behaviours. Many youths have expressed concerns about the keenness and how close parents guard over their association with friends and habits that could predispose them to initiation of early sexual activities or adherence to abstinence till marriage. Some youths confirmed that their parents and female siblings watch over them and provide advice and information that helps them cope with adolescent urges and pressures to engage in pre-marital sex activities. It was also noted that the Somali cultural norms do not allow unmarried young persons to engage in sex before marriage and consequences include lowered family dignity. However, the consequences are more pronounced for female adolescents who if gotten pregnant before marriage is seen as an outcast and bringing shame and embarrassment to the family.

5.2.5. Exposure to HIV prevention and abstinence messaging

The study appreciated the existence of various programs that promoted sexual abstinence in both primary and secondary schools in Garissa. Thus, many adolescent students in Garissa were exposed to HIV prevention and abstinence promotion messages. Consequently, the results showed a correlation between exposure to HIV prevention messages in schools and adolescent sexual abstinence statuses. This implies that the majority primary abstainers could have been influenced by the exposure to targeted
messages on HIV prevention and promotion of sexual abstinence for school going youths.

This findings is in line with what was found by Mary Ann Seday (2007) in which the proportion of youth reporting “never having sex” increased from 88 to 92 per cent, after running the “Nimechill” campaign funded by PSI, and that those exposed to the campaign’s messages were more likely to believe in their own ability to abstain than those who did not.

In most secondary schools in Garissa Municipality, there were health clubs where messages about abstinence and HIV prevention were given. The students also discussed sexual health topics, mainly on sexual abstinence, purposely to inform about consequences of sexual contacts. On certain weekly occasions, the students received lectures on specific topics pertinent to promote their sexual health. The study deduces that such arrangement of targeted messaging have supported the promotion and adoption of abstinence for the adolescents in schools.

5.2.6. Friendship networks and influence on adolescent sexual behaviours

The study established a strong correlation between sexual activeness and having friends from opposite sex. This implies that the existence of friends of opposite sex helps to promote sexual activity among adolescents.

FGD participants said that it was very common in Garissa for fourth-form male students to hire residential rooms in order to revise for final examinations. However, participants also revealed that female friends visit their male counterparts in their hired rooms and
eventually end up having intimate, sexual activities. The rooms, commonly referred to as “kejas” provide convenient environment for female-male adolescent sexual relationships, since the rooms are far from their homesteads where parental control is feared. This finding indicates that existence of adolescent’s opposite-sex friends increases the likelihood that respondents will have sexual intercourse. Friendship networks influence sexual behaviour because of the convenience and context in which adolescents are exposed to and choose between risky and non-risky sexual behaviour.

During the FGDs, respondents affirmed that various factors influence their abstinence behaviours and sexually abstinent adolescents pointed out that they intend to remain determined and focus on their studies first. Female respondents noted that fear of getting pregnant and bringing shame to the family constituted the key reason why they refrain from sexual activities. Other FGD participants observed that religiosity and religious decrees are the motivators for abstaining from premarital sex. Both male and female participants concurred that anyone who abstains has clear reasons why they were abstaining.

“I refrain from sexual intercourse because I don’t want to ruin my life by having sex early and then bring embarrassment and shame to my reputed family” [Female respondent from Umu Salama school]

“My religion tells us to abstain from sex till marriage when one can enjoy the goodness of marriage life” [Male student from County High school]
“Being virgin is a treasured value in my culture and close-knit community. Therefore I want to maintain my reputation and dignity by preserving my virginity. That way, I will be able to be honourable and respected in my neighbourhood and community” [Female respondent from Iftin Girls]

“Our community is very oral and we (as girls) talk about one another and usually share our social life. If a girl engages in sexual intercourse with her boyfriend, the entire village and school community will know what happened. I therefore don’t want to face that embarrassing situation that lowers my dignity and respect among peers” [Female student in Khadija Girls]

5.2.7. Refraining factors

The study revealed that adolescents who do not have friends from opposite sex for affection reasons have specific purposes for doing so. Religious prohibition, distraction from studies and desire to avoid attempts on sexual activities were the main reasons given by the teenagers in schools in Garissa Municipality.

