

**SOCIAL MEANINGS OF CONTRACEPTIVES AND ITS INFLUENCE ON
YOUTH SEXUAL BEHAVIOURS: A CASE STUDY OF THE
YOUTH IN MOI UNIVERSITY, KENYA**

BY

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MOI UNIVERSITY

2021

DECLARATION

DECLARATION BY STUDENT

This is my original work and to my knowledge has never been submitted for examination in any other college, university or institution by anyone whatsoever.

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DEDICATION

I dedicate this work to the youth of Moi University for their cooperation and contribution during the entire research.

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I wish to acknowledge the Almighty God for giving me the strength and determination to accomplish this research; I would not be where I am without him. I also wish appreciate and acknowledge Moi university School of Arts and Department of Sociology and Psychology for their assistance, my supervisors Prof. Jamin Masinde and Dr. Willice Abuya for their immense sacrifice, patience , encouragement and unwavering faith and belief in me , without your consistent support , guidance and direction this research could never have been. Am also thankful to Dr. Masese, Moi university students and the Moi university health Center for their help and contribution during my research. I also want to thank my family, my daughter and my friends for their immense support and encouragement. Thank you all once again.

ABSTRACT

Youth comprise of a large population globally but their sexual reproductive health needs still remain unmet with contraceptives being among these unmet needs. This non use of contraceptives among a sexually active population has left many exposed to high HIV/AIDS infection, early pregnancies and high abortion rates which have had a negative effect on their health and socio-economic development. The exposure of young people to the afore mentioned vices becomes a matter of public health concern as it is rooted in human behavior. Guided by the social construction theory the study investigated the social meanings of contraceptives and how these influence their sexual behavior. It specifically examined the social meaning that the youth have on contraceptives, and analyzed how these meanings influence sexual behavior. This was a qualitative research and data was collected from 60 youth aged between 18-35, through the method of saturation. The 60 were sampled through convenience, chance and snowball sampling. Using In-depth interviews, key informant interviews and focus group discussions as the main methods for data collection, detailed data was collected, categorized, transcribed then thematically analyzed. The study found that the youth had various meanings to contraceptives, with meanings ranging from contraceptives as being a prevention tool, a planning tool, a power tool, a sexual thrill minimize, a material determinant, a social stigma, as a sign of distrust, as insurance, to a license for enjoyment, among others. These meanings were found to have an influence on the youth's sexual behavior causing the youth to engage in protected sex, unprotected sex, have multiple partners, and engage in random/casual sexual encounters to having transactional relations. The study recommends that there is need for policy makers to understand these noted perceptions and create safe spaces for young people to explore matters of sexuality. Governments can also use these perceptions to build policies that will enable access of contraception to be informed and unbiased especially in the inclusion of these sentiments in the Reproductive health care bill (2019) on the reproductive health of adolescents.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
ABSTRACT	iv
TABLE OF CONTENTS	v
LIST OF TABLES	xi
LIST OF ABBREVIATIONS	xii
CHAPTER ONE	1
1.1 Background of the Study	1
1.2 Statement of the problem	4
1.3 Purpose of the study	6
1.4 Research Questions	7
1.5 Research Objective	7
1.5.1 General Objective	7
1.5.2 Specific Objectives	7
1.6 Scope of the study	7
1.7 Justification	8
1.8 Significance	8
1.9 Definition of variables	10
CHAPTER TWO	12
LITERATURE REVIEW	12
2.0 Introduction	12
2.1 Types of Contraceptives	12
Table 2.1: Different contraceptives description and use	15
2.1.1 The oral contraceptive Pill	17
2.1.2 The Male Condom	18
2.1.3 The Female Condom	19
2.1.4 The Diaphragm	20
2.1.5 The Cervical Cap – Fem cap	20
2.1.6. The Intrauterine Device (IUD)	21
2.1.7 The Contraceptive Implant	23
2.1.8 The Contraceptive Sponge	23
2.1.9 Contraceptive Injections	24
2.1.10 Emergency Contraceptive pill	25

2.1.11 Natural contraceptives.....	26
2.2 Factors Affecting Contraceptive Use among the Youth	26
2.2.1 Low perception of risk of pregnancy	27
2.2.2 Level of satisfaction with the contraceptive method.....	27
2.2.3 Beliefs.....	28
2.2.4 Availability.....	28
2.2.5 Media.....	28
2.2.6 Demographic factors	29
2.2.7 Socio cultural factors.....	30
2.3 Determinants of Sexual Behaviors among the youth	31
2.3.1 Peers	31
2.3.2 Age	32
2.3.3 Place of residence.....	33
2.3.4 Family Structure	33
2.3.5 Socio-economic status.....	34
2.3.6 Substance use	34
2.3.7 Religion	35
2.3.8 Social norms, Policies and Partners	36
2.4 Perceptions of Contraceptives among the youth	37
2.5 Influence of Contraceptives on Sexual Behaviour	39
2.6 Knowledge, Attitude, Perceptions and Practice of Contraceptives: the Gap	42
2.7 Social Meanings	44
2.7.1 Ethno methodology	45
2.7.2 Phenomenology.....	47
2.8 Theoretical framework	48
2.8.1 The social construction of Contraceptives	50
2.8.2 Myths on contraceptives.....	53
2.9 Conclusion	55
CHAPTER THREE	56
RESEARCH METHODOLOGY.....	56
3.0 Introduction	56
3.1 Study site	56
3.2 Research Design.....	58
3.3 Target population	58
3.4 Sample size.....	60
3.5 Sampling Methods.....	60
3.6 Data collection Methods and Tools.....	61

Table 3.1: Research Matrix Table	62
3.6.1 In-Depth interviews (IDIs)	63
3.6.2 Focus group Discussion (FGD).....	65
3.6.3 Key Informant Interviews	66
3.7 Data Analysis	67
3.8 Trustworthiness of Data	67
3.9 Ethical considerations	68
3.9.1 Conclusion.....	68
CHAPTER FOUR.....	70
DATA PRESENTATION AND ANALYSIS	70
4.1 Introduction	70
Table 4.2: Type of contraceptive used by respondents	72
4.3 Social meanings and influence on sexual behaviour.....	72
4.3.1 Social meanings of condom	72
4.3.1.1 <i>Condoms as ‘Protection / Prevention’</i>	72
4.3.1.1.1 <i>How meanings of condoms ‘as protection/ prevention’ influence sexual behaviour.....</i>	74
4.3.1.1.2 <i>Condoms as ‘a tool to plan your life’</i>	75
4.3.1.1.2.1 <i>How meanings of condoms as ‘a tool to plan your life’ influence sexual behaviour.....</i>	76
4.3.1.1.3 <i>Condoms as a ‘man’s affair’</i>	77
4.3.1.1.3.1 <i>How meanings of condoms as a ‘man’s’ affair has an influence on sexual behaviour.....</i>	78
4.3.1.1.4 <i>Condoms as ‘Distrust’</i>	79
4.3.1.1.4.1 <i>How meanings of condoms ‘as distrust’ influence sexual behaviour</i>	80
4.3.1.1.5 <i>Condoms ‘as minimisers of Sexual Thrill’</i>	81
4.3.1.1.5.1 <i>How meanings of condoms ‘as minimisers of sexual thrill’ influences sexual behaviour</i>	82
4.3.1.1.6 <i>Condoms as ‘itchy rubber’ and ‘oily’</i>	83
4.3.1.1.6.1 <i>How meanings of condoms as ‘itchy rubber’ and ‘oily’ influence on sexual behaviour</i>	84
4.3.1.1.7 <i>Condoms as a ‘Value Rater’</i>	85
4.3.1.1.7.1 <i>How meanings condoms as ‘value rater’ influence sexual behaviour</i>	86
4.3.1.1.8. <i>Condoms as ‘social stigma’</i>	86
4.3.1.1.8.1 <i>How meanings of condoms as a ‘social stigma’ influences Behaviour ..</i>	88
4.3.1.1.9 <i>Condoms as ‘un-masculine’</i>	89
4.3.1.1.9.1 <i>How meanings of condoms as ‘un-masculine’ influence on sexual behaviour.....</i>	89

