FACTORS INFLUENCING ADOLESCENT PRECOCITY TO SEXUAL PRACTICE: A CASE STUDY OF SECONDARY SCHOOL STUDENTS IN NAIROBI PROVINCE, KENYA

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DECLARATION

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

Kimani G. W Karanja

I confirm that the work presented in this research project was carried out by the candidate under my supervision

18/04/07

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DEDICATION

This research project is dedicated to my dear husband: Sampson, our children: Anne, Cyrus, Vivian and Anthony, for being my sources of inspiration when the going got hard, and my mother Hannah Njeri for her selfless dedication and for teaching me among many others, the values of patience and hard work.

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ABSTRACT

The purpose of this study was to examine factors that were responsible for adolescent precocity in sexual matters. The study was also carried out to explore the consequences of adolescent sexual practices and to establish how parents, churches, policy makers were dealing with this trend. The overall objective was to come up with viable ways adolescents could be assisted for coping with their sexual drives.

The sample for the study consisted of a total of 229 Form Three students from five selected schools in Nairobi. Data was collected through a Self–Report questionnaire. Descriptive statistics in form of percentages, means and frequencies were utilized to describe the trend of the results. To the null hypothesis investigated, the chi square (X^2) and the t –test statistics were used.

The results show that factors responsible for adolescent precocity in sexual matters were: mass media, peer influence, access to drugs and alcohol, and extreme sex drive. The implications of the results were discussed and recommendations proferred.

It is expected that the findings of the study will be of immense relevance to Kenyan educational administrators, school authorities, teachers, counsellors and parents in their work with these adolescents.

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CHAPTER ONE

INTRODUCTION

1. Background of the study

Adolescence is a developmental stage marked by conscious sexual awakening. It's a period in human life with the strongest of all physiological and psychological experiences and the maturation of sex organs (Parrat, 1993), as one moves from childhood to adulthood. Sexuality is a central part in negotiating this transition. Sexuality encompasses the whole area of personality related to sexual behavior. Sexual behaviour refers to the kind of relationship between male and female and where copulation is involved or imagined to be a factor (Short, 1984). The sexual urges that emerge during puberty must be blended with other aspects of teenagers' lives and channelled adaptively. When this fails to happen great conflict and pain may occur.

According to Ensminger (1987) sexual behaviour can and does make a positive contribution to teenage development through increased independence, social competence and self esteem. However not all teenage sexual behaviour is adaptive, moral and healthy. Clearly, sexual activity can occur too early and in a context that is inappropriate. Indeed, a major concern of this study is the current adolescent sexual behaviour which has reached life threatening levels. What has contributed to this impetus?

Sexuality in the past was clearly defined. Girls became wives and mothers and protected their virginity inorder to attract suitable husbands. Boys' lives were career oriented. Today this goals are no longer so well defined. Today young people are delaying marriage in pursuit of education and careers, thus prolonging

the period one would have to remain single. The age at which puberty begins is decreasing. In addition to this is the uncoupling of sexuality, marriage and child bearing. The traditional rules of conduct, the communal and extended family structures have been eroded, thus leaving the youth unsupervised and without unlimited role models. This has resulted in the adolescents involving in sexual behaviour they are hardly prepared for (Gyepi Garbach) 1985; Njau 1992, Onyango, 1993). The double sex standard is disappearing and girls are increasingly demanding more freedom of sexual activity without being regarded as permissive.

A study by Brooks-Gunn and Furstenberg (1989) revealed that white American sixteen year old girls were having sexual intercourse from seven percent to fourty percent in 1982. Studies of male teenage sexual behaviour over this period suggest that the gap between the sexes has narrowed.

In Kenya, an adolescent reproductive health survey by PCA (2000) revealed that a large proportion (over seventy five percent) of Kenyan adolescents in the thirteen to nineteen years age group are sexually active.

Given that the youth comprises the bulk of the nation, this trend is of great concern. Half the population is aged fifteen or less and one of every four Kenyan is an adolescent aged between ten and twenty years. Nearly half of the global population is less than twenty five years old. (UNFPA, 2003). They have not known a world without AIDS.Young people in this age bracket globally account

for half of all new cases of HIV. Other sexually transmitted diseases, unwanted pregnancies and abortions are on the increase.

The recent years has seen unprecedented outcry over the adolescent sexual behaviour. As reported by the media towards the end of 2004, the much publicised backstreet abortions were just the tip of the iceberg. A survey of the activities of the youth in social places confirms that our youth are sexually active especially so with the increase in alcohol and drug abuse.

Research has demonstrated that young people are heavy consumers of electronic media especially the television, radio, and recently the DVD, CD and the internet (Brown, 1996). McErickson (1997) noted that most of Kenyan media is dominated by the western characters seen in the media majority of whom glamorise sex, emphasize girls' sexiness and attractiveness.

Tragically, even in the face of all these, parents, the church, the educational system and the society in general has not adequately equipped the youth to deal with the phenomenon.

This study is an attempt at exploring the factors responsible for the rapid increase of sexual activities among our adolescents.

1.2 Statement of the problem.

Sexuality is a complex aspect of our lives of which most of our youths are ignorant. Adolescence is a time of sexual discovery exploration of new feelings,

behaviour and relationships. Today, everywhere, adolescents are exposed and bombarded with sex through the entertainment media, commercial advertising, literature on our streets and bookstores, film halls and conversation.

Efforts by parents, church, education and health sectors to address adolescent sexual practices have not born much fruit. Adolescent sexual precocity continues to rise, and sexual debut in Kenya stands at a younger age than elsewhere in sub-Saharan Africa, at least half by the age of sixteen are sexually active.

High teenage sexual activity is reflected in high incidences of teenage pregnancy, abortions and early infections, spread and transmission of STD's, including HIV/AIDS. Due to biological disposition, social-cultural and economic factors, girls are likely to carry a high risk of HIV infection.

Adolescent sexuality, especially with girls, has been noted more rampant among those dropping out of school and early marriage. Although sex is pleasurable, it can be a source of great pain and anxiety, especially to an adolescent who may have no adequate resources to handle the consequences. With the break down of traditional structures that socialised the children and the youth, the conflicting messages all around, including religious or ethical practices, the adolescent today is like a lone ranger. There are no standard norms to guide the young people on the subject of sexuality. There is no consensus on who, when and what the youth need to be taught in the subject. This leaves them with little help to wade through the challenges they are facing from within and without.

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There is a duty towards our youth. They are the next generation of parents, teachers, church leaders and politicians. How the adult society behaves towards them will influence how they will act their roles as parents, teachers, church leaders etc (Drakeford, 1987).

Given this state of affairs, and the fact that the youth comprise the bulk of the nation, there was need to find out the adolescents' perspective on their sexual practices. The problem investigated was the relationship between the mass media, family, peers, drug / alcohol abuse, sex drive and adolescent sexual practice. Also under investigation was adolescent's perception of the risks of HIV/AIDS, other STDs, pregnancy and the practice of non-coital sexual expressions they resort to instead of sexual intercourse.

1.3 Purpose of the study

The study sought to:

(a) Examine factors that were responsible for secondary school adolescents precocity in sexual practices

(b) Determine the efforts being made by policy makers to deal with this precocity in adolescent sexual practices.

(c) Identify alternative and adaptive ways some adolescents are using to cope with their sexual drives.

1.4 Significance of the study

This study will be significant in the following ways:

(a) It would help to re-evaluate the functions of the church, school, the media, policy makers, counsellors and parents, as institutions and people that are supposed to devise mechanisms and power that encourage healthy sexual socialisation among adolescents.

(b) The findings are expected to generate data that will help institutions dealing with adolescents reproductive health devise more effective ways or programs of handling adolescents sexuality.

(c) It would help provide understanding and may single out the limitations of the present campaigns to sensitise the youth on the dangers of pre-marital sex and the spread of HIV/AIDS, which seem to be failing in discouraging the prevalence of risky sexual behaviour.

Hence the findings of this study will provide useful information to parents, school, church, and curriculum developers, the youth themselves and counsellors on how to eradicate irresponsible sexual inclinations.

1.5 Research Questions

The following research questions were formulated to guide the study:

1) What were the sources of information on sexual matters for adolescents?

2) What factors were responsible for adolescents' precocity to sexual practice on the basis of gender?

3) What factors were responsible for adolescents' precocity to sexual practice?

4) Did adolescents perceive themselves to be at risk of pregnancy, STDs and HIV / AIDS

5) What percentage of adolescents were sexually active and what sexual activities did they engage in?

1.6 Assumptions of the study

The study assumed that:

1) Schools selected had a sample representative of the whole population.
2) The respondents were sexually mature to respond to the items in the questionnaire.
3) That the respondents were willing to respond truthfully to the items in the questionnaire.
4) That the students in the selected schools were exposed to factors that could have been leading to precocious sexual practices.
5) That the selected schools were aware of the then current student sexual behaviour and so would have been willing to cooperate with the researcher.

1.7 Scope and delimitations of the study

1. This study was conducted in selected schools within Nairobi province. Findings of this study may not be generalised to all secondary schools in the country given the uniqueness of Nairobi as the capital city of Kenya, and the diversity of people, culture, and other influences like the mass media which are concentrated more in Nairobi than other parts of the country.
2. The study was only interested in factors influencing adolescent precocious sexual behaviour and not other aspects of adolescent life.

3. Only Secondary school students were studied. Students from primary schools, tertiary institutions and universities were not part of this study.
4. Since it is unethical to observe sexual behaviour directly, the study relied on the reports given by the students.

1.8 ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
CD	-	Compact Disk
DVD	-	Digital Versatile Disk
HIV	-	Human Immuno-Deficiency Syndrome
K.D.H.S	-	Kenya Demographic and Health Survey
PCA	-	Population communication Africa
SPSS	-	Statistical Package for the Social Sciences
STD	-	Sexually Transmitted Diseases
TV	-	Television
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
W.H.O	-	Word Health Organization

1.9 DEFINITION OF OPERATIONAL TERMS

Adolescence: An individual in the dependent transition period between childhood and independent adulthood between thirteen and twenty five years of age.

Autoerotic: Sexual activities that involve oneself/does not need another person for sexual release to take place.

Coitus: Sexual intercourse

Defense Mechanism: An unconscious activity or behaviour resulting from psychological mechanisms that the ego uses to defend itself. Sexually one resorts to indirect means of expression.

Denial: An unconscious defense in which the individual suppresses the anxiety or frustration to a point where they refuse to admit its presence.

Displacement: A defense mechanism used when direct satisfaction of needs is inaccessible or painful or guilt provoking.

Environment: Location of ones home or where he or she has spent a great portion of his / her life.

Erotic: Sexually arousing quality or effect.

Heterosexual: Involving male and female.

Libido: Sexual desire.

Masturbation: It is sexual satisfaction or gratification by self stimulating.

Nocturnal orgasm: Commonly known as wet dreams in men. Women also have dreams that end in orgasm.

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Non-coital sex: Sexual activities that cause erotic feelings but do not involve intercourse.

Petting: This involves conscious sexually stimulating physical contact between people of opposite sex.

Pornography: Material describing or showing sexual acts in order to sexual excitement. cause

Precocity: Development of particular abilities and ways of behaving at a much younger age than usual or expected, and in this case, sexual behaviour.

Repression: Involves banishing anxiety arousing thoughts and feelings from consciousness e.g. singing or praying.

Reproductive Health: Includes information, knowledge and practice of the physiological and psychological aspects of sexuality especially fertility, contraceptive use and disease prevention of the reproductive system.

Sex drive: Powerful sexual desire/urge for sex.

Sex education: Sometimes referred to as family life education. It's education pertaining to sexual matters or sexuality.

Sexual practice: Means the same as sexual behaviour or expression which includes sexual release.

Sexuality: (1) The entire field of personality related to sexual Behaviour

(2) Behaviour related to coitus.

Sublimation: A defense mechanism in which the individual resorts to an alternative goal which provides a socially acceptable outlet e.g. music, dance or sports.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

Sexuality by its very definition is a behaviour that is influenced by biological, personal, filial, social-cultural and other factors. Indeed, adolescent premarital sexual behaviours are influenced by physiological, psychological and socio-cultural factors. The variability in premarital sexual behaviour is accounted for by a complex socio-psychological network of variables.

Numerous changes in the social milieu and social practices have led to the emergence of more liberal attitudes due to the changing economic and social conditions and sexual revolutions taking place all over the world. Social change and its associated factors of modernization, rural-urban migration, urbanization and infiltration of foreign cultural values have all been major factors contributing to increase in adolescent premarital social activity. These changes have been associated with shifts and disruptions of family structures and the breakdown of strict traditional taboos, values and social rules that regulated the sexual behaviour of young people.

A review of psychological and socio-cultural theories is necessary in order to understand in part how humans differ in the expression of their sexuality. Literature related to adolescent sexual expression in the traditional African,

western and modern societies will be reviewed to help us understand the present society in light of what took place in the past and what is happening today. Also discussed is the urgent need for an all inclusive sex education, in addition to alternative sexual expressions the youth are exposed to.

2.2 Theoretical Framework

The study will be based on the rationale expounded by the Social Learning, the Psychosocial, Ecology of Human Development, the theories of Interpersonal Development and the of Optimistic Bias.

These theories encompass all the major views of the learning of sexual behaviours. The traditional behaviourists assertions that learning results from reward and punishment to responses is appreciated but this view is better explained in the social learning theory.

A complex inter-relationship exists between biological and learned factors in sexual arousal. In man, secretion of hormones brings the body to functional readiness at puberty. Udry (1990) found that there were some associations between hormonal levels and sexual interest but the likelihood of engaging in sexual intercourse was much more influenced by the types of friends one had rather than the hormonal levels. These results indicate that though the biological predisposition counts, social learning also has great influence on sexual development. Therefore, it is the learned and interpersonal factors that

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activate the potential for arousal and drive the person towards sexual behaviour (Victor, 1980).

2.2.1 The Social Learning Theory (A. Bandura)

Bandura and Walters (1963) developed this theoretical perspective, which views the individual as an active mediator. He operates the environment in accordance with certain expectancies and contingencies but with foresight and knowledge as to what the consequences of his or her behaviour might be even before it occurs (Salkind, 1985). In this study this view can be applied to confirm that adolescents are not innocent victims of their desires and sexual behaviour. Indeed, they do have cognitive capabilities to assess their behaviour, and their consequences.

This social learning theory attributes significant amount of learning to the process of imitation and modelling. The individual has an active role of determining what classes of behaviour are to be imitated. This is to say that adolescents imitate and model sexual practices they see around them. This could be from the media, family and peers. Through modelling, adolescents acquire sexual habits, attitude and values. Decision to imitate the model depends on the rewards and punishments the model gives for the behaviour and on the teen's perception of what kind of individual the model is. Commitment to religious beliefs or personal principles does affect the individual processes and hence, people will act differently depending on the influence of these processes.

The theory also ascribes special importance to the operation of internal mediational processes. These are processes within the individual's conscience

which select the classes of behaviour to be learned such that between the sensory input that forms the basis of learning and the final act of behaviour, internal operations will affect the ultimate outcome (Bandura, 1977; Rotter, 1982). The social learning theory adds a cognitive dimension to the traditional behaviourists' theory. According to the theory an individual may observe for example an overly elated couple kissing and despite the apparent reward of the behaviour, the individual shuns it because the behaviour is not in conformity with his/her principles. This explains why some adolescents appear unaffected by sexual behaviour of peers or even family members.