In the FGDs, female participants said that the likelihood of the man denying the responsibility for pregnancy was a major factor that restrains many sexually abstinent female adolescents. The desire to maintain good reputation and respect amongst peers and potential husbands was also another reason that helped female adolescents refrain from premarital sex. In Somali culture, which was the predominant one in Garissa municipality, a good family name, devoid of premarital and extra marital pregnancies, is considered a prerequisite for getting a good husband. This value is further decreed by Islam, and the majority Muslim respondents felt that it was absolute shame to have
pregnancies outside wedlock. A related factor was fear of losing virginity and related cultural implications, given the importance of maintaining virginity until marriage. Both Muslim and Christian youths stated that their religions forbid premarital sex, which was the ultimate reason why religious participants chose to be abstinent primarily.

5.2.8. Motivating factors associated with adolescent sexual behaviours

The research findings established a correlation between factors associated with sexual abstinence and actual sexual behaviours among adolescents. Religion/spiritual background, school-based abstinence programs and focus on ones future (i.e. education) were the principal elements that supported both primary and secondary abstainers. Given the significance of sexual abstinence for school going youth, the strong correlation between the factors and prevalent sexual behaviours implies that primary and secondary abstinent adolescents have a purpose and determination which can be borrowed to advance total abstinence for unmarried schooling youth.

During FGD sessions, the research revealed that primary abstainers were determined to abstain and keep off from sexual contacts. This determination is influenced heavily by faith influences, supportive abstinence sessions and adolescents concentration on key life purposes such as desire to shape their future.

“It’s bad because the Bible says that we should live in holiness, you don’t have anything to do with sex before marriage” [Female respondent in NEP Girls]
For the non-abstinent adolescents (secondary abstinent and sexually active), love for partner (26.7%) and desire to prove manhood/womanhood (21.7%) were the main reasons influencing adolescents’ engagement in sexual activities. Other reasons were peer pressure (14.2%), to gain some favours (8.3%), curiosity/experimentation (7.5%) and influence from media sources (5.8%), for monetary gains (5%) and force intercourse (5%).
If NOT abstaining, What influenced/motivated your decision to have sex the most?

Figure 5.3 - Motivating factors for sexual activeness
5.3 Conclusion

The study set out to establish the factors associated with sexual abstinence amongst secondary school adolescents in Garissa Municipality. The study demonstrates that the research questions have been met. The findings indicate that primary abstinence is high (83.8%) but a significant number of adolescent have been involved in sexual activities. Personal and contextual factors such as age, educational level of parents, number of female members in the family, exposure to HIV prevention messages in schools, and having opposite-sex friends are strongly associated with adolescent sexual behaviour.

Sexual abstinence for unmarried adolescents is a challenging but possible practice. The differences observed in sexually active and secondary and primary abstinent youth were that those abstaining were determined for a cause and gained support from their environment. Enhancing sexual abstinence further for young people in Garissa need to take into account the social life situations and pressures the abstinent youth face. Parental support and understanding of adolescents is important in shaping positive adolescent sexual behaviours.

Even though the study findings indicate that majority of adolescents are abstaining, more needs to be done to ensure that abstinent school-going adolescents remain so while the sexually active are engaged to draw them back to abstinent status to prevent them not only from HIV and other STIs, but also from teenage pregnancies and other consequences of pre-marital sex.

Based on the results, the study infers that concerted efforts be taken to build and sustain deliberate communal support for sexual abstinence for school adolescents, noting that the
environment they grow is quite tempting and full of enticements to engage in sexual activities. In addition, the study demonstrated exposure to HIV prevention and abstinence messages have significant impact on abstinence state. It is therefore only important to initiate sexuality education in secondary schools to raise adolescent’s self-risk perceptions and prevent indulgence in pre-marital sexual relationships.
5.4 Recommendations

- The study revealed that a good number of secondary school adolescents in Garissa municipality are sexually active while the majority is sexually abstinent. It is therefore recommended that programs that promote sexual abstinence in and out of school be given highest priority. This emanates from the fact that it is less expensive to be sexually abstinent than to treat the compounded problems of sexual activeness for young people.