4.3.2	Social Meanings of Female condoms.....	90
4.3.2.1	Female condoms as a means of ‘prevention’	90
4.3.2.1.1	<i>How Meanings of the female condom ‘as protection’ influence on sexual behaviour.....</i>	91
4.3.2.2	Female condoms as ‘a Sex Negotiator’	92
4.3.2.2.1	<i>How meanings of female condom as ‘a sex negotiator’ influence sexual behaviour.....</i>	94
4.3.2.3	Female condoms as ‘a hustle’	94
4.3.2.3.1	<i>How meanings of the female condom as ‘a hustle’ influence sexual behaviour.....</i>	95
4.3.2.4	Female condoms as ‘Irritant’	96
4.3.2.4.1	<i>How meanings of female condom as an ‘irritant’ influence sexual behaviour.....</i>	97
4.3.3	Social Meanings of the E pills.....	97
4.3.3.1	E pills as ‘Prevention’	97
4.3.3.1.1	<i>How meanings E pills ‘as prevention’ as influence on sexual behaviour</i>	98
4.3.3.2	E pills as a ‘saviour’	99
4.3.3.2.1	<i>How meanings E pills as ‘saviour’ influence on sexual behaviour.....</i>	100
4.3.3.3	E pills as ‘License for Enjoyment’	101
4.3.3.3.1	<i>How meanings of E pills ‘as passage for enjoyment’ influence sexual behaviour.....</i>	102
4.3.3.4	E pills as ‘convenience/ emergency’	102
4.3.3.4.1	<i>How meanings of the E pill as ‘an emergency’ influence sexual behaviour</i>	104
4.3.3.5	E pills as an ‘Insurance’	104
4.3.3.5.1	<i>How meanings E pill as an ‘insurance’ influence sexual behaviour</i>	106
4.3.4	Social Meanings of Oral pills.....	107
4.3.4.1	Oral pills as ‘prevention’	107
4.3.4.1.1	<i>How meanings of the oral pill as ‘prevention’ influence sexual behaviour</i>	108
4.3.4.2	Oral pills as ‘terminal medicine’	109
4.3.4.2.1	<i>How meanings of the Oral pills as ‘terminal medicine’ influence sexual behaviour.....</i>	110
4.3.4.3	Oral pills as ‘safe sex’	110
4.3.4.3.1	<i>How meanings of oral pills as ‘safe sex’ influence sexual behaviour ...</i>	111
4.3.4.4	Oral pills as ‘Biologically Unsafe’	112
4.3.4.4.1	<i>How meanings of oral pills as ‘biologically unsafe’ influence sexual behaviour.....</i>	113
4.3.5	Social meanings of injections.....	113

4.3.5.1 Injections as ‘prevention’	114
4.3.5.1.1 How meanings of injections as ‘prevention’ influence sexual behaviour	114
4.3.5.2 Injections as ‘Hormonal imbalance’	115
4.3.5.2.1 <i>How meanings of injections as ‘hormonal imbalance’ influence sexual behaviour</i>	116
4.3.6 Social Meanings of IUD.....	116
4.3.6.1 The IUD as ‘Biologically Safe’	116
4.3.6.1.1 How IUD as ‘Biologically safe’ influences sexual behaviour	117
4.3 Conclusion.....	118
CHAPTER FIVE.....	119
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS	119
5.1 Introduction	119
5.2 Summary of findings	119
5.3 Discussion of Findings	124
5.4 Conclusion	135
5.4.1 Recommendations	136
5.4.2 Suggestions for Further Research.....	137
REFERENCES	138
APPENDICES APPENDIX 1: INTRODUCTORY LETTER.....	151
APPENDIX II: IN – DEPTH INTERVIEW GUIDE.....	152
PART B	153
APPENDIX III: FOCUS GROUP DISCUSSION GUIDE.....	159
APPENDIX IV: KEY INFORMANTS GUIDE	160
APPENDIX V: LETTER OF MOI UNIVERSITY AS A STUDENT	161
APPENDIX VI: LETTER OF CONSENT FOR MOI UNIVERSITY CLINIC ..	162
APPENDIX VII: NACOSTI RESEARCH PERMIT	163
APPENDIX VIII: LETTER FROM NACOSTI.....	164
ELDORET MAP	165

LIST OF TABLES

Table 2.1:	Different contraceptives description and use.....	15
Table 3.1:	Research Matrix	62
Table 4.1:	Demographic data	69
Table 4.2:	Type of contraceptive and use.....	72

LIST OF ABBREVIATIONS

- AIDS – Acquired Immune Deficiency Syndrome
APHR – African population and health research Centre
CDC – Centre for disease control
CPR – contraceptive prevalence rate
FHOK – Family Health Options Kenya
FP – Family Planning
G.O.K – Government of Kenya
HIV – Human Papilloma Virus
IUD – Intra uterine device
KAIS – Kenya Aids Indicator Survey

KDHS – Kenya Demographic Health Survey
LVCT – Liverpool Care and treatment
MCH – Mother and child health

MTRH – Moi Teaching and Referral Hospital
MUSO – Moi University Students Union
RH – Reproductive health

SADH – South African Department Health
SADHS – South African Department of health survey
SBCC – Social behavior change and communication
SRH – Sexual reproductive health
STD/ STI- Sexually Transmitted infection / Diseases
WHO – World Health organization

CHAPTER ONE

BACKGROUND OF THE STUDY AND STATEMENT OF THE PROBLEM

1.1 Background of the Study

Youth comprise of a large population globally with a total population of almost 23% in developing countries (UNICEF, 2016). Even with this large number, sexual reproductive health needs still remain unmet with contraceptives being among these unmet needs of the youth. Sexuality therefore becomes a development milestone in one's life cycle, with which each generation has its own struggles (Jones and Boonstra, 2005). It even becomes more complex due to the biological forces that initiate the sexual maturation process. Adolescent sexuality development does not only include physical development but also cognitive and emotional development (Oswalt, 2015). Where youth at this age lack cognitive and emotional maturity that is necessary to make better decisions on sexuality and how to cope with this stage of development. And so, youth just like adults, are prone to engage in risky sexual behaviors due to perceptions of personal invulnerability and their tendency to focus on immediate rather than long term consequences of their behavior (Hall, Holmquist & Sherry, 2004). This has made youth to be exposed to high rates of HIV/AIDS pandemic, unplanned pregnancies, multiple sexual partners, high abortion rates and high STI/STDs, which have a negative impact on their health and socio-economic development.

Early sexual debut is particularly associated with inconsistent use and none use of contraceptives which have serious long-term health consequences, with the Allan Guttmacher Institute, (1999) indicating that eight out of ten young women in sub

Saharan Africa have had their first sexual intercourse before the age of 20. While each year in the United States, nearly 750,000 youth experience pregnancies mostly unintentionally (Alan Guttmacher Institute, 2006). Contraceptive use has increased in many parts of the world especially in Asia and Latin America but continues to be low in sub Saharan Africa. Generally, the unmet need for contraceptive use in Africa is 53% while in Sub Saharan Africa the unmet needs for contraceptives among the youth is more than 40%. According to the South African Demographic Health Survey (SADHS, 2003), 97% of sexually active youth in South Africa have knowledge of at least one contraceptive method but by the year 2007 the contraceptive prevalence rate (CPR) use of young people aged between 15-24 years was 52%. In Kenya, the unmet need for contraception among the youth is 30% (KDHS, 2008/9), while a survey in 2015 on youth and adolescents in Uasin Gishu reveals that the unmet need for contraceptive use being 22% with about one in every five girls aged 15-19 years having begun child bearing by this age (National council For Population and Development, 2017).

However, most research findings like the African population and Health Research (2002), the South African Department of Health, (2003) among others, indicate on how to enhance youth's knowledge on contraceptives. They also show how to put up structures to increase youth's access to contraceptives. However, even with these approaches the contraceptive uptake still remains low among the youth. This has been attributed to, by various factors which mostly depend on how youth construct contraceptives. This indicates that the study on contraceptives should not only focus on enhancing knowledge about them, but also gives us a need to want to understand the different attitudes, views and outlooks the youth attach or associate to these

contraceptives and how they influence their sexual behaviors. It is therefore important to find out what can be done to reconstruct this and bring about a new reality concerning contraceptives.

This study is linked to social constructionist theorists, who view knowledge as socially constructed rather than created. According to Berger and Luckmann (1991), knowledge is shared so as to acquire meaning. It is this sharing of knowledge that gives reality meaning. They try to understand knowledge from the perspective of the society and those who live in it because to them it's society which defines the world from the lived experiences. They view knowledge as created by the interactions in society. To say that something has been socially constructed means that something would not have existed had the society not created it. Luckmann, (1991) was concerned with how nature affects the construction of knowledge, how they emerge, and how it becomes significant to society. It is used to show how society has given meaning to contraceptives and how these meanings acquired on contraceptives influence the use of contraceptives and influence on sexual behavior. This is because people interpret meanings based on their social experiences and youth construct contraceptives based on their social surroundings like the structures in the society, institutions, peers, norms and even values in the society. These have had a major influence on the various perceptions youth have on contraceptives. Contraceptives should also be viewed as a social construct because most of the sexual decisions that the youth make in regard to contraceptives are influenced by the society the family, their peers, religious values, media among other factors.