Bandura's theory suggests that sexual behaviours and expressions are learned and this occurs in two broad stages. The first is the passive stage where learning is due to parents and the immediate environment. The second is the interactive stage which is due to cognitive structures. These enable individuals to choose the classes of behaviour to adapt to (Bandura, 1984). Bandura suggests that individuals acquire latent learning by the process of observation and learning-vicarious reinforcement. Different cultural environments have different models. Thus, sexual behaviour varies from culture to culture.

This theory makes it clear that sexual desire and expression is not simply a response to intense bodily need. Instead, it is very easily influenced by social forces in the society. In other words, the adolescent sexual precocity might turn out to be a result of an interplay of individual and social forces.

2.2.2 The Psycho-Social Theory (Erik Erikson)

According to Erikson (1963,1968) an individual goes through a sequence of eight stages or 'crises' of psycho-social development. In each of the eight developmental stages, a conflict with two possible outcomes arises. If the conflict is worked out satisfactorily, the positive quality is built into the ego and further healthy development can take place. However, where the conflict persists or is resolved unsatisfactorily, the developing ego is damaged because the negative quality is incorporated into the ego. This explains sexual behaviour of the adolescents. There are those who handle their budding sexuality well, while others seem bent on ruining their lives by engaging in risky sexual encounters even when they are aware of inherent risks.

In these eight developmental stages, adolescents are in the fifth stage that of identity and role diffusion. It is a period of identity crisis (Erikson 1963,1968) during which the adolescent engages in a personal redefinition of his role in society, a process that can either take the form of intense self-awareness or exist at a less conscious level.

When puberty is reached, the individual's body grows rapidly accompanied by sexual maturity. The adolescent is now subjected to new social expectations and obligations. He is forced to break with what is familiar, biologically, psychologically and socially and to enter into a new relationship with his body, his self, and his social world, and so, the search for identity. The central questions

during adolescence are often "Who am I"?, How can I be the same person now that I was a child and will be as an adult?"

The central focus of the psycho-social theory is therefore on the process by which the individual develops his ego identity. For the adolescent this is initially accomplished through identification with popular figures such as sexy, attractive and rich movie stars or sports figures. They will also identify with musicians whose music revolves around sex and romance.

In a bid to find his own individual identity, the adolescent tries to extricate himself from parental dominance. As a result, he rebels against them, their value system and their intrusion into their private life. No wonder sexual behaviour or relationships with the opposite sex are some very common areas of conflict between parents and their adolescent children. This leads the adolescent to seek belonging to a peer group and a heterosexual one.

The in-group feelings and behaviours include sexy dressing, talk laden with sexual images, pairing between girls and boys. Erickson (1963) sees these as petty defences against the dangers of self diffusion. The adolescent gains much of his security from peers and their standards of behaviour become his. This is why an adolescent whose peers engage in sexual intercourse also gets involved if he has to be accepted. The adolescent would want to have his own standard, cut off from the parent's, yet he lacks the inner strength to follow his own ideals.

Erikson (1963) suggests that the rapidly advancing technology which has lengthened adolescent dependence by delaying the acquisition of all occupational identity has added to the identity crisis. This has the risk of making the young person over identify with peers in compensation.

One important aspect of identity formation is learning to be comfortable with ones' body and sexuality. This means coping with the bodily changes of puberty and coming to terms with one's new 'sexualised' body, developing a sexual ideology, and consolidating one's sex role and sexual orientation.

It is only at the next stage, that of 'intimacy versus isolation', that true heterosexual intimacy is established.

Adolescent's falling in love and sexual experimentation is described as contributing to the quest for self-definition, rather than an indicator of true intimacy. In the light of the current sexual practices among adolescents, Erikson cautions against pressure on young people to make permanent commitments early in life, when an adequate sense of personal identity has not been established. When the young person's potential for exploration has been closed off too soon, Erikson argues, the relationships formed can be mistaken for truly intimate ones.

While encouraging sexual exploration before commitment, Erikson cautions against pre-mature sexual intercourse and to that effect, he says "That is why so

much young love is conversation" (Erikson 1968: P132). In other words it is not real, not concrete.

Applied to the present study the above observations suggest that the adolescents need to be guided and educated on how to cope with emerging desires of identity, love and intimacy and to express them within healthy relationships.

2.2.3Theory of Ecology of Human Development (Brofenbrenner, 1979)

The basic argument of this theory is that the natural environments are a major source of influence on human behaviour. Brofenbrenner sees the environment as a progression of nested structures that extend beyond the immediate setting. The framework describes four environmental systems which are visualised as nesting structures.

These systems are:

(1) The Microsystem

This is the immediate environment in which a child interacts with other family members. At this level are dyadic relationships between children and adults with each affecting the behaviour of the other simultaneously. These dyadic relationships are indirectly influenced by the presence and participation of other family members, friends and neighbours. These settings include the home, the school and the neighbourhood. All these have been cited as greatly influencing the sexual socialization of adolescents. The ways in which, the family, school, and neighbourhood influence adolescent behaviour is a concern of this study.

(2) The Mesosystem

In this nest, you find the inter-relationship or interconnections between different immediate settings. The child's development at this level is influenced by the number of different settings the child interacts with whether these settings are similar or not and whether or not the child's participation is accompanied by any supportive links such as the participation of parents and levels of communication.

Applied to this study this level explains why adolescents who communicate well on matters of their sexuality with parents have less difficulties negotiating the challenges of adolescence. Supportive parents, loving and those that supervise their adolescents' interactions with the rest of the society and offer non-judgemental advice to their adolescents are usually good role models often emulated by their children.

(3) The Exosystem

This is made up of settings which do not involve the child's presence of participation, but whose goals and activities affect the child indirectly by influencing the activities and interactions which take place in the microsystem and mesosystem. Examples of these settings include the work place and the extended family.

It's common to find a family living together with extended family members. Sometimes they are a bad influence to children in addition to straining the financial resources. Poor living conditions and crowding the need to supplement

family resources, especially with girls, have been cited as influencing adolescents into early sexual practices. And it will be interesting to find out the extent to which these factors can be corroborated in this study. Sometimes demands placed on parents from their work place may make a well-intentioned caring parent inadvertently neglect his family. This has been known to leave adolescent's unsupervised and thus encouraged to engage in undesirable sexual behaviour.

4) The Macrosystem.

This is the level on which the three previous levels are built. It sets the blue print for wider social institutions and for the interconnections among and within immediate settings. The macrosystem can be altered to produce subsequent changes in human behaviour and development. It includes ideology, laws and regulations, rules and customs of a particular culture.

This study will concentrate on the microsystem level of the model, which investigates how the interactions and activities between the adolescents and the family, the school, religion and peers influence teenage sexual behaviour. Evidence shows that adolescent sexual expression is influenced by different environments such as the family, peers and the school. This strongly makes this theory applicable to this study.

2.2.4 The Theory of Optimistic Bias (Weinstein, 1984)

According to the above theory, individuals generally think that they are less likely than the average person to experience health problems. In making their assessments of their own risk, people seem not to take into account the role that

behavioural risk factors play. Optimistic bias may thus function to dissuade individuals from engaging in protective health actions.

Applied to the current study, it will show that the adolescents will most likely perceive themselves to be at a lesser risk of pregnancy, STDs and HIV/AIDS than other people are without necessarily considering the role of sexual risk-taking behaviour play. The Optimistic Bias theory could thus function to dissuade school going adolescents from undertaking preventive or protective health actions against the afore cited risks by considering them other people's problems.

2.2.5 The theory of Interpersonal Development (Harry S. Sullivan, 1953)

According to Sullivan, psychological development can best be understood when looked at in interpersonal terms. He specifically focuses on transformations in the adolescents' relationship with others. Sullivan charted a developmental progression of needs, from infancy through to adolescence. In this progression, the need for intimacy (pre-adolescence) and the needs for sexual contact and for intimacy with a peer of the opposite sex (early adolescence) are the ones relevant to this study.

This theory posits that the capacity for intimacy first develops before adolescence and in the context of the same sex relationships. Making transition from this same sex relationships to intimate, sexual, opposite sex friendships of late adolescence is fraught with anxiety. These pre-adolescence friendships are

necessary preconditions to forming close relationships as an adolescent or young adult.

The onset of puberty marks the end of pre-adolescence and the beginning of early adolescence, a transition marked by the emergence of a biologically based, powerful sex drive.

Most challenging to the adolescence, is integrating the individual's established need for intimacy with the emerging need for sexual contact in a way that does not generate excessive anxiety. Sullivan saw adolescence as a time of experimentation with different types of interpersonal relationships. Adolescent interpersonal relationships are thus varied:

(i) Those that date many different people.

(ii) Those that get involved very deeply with a boyfriend/girlfriend and the relationship lasts throughout their adolescence life.

(iii) Those that have a series of serious relationships.

(iv) Those that keep intimacy and sexuality separate. There are those who keep close platonic relationships with the opposite sex peers or they may have sexual relationships without getting very intimate with their sex partners.

This experimentation with different types relationships according to Sullivan, is a normal way of handling new feelings, new fears, and new interpersonal needs. This experimentation continues well into late adolescence for some individuals.

It is important that one successfully negotiates these interpersonal tasks to by late adolescence, in which case he/she will be able to initiate, enjoy sex, and most critical, be able to experience intimacy and sexuality in the same relationship. This accomplished, he can successfully enter the next phase; that is late adolescence/early adulthood.

Applied to this study then, the present day adolescents' sexual practices are developmental tasks that the adolescent has to go through. According to the theory some adolescent behaviour could signify failure of having successfully entered a phase. In this case it could be anxiety carried over from earlier phases of life like childhood or preadolescence. According to Sullivan, security that is derived from having satisfying relationships with others, is the "glue" that holds one's sense of self togetherness. Identity and self-esteem are gradually built up through interpersonal relationships. Guided by this theory, Sullivan says sexual behaviour of adolescents is normal and healthy.

2.3.0 Related Studies

In this sub-section, are various review studies done on adolescent sexuality. They include general, foreign and African based studies.

2.3.1 Introduction to human sexuality

Human sexuality can be defined as the way in which we experience and express ourselves as sexual beings. The first large scale studies of sexual behaviour in the United States by a research group from the University of Indiana was in the

1930's and 1940's. The period of mid 1960's and 1970's is often referred to as the period of sexual revolution (Reimisch, 1990).

The psychoanalytic theory, credited to Sigmund Freud (1924) posits that the psycho-sexual development has five stages: the oral, anal, phallic, latency and genital. Behaviourists on the other hand, emphasize the importance of cognitive, activity and learning by observation. Therefore to understand human sexuality, it is paramount to understand the interplay between the biological, psychological and socio-cultural factors that determine the experience and expression of one's sexuality.

Freud (1924) says that sex drive is a powerful force and he refers to it as libido. The sex drive is a power whose vitality is caused by the absorption of the sex fluids into the blood (Sanger, 1969). The hormonal tide that begins at puberty leads to more sexual arousal. This is why teenagers develop interest in people of the opposite sex. Most people feel sexually aroused if they touch, kiss or hug a person perceived as a sexual object.

The sexual impulse is the strongest force in all living creatures; it attracts and unites two beings; it inspires man to the highest and noblest thoughts, to all material endeavours and achievements to all art and poetry (Sanger 1969). Unlike other drives, sex drive is easily displaced, and easily repressed, sublimated, or diverted into forms of behaviour which have no obvious connection with

sexuality. Sex vitality is a creative ability and how to use it positively is a problem for each generation.

At adolescence, sex drive is at its highest, hence the great interest in sex especially men between seventeen and twenty one years. Girls don't ordinarily have a strong physical need until when in their thirties when they reach the peak of their drive (McCary, 1973). Seminal expulsion causes relief and a feeling of pleasure in boys. Out of ignorance some boys believe lack of sexual intercourse will endanger their sexual capacity, thus justifying their sexual escapades.

Masters and Johnson (1966) and McCary (1973) suggest that the sex drive is equal in both males and females, but each responds differently to physiological stimuli, but the female responding to a lesser degree. The male will respond easily to psychological stimuli such as exotic sights or sounds, erotic scents, sexy movies or books. Females are more easily responsive to physical stimulation and romantic involvement. Once sexually aroused an individual can variously express the impulse, overtly or not.

2.3.2 Sexual socialization in traditional African societies

Even before the infiltration of colonial and foreign institutions, African societies had well organised and effective structures through which children and the youth were taught the tenets of living within their community. They were taught about responsible behaviour and the societal expectations. However Christianity and Islam came and condemned some of these structures and practices as devilish.

Urbanization and the subsequent break-up of the family set up made it difficult to provide education to the young, the traditional way.

Many African customs and morality did acknowledge the sexuality of adolescents and accordingly devised mechanisms of allowing adolescents to come to terms with their sexual drives within acceptable and healthy limits. Premarital sexual intercourse was discouraged in many communities, and at the same time they devised ways and means of regulating adolescent sexual behaviour (Njau, 1994). Among such ways and means were: public dances, social activities for the youth but under watchful eyes of adults, heavy penalties for offenders and education.

The education provided emphasised shaping of right sexual attitudes, understanding sexual desires and feelings, and their proper expression. There were taboos related to sexual behaviour, as well as rules and regulations governing sexual expressions (Njau, 1992, Peschke 1979).

Traditionally, sexuality and related sex impulses, emotions and desires were normal. Most communities had distinct guidelines in all aspects of socialization leading to clear expectations and social conformity (Kiragu, 1991). Sexual desire was viewed in a simple straightforward manner free of guilt, over self-consciousness and solemnity in which puritanical societies embeds it (Lambo, 1964).

According to Kenyatta (1938), the Gikuyu of central Kenya had the 'Ngwiko' system. This system allowed non-coital sexual activities among fellow initiates

except penetration. A girl's genitals were protected by a skin cloth thus masturbation to the point of orgasm to release sexual tension was possible. In distinguishing between coital and non-coital sexual relationships, traditional societal ethics acknowledged that it had the responsibility of providing adolescents with acceptable means of releasing their sexual tension without posing any danger.

Public dances provided opportunities for close heterosexual body contact; petting and fondling also occurred.

Traditional sex education aimed at transmitting and equipping individuals with right values, skills, norms and philosophies by which to live and which would create and mould right attitudes and behaviour patterns, in line with moral and ethical society. Masturbation was disapproved for men and women who were old enough to be married to have normal heterosexual intercourse and procreate (Kenyatta, 1965). One important message here is that, it was necessary and realistic to control ones sexual desires even when under pressure to express them. So instead of keeping away from the opposite sex, adolescents learnt to control themselves in the presence of each other (Njau, 1994).

In traditional societies, the education of the youth was entrusted to grandparents, mature uncles and aunts or a respectable member of the community. Due to the modern socio-cultural dictates and the erosion of the traditional sex education

mechanism, a vacuum exists in knowledge of human sexuality among children and youth.

Circumcision and the seclusion that followed in some communities, was one practice that provided learning opportunities for the initiates. Among the Kamba of Kenya for instance, coitus for both boys and girls was infact mandatory, for it provided a training ground in preparation for marriage especially for the girls. Indeed, a virgin bride was an embarrassment to her family, and she would be returned back to her parents to be adequately prepared. Parents had no fear of their children being misguided, since they too had gone through the same process (Cardwell, 1980).