- The study recommends encouragement of adolescents to participate in religious activities. This is because the study established that faith/religion teachings were motivators for action amongst primary abstainers. The more deeply engaged in religious beliefs and practices, the more likely adolescents abstain from premarital sex.

- Enhancing good parent-child communication among adolescent students and their parents is recommended. The study found that parental oversight and support to adolescents on sexuality issues is important for their abstaining from premarital sex. Poor parent-child relationships are likely to enhance susceptibility to peer influences and increase the propensity to associate with deviant friends. If adolescents feel parental support, they are less likely to have early sexual exposure.
5.5 Further Research

There is need to document how peers exert influence on adolescent sexual behaviours in Garissa municipality. Such a study should establish sources of peer influence to determine exactly how peer influence operates among adolescent students in Garissa and if and how it predisposes to or prevents from contracting HIV.
REFERENCES


APPENDICES

Appendix I: Map of Garissa
Appendix II: Questionnaire

Questionnaire ID: 

My name is Muhumed Dubow. I’m a student at Kenyatta University pursuing a Masters degree in Public Health. This questionnaire contains questions that I’m asking young people in secondary schools in Garissa town to help me learn more about what you do and feel about certain abstinence behaviours. The decision to select you is purely random and is not linked to any issue about yourself.

Your participation is voluntary. You will take about 20 minutes to answer the questions. Do not write your name anywhere in this form. When you finish answering the questions, please drop the questionnaire in the box provided.

Confidentiality and Consent: All your answers will be kept secret. Your answers will be strictly confidential and your participation in this study is voluntary. No one will know your answers except the researcher, who cannot know which form was answered by who since the forms do not bear names. If you are uncomfortable with any question, you do not have to answer if you so wish. You may also stop the interview at any time.

Consent given:  □ Yes  □ No (if No, terminate the interview)
## Background Information

*Please fill this section with the Research Assistant*

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## Section I: Demographic Information

*(Please tick the choice that suits you)*

1. Do you live in Garissa?
   - [ ] Yes
   - [x] No

2. Are you a **Boy** or a **Girl**?
   - [ ] Boy
   - [ ] Girl

3. What **Form** are you this year?
   - [ ] Form 1
   - [ ] Form 2
4. How old are you this year?


5. What is your religion?

- Islam
- Christian
- Other (specify)

6. What is your ethnic origin?

- Somali
- Kikuyu
- Luo
- Kamba
- Other (specify)

7. What is the **highest education level** of your parent(s)?

- Primary
- Secondary
- College
- University
- Not educated
- Other (specify)
Section II: Reasons for Abstaining/Not Abstaining  
(Please tick the choice that suits you)

8. Which of the following best describes your current sexual status?

- [ ] Primary abstainer (never had sex)
- [ ] Secondary abstainer (had sex in the last 12 months but stopped recently)
- [ ] Sexually active (had sex within the last 3 months)

9. Has someone of opposite sex tried to have sex with you during this term?

- [ ] Yes
- [ ] No

10. Are you abstaining from sex now? (If yes go to Questions below, of No skip to question 6)

- [ ] Yes
- [ ] No

11. (if Yes to Question 3 above) Why do you abstain?

- [ ] Lack of a partner
- [ ] Postponement of Sex until marriage
- [ ] Pregnancy fears
- [ ] Avoid STIs e.g. HIV
- [ ] I’m young
- [ ] Other (specify)…………………………………………
12. (if Yes to Question 3 above) What has helped you the most to abstain from sex?

☐ Abstinence program in school [e.g. Chill]
☐ Parental communication and support
☐ Understanding consequences [e.g. pregnancy]
☐ Spiritual support
☐ Promise to self and/or parents
☐ Future orientation
☐ Other [specify]……………………………………

13. (if No to Question 3 above) What influenced your decision to have sex the most?