1.2 Statement of the problem

Youth comprise of a large population globally with a total population of almost 23% in developing countries (UNICEF, 2016). Even with this large number, sexual reproductive health needs still remain unmet with contraceptives being among these unmet needs of the youth. As of 2017, 36 million young girls were sexually active but didn't want to become pregnant, while 20 million were not using contraceptives but were in need of them because of their active sexual life (Darroch et.al, 2018). This non-use of contraceptives among a sexually active population has left them exposed to unplanned pregnancies, high abortion rates, and low attainment of girl child education which means loss of human capital resource and increased HIV/AIDS transmission rates. Through this study, it was discovered that even though youth had knowledge of contraceptives and despite the increasing government efforts to make these services accessible their usage still remained low as knowledge did not necessarily translate to a positive attitude and use.

Studies like the African Population Health Research Centre, 2002 indicate a diversity of experience among adolescents with regard to knowledge, attitude, behavior, age, education and religion which are strongly associated with contraceptives and sexual reproductive health experiences of youth. The high level of knowledge on contraception has led to a positive attitude towards contraceptives, however the level of contraception use is relatively lower with approximately 75% of factors influencing the practice being associated with individual backgrounds and how they perceive contraceptives (APHRC, 2002). Negative beliefs about contraceptives have led to less frequent contraceptive use among the youth and reduction of these negative contraceptive beliefs may identify significant correlation that would

promote contraceptive use. South African department of health, 2003 among others indicate that sex education programmers, organizations and structures put in place have been quite effective at increasing youth's knowledge of contraceptives but very few studies attempt to find out the youths perspective in regard to these contraceptives and therefore the link between youth's knowledge, contraceptive usage and sexual behavior becomes an issue of concern.

Most youth are knowledgeable about contraceptives but the rate at which they use contraceptives is low. In that how they perceive contraceptives and their attitude towards contraceptives is puzzling. For example, in a research conducted by MacPhail & Campbell, 2006 in South Africa, condoms are supplied by the government Department of Health and dispensed by local authority clinics in the township, this means that contraceptives are available at no charge from the government just like in Kenya where they are distributed in health facilities, hospitals, clinics, university clinics and sexual and reproductive centers. Even though the government has made them accessible and their cost is low they still expose themselves to unwanted pregnancies, STDs and AIDS. This risk of unintended pregnancies is heightened because of low contraceptive use during their early sexual experiences. The choice of contraceptive that the youth choose also has an effect on their sexual behaviors, as why would one prefer one contraceptive to another, for example, the emergency contraceptive pill (E-pill) to a condom and how does this affect their sexual behaviors? According to a research that was carried out at the University of Dares Salaam, condoms, withdrawals and abstinence were the most commonly used contraceptives. The difference in choice of contraceptives affects the sexual behaviors as the youth can opt to use a contraceptive that protects them from

the risk of unintended pregnancy as compared to one that can protect them from both unintended pregnancies and sexually transmitted infections. So, what influences their choice and why would one prefer one contraceptive method as opposed to another?

Contraceptive practices also affect sexual behavior as the gap between first relationships and subsequent relationships varying. Influence from partners and societal factors like religion, peers, cost, poor attitude towards health service providers among others (African Health Science, 2002) also being hindrances to contraceptive use. Traditional structures in the modern society have also weakened, reducing the social support of youth with questions on sexual health. This has led to increasing sexual health problems as sex discussions in African societies is a taboo even among married couples. Discussing sex matters is hard, while some people believe planning sex spoils the fun and others believe contraceptives encourage promiscuity. Youth also believe contraceptives are a concern for the married so they stay away from them. While religious institutions often advocate for chastity and purity and therefore teach abstinence among a sexually active youth which brings confusion among them.

1.3 Purpose of the study

The study aims investigating the meanings the youth have on contraceptives and how these meanings influence sexual behavior among the youth in Moi University Eldoret.

1.4 Research Questions

- i. What meanings do the youth have on contraceptives?
- ii. How do these meanings (on contraceptives) influence sexual behavior?

1.5 Research Objective

1.5.1 General Objective

To assess the social meanings and construction the youth have on contraceptives and how it influences their sexual behaviour.

1.5.2 Specific Objectives

- i. To examine the social meanings that the youth have on contraceptives among youth in Moi University
- ii. To analyze how these meanings influence their sexual behavior

1.6 Scope of the study

The research entails the assessment of the social meanings of contraceptives and their influence on sexual behavior. It seeks to find out the meanings of contraceptives, how these meanings influence sexual behavior, the reasons for the low usage of contraceptives, the awareness and utilization of contraceptive, what affects the choice, usage and practice of a particular contraceptive, why knowledge does not translate to use and the gap between first relationships and subsequent relationships. The irregularities in contraceptive use and how these influence their

sexual behaviour. It focuses on youth from Moi University aged between 18 years to 35 years as the respondents of this research.

1.7 Justification

This research is of importance in that as we understand how contraceptives play a major role in sexual decision making among the youth. It will enable us to know why there is low usage of contraceptives among the youth and why they are still the highest population at risk of HIV infections as Oindo, 2002 indicates that 71% of the sexually experienced youth have ever used a contraceptive method against a 42.8% of current users. Most significantly only 57.5 % of the sexually active youth were currently using a contraceptive method. Through this research we will be able to acquire information that will give us a different view in regard to youth sexuality on use of contraceptives. This will encourage safe sex practices and even reduce the high percentage of youth at risk.

The results of this research will also improve sexual reproductive health (SRH) education, in that through women empowerment there will be a reduction in infant mortality, and also poverty. Adoption of effective policies and programmers on sexuality can also accelerate progress towards achieving sustainable development.

1.8 Significance

The study findings will be used in public health interventions especially in sexual reproductive health issues of the youth. This can be used by institutions, government, organizations to inform the youth, and even reduce the HIV prevalence rate. Policy

makers should remember that young people are not filling spaces, but that they are important members of the society who should be incorporated at all levels of decision making. Their sentiments can be used in policy making to meet the objectives of a nation with regard to the planning of their respective populations. Governments can also use these perceptions to build policies and channel informative communication that will influence change of attitude towards contraceptive use with the accompanying change in sexual behavior. The Reproductive Health Care Bill, (2019) currently being debated in Parliament would most certainly benefit from these insights.

This research used the social constructionist theory which helped to analyze this work, in that the society has constructed sexuality more at individual level and neglected the societal, normative and cultural context. So, through this research this theory has extended its applicability and development in explaining the studied social phenomena.

1.9 Definition of variables

Contraceptives – According to W.H.O contraceptives refer to birth control by prevention of conception or impregnation by use of pills, condoms, intra-uterine devices (IUD), tubal ligation, vasectomy and injectables. For this study, contraceptives will refer to birth control methods or devices used to prevent pregnancy, STIs, STDs and HIV/AIDS by the youth (Ward 2015)

Youth – The Oxford Dictionary defines a youth as the period between childhood and maturity. According to the constitution, a youth is a person aged between 18 years and 35 years. For the purpose of this study, a youth is a person aged between 18 – 35 years.

Sexual behavior – This refers to the society shared/ learned knowledge, attitudes and practice about young people's sexuality, .McGraw Hill, 2002 defines sexual behavior as a person's sexual practices whether he engages in homosexual or heterosexual practices. For the purpose of this study sexual behavior will be defined as the onset of sexual activities among the youth, early sexual debut, having multiple sexual partners, engaging in unprotected sexual intercourse and engaging in transactional sexual relationships.

Social meaning - Lawrence Lessing, 1995 would elaborate it as the semiotic content attached to various actions in a particular context. It's a way to understand the frameworks within which individuals live. It is how a framework on phenomena is made and how it changes. They tend to empower or constrain individuals and guide interactions among each other and with the material world. Basing on these research social meanings, would be used to imply the views, attitudes and perceptions youth had on contraceptives and how these views would encourage or discourage use and non-use of contraceptives and even the choice of contraceptives.