Among the Meru, both boys and girls were isolated in what was called "bush school" for up to two years during which they were taught rules of behaviour and responsibility of married people. Thereafter, the girl entered an arranged marriage at about twenty five years old. Men married at thirty years. Pre-marital sex for girls was forbidden and if it happened, a traditional abortionist ended the pregnancy (Kiragu, 1991).

Still among the Meru, the Egoji clan allowed pre-marital sex among pre-puberty boys and girls. Virginity among girls was ridiculed and treated as cowardice. After menarche, the girl was taught to monitor her cycle and so she could engage in sex and also avoid pregnancy. A man having coitus with an uncircumcised girl

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was supposed to practice coitus interruptus. Girls were circumcised at twenty three to twenty four years, after which they could marry and enjoy full right to sex and child bearing. Boys were circumcised at eighteen to twenty years after which tney joined the clan's military service. During this period they could have sex with uncircumcised girls who brought them food (Kiragu, 1991). A man who impregnated a girl committed a taboo and was heavily fined.

Among the Maragoli of western Kenya, at the age of seven, boys and girls were separated from their parents to live with a widow, widower, or grandparents, where they were taught about their traditions, including how to behave towards the opposite sex, elders and relatives. Pre-marital sex was not allowed, and virginity at marriage was highly valued.

Also from western Kenya, the Luo encouraged the girls to protect their virginity, the absence of which lowered bride price. For this reason, they were kept under strict supervision.

From the Rift Valley, the Nandi taught the use of coitus interruptus during intercourse, to avoid pregnancy, and when it occurred, it was aborted if the girl was uncircumcised.

Among the Akan of Ghana for instance sexual intercourse was allowed when the girl reached menarche.

The Beti community of Cameroon believed that sex before menarche polluted the girl and could lead to infertility later. So to avoid these she was ready to marry and only then enjoy the right to sex once she reached menarche.

Clearly then, most African communities had explicit expectations of sexual conduct among the youth. However, as exemplified by the Meru and Egoji clan, there was no common code of sexual behaviour shared between all groups.

The Koech report (1999) recognised that the African society had rules and conduct that socialized an individual right from childhood and all through life, despite being informal.

Traditionally, the socialization process guided and counselled members on matters ranging from familial to interpersonal relationships, sex and sexuality, virtues and vices acceptable and discouraged by the community.

This review demonstrates that sexuality education of children and youth is an old time social responsibility that is shared. The modern society can borrow from this, especially social institutions including family, religious, or educational.

2.3.3 Kenyan Studies

Just like in many parts of the world adolescent sexual behaviour in Kenya has drawn considerable attention in the recent years, particularly so because of the AIDS pandemic. Children are a reflection of society. Therefore, the heightened

rate in adolescent sexual practices is a reflection of the general decay in the society. Sexual activity among adolescents is high. It is associated with biological, economic and social-cultural factors. These include the onset of puberty, schooling, ignorance, poverty and hardships, traditional beliefs and practices, such as circumcision of both male and female, urbanization, and the weakening traditional structures that regulated young peoples' sexual behaviour. In addition to these, peer pressure, western media influence and misinformation are related to adolescent sexual behaviour. High teenage sexual activity is reflected in high incidences of pregnancy, abortions and STDs.

A good number of studies in Kenya suggest that significant percentage of adolescents are pre-maritally sexually active. Lewa (1987) found that 25% of girls interviewed in the Nairobi area were sexually experienced. According to Oniango and Rogo (1988), 72% of secondary school boys in an Embu study were sexually experienced. Maggwa (in Mali, 1989) and in Njau and Lewa (1988) documented that about 76% of boys and 42% of girls engaged in coital activities in the Machakos area. In a (1988) study by Obongo in Nyanza, he found that 59% of boys and 38% of the girls interviewed had started sexual intercourse.

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According to UNAIDS (2004) most young people become sexually active in their teens and many before their fifteenth birthday.

Without close parental supervision and surveillance, the youth involve in sexual behaviour before they are hardly sanctioned for it (Gyepi-Garbah, 1985, Njau, 1992; Onyango, 1993).

Findings say more boys than girls begin sexual activity early. Boys report to have had initial intercourse with younger girls around their age, while girls report having had coitus with older people and they cited 'love' to have motivated them.

2.3.4 Adolescent pregnancy

Pregnancy is one of the major problems that arise from teenage sexual behaviour. Pregnancy has a lot of implications for the adolescent, her family and the society.

Available data reveals that the level of adolescent fertility in Kenya is among the highest in Africa (Gyepi-garbah, 1985). The issue of adolescent fertility, pregnancy and childbirth has attracted quite a protracted debate in Kenya with regard to high dropout rate from school and abortion. Such interest has brought with it new realization of the needs of adolescents in their transition and growth and revealed how easily development programs have frequently marginalized them since they are neither children nor adults. This interest reinforced research findings relating to the rising incidences of sexual promiscuity among adolescents and consequent increase in teenage pregnancy. It is estimated that one in three girls in Kenya give birth in adolescence.

In a study of pregnant girls in Nairobi, Khasian (1985) found that majority of the girls were from large and poor families. Harambee schools recorded highest dropout rate (Fergusson, 1988).

Apart from dropping out of school, in desperation, girls resort to abortions. Today, abortion is very common and tragic stories of schoolgirls aborting and at times dying in the process can be found in the local media. One study in Kenyatta National Hospital reported that majority of abortions were by adolescents and that most were induced outside the hospital.

There is a close relationship between early pregnancy and increased pregnancy complications, higher maternal and infant mortality and morbidity, lower social and occupational morbidity for the young mother and her child. Recent studies on adolescent reproductive health in Kenya indicate high incidences of maternal mortality and morbidity.

As is common in many other African countries, teenage pregnancy is viewed with disapproval, as a disgrace not only to the teenage girl, but also to her family. In many instances, especially in more traditional settings, strong social pressure would lead to forced marriage or illegal abortion.

The psychological and social impact of early pregnancy, therefore combines to cause strained adjustment to parent hood, rejection or alienation from peer group, family and community, loss of education opportunity and loss of self-esteem. Unfortunately, even with these predicaments, there has not been accompanying commensurate ideas, programmes or intervention measures for dealing with the situation.

Some of the antecedents to adolescent sexual behaviour that ends in pregnancy for instance include curiosity, rebellion, poverty and ignorance. Tradition and culture requires a woman to attain status within her marital homestead, by reproducing. So this forces young girls to get pregnant, to get married. Some young girls are known to run away from poverty by engaging in sex and often unprotected (Njau 1993).

For those that may want to protect themselves against pregnancy and disease, there are many obstacles to accessing contraceptive services (Kigondu, 1986, Sanghvi, 1986). Majority of girls don't know who to approach for such assistance, or even exactly which contraceptive to use. Many times, health workers are very insensitive to adolescents who seek information on contraceptives. Fear of exposing ones sexual behaviour and need to leave it a secret discourage many girls from seeking help. Some girls are afraid of refusing to engage in intercourse for fear of losing love. Some studies have shown that the

large majority of girls say they are pressured by boys and by other girls to become sexually active (Zwingle, 1998).

This is clear indication of the need for intervention and institution of programmes that would deal with adolescent fertility and child bearing. Details of such programmes will be given in another section of this study.

A few research findings, attest to ineffective or lack of contraceptive use among adolescents. Lewa (1987, Maggwa, 1988, Khasiani, 1985) in research findings in Machakos and Onyango (1989) in Nyanza reported poor use of contraceptives. Only Odongo's survey, reported an appreciable percentage of between 47% - 51% of contraceptive use.

In Kiragu's (1991) survey in Nakuru district, only 40% of sexually active youth used birth control at some time or other.

More studies confirm that many girls report lack of use of any. Many adolescents use no contraceptive in the first sexual encounter, thus exposing themselves to disease and pregnancy. Poor use is consistent with the feeling of invulnerability characteristic of adolescents. Another reason for poor use can be explained by the unplanned nature of the event. Some contraceptives, for example, the pill prevents pregnancy and not disease.

One has also to be motivated to use contraceptives. For some girls, use of contraception introduces the idea of premeditated, when to them, sex should be spontaneous, thus explaining why young men more than girls would accept condoms (Moore & Rosenthal 19916). For many girls, inability to communicate on their use of contraceptive, since they are expected to take the responsibility for preventing pregnancy, is a major obstacle (Moore & Rosenthal 19916).

The inconsistency can also be explained by lack of money. Besides, in Kenya for instance, young people have not been encouraged to use contraceptives. Infact, policy makers, parents, church and schools talk of abstinence as the only method of preventing pregnancy and disease, adding voice to why sex education should be availed for the youth. In a later section, the issue of reproductive health education will be revisited.

The above review implies that this study should come up with suggestions on the kind of information and skills the youth require to deal with their sexuality.

2.3.5 Adolescents and HIV/AIDS

Common STDs include Gonorrhoea, Syphilis, Chlamidia, genital herpes, genital warts etc and worst of all AIDS. Most are treatable especially the bacterial ones. However, the viral infections have no cure, and among them are Hepatitis B and AIDS. Sexually transmitted infections render the sufferer vulnerable to HIV virus. The previous sections have reviewed adolescent precocity in sexual behaviour, and that this leaves them open to contracting HIV/AIDS. Young

people are more vulnerable to HIV/AIDS than older people. Since their social, emotional and psychological development is incomplete, they tend to experiment with risky behaviour often with little awareness of the danger. Infact risky sexual behaviour often is a larger pattern of adolescent behaviour including alcohol and drug use, delinquency and challenging authority.

Adolescence increases vulnerability to HIV/AIDS because adolescence is a period of unpredictable behaviour. Lacking the judgement that comes with experience, adolescents often cannot appreciate the adverse consequences of their actions. Most adolescents are keenly sensitive to peer opinions, especially among older adolescents. Perception of what peers think often has a greater influence on sexual and other risk-taking behaviours. Studies have shown that sexual behaviour of friends influences young people's own sexual behaviour. When adolescents believe in their peers' invulnerability to consequences of sex, they are likely to have sex in spite of the high risk of contracting HIV/AIDS.

These are just some of the many factors that open the youth to HIV/AIDS. This explains, the urgency and seriousness with which the world has turned attention to the youth in the campaign against HIV/AIDS. Even under the circumstances, it is clear that adolescent sexual behaviour has not abated.

The threat of HIV/AIDS among adolescents suggests that the youth form the largest one single section of the world population. UNAIDS (2000) reports that

the youth alone accounts for all new cases of HIV and yet it they are the greatest hope for turning the tide against AIDS. It goes on to say that the future of the epidemic will be shaped by their actions (the youth). Infact a few countries have successfully decreased national HIV prevalence by encouraging safer behaviour choices among the young.

How this paramount change of behaviour can be effected and maintained will be reviewed in a later section.

2.3.6 Adolescents and condom use

The condom is the only other method besides abstinence that has seen a lot of publicity in the fight against STDS and AIDS. Many authorities especially the church and parents are totally against its use. Where it is encouraged, it is generally an incomplete message for sexually active adolescents. Its use is inconsistence. Apart from schools where some sex education is taught, messages on condom use fails to reach majority in the rural areas, and remote parts of the country.

However, it is encouraging that majority of Kenyan teenagers have an idea of the condom. Generally boys more than girls know more about them, probably because the female condom has not been given as much publicity as the male one. There is also the feeling that use of condom is the responsibility of the boys.

According to PCA, (Johnson, Jan-2000), the message on condom use is incomplete. It fails to address what teenagers really want to know. They are concerned with for example,

- Where to get condoms
- How to pay for them
- How to hide them from being found by adults
- How to use them properly
- When to put them on.
- How to test whether they are reliable

As already noted in an earlier section, girls have a problem negotiating regular use. They associate anticipated sex with promiscuous behaviour and prostitution. Compounding these issues, is the fact that adolescent sexual intercourse is situationally determined and urgent. It is determined by the nature of the relationship whether it is steady or a one night stand, the role of drugs or alcohol, and how far they can control their sexual urges in the absence of contraception or protection.

Our adolescents therefore, need being equipped with living values and life skills. If they have to express their sexuality when of age without the dangers of pregnancy and STDs.

2.3.7 Adolescents and abstinence

When it comes to avoiding pregnancy and risks of contracting STD and HIV/AIDS, abstinence is a perfect option and very healthy, physically and

emotionally. Half of youth report being sexually active by the time they leave high school; the age of marriage continues to inch up into the late twenties. Under the circumstances, the abstinence only approach, means that we are asking the teenagers to wait about ten years longer than their ancestors waited (National geographic, 2000).

Research carried out by PCA (Johnson, Jan, 2000), has shown that abstinence is not a message for the highly sexually charged adolescents. It is both ambiguous and negative. To them abstinence means 'going without' that which adults do, yet they are becoming adults. Abstinence is seen as a 'plot' to deny them an opportunity for growth and development. The problem lies with the word.

Adolescents occasionally interpret abstinence to mean 'periodic' abstinence now but they weren't yesterday and they may not tomorrow. A better way of saying the same is to pass the message of 'wait and delay' for girls and 'do not start too soon' kind of message for boys.

Abstinence is seldom associated with an attainable goal (except for marriage which the adolescents perceive to be a long way off). The wait message provides a reason.

A cross cultural study show that good AIDS education offered to adolescents does not make them more sexually active, but it delays the age of the first sexual

intercourse (UNAIDS, 1997). According to the report, effective programmes help the youth abstain from sexual risk-behaviour and also protects from STDs and HIV, and even pregnancy.

2.3.8 Adolescents and faithfulness

'Be faithful to your partner' is the message given not just to the adolescents but to all sexually active people. It is misinterpreted and misunderstood. Much too frequently, this message fails to generate behaviour change. Indeed it tends to stimulate adolescents high-risk sexual behaviour. For example, one partner is understood as one partner now or presently. It does not cross out another one or the idea of one after another. Boys are known to use serial faithfulness as an approach to a more 'exciting lifestyle (PCA, Johnson, Jan 2000).

Adolescents' practice of faithfulness is dangerous. Research has established that at the start of a relationship when partners do not know each other well condoms are used to prevent pregnancy and STDs. With the passing of time, condoms are abandoned on the belief that partners now know and trust one another.

In some cases, insisting on using the condom at all times of intercourse is a kin to admitting mistrust or unfaithfulness. The unprotected sexual intercourse will generate accidental pregnancy and STDs.

Discussions and interviews conducted by PCA (Johnson, Jan, 2000) with adolescents reveal that trust and faithfulness are reinforced by the use of 'safe days' within the female menstrual cycle.

Boys trust girls to tell them when it is safe, and girls expect boys to stick to safe days. Within this agreement, sexual intercourse, unprotected against either pregnancy and or infection takes place.

2.4 Foreign based studies

Adolescent sexuality is a universal subject as old as man. Studies show that trends in adolescent sexual behaviour has a lot of similarities across the globe. Darling et al (1984), identifies three periods each characterised by different sexual standards in the U.S. These are:

(i) 1900 – 1940s known as the 'double standard' period where sexual activities were endorsed for boys but not for girls.

(ii) 1940s – 1960s – a period of acceptance of premarital sex for those in love and engaged to marry. The period saw an increase in teenage sexual behaviour.

(iii) 1960s – 1980s – the period of 'sexual revolution'.

It is estimated that about 60% unmarried eighteen year olds are sexually active. This figure is consistent with western nations (Hofferth & Hayes, 1987; Rosenthal et al 1990). Sexual experience among young people has been estimated in a number of countries. At the age of fifteen, 53% young people in Greenland, 38%

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in Denmark and 69% in Sweden have experienced intercourse. Age of debut has been estimated at a median of seventeen years in England, (Wellings et al, 1995) and a mean of 15.95 years in the U.S. (Zelnik & Shah, 1983).