☐ Curiosity
☐ Influence by boyfriends/girlfriends
☐ Influence of media (TV, newspapers, internet)
☐ Other [specify]……………………………………

Section III: Sources of Information (Please tick the choice that suits you)

14. Which is the preferred media for you to get information on HIV and AIDS, and other health issues?

☐ Radio
☐ Television
☐ Internet
15. Which media do you access the most?

- Radio
- Television
- Internet
- Publications (magazines, newspaper, etc)
- Lectures/talks
- Other (specify)………………………………………………

16. Where do you get most of your information on HIV and AIDS?

- At Home
- In School (teachers)
- Friends
- Hospital/health facilities
- Mosques/churches
- Other (specify)..............................

17. Whom do you prefer to give you information on HIV and other STIs?

- Teachers
- Religious leaders (imams, sheikhs, pastors, etc)
- Health workers (e.g. nurses)
- Parents
Fellow youth/colleagues
Other (specify)…………………………

Section IV: Boy-Girls relationships *(Please tick the choice that suits you)*

18. Have you ever had a boyfriend or a girlfriend?
   □ Yes
   □ No

19. If you *ever had a boyfriend or girlfriend*, what motivated you to have them?
   □ I want to have sex
   □ Study/revise together
   □ Play/have leisure time together
   □ Peer pressure (influence from friends)
   □ Other (specify)…………………………

20. If you *never had a boyfriend or girlfriend*, what motivated you not have them?
   □ My religion does not allow
   □ I do not want to have sex
   □ Having them is a waste of time
   □ It will distract me from my studies
   □ Other (specify)…………………………
21. Have you ever had sex?
   - Yes
   - No

22. If you had sex, what motivated you to have it?
   - I wanted to prove my love
   - To experiment/curiosity
   - My boyfriend/girlfriend wanted us to have sex
   - I was forced or threatened
   - I was promised gifts/money
   - Other (specify)…………………………………………..

23. If you never had sex, what motivated you not to have sex?
   - I do not want to have sex
   - I have not had the chance to have sex
   - My religion does not allow me have sex at this age
   - I want to wait till marriage
   - I fear getting infected with HIV and/or other STIs
   - I want to avoid pregnancy
   - I want to complete schooling first
   - My parents/community don’t approve
   - I am young
   - Other (specify)…………………………………………..
24. When was the **last date you had sex?** (*skip if never had sex*)

   Date/date: ..............................
   Month: ..............................
   Year: ..............................

25. How old were you when you first had sex (*skip if never had sex*)

   - □ __________ Years
   - □ I cannot remember

26. Where did you have sex (*skip if never had sex*)?

   - □ Lodge/bar
   - □ School
   - □ Friends house
   - □ Rental house (**keja**)
   - □ Other (specify)..............................

27. Who did you have sex with (*skip if never had sex*)?

   - □ Boyfriend or girlfriend
   - □ Classmate or school friend
   - □ Teacher
   - □ Friend (who is not in my school)
   - □ Other (specify)..............................
28. Do you think your friends are having sex?

☐ Yes

☐ No

29. List down factors that motivate your friends to have sex

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Section VI: HIV Prevention for the Youth (Please tick the choice that suits you)

30. Has anyone talked to you, this term, about HIV and AIDS?

☐ Yes

☐ No

☐ I cannot remember

31. Which is the best way to prevent HIV infection for youth in secondary schools?

☐ To abstain from sex

☐ To be faithful to one girlfriend/boyfriend

☐ To use condoms

☐ To know HIV status

☐ Other (specify).................................
32. What do the youth mean when they talk of ‘abstinence to prevent HIV’?

- Having sex with only one boyfriend/girlfriend
- Having sex with many boyfriends/girlfriends
- Not having sex at all
- I do not know
- Other (specify) ..............................................................

=======END=====

This is the end of the questionnaire!
Thank you very much for your time and honesty in answering the questions.