Social construction – Social construction of reality is a theory of knowledge of sociology that examines the development of a constructed understanding of the world. Social construction may be defined as a perspective which believes that a great deal of human life exists as it does due to social interpersonal influences (Gregen, 1985, p.265). Although genetically inherited factors and

social factors are at work at the same time, social construction does not deny their influence but decides to concentrate on investigating the social influence on communal and individual life. It's interested on what anthropologists call culture and sociologists call society, the shared social aspects.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter will discuss in detail the literature and findings of different authors in regard to my study and it will elaborate in detail what my study entails. It will discuss the definition of contraceptives, the various types and methods of contraceptives, factors affecting contraceptive use among the youth, sexual behaviors among the youth, Determinants of sexual behaviors among the youth, youths attitudes on contraceptives, the relationship between contraceptives and sexual behavior, the trends of contraceptive use around the globe, social meanings and the theoretical framework of my study.

2.1 Types of Contraceptives

Contraception can be defined as the deliberate prevention of conception or impregnation by any various drugs, techniques, or devices otherwise known as birth control. According to Planned Parenthood, (2004), Contraception (Birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization and implantation of the fetus. Natural methods are also ways of preventing pregnancy and fertilization in that the sperm is prevented from reaching the uterus naturally like withdrawal where one withdraws just before ejaculation and safe days where one refrains from intercourse when conception is likely to take place.

The Planned Parenthood (2004), Identifies different types of birth control based on how they work these groups include: the hormonal methods where these types of contraceptives use medications (hormones) to prevent ovulation examples include

the Depo Provera injections and Norplant. They also identify the Barrier methods these methods work by preventing the sperm from getting to and fertilizing the egg examples includes the male and female condoms, diaphragm and cervical cap. Although the condom is the only form of birth control that also protects against sexually transmitted diseases including Human immunodeficiency disease (HIV) that causes acquired immune deficiency syndrome (AIDS). Another method is the spermicides these medications kill sperm on contact they come in different types such as jelly foam, tablets and a transparent film which are placed in the vagina. Spermicides work best when they are used at the same time as barrier method. Intrauterine devices (IUD) these kinds of methods are inserted into the uterus where they can stay up to ten years. They prevent the egg from implanting in the lining of the uterus. We also have the Tubal ligation it's a permanent medical contraception for women where each fallopian tube is tied or burned closed therefore the sperm cannot reach the egg and the egg cannot travel to the uterus. For the men we have Vasectomy which is a form of sterilization and the tiny tubes that carry sperms into semen are cut and tied off. Lastly we have the natural methods this where the sperm is prevented from reaching the uterus naturally we have the safe days this where one refrains from intercourse when conception is likely, withdrawal where just before ejaculation one removes the penis and abstinence this where one refrains from sex completely.

The most effective methods of birth control are sterilization by means of vasectomy in males and tubal ligation in females, intrauterine devices (IUDs), and implantable birth control. This is followed by a number of hormone-based methods including oral pills, patches, vaginal rings, and injections. Less effective methods include physical

barriers such as condoms, diaphragms and birth control sponges and fertility awareness methods. The least effective methods are spermicides and withdrawal by the male before ejaculation. Sterilization, while highly effective, is not usually reversible; all other methods are reversible, most immediately upon stopping them. Safe sex practices, such as with the use of male or female condoms, can also help prevent sexually transmitted infections (Hanson & Burke, 2010).

Most contraceptives are effective when used faithfully that is everyday like the diaphragm is effective only if used during every episode of intercourse similar with condoms and the cervical cap. The Planned Parenthood, 2004 identifies different ways of using contraceptives which include: By mouth – oral these types are taken by mouth daily examples include the pills, we also have the injected we have the depo provera which is a hormonal injection which is given every three months. The implant we have the patch, Norplant which is hormonal form of birth control and the inserts which are inserted into the uterus and the surgical way where the medical practitioner performs the procedure.

Table 2.1: Different contraceptives description and use

Type of Contraceptive	Description	Use
Birth control pill	Prescription pill containing estrogen and progestin that suppresses ovulation	Must be taken daily, regardless of the frequency of intercourse
Cervical cap with spermicides	Soft rubber cup that fits around the cervix, obtained by prescription	Inserted before intercourse. May be difficult to insert
Condom, female	Lubricated sheath that is inserted into the vagina. Similar in shape to the male condom, with a flexible ring	Applied immediately before intercourse, for single use
Condom, male	Latex or polyurethane sheath placed over erect penis, widely available in drugstores	Applied immediately before intercourse, for single use. Best protection against sexually transmitted diseases
Depo-Provera injection	Injection that inhibits ovulation, obtained by prescription	Injections performed at a doctor's office, once every three months
Diaphragm with Spermicides	Dome-shaped rubber disk that covers the cervix, obtained by prescription	Inserted before intercourse and left in place at least six hours after
Douching	Use an over-the-counter feminine douche immediately after intercourse in an effort to wash out the sperm	Sperm travel quickly to the cervix, making this an ineffective method of birth control
IUD (intrauterine device)	T-shaped device inserted in the uterus during a visit to the doctor	Can remain in place for up to one or 10 years,

		depending on type
Morning-after pill (emergency contraceptive)	Pills similar to regular birth control pills, obtained by prescription	Must be taken within 72 hours of unprotected intercourse
Patch	Adhesive patch worn on the skin that releases hormones preventing ovulation. Obtained by prescription	New patch is applied once a week for three weeks, followed by one week without the patch
Safe days	Refraining from intercourse when conception is likely	Requires regular menstrual cycles and close monitoring of body functions pertaining to ovulation
Spermicides alone	A foam, cream, jelly, film, or suppository, or tablet containing nonoxynol-9	Depending on product, inserted between five and 90 minutes before intercourse; usually left in place at least six to eight hours after
Withdrawal	Having intercourse, but removing the male penis before ejaculation	Not recommended for teens, and some seminal fluid leaks before ejaculation, making it an ineffective method of birth control

(Planned Parenthood, 2004).

2.1.1 The oral contraceptive Pill

The condom and the pill consistently rank at the top as the most commonly used types of contraception. The contraceptive pill was invented in 1960. Fifty years on, many new inventions have been added to the list of available contraception methods, but the pill remains the most popular form of female contraception. The contraceptive pill will prevent you from getting pregnant in 95% of cases and it comes close to providing 99% protection if you take one pill every day as prescribed. The pill can come in two forms: the combined contraceptive pill (containing the hormones estrogen and progestin) or the mini-pill (only progestin). In the case of the mini-pill, it's important that you take your pill every day at the same time one should not be late by more than three hours (Brady, 2011).

It's a reliable method for protection of pregnancies only they do not protect against sexually transmitted infections but it's the most prescribed method of contraception among the youth because about 44% rely on the pill (Darroch, 2001). Generally the standard 28 day pack is prescribed for youth and a daily compliance is encouraged. The oral contraceptive pill maximizes efficiency and minimize bleeding irregularities. Benefits of oral pill are that it improves acne and decreases in menstrual cycle cramping, pain, blood loss and ovarian cysts. The National survey on family growth reported as many as 42% of youth missed two or more pills a month. The youth however have difficulty in complying with the oral contraceptive pill because of forgetfulness in attempts to hide contraception from parents and had inconsistency of relations and the issue of taking the pill daily is challenging.

2.1.2 The Male Condom

Among the different types of contraceptives, the male condom is a strong contender to the title of most common contraception method. It is easy to use, affordable and offers the best protection against STIs (e.g. gonorrhea, Chlamydia, HIV). Condoms are usually made of latex, but if you are allergic to latex, some brands also specialize in condoms made of polyurethane or lambskin. These two are also compatible with lube (latex condoms are not, unless with water-based lubricant); however, lambskin condoms do not provide protection against STIs. For safety reasons, make sure you use a new condom each time you have sex. (Mercer & Washington, 2012).

It's a mechanical barrier method of contraception and is used by youth regardless of use of an additional method of contraception with a failure rate of 3% by the end of the first year of use .it involves men in the responsibility of contraception, the youth tend to prefer this over the other contraceptives because they are easily accessible, and available and can be used without prescription. They are also highly effective when used consistently and their general effectiveness ranges from 85% to 98 % (Family planning association, 2006). Although some youths have reported reactions to condoms use (Darroch, 2001). It's still preferred because it prevents pregnancy and STIs and is available at a lower cost. Condoms are the most method of contraceptive used by women of reproductive age (Yang, Wen and Fisher, 2009). They are safe, effective and in expensive user controlled method contraceptive. They provide protection against STIs (Weller and Davis, 2007) but they are less effective to prevent skin to skin transmissions like Herpes. They are offered in a variety of shapes, sizes, textures and colors though they have disadvantages like lack of sensitivity during intercourse and some people have latex allergy (Voller and Rosen, 1999).

Condoms are effective when used consistently and correctly and are available in local stores and many innovative programs have been developed to improve access to condoms for example free condoms that are distributed by government some are provided through school based clinics or dispensing machines as innovative ways to improve uptake by young people.