Katchadourian (1990) categorises adolescent sexual practices into two: autoerotic and socio-sexual sexual expressions. In this section, attention will be given to the latter. Autoerotic expressions include: masturbation, wet dreams and fantasies. Socio-sexual patterns include: kissing, petting and coitus.

These sexual activities often take place within the context of dating. According to Santrock and Yussen (1984), traditionally, dating was for the purpose of selecting and winning a mate, and dates were carefully monitored and controlled by parents. This changed to dating for recreation, learning to get along with others, and a source of status and achievement. In recent times, adolescents have gained more control over their dating process to the extent that dating is for the purpose of testing ground for sexual behaviour and as a means of learning about intimacy.

The teen attitude towards dating and sex has changed drastically. For example eighty percent of Japanese youth in their twenties approve of pre-marital relationships, one out of three eighteen to twenty three year olds believe in living together before marriage. This has been attributed to the media influx of information concerning love and sex in Japan (Jensen, 1985).

As the number of teenagers engaging in sex increase, so is the emergence of wider varieties of sexual behaviour than before. These include oral and anal sex (Ford and Morgan, 1989). Sorenson (1973), identifies:

(i) Serial monogamy

(ii) The sexual adventurers (mostly boys).

Frequency of intercourse is related to the nature of relationships with one's partner. The more committed the relationship, the more frequent the sexual activity. Girls report steady partner, while boys report non-committal sex. Young women, report that their partners are older, while boys report their partners to be same age as themselves or slightly younger (Schofield 1968). For a minority of adolescents, initiation into sex is not voluntary. For more girls than boys, the act occurs in the context of an affectionate relationship. Often, the first sexual experience may be unrewarding, riddled with guilt, shame and anxiety about pregnancy or fear of discovery.

Prior to the 1960s, for girls sex was equated to love and was only acceptable in a love relationship. Yankelorich (1974), reports an increasing consensus that abortion, homosexuality, and pre-marital sex are not morally wrong. Substantiating this, Coleman (1980) reports that today, the young people consider sexual behaviour a private matter, and have accepted an 'ideology of permissiveness with affection' (Reiss 1967). The double standard is no longer acceptable.

The increased sexual activity among teenagers has led to concern about young women's heightened risk of unwanted pregnancies and more recently, the dangers of STDs and AIDS. Contraceptive use by sexually active teenagers is alarmingly irregular or non-existent, a consistent finding in western countries. In Canada, Australia (Meikle et al 1985), Mc Cabe and Collins (1990) indicate only a small percentage use of contraceptive.

This is cause for concern as it means society will have to contend with rising HIV cases and unwanted pregnancies and abortions. This again reaffirms the need for sex education.

2.5 Sexual socialisation in the modern societies

With the breakdown of traditional and family set-ups, teenagers have been left to be socialised by other forces (Anignan, 1981). A research by Furstenberg (1971), found that all the girls interviewed had acquired information on contraceptives and sexuality from friends, relatives and the mass media. Parents, educators and health professionals contributed only a little. Studies done in Kenya substantiate this view (Lewa, 1987, Maggwa, 1987).

Studies from Kenya and elsewhere show that the information so gathered is inadequate and sporadic; it highlights teenagers ignorance and misinformation on matters related to sexuality (Maungman, 1979; Palan et al, 1967; Gachuhi, 1974, Ferguson, 1988).

Parents who ought to provide this education, fail to provide it, to the extent of them being accused of scheming to keep their children ignorant. To concur with

this Furstenberg (1971) says there appears to be a 'conspiracy of silence' between mothers and their daughters on matters related to sexuality, pregnancy and how to prevent it.

According to Shifter (1982), this lack of communication between parents and their children could arise from their (parents) ignorance and misinformation of their own sexuality. How can they effectively communicate what they themselves don't know. Shifter reports that about 40% of early puberty girls have never discussed any aspect of sexuality with their mothers and 96% of fathers never did so with their children.

Furstenberg (1991) argues that parents failed to be up dated, they also feel embarrassed talking to their children about sexual matters. In the situation, teenagers have been forced to make sense of conflicting messages and information they receive from the media, peers, schools and other institutions (Cook & Wilson, 1982).

Consequently, this lack of information has pushed teenagers to making sexual decisions without well-considered values or accurate information. In Kenya the factors that explain this conspiracy of silence have not been investigated, and it is long overdue. Our young people should be provided with the appropriate information and at the right time.

2.6 Rationale for sex education

Sex education seeks to equip the individual with moral, social, psychological and physiological characteristics of human sexuality. With traditional mechanisms of socializing the young broken, and parents unavailable for their youth, it is imperative that the Church, Policy makers, and educationists enter a consensus on what needs to be passed on to the youth on their sexuality.

The sex education taught in schools is not all-inclusive. It is limited to a few biology and religious lessons. Obviously, this is not enough. The acquisition of biological facts is only a small part of the adolescent sexual learning. In order to become a competent actor with socio-sexual dramas and to develop a sexual commitment, the individual needs to be able to interpret his / her own emotions in sexual terms to recognise potentially sexual situations, and how to act in them (Nashaville, 1992).

Knowledge about sex begins with how we are put together, that is understanding fully the reproductive system. It is also important to provide information on how to resist or cope with interpersonal, social and media pressure for intimacy and the skills and techniques of saying no.

The family and society must encourage the individual to take the step necessary to grow into a healthy, sexual human being (Jerry, 1994).

Cavanagh, (1983) observes that religious educators often stop being educators when the subject of sexuality enters the picture. He accuses these educators of reversing their teaching methodology when teaching on sexuality, where discussion, trial and error and experimental learning is acceptable, but discarded on sexual matter. Religion and Christians are concerned about (sexual excesses and abuse, promiscuity, etc) which are far more likely to occur as a result of stunted or arrested psychosocial development than they are from healthy on going sexual development. Christian morality would do better to focus less on the moral significance of specific sexual behaviours and stress more on virtues of care, honesty, respect, justice, freedom and love (D'Souza, 1996). Children, adolescents and adults will become more Christians (Parrot, 1993), when they practice these virtues.

Concern over the deadly HIV infection rates and other related problems has prompted recommendations on some sex education. In Kenya today, HIV / AIDS education is taught in all Kenyan Primary and secondary schools according to the recommendation of the Koech Commission (1999).

Much as these recommendations are welcome, obstacles lie in the way of dissemination of the information. According to the Koech report, a good number of learners do not seek guidance and counselling from teacher counsellors who are relatively young even if they are professionally trained. Many health professionals believe that HIV/AIDS education will be most effective if taught as

part of a comprehensive sex education programme that teaches not only skills of dealing with HIV/AIDS pandemic but also makes attempts to change behaviour and norms (Kirby, 1992).

There are many oppositions on this subject from other quarters. The fear is that sex education will give the youth knowledge that would make them more promiscuous. Proponents have been accused of 'brainwashing adolescents into embarking upon sexual careers' and of undermining family and parental responsibility.

However, those that advocate for it feel differently. They argue that sex education is one way of influencing patterns of teenage fertility by providing them with information concerning sexuality and fertility as part of their formal education. To cater for those out of formal school, family planning clinics, counselling centres, published materials and advertising could go a long way in disseminating this vital information. After all, even the public, which includes health workers, teachers, parents, religious workers, and family members, need accurate information on reproductive life (W.H.O 1996).

There is also the fear that some teachers may not be well qualified to handle this subject. To counter this problem, the teachers could be given in-service training and it could also be made part of their curriculum during training.

A study done in the U.S in 1979 showed that it can be reasonably argued that lack of sex education leads to early sexual activity. Sexually active teenagers who have taken a sex education course that provides information about contraceptive methods have fewer sex related problems than those who have received no sex education.

Researchers Kenny and Levinson found that participation in sexuality education programmes by students with disabilities has shown to lower the risk of unplanned pregnancies and STDs.

Having information about the risks involved in a certain activity may be a necessary condition for behaviour change, but information per se is certainly not sufficient to bring about a clear cut and lasting behavioural change and particularly, sexual behaviour (Nzioka, 1994). He goes on to note that flashing some death threatening HIV/AIDS message on the television or placing a scare poster at a strategic site will certainly not discourage people from having 'normal sex'. People see and experience sex differently; people engage in sex for a variety of reasons in as much as they interpret 'safer sex' differently.

Adolescents going into combat zones so to say should be prepared for anything that can happen to them. Not that you expect it to happen, but just it might happen. The youth should know about their impulses and the emotional and physical signs that they are operating in. They should know what sex acts of

various kinds are like and how they can be a possible advantage or possible danger to them. They should be given all information they need to make sound decisions for themselves made in circumstances in which a mistaken one could be tragic.

2.7 Autoerotic sexual expressions

So far, sexual behaviours reviewed are the socio-sexual ones or heterosexual intercourse. While the youth are encouraged to abstain or use condoms for protection against pregnancy or infection, it is important to appreciate the anxiety this measures cause the adolescent. While abstinence may work for virgins and even for others who are sexually active, most adolescents' fail even with the best of intentions, and this too accounts for the intermittent use of protection during sexual intercourse. Taking into account, individual locus of control, it's only fair to appreciate and respect those sexually active youths who resort to other methods of releasing sexual tension. Although this may not be agreeable in many quarters especially the church, it is unrealistic and insensitive not to expect adolescents to engage in other forms of sexual expression other than coitus. One objective of any sex education is to teach adolescents to make right choices. Therefore, fear that they may resort to autoerotic expressions should be dispelled by trusting that adolescents are capable of making right choices when placed in flexible conditions, such as having autoerotic and heterosexual sexual expression to choose from. Although autoerotic sexual expressions are not physically harmful, adolescents need guidance on the dangers of over indulging in them. Psychologically, there is the danger of over-dependence on them at the expense of

heterosexual relationships when the time comes, later on in adulthood. However, resorted to appropriately, they can be satisfying, physiologically and emotionally.

These categories: the autoerotic and the socio-sexual behaviours were made by Katchadourian et al (1990). Autoerotic sexual behaviour include erotic fantasy, nocturnal emission or orgasm heterosexual petting and masturbation. These behaviours do not rely on a partner for sexual release. In the following sections it is the autoerotic sexual expression that is under review. Some defense mechanisms will also be reviewed, since people are known to resort to them when sexually aroused.

2.8.1 Erotic fantasy

Fantasies are mental experiences that may arise from our imagination or may be stimulated by books, magazines, drawings or photographs. Katchadourian (1990) believes that erotic fantasy is by far the most common sexual activity indulged in as such or as part of other sexual behaviours. He reports that seventy five (75%) of teenagers in one study admitted to having erotic fantasies. Since these experiences can occur without accompanying overt sexual behaviour, they are extremely personal. He says these fantasies are a source of pleasurable sexual arousal, act as a substitute for the satisfaction of unattainable or inappropriate sexual needs or goals, performing a compensatory, wish fulfilment function. They also provide an opportunity for adolescents to recognize their sexual needs and preferences, and to rehearse this in a way that is non-threatening for most teenagers. However, for some, erotic fantasies provoke anxieties and guilt about

sexual feelings, which may be perceived as perverted or forbidden. Religion has a negative relationship with this indulgence of sexual fantasy, and that religious individuals reported low sexual fantasy compared to non-religious (Zelnik et al., 1981)

So long as sexual fantasies co-exist with social sexual ties, rather than as substitutes for these, they have a positive, adaptive function.

Kinsey (1948) and Pomeroy (1969) report that boys more than girls indulge in sexual fantasies. More sexually experienced girls report more sexual fantasizing than virgins (Brown and Hart, 1977).

2.8.2 Nocturnal emission/orgasm

This is an involuntary sexual expression that happens in an individual's dream. It is widely known as wet dreams and often associated with males. Since their ejaculation is evidenced on their stained sheets, this is often very embarrassing and sometimes causes guilt in boys. It starts between thirteen and fourteen years in boys. Females report less erotic dreams than males (McCary, 1973). In Kinsey's study almost all the men and two thirds of females reported having overt sexual dreams (Kinsey, 1948).

Religiosity has no effect on male nocturnal orgasms, but devout females have fewer nocturnal orgasms (McCary, 1973).

According to psychologists, dreams and such nocturnal orgasms are related to normal mental content. This explains why urban students report more stimulation and hence more nocturnal orgasm to relieve pent-up sexual tension generated from the many sexual objects in form of literature, video, movies, music etc. (Lema& Mulandi, 1992).

2.8.3 Masturbation

Masturbation involves rubbing, caressing or otherwise stimulating the genitals to bring oneself to orgasm. It is the most common source of orgasm in teenagers of both sexes and the source of a boy's first ejaculation in two out of three cases (Katchadourian, 1990). Girls begin masturbating at an earlier age than boys. To some it may cause anxiety and a feeling of guilt, particularly those with strong religious beliefs (McCary, 1973).

Kinsey (1948), in a research found that ninety two percent of males and fifty eight percent of females reported having masturbated by the time they were nineteen years old.

The belief that masturbation caused insanity is slowly dying and masturbation is being prescribed as a therapeutic process for people with difficulties in sexual arousal by the opposite sex partner.

Because of the various views on this practice, majority of those who masturbate do so in secrecy, and rarely talk about it.

2.8.4 Heterosexual petting

This form of sexual expression involves a variety of sexually arousing activities, but stops short of actual intercourse and it can include fondling each other outside and or underneath the clothes, nibbling the others ear, or other body parts without coitus. Where coitus is eventuated, it is known as foreplay. Petting provides a higher percentage of total sexual outlet for females than it does for males. Those who view sexual pleasure as 'gratification of the flesh' will withhold overt sexual expressions including petting (Kinsey, 1948). Since the urban youth is more sexually restrained on more liberal sexual expressions, petting is a viable outlet for sexual tension (Lema and Mulandi, 1992;Njau, 1994)

2.8.5 Defence mechanism

Though not sexually expressive, use of a defence mechanism, is one way sexual urges can be contained. Absence of overt sexual behaviour such as sexual intercourse, does not mean that the individual does not relieve sexual tensions. According to Feud (1924) sexual instincts can be easily sublimated into other forms of behaviour, some of which have no relationship with sex.

This is to say that, sexually mature people who choose to abstain from coital sexual relations are under considerable stress because of their innate sexual urges. Their ego unconsciously resorts to defence mechanisms to help them cope with these stresses. Defence mechanisms work by unconsciously distorting reality. A behaviour can be a defence mechanism in one situation and a common place act

in another. The distinction is based on the individual's awareness of the purpose of his behaviour.

Mckeachie (1990) categorises defence mechanisms into two:

i) Those that involve complete blocking-out, e. g denial, repression or isolation.

ii) Those that involve substitution or distortion.

According to Anna Freud (1937), when confronted with the sexual tension reduction need, the ego can resort to any of the following mechanisms of defence: Repression, Denial, Projection, Displacement, Reaction formation, Regression, Identification and Sublimation.

Defence mechanisms are important. They may help a person avoid being overwhelmed by a temporary threat and provide time to cope with continuing threats or frustrations. Freud believes that art, music, dance, poetry and most other creative abilities help individuals deal with sexual emergencies in productive and acceptable behaviours. In line with these, the youth need to be encouraged to get physically involved in activities such as games and sports, or other physically exerting activities.

More females than males resort to the task of defending their ego when they get the sex urge. According to Kiragu (1994) the fact that rural youths are more sexually experienced may support the probability that urban youths use defence mechanisms significantly. To this observation, Lema and Mulandi (1992), adds

that urban youths have more leisure activities than rural youths, which help them to sublime their sexual instincts than the rural youths.

2.9 Conceptual Framework

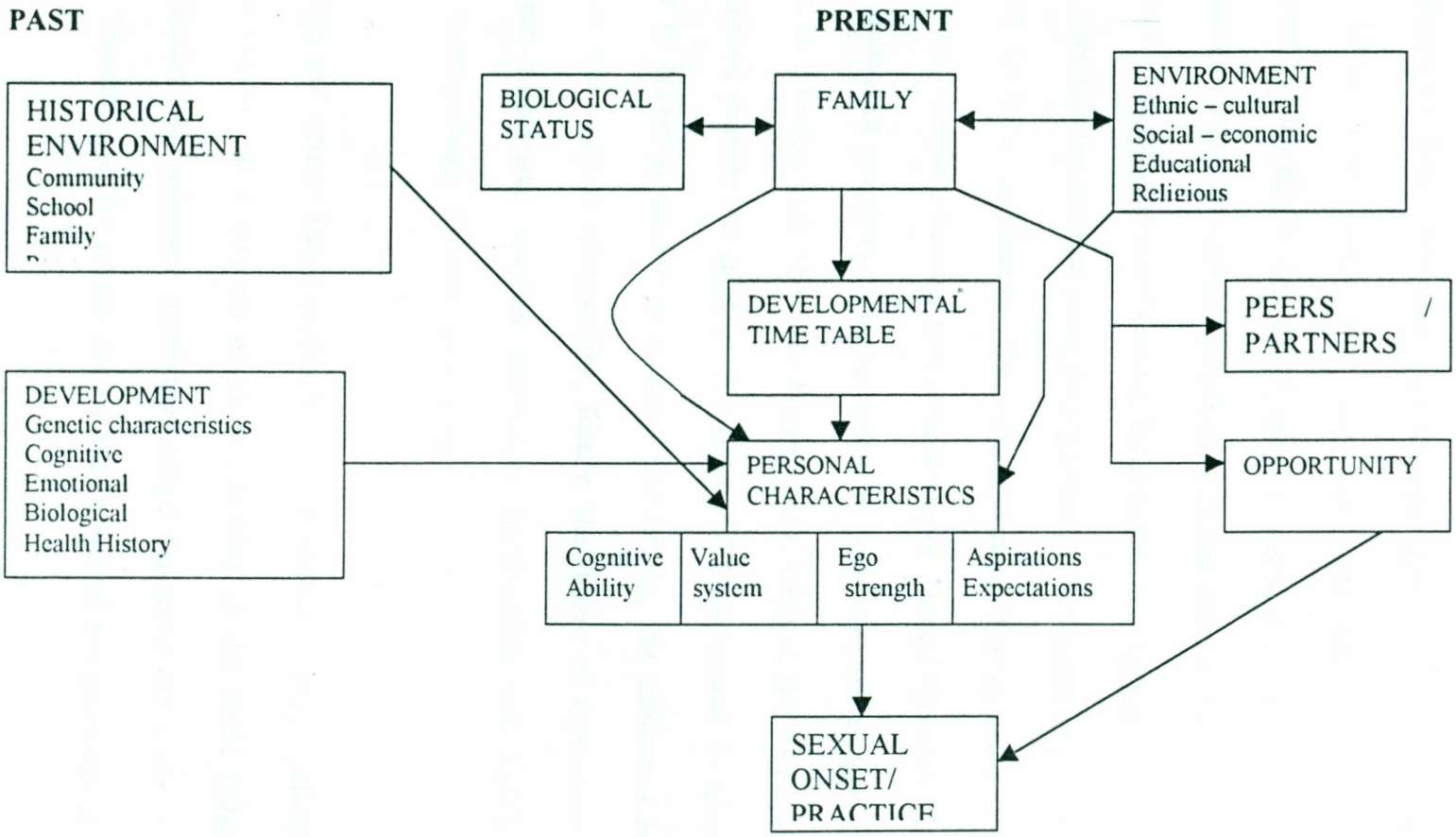
The conceptual framework (figure 2.1) specifies the interplay of various factors related to adolescent precocious sexual behaviour. They include psychological, socio-economic and cultural influences. The framework shows that the individual is the crucible in which pressures and restraints from these sources are integrated. Therefore, the concept here is that the adolescent is an interactive agent with the ability to resist the pressures of society or even his/her own hormones. On the left there is the long intergenerational history. The socio-economic and cultural influences include, the family in terms of parental guidance or lack of it, family atmosphere, resources, type of family (single parent or not, extended family), family size and family values and norms. Other influences emanate from peers, schools, and the community or the general environment surrounding the adolescent, which expose them to various sexual models, for example, the media, socio-cultural practices and the social attitude. By the time an individual reaches puberty, these influences will have affected each teenager's source of self-aspirations and expectations for the future and ability to make use of experiences prior to this stage to address current and future decisions. The developmental events determine the adolescents' libidinal drives and his/her ability to resist those biological forces. All these forces come into play when the opportunity for sexual initiation arises.

The decision to engage in coitus or not must be made within the context of immediate developmental moment based only on the cognitive, emotional and experimental resources already acquired, and which are limited by age and developmental status.

The right side shows influences on the adolescent at the time when opportunity for sexual intercourse comes. They include, family, peers, schools, church and community, a community whose perception of the adolescent is affected by his/her own self-image. Since the individual is not powerless, there is a possibility that individual intervention may help change a young person's choice and this intervention is certainly quite extensive.

This study's general objective is to examine the factors that influence adolescent early sexual practice. Thus, this study will focus not on all adolescent issues, but on their sexual behaviour.

FIGURE 2.1. SCHEMATIC REPRESENTATION OF INFLUENCES ON ADOLESCENT PRECOCIOUS SEXUAL BEHAVIOUR AND INTERACTION BETWEEN THEM



Adapted from: Zabin L. S and Hayward S. C (1993

2.10 Summary and critical analysis of the review.

In this section four theories have been reviewed. They include: Ecology of Human Development, The psycho-social, Social Learning, The interpersonal Development and finally, the theory of Optimistic Bias. The theory of Ecology of Human Development asserts that interactions and activities between the adolescents and his family, the school, religion, peers, the extended family and environment, influences him/her towards early sexual activity. The psycho-social theory posits that an adolescent's sexual behaviour is a reflection of his struggle towards a self identity and that peers, family and the environment all play a role in the search for a sexual identity. The Social Learning Theory asserts that the adolescent chooses the behaviour to imitate or model. These behaviours are those that the adolescent perceives to be rewarding as seen from the people and the situations he interacts with. Here, the family, peers, religion, the media and the neighbourhood provide the models. The theory of Interpersonal Development says that in his/her quest for an intimate relationship, the adolescent has to experiment with various relationships; finally, the theory of Optimistic Bias asserts that adolescents consider themselves invulnerable and STD's and pregnancies are problems that others encounter but not them.

Both foreign and African based studies have been reviewed. They confirm that adolescent sexuality is a concern of many countries of the world today. In addition, factors that influence precocious sexual behaviour are more or less universal. Therefore, as the review shows, the impact of this precocity is also

similar, and the need for sex education is shown to be a global one. Reviews of other forms of sexual expressions, other than coitus have also been done.

2.11 Research hypothesis

1) There is no significant difference between male and female students' preferred sources of information on sexual matter.
2) There is no significant difference in the frequency at which male and female students gave certain reasons for the factors responsible for adolescents' precocity to sexual practice.
3) There is no significant difference between adolescent high risk sexual practice and their perceived invulnerability to pregnancy, STD and HIV/AIDS.
4) There is no significant difference between gender at age of first sexual encounter.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter focuses on the research design and methodology used in the current research, in particular, the strategies used.

3.2 Research design

This was a descriptive study using a survey design. In a descriptive study data are gathered at a particular point in time with the intention of describing how conditions are at the time, or identifying standards against which the current ones can be compared or determining current relationships between specific events (Cohen and Lawrence (1995). A survey is a method involving the getting of limited data from a relatively large number of cases at a particular time. It is advantageous for being effective in collecting data from a large number of sources in a short time and it is cost-effective.

3.3 Area of Study

The study was carried out within Nairobi province. The city of Nairobi is metropolitan. For this study, Nairobi was chosen for:

i) Its centrality cosmopolitan nature suitable for a representative study of adolescents sexual behaviour.

ii) The population is diverse in terms of culture, ethnicity, race, socio-economic and faiths.

iii) It has the highest number of radio, TV and print mass media establishments, regarded as major sources of

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influence on adolescents.

iv) The ministry of education and its constituent departments are in Nairobi, thus easing access to official information and obtaining a research permit.

3.4 Study population

The parent population consisted of Nairobi Secondary School students aged between fifteen and twenty years. The target population was drawn from form three students. Form three was assumed to be more mature than either form two or one. They were also not being pre-occupied with the national examinations or issues of life after school as much as the fourth form. Thus, they were presumed would be more forthcoming in volunteering information.

3.5 Sampling techniques

According to Kachigan (1991), sampling is necessary because of constraints in finance and time. Handling a sample is more efficient, and if it fully reflects the characteristics of the statistical population, it is as good as using the total population (Babbie, 1995).

There are forty-eight public secondary schools in Nairobi province. Only five public schools were selected in this study. Secondary schools in the population were divided into the following strata:

1. Girls boarding school
2. Boys boarding school
3. Girls day school
4. Day boys school
5. Mixed day school

The only mixed boarding school in the province is Hospital Hill Secondary School. It's not part of this study because it's experimental and thus not satisfying the characteristics of a common Kenyan Secondary school.

The table below (table 3.1) shows the number and types of public secondary schools in Nairobi.

Table 3.1. Type and number of public secondary schools in Nairobi

Type of school	Number of schools
Boys boarding	7
Girls boarding	7
Boys day	10
Girls day	6
Mixed day	16
Mixed boarding	1
Total	48

Factors considered in the choice of schools included whether the school was:

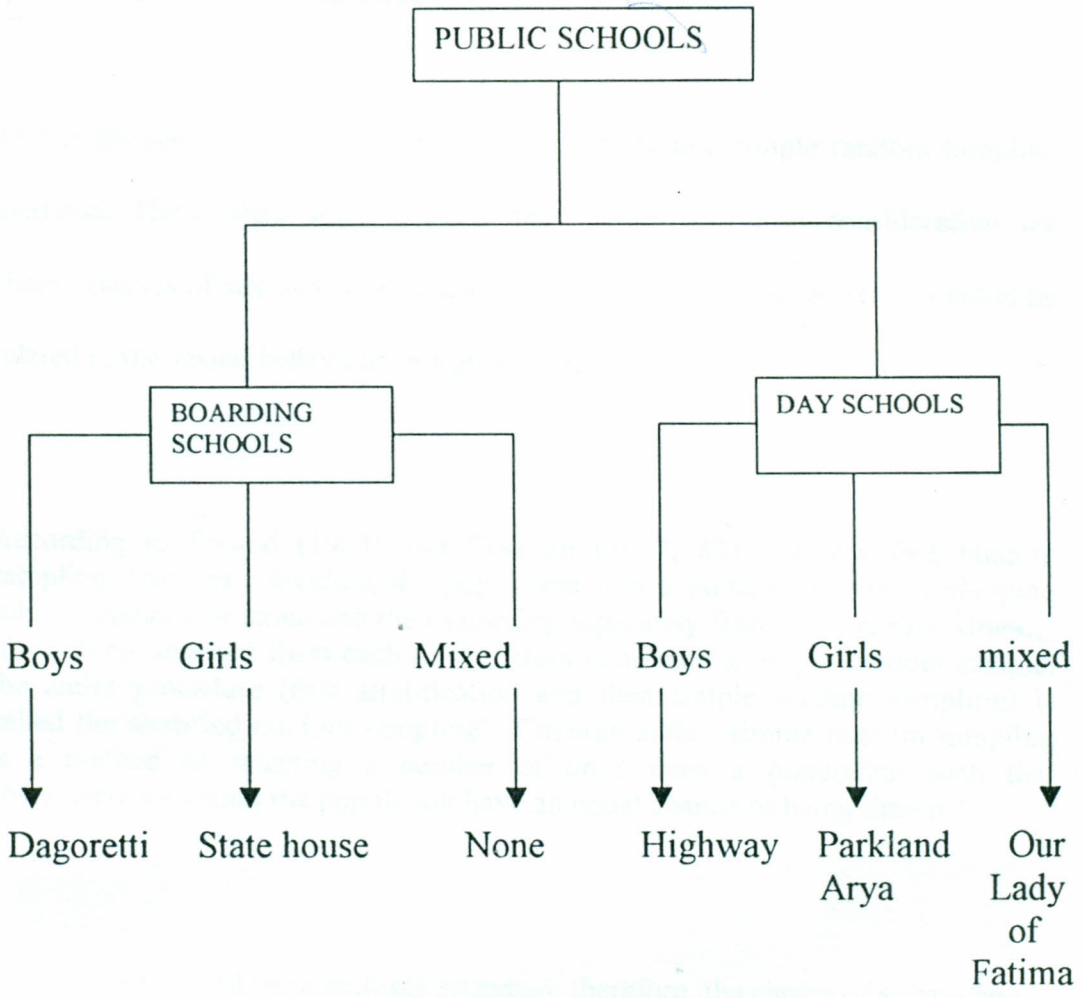
i) Day or boarding

ii) Boys or girls

iii) Mixed

See figure 3.1 for a stratified sampling.

FIGURE 3.1 – Schematic representation of stratified sampling of schools



The following schools were selected based on the characteristics of type of school and sex as shown below in table 3.2.

No	Name of school	School type	Sex	No.of students p/stream
1	Dagoretti high school	Boarding	Boys	59 out of 59
2	State House Girls	"	Girls	28 out of 36
3	Highway Secondary School	Day	Boys	57 out of 57
4	Parklands Arya Girls	Day	Girls	28 out of 36
5	Our Lady of Fatima Secondary School	Day	Mixed	59 out of 59
	Total			229 out of 249

Table 3.2 Target schools showing number of respondents in each.

The sample was 30% (249) of the target population, of 830. However, questionnaires returned were 229.

This study adopted the stratified random sampling and simple random sampling methods. These were ideal because they could take into consideration the characteristics of sex and type of school, as these distinct characteristics could be related to the sexual behaviour in a given school.

According to Freund (1964) and Cochran (1977; 89), the stratified random sampling involves "dividing the population into a number of non-overlapping sub-populations or strata and then sampling separately from the different strata... if the items selected from each of the strata constitute a simple random sample, the entire procedure (first stratification and then simple random sampling) is called the stratified random sampling". Cochran adds "simple random sampling is a method of selecting a number of units from a population such that characteristics within the population have an equal chance of being drawn."

All schools selected were multiple streamed; therefore, the choice of stream was randomly selected through the lottery method. All students in the selected class formed part of the sample.

3.6 Instrumentation

A self administered questionnaire was used. It had four sections;

1) Section A-Demographic information.

2) Section B-A self adopted information source preference inventory. Consisting of twenty-three sources from which respondents were expected to show their level of preference through ticking.

a) Most prefer

b) Prefer

c) Least

d) Reject and

e) Strongly reject.

3) Section C-Open-ended questions whereby respondents were to fill in their reasons for their preferences or rejections.