Young people prefer them because of their dual performance of pregnancy prevention and STIs protection and they are affordable and available and can be purchased without prescription.

2.1.3 The Female Condom

Just like the male condom, the female condom is one of the few types of contraception that you can buy over-the-counter at pharmacies and grocery stores without a prescription. It was first introduced twenty years ago and offers 95% effective protection for pregnancy, as well as some protection against STIs. Female condoms are generally more expensive than the male ones but they are less likely to burst. They can be inserted up to eight hours before sex (Dicenso & Guyatt, 2002). It's a barrier contraceptive which also protects against STIs but the youth using contraceptives raised concerns of using female condom including difficulty of insertion, higher cost than the male condom and appearance and noisiness of the device. Though they view it as useful in cases where the male did not want to use a condom because they cannot be used simultaneously. They are made of thin plastic called polyurethane with both ends having a flexible ring used to keep the condom in the vagina. It's effective in preventing pregnancy and infection and can be used by individuals who are allergic to latex. If used correctly it is effective as the latex

condom and since it's inserted inside the vaginal walls it a lines completely preventing contact and it can also prevent against pregnancy and STIs. It's a barrier contraceptive

2.1.4 The Diaphragm

Continuing with the list of barrier contraception methods, there is the diaphragm which is placed inside the vagina so that it prevents the sperm from getting into the uterus. Despite being a barrier method, it doesn't protect against STIs. The diaphragm must be coated with spermicides each time before sex and a doctor needs to show you how to use it (you need a prescription to get one). It is inserted at least six hours before sex and it needs to be removed after 24 hours for cleaning. Depending on the material and type of the diaphragm, it can be reused many times (Duffy & Lynch, 2008).It's an intra vaginal barrier method of contraception used in conjunction with a gel. It's a less effective method of contraception and its users can experience unintended pregnancies the first year of use (Trussell, 2011). It uses a physical barrier between the sperm and cervix and should always be used with a gel to immobilize or kill the sperm .this gel contains water, lactic acid, sodium lactate which lowers the ph. inhibiting sperm mobility.

2.1.5 The Cervical Cap – Fem cap

The cervical cap (sold as Fem cap) is a thimble-shaped latex cup, basically like a diaphragm but smaller. It also needs to be used with a spermicides. The cervical cap must remain in the vagina at least 6 hours after sex, but it also has to be taken out within 48 hours after sex. Because some women get cystitis (bladder infection) from using a diaphragm, the cervical cap is a useful replacement because it has less

contact with the vagina (it only covers the cervix). The problem with types of contraceptives such as the Fem cap or the diaphragm is that their effectiveness it offers 92 to 95% protection in ideal use which is lower than other types (98-99%) and that they offer only partial protection against STIs (e.g. no HIV protection) (Rowan, 2012). It's recommended for replacement every year and the cap comes in 3 sizes depending on pregnancy history. The spermicides that are used with it are used to immobilize or kill the sperm and as much as it prevents pregnancy it does not protect us from STI infections.

2.1.6. The Intrauterine Device (IUD)

You have the choice between two types of IUDs: hormonal or copper-based devices. Hormonal and copper IUDs are part of the few long-term solutions, meaning that you can keep them inside the vagina for up to five or ten years respectively. The effectiveness rate for IUDs is above 99%, however they provide no protection against STIs. IUD can be a form of emergency contraception if the device is inserted within 5 days after unprotected sex. You will nonetheless need to visit a doctor to have it properly inserted and follow the prescription (e.g. a few follow-ups and check-ups for possible infection in the first weeks) (Rowan, 2012).

They are inserted into the uterus and release hormones, ions or enzymes that prevent sperms from fertilizing the egg or preventing implantation. Its effectiveness is influenced by the type of IUD used and when used appropriately the failure rate is 1% and it's generally safe (Paige, 2006).

They are inserted into the uterus and release hormones, ions and enzymes that prevent sperms from fertilizing the ova or prevent implantation. Its effectiveness is influenced by type of IUD used appropriately with a failure rate of 1% .Its recommended for youth because of risk of infection especially those with multiple partners or those who are seriously monogamous (Paige, 2006).It's placed into the uterine cavity and the two highly effective intrauterine contraceptives are the copper T. They are relatively inexpensive and provide extremely effective long term contraception with no reproductive tract infections. Copper T slowly gives off copper into the uterine cavity which does several things like the most important stopping the sperm from reaching the uterus. It's the second most effective reversible method, rivaling surgical sterilization in preventing pregnancy and it's effective for almost 10 years.

It is the most widely used form of contraceptive method with a prevalence rate ranging from 2 to 80% of contraceptive users .They interfere with the implantation of the sperm and the effective use of the IUD makes it an alternative to the female sterilization especially the young women who are able to reverse it (Grimmes et.al , 2007). The most reason for non-use of the IUD is lack of information about it and influences from friends who have reported side effects, infection risk, and anxieties about insertion and lack of personal control over the method especially when you want to remove it (Asker et.al. 2006). Other reasons include rumors and myths about the method, insufficient emphasis during consultations and insufficient provider experience (Katz et.al, 2002).

2.1.7 The Contraceptive Implant

The implant is another option among the types of contraceptives that offer long term protection. It lasts for about three years on average. Just like IUDs, the implant does not protect against STIs. The contraceptive implant contains progestin (progesterone), the same hormone as the contraceptive pill. The hormone is released into your body at a steady, slow pace for three years, producing the same effects as the pill. The implant is inserted in the arm by a healthcare specialist and must be removed after three years. Since the risk of human mistake is ruled out, the implant has a much higher effectiveness rate than the pill – around 99.99% (Mercer & Wethington, 2012). It's able to provide pregnancy prevention for up to 5 years and its ideal for youth who desire an extended length of protection and advantage of women who have difficulty remembering to take the pill on a daily use .although the youth tend to avoid it coz of the high cost and adverse effects and the difficulty in removal of the implant has made it unpopular.

2.1.8 The Contraceptive Sponge

The sponge is small, round-shaped foam (polyurethane) placed deep inside the vagina. It contains spermicides so that sperm does not get past the foam. You should leave the sponge inside the vagina for at least six hours after sex, but remove it within 24 hours following sexual intercourse (to lessen the risk of toxic shock). The sponge does not protect past those 24 hours and does not provide any STI protection. It is sometimes used as a backup for other contraception methods (e.g. when you forgot to take the pill) and you can buy it without a prescription from the pharmacy (Hanson & Burke, 2010). It's a small disposable polyurethane foam device that is used intra vaginally, it's a pillow shaped sponge containing nonoxynol-9 and it

comes only in one size and its effective up to an hour and its available in pharmacies without a prescription but it has to be used with a condom to enhance effectiveness (Hatcher and Trussell, 2011).it was less effective in preventing pregnancies hence discontinuation rates are higher. Even though it does not protect against STIS it does not have an effect on woman's natural hormones.

2.1.9 Contraceptive Injections

This method dates back to the 60s with the invention of artificial progesterone (progestin). One shot of hormones lasts in the body for 8 to 12 weeks (3 months) and has the same effect as the pill. Injections are about 99% effective, with pregnancy occurring mostly with women who forgot to renew their contraceptive shot in time (i.e. past weeks 11 to 12). Obviously, once the shot is given it cannot be reversed, so you are effectively infertile for the next three months. Just like the contraceptive pill, contraceptive injections do not protect from STIs (Trussell & James, 2011).

This method is also known by the Depo Provera and highly effective in pregnancy prevention .the probability of becoming pregnant is 0.35% .it's convenient for those who do not want to take the pill everyday but one cannot use the contraceptive at the actual time of intercourse (American college of obstetricians and gynecologists, 2006). Injections are about 99% effective with pregnancy occurring with women who forgot to renew their contraceptive shot in time past 11 to 12 weeks and once the shot is given it cannot be reversed so one is infertile for 3months but they don't protect from STIs. It's given every 12 weeks of the calendar and is a highly effective contraceptive with a low failure rate compared to the IUD and is a reversible method of contraception. Although it requires pre counseling services for one to make informed choices before use .it is a better alternative to those who cannot take the pill

every day.