4) Section D-Consists of closed ended, but interspersed with open-ended questions except question six, which was a self-adopted sexual activity preferences inventory to be answered like section B above.

3.7 Validation of the instrument

Validation was done though the approval of the supervisor. In addition a pilot study was done with the aim of:

a) Establishing the validity and reliability of the instrument.

b) Determining the clarity of instructions and relevance.

c) Determining the length of time for the test administration.

d) Giving practice to the researcher on the administration and scoring procedure

f) Allowing for the improvement of the instrument.

In the pilot study only thirty students drawn from another school within the location, but not from the statistical population, participated.

3.8 Data collection technique

3.9 General data collection method

The first step was to obtain a research permit from the ministry of education, after which the researcher visited the various target schools' principals to introduce

herself/himself and made arrangements on the date and time the test was to be administered.

3.10 Specific data collection methods

With the help of a research assistant, the questionnaires were distributed to the respondents. They were given instructions on how to fill the questionnaires. The researcher or the assistant remained in the room for the duration of the test to ensure no discussions took place and also assisted respondents who may have needed clarification. Before the start of the test, the researchers assistant assured the respondents of confidentiality and re-iterated that their participation was voluntary. After completion of the test the researcher collected the questionnaires. That way, the return rate was maximized.

3.11 Data analysis plan

The raw data collected first went through a five step process of: coding, data editing, data entry, cleaning, and data modification. The SPSS package were used to analyse the data. Both descriptive and inferential statistics was used to analyse data derived from objective items/free opinions and preferences. Research questions were answered through use of means. The levels of preference was awarded points this way:

Most prefer... (5)

Prefer... (4)

Least prefer ... (3)

Reject... (2)

Strongly reject... (1)

The open-ended questions were analysed through the use of content analysis. Frequencies, means and percentages were also used.

Inferential statistics were used. For all the hypotheses the level of significance was at x=0.05. The t-test was done on the mean scores and the chi-square performed on the percentages of the various responses.

CHAPTER FOUR

RESULTS OF THE STUDY

4.1 Introduction

In this chapter, findings of the study from the research questions investigated and hypotheses tested are presented. The study was conducted among secondary school students between the ages of 15-20 years. Data was collected by use of a comprehensive questionnaire administered personally by the researcher and her assistant to 229 respondents in schools in Nairobi Province of Kenya.

In presenting findings, this chapter has been organized in two sections. The first section deals with answers to the major research questions explored in the study. The second section deals with the results of the tests of the five null hypotheses formulated. Tables of the results under the first section are organized around each of the research questions explored. Tables of the results in the second section are organized around each of the five hypotheses tested.

4.2.1 Research questions one: What are the sources of information on sexual matters for adolescents?

Data for this question is summarised in table 4.2a below.

Table 4.2a Principle Sources of Information

Source of Information	Most prefer		Prefer		Occasionally prefer		Least prefer		Never prefer		Me
	n	%	n	%	n	%	n	%	n	%	
T.V. and Radio religious programmes	70	30.6	55	24.0	29	12.7	8	3.5	67	29.3	3.23
T.V. and Radio comedy programmes	34	14.8	62	27.1	32	14.0	14	6.1	87	38.0	2.7
T.V. and Radio music programmes	49	21.4	45	19.7	28	12.2	10	4.4	97	42.4	2.7
Soap operas	41	17.9	55	24.0	16	7.0	26	11.4	91	39.7	2.6
Pornographic videos		24.9	13	5.7	14	6.1	16	7.0	129	56.3	2.3
Romantic movies/Novels	57	22.7	35	15.3	28	12.2	22	9.6	92	40.2	2.7
Fashion/Beauty magazines	52	16.2	38	16.6	38	16.6	18	7.9	98	42.8	2.5
Pornographic magazines	37	21.8	24	10.5	15	6.6	15	6.6	125	54.6	2.3
Movies on the internet	50	18.3	34	14.8	22	9.6	23	10.0	108	47.2	2.4
Peers and friends	42	21.8	56	24.5	48	21.0	20	8.7	55	24.0	3.1
Father	50	15.3	23	10.0	37	16.2	16	7.0	118	51.5	2.3
Mother	35	26.6	33	14.4	32	14.0	12	5.2	91	39.7	2.8
Older sibling	61	16.6	41	17.9	32	14.0	15	6.6	103	45.0	2.5
Uncle/Aunt	38	9.2	24	10.5	37	16.2	19	8.3	128	55.9	2.0
Grand parents	21	7.0	22	10.0	19	8.3	17	7.4	154	67.2	1.8
Counsellor teacher	16	24.5	37	16.2	25	10.9	11	4.8	100	43.7	2.7
Biology teacher	56	17.9	33	14.4	28	12.2	15	6.6	112	48.9	2.4
Professional counsellor	41	24.9	33	14.4	21	9.2	4	1.7	114	49.8	2.6
Doctor	57	19.7	42	18.3	21	9.2	12	5.2	109	47.6	2.5
Pastor/priest	45	12.7	32	14.0	19	8.3	12	5.2	137	59.8	2.1
Church elder	29	8.3	24	10.5	24	10.5	18	7.9	144	62.2	1.9
Older family friend	19	7.4	38	16.6	23	10.0	16	7.0	135	59.0	2.0
Clan elder	17	1.7	11	4.8	18	7.9	20	8.7	176	76.9	1.4

Table 4.2a above shows that T.V and Radio religious programmes are the major preferred source of information on sexual matters by majority of the sampled adolescents, while clan elder was the least preferred source.

Further analysis involved comparing the results on the basis of gender.

The findings are summarized and presented in table 4.2b below.

Table 4.2b Principle Sources of Information on the Basis of Gender

Source of Information	Male		Female	
	Mean	Comment	Mean	Comment
T.V. and Radio religious programmes	3.10	Occasionally	3.45	Occasionally
T.V. and Radio comedy programmes	2.84	Occasionally	2.59	Occasionally
T.V. and Radio music programmes	2.76	Occasionally	2.69	Occasionally
Soap operas	2.73	Occasionally	2.62	Occasionally
Pornographic videos	2.83	Occasionally	1.56	Least preferred
Romantic movies/Novels	2.78	Occasionally	2.59	Occasionally
Fashion/Beauty magazines	2.48	Least preferred	2.60	Occasionally
Pornographic magazines	2.69	Occasionally	1.87	Least preferred
Movies on the internet	2.62	Occasionally	2.22	Least preferred
Peers and friends	3.21	Occasionally	2.95	Occasionally
Father	2.35	Occasionally	2.22	Least preferred
Mother	2.52	Occasionally	3.35	Occasionally
Older sibling	2.44	Least preferred	2.72	Occasionally
Uncle/Aunt	2.09	Least preferred	2.08	Least preferred
Grand parents	1.77	Least preferred	1.91	Least preferred
Counselior teacher	2.69	Occasionally	2.80	Least preferred
Biology teacher	2.56	Occasionally	2.28	Least preferred
Professional counsellor	2.55	Occasionally	2.76	Occasionally
Doctor	2.63	Occasionally	2.43	Least preferred
Pastor/priest	2.31	Least preferred	1.86	Least preferred
Church elder	2.00	Least preferred	1.82	Least preferred
Older family friend	2.08	Least preferred	2.05	Least preferred
Clan elder	1.54	Least preferred	1.32	Never preferred

The results in table 4.2b above indicate that there was no much variation on the rating of the principle sources of sexual information on the basis of gender. However, differences were noted in cases like pornographic videos and magazines, internet, father, counsellor teacher, biology teacher, and doctor where male students reported that they occasionally chose these sources while female students least chose the sources. At the same time, while female students occasionally chose fashion magazines and older siblings, their male counterparts least chose sources of information. It can also be observed that female never chose clan elder as source of information on sexual maters.

4.3. Research question two: What factors are Responsible for adolescents' precocity to sexual practice?

This question explored specific factors responsible for adolescents' precocity to sexual practice, as shown on table 4.3a below.

Table 4.3a: Factors Responsible for Adolescents' Precocity to Sexual Practice

Factors	n	%
Peer influence (friends)	110	48.0
Influence from drugs and alcohol	48	21.0
Influence by money	58	25.3
Pleasure of sex	45	19.7
Mass media	118	51.5

From table 4.3a above it can be seen that the major factors responsible for adolescents' precocity to sexual practice are influence by mass media, peer and money. Drugs, alcohol and pleasure for sex are undeniably quite influential. Further analysis involved comparison on the basis of gender. The results are presented in table 4.3b below.

Table 4.3b: Factors Responsible for Adolescents' Precocity to Sexual Practice on the Basis of Gender

Factors	Male		Female	
	n	%	n	%
Peer influence (friends)	42	57.0	28	33.0
Influence from drug/alcohol	34	23.6	14	16.4
Influence by money (especially girls)	22	15.3	36	42.3
Pleasure of sex	38	26.4	7	8.2
Mass media	64	44.4	54	63.5

The results in table 4.3b on the previous page show that the factors responsible for adolescents' precocity to sexual practice vary on their influence among boys and

girls. Boys are influenced more by peer, drugs and pleasure of sex than girls. Girls on the other hand are influenced more by mass media and money than boys.

4.4. Research question three: Do adolescents perceive themselves to be at risk of pregnancy, STD and HIV / AIDS?

Data related to this question are presented in the following section, on tables 4.4a-4.2e

Table 4.4a: Adolescents' Perception of the Risk of Pregnancy and or STD and HIV/AIDS

Response	n	%
Yes	78	34.1
No	151	65.9
Total	229	100.0

From table 4.4a above, it can be observed that majority of students perceive themselves not to be at risk of pregnancy, STD and HIV/AIDS. Further analysis involved comparing the risk by gender and by those who have had sexual intercourse and those who have not.

Table 4.4b:Adolescents' Perception of the Risk of Pregnancy and or STD and HIV/AIDS on the Basis of Gender

Response	Male		Female	
	n	%	n	%
Yes	47	32.6	31	36.5
No	65	67.4	54	63.5
Total	144	100.0	85	100.0

The results in table 4.4b above indicate that there was no much difference on the percentage of girls and boys who perceive themselves to be at risk of pregnancy, STD and HIV/AIDS.

Table 4.4c:Adolescents Perception of the Risk of Pregnancy and or STD and HIV/AIDS on the Basis of Those Who have Engaged in Sexual Intercourse and Those Who have Not

Have You Had Sex	At Risk		Not at Risk		Total	
	n	%	n	%	n	%
Yes	25	38.4	40	61.5	65	100.0
No	65	50.1	97	59.9	144	100.0

The results in table 4.4c above show that those who had not had sexual intercourse perceived themselves to be at risk of pregnancy and or STD and HIV/AIDS than those who have engaged in sexual intercourse.

The reason why the adolescent perceived themselves to be at risk of pregnancy and or STD and HIV/AIDS or not at risk are presented in table 4.4d and 4.4e below.

Table 4.4d:Reasons Why Adolescents Consider Themselves to be at Risk of Pregnancy, STD and HIV/AIDS

Reasons	n	%
Have multiple partners	10	4.4
Do not know safe days	29	12.7
Lack of protection	29	12.7
Temptations are many	8	3.5

The results in table 4.4d on the previous page show that the main reasons why adolescents perceive themselves at risk of pregnancy, STD and AIDS are lack of using protection, ignorance of safe days, having multiple partners and being liable to temptations.

Table 4.4e:Reasons Why Adolescents Consider Themselves not to be at Risk of Pregnancy, STD and HIV/AIDS

Reasons	n	%
Have sex with only one partner	8	3.5
Visit VCT frequently	5	2.2
Do not hang around with everyone	1	0.4
Abstain	6	2.6
Have sex with people that have known for a long time	19	8.3
Use protection i.e. condoms	20	8.7

The results in the table 4.4e above, show that the main reasons adolescents consider themselves not to be at risk of pregnancy, STDs and HIV / AIDS are use of condoms, having sex with people well known to them, keeping only one sex partner. Not hanging around with everyone ranks the least reason.

4.5. Research question four: What percentage of adolescents are sexually active and what sexual activities do they engage in?

Data relating to this question are highlighted on table 4.5a-5.5f.

Table 4.5a: Percentage of Adolescent Who have Engaged in Sex

Response	n	%
Yes	65	28.4
No	164	71.6
Total	229	100.0

Table 4.5a above reveals that over 28 per cent of the adolescent sampled have engaged in sexual intercourse. Further analysis involved cross tabulation on the basis of gender. The results are summarized and presented in table 4.5b overleaf.

Table 4.5b: Percentage of Adolescents who have engaged in sex on the Basis of Gender

Response	Male		Female	
	n	%	n	%
Yes	52	36.1	13	15.3
No	92	63.9	72	84.7
Total	144	100.0	85	100.0

The results in table 4.5b above indicate that a higher percentage of boys than girls have engaged in sexual intercourse. Those who have had sexual intercourse were asked to indicate the age at first sexual encounter. The results are presented in table 4.5c below.

Table 4.5c: Age at First Sexual Encounter

Age	n	%
6 years	1	1.5
8 years	3	4.6
9 years	3	4.6
10 years	5	7.7
11 years	1	1.5
12 years	9	13.8
13 years	5	7.7
14 years	8	12.3
15 years	12	18.5
16 years	12	18.5
18 years	1	1.5
Cannot remember	5	7.7
Total	65	100.0

From table 4.5c above it can be observed that the students begin engaging in sex at the tender age of 6 years. A comparison on basis of gender and age at first sexual encounter is presented in table 4.5d,overleaf.

Table 4.5d: Age at First Sexual Encounter on the Basis of Gender

Age	Male		Female	
	n	%	n	%
6 years	1	1.9	0	0.0
8 years	3	5.8	0	0.0
9 years	3	5.8	0	0.0
10 years	3	5.8	2	15.4
11 years	0	0.0	1	7.7
12 years	8	15.4	1	7.7
13 years	5	9.6	0	0.0
14 years	6	11.5	2	15.4
15 years	9	17.3	3	23.3
16 years	9	17.3	3	23.3
18 years	0	0.0	1	7.7
Cannot remember	5	9.6	0	0.0
Total	52	100.0	13	100.0

From table 4.5d above it can be observed that boys have their first sexual encounter earlier than girls. Further analysis involved finding out some of the sexual activities young people engage in. The results are presented below in table 4.5e.

Table 4.5e: Sexual Activities Young People Engage in.

Sexual activities	Most preferred		Preferred		Occasionally		Least preferred		Never		Mean
	n	%	n	%	n	%	n	%	n	%	
Masturbation	32	14.0	26	11.6	24	10.5	27	11.8	120	52.4	2.23
Petting each other	60	26.2	30	13.1	34	14.8	23	10.0	82	35.8	2.84
Wet dreams	47	20.5	42	18.3	33	14.4	24	10.5	83	36.2	2.76
Fantasizing about sex	83	36.2	35	15.3	23	10.0	15	6.6	73	31.9	3.17

The results in table 4.5e above show that some of the other sexual activities the adolescents engage in apart form the actual sexual intercourse are sexual fantasies, petting each other, wet dreams and masturbation.

Table 4.5f: Activities Young People Engage in to Avoid Engaging in Sex.

Sexual activities	Most Preferred		Preffered		Occasionally		Least Preferred		Never		Mean
	n	%	n	%	n	%	n	%	n	%	
Sports, music and dance	101	44.1	41	17.9	34	14.8	14	6.1	39	17.0	3.66
Praying	98	42.8	22	9.6	33	14.4	12	5.2	64	27.9	3.34
Assuming or ignoring sex	45	19.7	27	11.8	44	19.2	24	10.5	89	38.9	2.63
Overworking oneself to exhaustion	14	6.1	18	7.9	32	14.0	33	14.4	132	57.6	1.90

From table 4.5f above it can be observed that alternative activities adolescents engage in to avoid engaging in sex include sports, music and dance, praying, ignoring sex and overworking themselves to exhaustion.

4.6 Research question Five: How do adolescents protect themselves against the risk of pregnancy, STD and HIV/AIDS?

The results of this question are presented in table 4.6a below.

Table 4.6a: Ways in Which Adolescents Protect Themselves Against the Risk of Pregnancy, STD and HIV/AIDS

Protection	n	%
Do not need protection as I trust partner	44	19.2
Use condoms always	53	23.1
Trust my safe days	22	9.6
Pray before engaging in sex	5	2.2
Use withdrawal method	9	3.9
Faithful to one partner	16	7.0
Abstain	145	63.3
Use condoms only with new partner	29	12.7
Have sex only with boys/girls my age	11	4.8
Avoid sex with prostitutes	28	12.2
Avoid sex with thin people	19	8.3

From table 4.6a above it can be observed that the main method used by adolescent to avoid the risk against pregnancy, STD and HIV/AIDS are abstinence and using condoms always. Further analysis involved a comparison by gender. The results are summarized and presented in table 4.6b below.

Table 4.6b: Ways in Which Adolescents Protect Themselves Against the Risk of Pregnancy, STD and HIV/AIDS on the Basis of Gender

Protection	Male		Female	
	n	%	n	%
Do not need protection as I trust partner	23	16.0	21	24.7
Use condoms always	43	29.9	10	11.8
We trust safe days	15	10.4	7	8.2
Pray before engaging in sex	5	3.5	0	0.0
Use withdrawal method	9	6.3	0	0.0
Faithful to one partner	13	9.0	3	3.5
Abstain	58	57.6	62	72.9
Use condoms only with new partner	18	12.5	11	12.9
Have sex only with boys/girls my age	11	7.6	0	0.0
Avoid sex with prostitutes or loose men	26	18.1	2	2.4
Avoid sex with thin people	17	11.8	2	2.4

From table 4.6b above it can be observed that there were some difference on the method used by girls and boys to protect themselves against pregnancy, STD and HIV/AIDS. For example more girls than boys chose abstinence as a protection. Boys on the other hand use condoms always more than girls.

4.7 Inferential Statistical Analysis

Inferential statistical analysis was done to test if there was any significant difference in the various variables stated in the hypotheses. A t-test, and chi-square were used to analyse the different null hypotheses stated in chapter two. For each of the analysis, the probability level was set at 0.05. The following results are presented per hypotheses.

4.7.2 Male and Female Principle Source of Information on Sexual Matters

HO_1 There is no significant difference between male and female students' principle source of information on sexual matters.

A t-test was done to test this hypothesis.

Table 4.7.2 Scores and t-value of male and female students' principle sources of information on sexual matters.

	Mean Difference	Std. Deviation	95% Confidence Interval of the Difference		t	df	2-tail sign
			Lower	Upper			
Gender Vs Scores of preference	-55.9432	14.8277	-57.8739	-54.0125	-57.094	228	0.014

The results from the table above indicate that there was a significant difference between male and female students' principle sources of information on sexual matters. Hence, the null hypothesis stated was rejected.

4.7.3 Students explanation for the Factors Responsible for Adolescents' Precocity to Sexual Practice

HO_2 There is no significant difference in the frequency at which male and female students gave certain reasons for the factors responsible for adolescents' precocity to sexual practice.

Table 4.7.3: Chi-square Value for Students' Explanation for the Factors Responsible for Adolescents' Precocity to Sexual Practice.

	Male %	Female %	df	X^2
Peer influence (friends)	57.0	33.0	1	4.686
Influence from drug/alcohol	23.6	16.4	1	0.813
Influence by money (especially girls)	15.3	42.3	1	10.561*
Pleasure of sex	26.4	8.2	1	11.206*
Mass media	44.4	63.5	1	7.833*

From table 4.7.3 above it can be observed that there was a significant difference in the frequency at which three reasons were given. These are influence of money, pleasure of sex and mass media. Therefore, the null hypothesis stated above was rejected.

From table 4.6a above it can be observed that the main method used by adolescent to avoid the risk against pregnancy, STD and HIV/AIDS are abstinence and using condoms always. Further analysis involved a comparison by gender. The results are summarized and presented in table 4.6b below.

Table 4.6b: Ways in Which Adolescents Protect Themselves Against the Risk of Pregnancy, STD and HIV/AIDS on the Basis of Gender

Protection	Male		Female	
	n	%	n	%
Do not need protection as I trust partner	23	16.0	21	24.7
Use condoms always	43	29.9	10	11.8
We trust safe days	15	10.4	7	8.2
Pray before engaging in sex	5	3.5	0	0.0
Use withdrawal method	9	6.3	0	0.0
Faithful to one partner	13	9.0	3	3.5
Abstain	58	57.6	62	72.9
Use condoms only with new partner	18	12.5	11	12.9
Have sex only with boys/girls my age	11	7.6	0	0.0
Avoid sex with prostitutes or loose men	26	18.1	2	2.4
Avoid sex with thin people	17	11.8	2	2.4

From table 4.6b above it can be observed that there were some difference on the method used by girls and boys to protect themselves against pregnancy, STD and HIV/AIDS. For example more girls than boys chose abstinence as a protection. Boys on the other hand use condoms always more than girls.

4.7 Inferential Statistical Analysis

Inferential statistical analysis was done to test if there was any significant difference in the various variables stated in the hypotheses. A t-test, and chi-square were used to analyse the different null hypotheses stated in chapter two. For each of the analysis, the probability level was set at 0.05. The following results are presented per hypotheses.

From table 4.6a above it can be observed that the main method used by adolescent to avoid the risk against pregnancy, STD and HIV/AIDS are abstinence and using condoms always. Further analysis involved a comparison by gender. The results are summarized and presented in table 4.6b below.

Table 4.6b: Ways in Which Adolescents Protect Themselves Against the Risk of Pregnancy, STD and HIV/AIDS on the Basis of Gender

Protection	Male		Female	
	n	%	n	%
Do not need protection as I trust partner	23	16.0	21	24.7
Use condoms always	43	29.9	10	11.8
We trust safe days	15	10.4	7	8.2
Pray before engaging in sex	5	3.5	0	0.0
Use withdrawal method	9	6.3	0	0.0
Faithful to one partner	13	9.0	3	3.5
Abstain	58	57.6	62	72.9
Use condoms only with new partner	18	12.5	11	12.9
Have sex only with boys/girls my age	11	7.6	0	0.0
Avoid sex with prostitutes or loose men	26	18.1	2	2.4
Avoid sex with thin people	17	11.8	2	2.4

From table 4.6b above it can be observed that there were some difference on the method used by girls and boys to protect themselves against pregnancy, STD and HIV/AIDS. For example more girls than boys chose abstinence as a protection. Boys on the other hand use condoms always more than girls.

4.7 Inferential Statistical Analysis

Inferential statistical analysis was done to test if there was any significant difference in the various variables stated in the hypotheses. A t-test, and chi-square were used to analyse the different null hypotheses stated in chapter two. For each of the analysis, the probability level was set at 0.05. The following results are presented per hypotheses.

4.7.4 Relationship between adolescent high risk sexual practice and their perceived invulnerability to pregnancy, STD and HIV/AIDS

$H0_3$ There is no significant difference between adolescent high risk sexual practice and their perceived invulnerability to pregnancy, STD and HIV/AIDS.

Table 4.7.4: Chi-square Value for Relationship between Adolescent High Risk Sexual Practice and their Perceived Invulnerability to Pregnancy, STD and HIV/AIDS.

X^2 Value	df	Sig. (95% Confidence level)
33.274	4	0.000

From table 4.7.4 above it can be observed that there was a significant difference between adolescent high risk sexual practice and their perceived invulnerability to pregnancy, STD and HIV / AIDS. Therefore, the null hypothesis stated above was rejected.

4.7.5 Relationship between Gender and the Age at First Sexual Encounter

$H0_4$ There is no significant difference between gender and age at first sexual encounter

Table 4.7.5: Chi-square Value for Relationship between Gender and Age at First Sexual Encounter.

X^2 Value	df	Sig. (95% Confidence level)
18.289	11	0.010

The results in table 4.7.5 above indicate that there was a significant difference between gender and age at first sexual encounter. Therefore, the null hypothesis stated above was rejected.

CHAPTER FIVE

CONCLUSION

5.1 Introduction

In this chapter, the major findings of the study are discussed and interpreted. Summary, conclusions and recommendations based on the findings are also made.

5.2 Discussion

The discussion of the findings of the present research are centred around the major research questions directing the study, starting with research question one as follows.

Research question 1: What are the principle sources of information on sexual matters for adolescents?

Table 4.2a in the previous chapter tabulated the respondents reaction to this question. A critical look at table 4.2a showed that the highest ranked sources of information on sexual matters for adolescents are T.V and Radio, religious programmes, peers and friends. These findings therefore, underscore the role of media and peers in influencing adolescents' sexuality. This means that the adolescents in modern society turn to friends and peers and the mass media for guidance in making sexual decisions. This trend has seen more and more adolescents making wrong and very risky decisions about their sexual behaviour. A lot have ended up either pregnant, infected with STD and worse of all falling victims of HIV/AIDS. These results concur with those of Furstenberg (1991), who found that most adolescents in Kenya acquire information on sexuality from friends and the mass media. According to Shifter (1982), the apparent lack of communication between parents and their children and also between educators and children has pushed teenagers to making decisions without well-considered

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values or accurate information. This is explained by these results that rank parents, educators and the church lower than the afore said influences. The peers and the mass media that they are left to rely on end up in most cases corrupting their morals more, providing inadequate, incorrect and confusing information.

On the basis of gender this research question was presented using means. Mean score between 0-1.49 was considered never preferred, 1.50-2.49 least preferred, 2.50-3.49 occasionally preferred, 3.50-4.49 preferred and 4.50-5.00 most preferred. The results were tabulated in table 4.2b in the previous chapter. The findings showed some marked difference on the sources preferred by girls and boys. Boys for example occasionally preferred pornographic videos and magazines and the internet, while the girls least preferred these sources. On the other hand while girls occasionally preferred fashion magazines and older siblings, boys least preferred these sources.

However, what generally emerges is that media and peer were the main sources of information on sexual matters for adolescents of both sexes. The above noted difference can be explained from the perspective that in practice boys are more attracted to pornographic materials than girls and are therefore likely to have a lot of influence on their sexuality. With the advent of internet, boys have turned their quest of pornographic materials to the internet.. Girls on the other hand are more susceptive to fashion magazines because most are obsessed with fashion. This therefore is likely to be a major source of information on sexual matters. This findings confirms those of Furstenberg (1971) who found that girls for example

acquired information on contraceptives and sexuality from friends and the mass media. The situation was no different for the boys. Parents, educators and health professionals contributed only a little. Results of the t-test presented in table 4.7.2 indicated that gender had a significant influence on the source of information on sexual matters. Thus, it can be concluded that gender has a lot of influence on the acquisition of information on sexuality.

Research question two: What factors are responsible for adolescents' precocity to sexual practice?

Information shown in table 4.3a in the last chapter presents the results of factors responsible for adolescents' precocity to sexual practice. A critical look at the table indicates that the most important factor is peer influence followed by mass media. This finding confirms the earlier finding that showed that the main sources of information on sexual matters are media and peers. It is therefore no surprise that these sources are the main contributors to the negative behaviour of adolescents engaging in premarital sex. Most adolescents are keenly sensitive to peer opinions. It therefore has a great influence on sexual behaviours. When one associates with a group that is sexually active it is highly likely that the adolescent will similarly engage in sex. The belief in peer invulnerability to consequences of sex are likely to influence one to have sex in spite of the high risk of contracting HIV/AIDS. This concurs with Owuamanan (1983) study and the theory of Optimistic Bias that showed that peer oriented adolescents are likely to engage more in sexual act than parent oriented adolescents.

A comparison of the factors responsible for adolescents' precocity to sexual practice on the basis of gender showed that peer influence are higher among the

boys than girls. On the other hand mass media was a stronger influence on girls than boys. This may be equated to the socialization process, where boys easily discuss their sexuality with their peers, while girls tend to be secretive and therefore get more information from the media. However, what emanates from these findings is that both the two sources relied upon by either gender in most cases exposes them to wrong information about issues of sexuality and in the end serves to erode their sexual morals and restraint.

Research question three: Do adolescents perceive themselves to be at risk of pregnancy, STD and HIV / AIDS

Information in table 4.4a presents the frequency and percentage of adolescents who perceive themselves to be at risk of pregnancy, STD and HIV/AIDS, table 4.4b gives the perception on the basis of gender; the table gives the perception on the basis of those who have had sex and those who have not, while table 4.4c and d gives the reasons for the perception.

The results in table 4.4a showed that majority of students believe that they are not at risk of pregnancy, STD and HIV/AIDS. The main reason given for this was that they use condoms. Abstinence never featured as the main reason. reasons such as having sex with people known to the adolescent for a long time and having sex with one trusted partner featured prominently. This calls for a concerted effort to influence the adolescent to change their sexual behaviour and perception of sex through an all inclusive sex education. On the basis of tested variables it was found that girls perceived themselves at more risk than boys. This may be equated to the fact that nature enables boys to have a lot of control on their sexual behaviour, while girls due to their vulnerable position may find themselves to be

at a greater risk not only as a result of their liking, but also from external influences like forced sexual act and need to make economic gain. Pregnancy is also restricted to girls.

It is also noted that most adolescents who are sexually active do not perceive themselves to be at more risk of pregnancy, STD and HIV/AIDS than those who are not sexually active. This misconception may partially explain their engagement in sex. Because of the misinformed decisions they expose themselves more to sexual related risks. Research has shown that those individuals who expose themselves to a lot of risks are often unaware or barely aware of the risks they are exposing themselves to. This is regardless to having information about the risks. Quite often they relate the risk to others and not themselves. This is what Weinstein, (1984) explains in the theory of Optimistic Bias. It posits that adolescents will most likely perceive themselves to be at lesser risk than other people, without considering their role in sexual risk taking behavior by thinking it is other people's problem.

Research question four: What percentage of adolescents are sexually active and what sexual activities do they engage in?

Table 4.5a shows students responses to this research question, while table gives a comparison on the basis of gender.

Results in table 4.5a showed that over 28 per cent of the students engaged in sexual intercourse. Several researches have revealed that adolescent sexual precocity continues to rise, and sexual debut in Kenya stands at a younger age than elsewhere in sub-Saharan Africa, at least half by the age of sixteen are

sexually active. The results of the current study show that at least one student had sex at the age of only six years. The high teenage sexual activity is reflected in high incidences of teenage pregnancy, abortions and early infections, spread and transmission of STD's. These findings confirm those of Lewa (1987), who reported that over 25% of students in Nairobi are sexually active. According to UNAIDS (2004) most young people become sexually active in their teens and many before their fifteenth birthday.

Analysis on the basis of gender show that more boys than girls are sexually active and have had earlier sexual encounters. This may be because of cultural orientation and the mass media that equates sex to masculinity. Boys are brought up to believe that the window to adulthood is sex and as observed from television heroes always have sex with beautiful women. Therefore, from a tender age they are destined to show their conquest by subduing as many girls as possible.