2.1.10 Emergency Contraceptive pill

It exists to stop one from getting pregnant if they have had unprotected sex. It's a one off occasion and it's not recommended for daily use, it's also known as the morning after pill, it's taken after 72 hours (3 days) after that the effectiveness drops to below 50%. Emergency contraception can be administered in 2 ways: by orally administering hormones or by inserting a copper-releasing IUD. An IUD can be inserted to prevent pregnancy up to 5 days after unprotected intercourse but is usually not recommended for adolescents. The most commonly prescribed and best-studied methods of emergency contraception are the combined estrogen-progestin (also called the Yuzpe regimen) and progestin-only regimens. There is now only 1 dedicated product for emergency contraception: Plan B (DuraMed Pharmaceuticals, Pomona, NY). Plan B, a progestin-only regimen that contains levonorgestrel, is widely available as 2 hormone pills that are taken within 72 hours of unprotected intercourse. The most recent data support extending the time limit of use to 120 hours after unprotected intercourse; however, emergency contraception's efficacy diminishes as hormonal administration becomes more remote from the unprotected intercourse event. Adolescent patients especially should be counseled that Plan B is 90% effective if used within 24 hours, 75% effective if used within 72 hours, and approximately 60% effective if used within 120 hours. The Plan B regimen can now be simplified to give both tablets at one time without sacrificing efficacy or resulting in more adverse effects (committee on adolescence, 2006-2007).

2.1.11 Natural contraceptives

It is a method of contraception that relies on safe days which relies on knowing the menstrual cycle, so the couple avoids sex when the woman is fertile; it also relies on the calendar and body temperature. The withdrawal method, which involves the male partner's attempt to withdraw the penis before ejaculation, is still widely used by adolescents in sexual relationships. Adolescents should receive counselling that emphasizes the high failure rate of withdrawal for pregnancy prevention. On average, of every 100 women whose partners use withdrawal, 19 will become pregnant during the first year of typical use. It is important to stress that pre ejaculatory fluid can contain enough sperm to cause pregnancy. Pregnancy is also possible if semen or pre ejaculate leaks out onto the vulva. In addition, providers should stress that this contraceptive method does not provide protection against STIs. Abstinence is the complete withdrawal from sex it offers 100% protection from pregnancy and STIs. Abstinence is the most effective means of birth control and prevention of STIs and is a viable strategy in the clinician's toolkit for reducing unintended pregnancy and achieves reduction in STI rates. Abstinence education generally focuses on delaying the initiation of adolescent sexual activity until marriage or adulthood. Many schools have adopted abstinence-dominant or abstinence-only education programs for school sexuality curricula (Committee on adolescence, 2006-2007).

2.2 Factors Affecting Contraceptive Use among the Youth

Young people have various factors in the society that would influence their contraceptive use. Some of the factors would include:

2.2.1 Low perception of risk of pregnancy

Low perception of risk of pregnancy is a critical factor that influences attitudes about sexual behavior amongst the youth. An analysis of data from the 2000-2002 Pregnancy Risk Assessment Monitoring System (PRAMS) revealed that 42% of women who had unintended pregnancy ending in birth believed that they could not become pregnant at the time of intercourse or that they or their partners were sterile (Martin, 2013), some believe they are still too young so they cannot get pregnant; others practice methods like withdrawal and therefore believe they cannot get pregnant. The perception of not getting pregnant by the time of intercourse would cause some of these youth not to use contraceptives.

2.2.2 Level of satisfaction with the contraceptive method

Level of satisfaction with the current contraception method, currently being used by the youth is another factor that affects contraceptive use amongst them. Many women are dissatisfied with their contraceptive options. In a recent study, 38% of women chose their current method primarily because they did not like any other method. Nearly 40% of youth were not satisfied with their current methods for reasons such as reduced sexual pleasure like condoms, anticipated side effects like the pills and worry about effectiveness like the IUD.

The youth who were not completely satisfied with their methods tended to leave gaps in use and to use methods incorrectly or inconsistently, putting them at increased risk for unintended pregnancy (Beekle, 2006).

2.2.3 Beliefs

Cultural, historical and religious beliefs also affect contraceptive use amongst the youth. Some of these beliefs include: Women must bear children to please their husbands; only promiscuous women use contraceptives; whereas Religious beliefs come in when they preach against contraceptives use and instead advocate for abstinence which the youth have difficulties with (Agadjanian et.al 2009, and Gyimah et.al., 2006). Religion also influences contraceptive practice among the youth as it often the basis of the recurrent morality concerns by the opponents of youth contraception (Ochola, 1981). Contraception is a means for governments to control targeted population sections; all sexual acts must be open to procreation

2.2.4 Availability

Unavailability or availability of contraceptives is another factor that affects contraceptives use amongst the youth. Some youth have access to contraceptive options while others do not. Those with access to these options are more likely to use them than those who do not. Other factors like access to information and education also come into play. Youth especially those in a learning environment get exposed to information about reproductive health which enlightens them as far as contraceptive options are concerned but the uneducated ones residing in slum areas and rural settings mainly make decisions based on myths and cultural beliefs (Ali, 2001).

2.2.5 Media

Exposure to media is also a critical factor that affects use of contraceptives. The youth exposed to media are twice as much more likely to use contraceptives as opposed to those who are not. Economic factors like financial status of the youth also

affect contraceptive use because the youth who are financially stable are able to afford a wide spectrum of contraceptive options as opposed to the ones with limited financial capabilities (Casterline, 2001).

2.2.6 Demographic factors

Demographic factors which include age, gender, educational status, ethnicity, marital status are also factors where in some cultures women are unwilling to receive care from male providers and some husbands object their wives from seeing male health providers.

Education also influences contraceptive uptake in that a study in Kenya by Lasec and Becker, (1997). Revealed that if the husband lacked schooling the wife had a higher education they were more likely to use contraceptives as compared to uneducated couples. Another study in Mexico by Nazar, 1999 indicated that non-use of contraception was higher among illiterate women than among those who had completed secondary school.

Knowledge about contraception according to Jejeebhoy, (2005) reveals that inadequate knowledge about contraception and how to obtain health services is one of the reasons why many adolescent women in developing countries are not able to use contraceptives. Inadequate knowledge about contraception brings fear, rumors and myths about family planning which prevents youth from seeking contraceptives. Rumors and myths raise the clients concern about the side effects, safety and effectiveness of different methods. In a study by Nalwadda et.al, (2010) revealed that women believed the pill caused deformed babies, cancer, and inability to get pregnant and burned women eggs.

2.2.7 Socio cultural factors

Socio cultural factors like reproductive and health services, factors things like characteristics of facilities, design of services and even attitudes of providers and actions. Stigma around young people sexuality is deterrence for young people seeking services and in some cases denied of reproductive health services. Most young people seeking services fear are embarrassed and shy while seeking family planning services (Biddlecom, Munthali and Singh, 2007). Some family planning methods challenge some beliefs in some societies women are expected to menstruate monthly and hence refuse to injectables which result in irregular bleeding and spotting. Understanding client's beliefs can help providers align their services with ideas or when necessary, address local misconception providers also bridge gaps by expressing respect for client's beliefs and coming up with connections between these beliefs and models of health (Obermeyer and Potter, 1991).

Use of health services like transportation can be a barrier to access to contraceptives for young people as cost becomes a significant obstacle as most youth lack finances, source of income and control over finances to be able to afford some contraceptives (Centre for reproductive Health rights, 2007). Even free and low cost reproductive and health care involves cost. Competing demands for women like time can also make it difficult for women to use services especially when they are far away, things like child care, domestic work income generating outside the home make healthcare for women a luxury. Young people often do not want to encounter family, friends while using health services because of issues of confidentiality and privacy most youth feel comfortable when service providers respect privacy during the entire procedure and contraceptive services offered in secret lack of privacy violates their

confidence in actively selecting a contraceptive (Andrea, 1996).

Method, choice and availability is also a factor where a variety of contraceptive methods can help clients find one that matches their circumstances, lifestyle and preference (Ross, 2002). Design of services where things like crowded waiting rooms, counseling spaces which do not offer privacy, appointment times that do not accommodate young people's work and school schedules, limited contraceptives supply when young people hear such encounters they may fail to enter the facility or may never return. Affordability of services where youth a most likely to use low cost services youth prefer low cost and proximity of services contraceptive side effects and related problems were rarely seen as emergencies so many women can stop or switch methods because they cannot afford the expense of the side effects (Schuler , 2001).

2.3 Determinants of Sexual Behaviors among the youth

Individuals' behaviors take place within a wider social environment and in the context of their social relationships. There quite a number of determinants that influence youth's sexual behaviors. These are:

2.3.1 Peers

Youth peers have been found to be influential on sexual behavior in other settings (Ali and Dwyer, 2011; Billy and Udry, 1985). Peers, who grow in importance as children transition (Berndt, 1979; Steinberg and Monahan, 2007), they might also play an important role in influencing the sexual behavior and thus the long-term health of youths in sub-Saharan Africa. There are a variety of mechanisms by which peers could be influential on sexual behavior. Adolescents could be influenced via

normative mechanisms, with norms being either ‘descriptive that is the perceived prevalence of behavior amongst peers, or that is the perceived peer approval of behavior (Cialdini and Reno, 1990). Alternatively, youth’s connections to their peers could help to buffer them against stresses and potentially decrease risky sexual behaviors (Alloway and Bebbington, 1987; Barker, 2007 and Markham et al, 2010). Peers provide social connections to other individuals, and older peers might in turn introduce them to older partners. Meanwhile, a youth’s position within the overall structure of social ties (Ellen et al., 2001; Moody, 2009,; Prinstein et al., 2003 and Valente, 1995) might influence, or be reflective of, decisions about sexual behavior.

2.3.2 Age

Studies have revealed that at older ages, that is, between 16 to 18 years, boys and girls are equally likely to engage in sex, even though boys are more likely than girls to have sex at an early age (Gillmore 2002,; Upchurch et al, 1999 and Nahometal, 2001). In a study by the National Department of Health, (2007), it was found that six percent of young women (15 –24years) reported having had sex by the age of 15, compared with 12 percent of young men. And, by the end of their childhood (18 years), 42% of women and 63% of men had become sexually active. In a study of adolescent’s Sexual behavior in the North West Province, Amoaeng and Kalule-Sabiti, (2013) found that 44% of the adolescents in the sample were sexually experienced, and of those 61% were male while 39% were female. Moreover, they found that males initiated sexual intercourse earlier than their female their counterparts; the rate for males was about 19% higher than that of females. A number of studies have observed a positive association between age and sexual experience, that is, as age increases the participation in sexual activity also

increases for example, Nikula, 2009, although older Youth have better knowledge and experience and are more likely to use condom/contraceptive consistently at their first sexual encounter than younger adolescents (Khan, 2002). Amoateng and Kalule-Sabiti, (2013), in their study of the timing of first sexual debut in a sample of adolescents, found that the rate for older adolescents was about 27% higher than the rate for younger adolescents.

2.3.3 Place of residence

Many studies have shown that people who live in urban areas have more knowledge about HIV/AIDS prevention, more likely to practice condom use than rural residents, while the chances of having more than one regular sexual partner and sexually transmitted diseases are higher in urban than in rural areas (Ntozi et al, 2000,; Peltzer, 2003 and Karim et al, (2003) found that residence in a rural setting was associated with an increased probability of having had sex among males, while females residing in small towns were significantly more likely than their counterparts residing in cities or large towns to have had multiple recent partners. But, in a study by Kwankye, (2005), he found that the proportion of participants that was sexually active was higher in the rural area than the urban district and also increased with age.

2.3.4 Family Structure

Kirby, (1999) found that living in a non-traditional family structure (i.e. families with parents who are divorced, separated, or were never married) serves as a risk factor for initiation of sex. In another study of the timing of first sexual intercourse by Upchurch et al, (1999), they found that youth living in a traditional family structure (i.e. families with both biological parents) reported later median age of first

intercourse than youth living in any other family situation, including stepfamilies with two parents in the home. In a South African study, McGrath et al, (2009) found that the hazard of first sex was statistically significantly higher for women and men whose mother or father had died, while on the other hand they found that the hazard of first sex was statistically significantly lower for women whose mother or father was a co-member of the same household.

2.3.5 Socio-economic status

Widespread poverty tends to weaken moral values that moderate sexual behavior, especially. In particular, females tend to contend with the allurements of financial gratification and sexual overtures by relatively richer peers and adults (Isiugo, 1993). Thus, household income is a factor that affects adolescent sexual behavior. In their studies, Whitaker et al, (2000) and Kinsman et al. (1998) found no significant relationship between adolescent sexual activity and Parents' per capita income, while Lammers et al, (2000) found that higher socioeconomic status negatively correlated with sexual activity across all age groups and genders.

2.3.6 Substance use

Youth report early alcohol use. Early drinking is by itself a cause for concern, given its association with lifetime alcohol abuse and dependence (Grant BF, Dawson and Collins LM, 2000:799-808). It may be particularly consequential for adolescents who live in communities where substantial proportions of youths initiate sexual intercourse before high school and where the chance of exposure to HIV and other sexually transmitted infections is elevated (CDC, 2002; Stanton BF, 1996:10-19). Research on youth risk behaviors documents the co-occurrence of alcohol use, sexual

risk taking, and other problem behaviors (Donovan, 1985). Youths who drink, for example, are more likely to report multiple sexual partners and inconsistent condom use.

In the United States, there appears to be consensus in the literature. Moreover, substance use is linked to higher numbers of sexual partners and less consistent that substance use and sexual intercourse tend to co-occur among U.S. adolescents and among the sexual risk behaviors condom use (Lowry, Holtzman, Truman, et al, 1994; Tapert, Aarons and sedlar et al. 2001). In South Africa, Flisher et al., (1996) found that having however, substance use was not associated with the failure to use a condom (Flisher and Chalton, 2001). Also, in South Africa, Simbayi, Mwaba, and Kalichman, (2006) have observed that alcohol intake among South African adolescents is a major cause of concern and has been linked to other risk behaviors including unsafe sex, teenage pregnancy, dropping out of school and delinquent or criminal behavior. In a study of Eighth Grade pupils in South Africa, Palen et al, (2006) found that during their most recent sexual encounter, 39% of the adolescents reported using alcohol or marijuana. Among those who used these substances, 23% reported that substances influenced their decision to have sex, and 26% reported using substances in order to feel more comfortable with their partner; youth who had ever used alcohol or marijuana in their lifetime were significantly more likely to have ever had sexual intercourse.

2.3.7 Religion

Several studies have documented the association between religion and behavior in general and anti-social behavior, in particular (Garner, 2000 and Odimegwu, 2005). As far as sexual behavior is concerned, Garner, (2000) and Odimegwu, (2005) have

both observed a relationship between religion and sexual attitudes. Mcmillenetal, (2011:196) found that “the religious group to which people identify appears to be substantially correlated with how they evaluate the appropriateness of premarital sexual behavior and with the sexual mores they choose to follow in their own lives including first sexual intercourse and less permissive attitudes about premarital sex”. Several scholars have observed that youth who attached importance to religion were significantly more aware of the dangers of HIV/AIDS than their non-religious counterparts, they are more likely to delay sexual involvement than those with lower levels of religiosity (Hardy and Raffaelli, 2003); (Shisana and Simbayi, 2003).

2.3.8 Social norms, Policies and Partners

Sexual partners have an important influence on behavior in general. The nature of the partner and the partnership influences not just whether a young person uses a condom but sexual behavior in general. Individuals might see sex as something that could strengthen a relationship, or as a way to please a partner (Foreman, 2003). Pregnancy can even be sought as a way to keep hold of a boyfriend (Rasch, Mchumvu, and Mmary, 2000). Sex and HIV/STD education programs that are based on a written curriculum and that are implemented among groups of youth in school, clinic, or community settings are a Promising type of intervention to reduce adolescent sexual risk behaviors. They are often well-designed to be implemented in schools, where they can potentially reach large numbers of youth, yet they can also be implemented in clinic and community settings where they can also reach other youth, including potentially higher risk youth who have dropped out of school (Laris, Lori and Rolleri, 2006).

2.4 Perceptions of Contraceptives among the youth

Studies have shown that the attitudes the youth have on contraceptives is major determinant for use or non-use of contraceptives positive attitudes are associated with a greater use of contraceptives while negative attitudes are associated with lesser contraceptive use (Solako et.al 2006).furthermore the attitudes youth have on contraceptives are shaped differently among males and females. Ryan et.al, (2007). Suggests that an increase in contraceptive knowledge does not necessarily translate to a positive attitude it can also lead to negative attitudes as an increase in knowledge enables them to become aware of the side effects and perceptions of condoms as reducing sexual pleasure. Most youth develop a negative attitude towards contraception because of lack of insufficient information of the contraception, fear of side effects, experience of contraception failures, tedious routine involved with methods such as the oral pill and societal disapproval of contraception among young and unmarried youth (Salakoet.al 2006 and Ugoji, 2008). So most youth do not use contraceptives because of the perceived side effects including health risk on the individual youth tend to have positive attitude towards condoms reporting it as the most favorable method of contraception because of its dual functions of pregnancy prevention and STI protection.