On some of the other sexual activities adolescents engage in, apart from sexual intercourse as presented in table 4.5.5, top ranked are fantasies, followed by petting, wet dreams and masturbation. The finding concurs with Katchadourian (1990) who believes that erotic fantasy is by far the most common sexual activity indulged in as part of other sexual behaviour. He notes that fantasies provide an opportunity for adolescents to recognize their sexual needs and preferences, and to rehearse this in a way that is non-threatening for most teenagers. Petting on the other hand involves a variety of sexual arousal activities. Njau (1994) notes that petting is a viable outlet for sexual tension. It is more practiced by sexually liberals and is preferred more by girls than boys most probably because it's less

risky and because females respond more to touch. Third ranked other sexual activity was wet dreams. This is an involuntary sexual expression that happens in an individual's dream. This is normally related to the mental content of an individual. It is therefore likely to occur in adolescents who are more exposed like those in modern urban society. Masturbation is a common source of orgasm in teenagers. In this study masturbation was the fourth ranked other sexual activity adolescents engage in. According to Kinsey (1948) 92% males and 58% girls engage in masturbation by the time they are 19 years.

The results in table 4.5f further reveal that some students resort to defense mechanisms. Those who choose not to be sexually active resort to other means to relieve their sexual tensions. In the current study the top ranked defense mechanism were sports, music, dance, praying and assuming sex. These results confirm Mckeachie (1990) who identified some of the defense mechanism as denial, and substitution with music, sports and dance explaining why hard rock music is popular with the young (Williams, 1978). Some of these mechanisms are described as good since they help a person avoid being overwhelmed by sexual drive. It comes therefore as no surprise that most HIV/AIDS activist are using and encouraging sports and drama to drive their campaigns.

Research question five: How do adolescent protect themselves against the risk of pregnancy, STD and HIV/AIDS?

Table 4.6a shows students understanding of how to protect themselves against the risk of pregnancy, STD and HIV/AIDS. While table 4.6b gave a comparison of the results on the basis of gender.

Results in table 4.6a show that majority of the adolescents believe that the best method of protection against the risk of pregnancy, STD and HIV/AIDS is through abstinence. This is a favourable finding given that the only perfect option to remain safe from the risk of pregnancy, STD and HIV/AIDS is through abstinence. However, Johnson (2000) warns that research has shown that abstinence has been misinterpreted by adolescents. To most of them it means a plot to deny them sexual pleasure or periodic abstinence. Therefore abstinence is seldom associated with an attainable goal. But if properly presented to mean that one should wait until marriage it could be effective.

Use of condoms was the second ranked protection method. Research has shown that the only other method besides abstinence is the use of condoms. However, this method has received a lot of criticisms especially from the church and other moral activists. This finding though shows that more Kenyan youths who are unable to abstain are resorting to the use of condoms as a protection against the risk of pregnancy, STD and HIV/AIDS, most probably because they are easily available even in kiosks within residential areas, change of attitude, and may be because anti AIDS campaigns are bearing some fruits.

On the basis of gender, some differences were noted on how adolescents protect themselves against the risk of pregnancy, STD and HIV/AIDS. Girls were found to rely more on abstinence than boys, while boys relied more on the use of condoms than girls. These results compares favourably with those of Johnson (2000) who reported that generally boys more than girls know more about

condoms and use them than girls. The notion is that the use of condom is the responsibility of the boys.

5.3 Implications and Recommendations

The central idea of the study was to critically analyse the counselling implications of the findings. Guidance and counselling of adolescents should seriously address the issue of their sexuality. This is more so in the face of the killer disease, HIV/AIDS, increase in teenage mothers and abortions. For adolescent counselling to be effective, it must therefore address the issue of sexuality and sexual behaviour.

The results of the study indicate that the principle sources of information on sexual matters for adolescents are mass media, peers and friends might suggest this that the parents, elders and teachers are abdicating their responsibility of fully guiding the adolescents on their sexuality and sexual behaviour. Thus it is recommended that counsellors should not only come up with counselling programmes that address and inform adolescents of dangers of relying on mass media and wrong peer influence on their sexual decisions, but also encourage parents, teachers and the church to take up the role of counselling the children on sex matters, from an early age.

In analysing the sources of information on sexual matters for adolescents on the basis of gender, some differences were noted. This means that although boys and girls rely on mass media and peers, differences are evident. It is therefore, recommended that while addressing the issues of sex and sexuality, counsellors,

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parents, teachers and the church should come up with different approaches to take care of the unique experiences of boys and girls.

The key factors responsible for adolescents' precocity to sexual practice were noted to be mass media and peer. This means that the government's effort to censor certain programmes should be supported. However, with globalization of information, parents, teachers and the church should provide more guidance to the adolescents on the best methods of responding to their peers and the mass media. Counselors should also come up with programmes that specifically address these issues.

Trends observed from the findings of this study show that indeed a high percentage of adolescents are engaging in sexual activities. The first contact age was noted to be as low as 6 years. This means that contrary to what parents want to believe, their children are engaging in sex at a tender age. It is therefore recommended that counsellors, parents and other stakeholders should begin counselling children on sexual matters from a very early stage and should not wait until later in life when the damage has already been done. Analysis on the basis of gender shows that boys become sexually active at a more tender age than girls. However, girls are more at risk than boys. This implies that the onset of counselling should not be delayed, neither for boys nor for girls.

The findings revealed that most of the adolescents even those sexually active do not perceive themselves to be at risk of pregnancy, STD and HIV/AIDS. This implies that the campaigns on behaviour change may not have been effective.

This means that more focused and practical education and campaigns on the risks that everyone faces, particularly adolescents should be developed. It is therefore recommended that instead of focusing on abstinence, it would be more practical to advice the already active adolescents to use protection if they cannot avoid sex. This should form a crucial part of teacher counsellors and parents counselling strategy.

5.4 Summary and Conclusion

This study was designed to explore the factors that influence adolescents' precocity to sexual practice in Nairobi Province. The findings show that:

- The most important source of information on sexual matters for adolescents are mass media and peers
- Although mass media and peers were the most important source of information on sexual matters, boys tend to get information from their peers and pornographic material more than the girls, while girls tended to get their information from fashion magazines and older siblings
- The biggest influences to adolescent precocity to sexual practice were; mass media and peers.
- Majority of the adolescents did not perceive themselves to be at risk of pregnancy, STD and HIV/AIDS
- The main reasons why adolescents felt that they were not at risk of pregnancy, STD and HIV/AIDS were a misconceived fallacy of periodic abstinence, intercourse with well-known persons and selective use of condoms.
- Over 28% of adolescents engage in sexual activities.
- The first age of sexual activity was as low as 6 years

- Other sexual activities adolescents engage in are fantasies, petting, wet dreams and masturbation.

The implications of these findings were analysed and recommendations for further research have been outlined below.

5.5 Suggestions for Further Research

- This study was conducted in only one province. Future researchers could extend it to other provinces.
- This study was conducted in an urban setting. Further research could be done in a rural setting to compare results.
- This study was carried out among secondary school students. Future research could study college students or go down to upper primary pupils.
- Further research could study why today's parents are not top source of knowledge on sexual matters for their adolescents.
- Further research could study sexual practices among Christian youths.

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APPENDIX 1

QUESTIONNAIRE

FACTORS INFLUENCING ADOLESCENTS' EARLY INVOLVEMENT IN SEXUAL PRACTICE.

Dear student,

I am a student from Kenyatta University pursuing the Master of Education Degree in Guidance and Counselling. You are about to take part in a study on adolescents. However, your participation is voluntary. Confidentiality is guaranteed.

Please read the instructions carefully.

Thank you

Kimani G.W.

Instructions

- Do not write your name.
- Answer All questions honestly. Remember there are no right or wrong answers.
- After completion, please hand in your filled-up questionnaire to the researcher or her assistant.
- SECTION A: Please give some background information.
- SECTION B: ☑ from the given responses in boxes provided, rating the level of your preference of source of information on sexual matters.
- Key

  MP-Most prefer

  P -Prefer

  LP -Least prefer

  RT –Reject

  SRT-Strongly reject.

- For every factor chosen, please tick only in one box.
- Indicate your level of preference for each factor chosen.
- For section C, please give a few reasons why you prefer or reject certain information sources.
- For section D, tick one answer.
- For D19, do as section B.
- Write legibly in the spaces provided.

SECTION A: DEMOGRAPHIC INFORMATION.

1. What is your school's name? _____

1.b What is your school type? (Tick (☑) as appropriate)

(a) Day boys' school ( )

(b) Days girls' school ( )

(c) Mixed day School ( )

(d) Boarding girls school ( )

(e) Boarding boys school ( )

2. What is your gender?

a) Male ( )

b) Female ( )

3. How old are you? _____

4. What are your parents occupation

   a) Father _____

   b) Mother _____

5. What is your father's educational level?

   a) Primary ( )

   b) Secondary ( )

   c) College ( )

   d) University ( )

   e) Other (specify)_____

6. What is your mother's educational level?

   a) Primary ( )

   b) Secondary ( )

   c) College ( )

   d) University ( )

   e) Other (specify) _____

7. What part of Nairobi do you live in ?_____

8. What is your religion? _____

   a) Catholic ( )

   b) Protestant ( )

c) Seventh Day Adventist ( )

d) Muslim ( )

e) Other (specify) _____

9. How religious do you rate yourself

a) Very ( )

b) Not at all ( )

c) Moderate ( )

10. Do you live with your parents?

a) Both parents ( )

b) Father ( )

c) Mother ( )

d) Other (specify) _____

SECTION B

11. Below are twenty-three items on sources and persons that provide information/knowledge on sexual matters. Which one do you usually choose when you need information on sexual matters? Answer by ticking at least any ten of them, according to your level of preference.

NO.	SOURCE OF INFORMATION ON SEXUAL MATTERS	MP	P	LP	RT	SRT
1.	T.V and radio religious programs					
2.	T.V. and radio comedy programs					
3.	T.V and radio music programs					
4.	Soap operas					
5.	Pornographic videos					
6.	Romantic movies / novels					
7.	Fashion / Beauty magazines					
8.	Pornographic magazines / Novels					
9.	Movies on the internet					
10.	Peers and friends					
11.	Father					
12.	Mother					
13.	Older brother / sister					
14.	Uncle / aunt					
15.	Grand parents					
16.	Counsellor teacher					
17.	Biology teacher					
18.	Professional counsellor					
19.	Doctor					
20.	Pastor / priest					
21.	Church elder					
22.	Older family friend					
23.	Clan elder					

SECTION C

12. What are some of the main major reasons for your choice of source of information on sexual matters?

(i) _____

_____

_____

ii) _____

_____

_____

iii) _____

_____

_____

iv) _____

_____

_____

v) _____

_____

_____

13. What are some of the reasons for rejecting the sources of information on sexual matters.

i. _____

_____

_____

ii. _____

_____

_____

_____

iii. _____

_____

_____

_____

iv. _____

_____

_____

v. _____

_____

_____

SECTION D

14. Do you go out for a date?

    a. Yes ( )

    b. No ( )

15. When on a date what activities do you engage in

    a. Just sit, hold hands and talk ( )

    b. Go to a movie / watch T.V ( )

    c. Take a walk ( )

    d. Other (specify)_____

16. On one or more occasions you have done sexual things, mostly because the people you were hanging out with encouraged you to

    a. Agree ( )

    b. Disagree ( )

17. On one or more occasions, you have done sexual things because you were under the influence of drugs or alcohol.

    a. Agree ( )

b. Disagree ( )

c. Other (specify)_____

18. It is not wrong for a girl to have sex with some one for money if that is what she wants?

a) Agree ( )

b) Disagree ( )

	SEXUAL ACTIVITIES YOUNG PEOPLE ENGAGE IN.	MP	P	LP	RT	SRT
1.	Masturbation					
2.	Petting each other					
3.	Wet dreams					
4.	Fantasizing about sex with a boy or girl					
5.	Engaging in sports, music and dance					
6.	Praying for strength to fight temptation					
7.	Assuming or ignoring sexual desires					
8.	Overworking oneself to exhaustion					

19.

20. Sex is the most important thing in a boy / girl relationship

a) Agree ( )

b) Disagree ( )

21. Young people engage in sex theses days because everyone else is doing it.

a) Agree ( )

b) Disagree ( )

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22. Sex between a boy and a girl is only for physical enjoyment

    a) Agree ( )

    b) Disagree ( )

    c) Other (specify)_____ _____

23. Have you ever had sexual intercourse with a boy / girl

    a) Yes ( )

    b) No ( )

24. How old were you when you had sex the first time? _____

25. Who was the first boy/girl you had sexual intercourse with?

    a) A girl / boy I had just met ( )

    b) A girl / boy I had known for along time and we were good friends ( )

    c) A class mate/school mate ( )

    d) A neighbour ( )

    e) Other (specify)_____

26. How many boys / girls have you had sexual intercourse with ?

    a) 1 ( )

    b) 2-4 ( )

    c) 5-7 ( )

    d) 8-10 ( )

    e) More than 10 ( )

    27. At the present time, do you have sex with just one particular boy / girl?

a) No ( )

b) Yes ( )

28. How many times have you had sex in the last five months?

a) 0 ( )

b) 1-3 ( )

c) 4-6 ( )

d) 7-10 ( )

e) Over 10 ( )

29. There is nothing wrong with having sexual intercourse before marriage.

a) Agree ( )

b) Disagree ( )

Explain your answer

_____

_____

30. Sexual intercourse is okay as long as it is only with one boy/girl at a time.

a) Agree ( )

b) Disagree ( )

Explain you

answer_____

—

_____

_____

_____

31. My religious convictions influence my sexual practices.

a) Agree ( )

b) Disagree ( )

32. Do you consider yourself at risk of pregnancy and / or STDs and HIV/AIDS?

a) Yes ( )

b) No ( )

Explain your answer

_____

_____

_____

_____

33. How do you protect your self against the risk of pregnancy and or STDS and HIV/AIDS.

(You can tick more than one answer)

a) I trust my girlfriend/boyfriend, so I don't need to protect myself. ( )

b) I use a condom ( )

c) I trust my safe days ( )

d) I pray before engaging in sexual intercourse ( )

e) We use the withdrawal method ( )

f) I keep one girlfriend/boyfriend at a time ( )

g) I abstain until I get a new girlfriend / boyfriend. ( )

h) I use protection only with a new girlfriend / boyfriend, but stop when we know each other well. ( )

i) I have intercourse only with girls / boys my age. ( )

j) I don't have intercourse with prostitutes. ( )

k) I don't have sex with thin girls / boys. ( )

l) I don't have to have sex now. I can wait until I am older or married. ( )

34. Do you protect yourself every time you have sexual intercourse

a) Yes ( )

b) No ( )

If no, explain your answer

_____

_____

_____

THE END

THANK YOU ONCE AGAIN FOR YOUR COOPERATION.

APPENDIX III

BUDGET

ITEM	AMOUNT
Secretarial services	15,000/=
Research assistant	10,000/=
Photocopy	10,000/=
Subsistence	5,000/=
Stationery	8,000/=
Transport	5,000/=
Miscellaneous expenses	10,000/=
Total	63,000/=

APPENDIX II

TIME SCHEDULE

PROPOSAL WRITING	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST
Data collection								
Data analysis								
Compiling chapter								
Writing of 1st draft & submission								
Writing final draft and submission								

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