Contraceptive attitudes play a large role in sexual intercourse behaviors that may result in unintended pregnancies or STDs. By understanding how youth feel about contraceptive use, gaps in knowledge or trends in behavior may be utilized to address such issues. The negative attitude towards youth contraception was attributed to the perceived health risks and the notion that the practice promotes promiscuity. Data revealed the basis of this perception as, not definite facts or real life experiences, but

rather mere hearsay. Ironically, some opponents were current modern contraceptive users. Adult opinions on youth contraception also vary from full support of effective youth contraception for service-seekers to total opposition of the issue as inappropriate. There are, also, moderates who advise youth contraception only under very special circumstances, such as pregnancy and STI counselling. (African Health Sciences, 2002). It emerged that the youth are reluctant to consulting formally with adults on contraception issues. Reasons for this include not knowing how to approach the issue and not wanting to alert the disapproving adults of the Youth's sexual activities. The 'informed' peer is then viewed as a better source of knowledge and counsel because of assumed confidentiality and non-judgment (African Health Sciences, 2002).

Religion, though often explicitly not mentioned, greatly influences contraceptive practice among the youth and is indeed the basis of the recurrent morality concerns by the opponents of youth contraception (Ochola, 1981) it does regulate sexual behavior, including attitude to and practice of contraception. However, the chastity stand has been pointed out as also posing several dilemmas for the sexually active faithful who, being only human, do not know which is the lesser evil. This issue is best captured in the following statement from one key informant:

The church is only right in insisting on chastity from our youth. My concern is on how well this restriction on contraceptive use impacts on efforts to control some life-altering consequences of human sexuality, especially amongst our youth (African Health Science, 2002 Apr; 2(1): 33–39).

Many youth (87.7%) have a fair idea of conventional sources of contraceptive services. The most favored choice of ideal setting is the health institution-based settings, a choice based on the appropriateness of the services offered. Here, “appropriate” is synonymous to “requested for” services. Competent personnel address this need in an efficient and courteous manner that encourages the client to seek such services even in the future. “Adequacy” of service is equated with the available range of service supply and the accessibility of the same. Many youth believe that there is a wide range of contraceptive services available, especially the methods. However, some service facilities are viewed as hostile and inaccessible. Some health personnel contribute to this.”(African Health Science, 2002 Apr; 2(1): 33–39).

2.5 Influence of Contraceptives on Sexual Behaviour

Early and unprotected sexual activities expose young people to pregnancy-related health complications and sexually transmitted infections including HIV/AIDS (UNPF, 2001). One in 3 women in developing countries give birth before the age of 20 years with pregnancy related complications and even deaths occurring twice higher compared to older women (UNPF, 2004). In sub-Saharan Africa alone it's estimated that 14 million unintended pregnancies occur every year with half occurring among women aged 15-24 years (Hubacher & Mc Ginn, 2008). Effective use of contraception would potentially prevent 90% of these pregnancies and abortions.

Sexual reproduction among young people in becoming an integral part of the society both locally and globally. While contraceptives remain a preventive measure for pregnancies and STDs there are several factors that tend to influence young people's sexual behavior in relation to contraceptives. Hillard P.J., 2003 would note such

factors to include but not limited to peer pressure, socio cultural factors and pressures to engage in premarital sex among others.

Many young people who engage in risky sexual behavior such as having multiple sexual partners or a series of partners due to their perception of invulnerability and lack of adequate information in regard to contraceptives. They tend to rely on second hand knowledge, myths and misconceptions influencing their decision on use and nonuse of contraception. They may also not use these methods correctly as most of their sexual encounters are unplanned, sporadic and random, which is most likely to be unprotected.

In regard to early sexual debut unmarried youth who are sexually active is well below the average age of marriage. The Center for Disease control would indicate that most females reported their 1st intercourse at age 16 to 18 depending on the country. Delve et.al 2007 in their study on young people in Balkan indicates that condom use was more frequent during the early sexual contact, however consistent condom use with the current or last partner was minimal. There were some cases where some of the youth did not use condoms during their sexual debut as most of these encounters were abrupt, this would result in unplanned pregnancies and even abortions. Gender would also affect the access and use of contraceptives with a study in Thailand done on young people aged between 15 – 24 would also indicate that majority of young people would be expected to engage in premarital sex and those who did not especially the boys would be ridiculed by their friends. In regard to contraceptives, women engaging in premarital sex was unacceptable with young men viewing contraception as a woman's affair and responsibility while young women would not seek these services for fear of being thought of as sexually active. This would cause most of them to end

being pregnant and lead to expulsion in schools while teen fathers remained in school (Family Health International, 2020).

Few married youth use contraception before the birth of their 1st child with a study in US finding that young people delay use of contraception until about a year after sexual activity. Whereas basing on this research in Kenya most unmarried youth would not use contraceptives because they did not expect to have sex at that time. To them sexual activity was sporadic and unplanned. Even if youth knew about contraceptives such as condoms or pills they did not use them as some men did not see contraception as their responsibility. There are also cultural expectations that come up in this research that limit the use of contraception with many young people lacking the power to negotiate for safe sex , especially women. Many young women are forced to have sex and lack the power to control the kind of contraceptive to use. Even with the introduction of the female condom that gives women the power they still have to seek consent from the male partners. There are also cultural expectations and beliefs.

A study in Tanzania would report that 41.5% of youth were using contraceptives while in Uganda the rate of contraceptive use was 14.5%. In Ghana the contraceptive use rate was 17.8%. But Uganda regardless of the female education level, socio cultural norms were reported to be factors associated with low levels of contraceptive use as females make no decision on family related matters including family planning (Agardh , Mehra and Petterson ,2012).Contraceptive use is also not discussed openly in our traditional and African setups with premarital sex considered as an abomination which increases young women to be at risk of unwanted or unintended pregnancies. A survey among university students in Uganda findings would indicate that most

students did not access to contraceptive services so those who got pregnant would seek abortion for fear of societal judgment and abortion in Uganda being illegal many sought traditional herbalist which risk maternal death (Nsubuga Sekandi and Makumbi, 2015). Less condom use would also be indicated by a study from Kenya by Ochako R (2015) as those youth from a lower socio economic status, lost wages and unemployment opting for unprotected sex due to these financial challenges. Shame would also prevent contraceptive usage with young perceive women who carry condoms as promiscuous (Charles N , 2004) and asking a partner to use a condom portrays one a sexually wayward or untrustworthy Izugbara et al 2011. The shame associated with procuring contraceptive service would also cause these young people to engage in unprotected sex. This research would find out that most young people would shy away from seeking these contraceptive services because of the inquisitive nature of the service providers and the shame of picking these condoms from public places.

This study would identify condoms as being the most and commonest used contraceptive among both the married and unmarried youth. Followed by the emergency pill or morning after pills. Contraceptives like the injections (Depo – provera) and IUD would mostly be used by youth in long term relations who tended to engage in unprotected sex due to the trust that had been developed in their partners. Furthermore most females who were married tended to not use contraceptives and would rely on safe days as compared to their single counterparts.

2.6 Knowledge, Attitude, Perceptions and Practice of Contraceptives: the Gap

The South African Demographic and Health Survey (SADHS), (2003) indicated that

about 97% of sexually active women in South Africa have knowledge of at least one contraceptive method. However, in 2007 the prevalence of contraceptive use by young people aged 15 - 24 years was 52.2%.² these findings indicated that about half of these young people were not using contraceptives.

In Kenya campaigns on Contraceptive use have seen the roll out of programs on safe sex through promotions and media campaigns and through supply of free contraceptives like Condoms all these basing on planned behavior change. But the gap between awareness and practices are seen to widen across different reasons, where young people are aware but reluctant to practices. The most common reason for non-practice of contraception was fear of side effects, social stigma, family and religious practices, early sexual debut , sexual partners among others .Other reasons for non-practice were non access to health facility, with some respondent also feeling that the process of acquiring contraceptive is often embarrassing.

Although contraceptive use among adolescents is low , in the Kenyan context several studies on youth have been done on sexual reproductive health ,contraceptive use , knowledge on contraception which has been made them accessible , adolescent fertility just to mention a few. But little is known or documented on the social meanings of contraceptives and its influence on sexual behavior. Through this study the researcher has developed an intervention to address the low use of contraception among young people by understanding the youth's perceptions and the contributing barriers to contraceptive nonuse.

2.7 Social Meanings

Social meaning is defined as the semiotic content attached to various actions or statutes within a particular context (Lessing, 1995: 951- 952). It finds way to understand how individuals live, a way to describe various actions and a way to understand how these understandings change. Meanings not only understand actions and statutes but also objects, colors, money etc. social meanings are basically things that indicate what matters to people. In most cases most are subjective and personal. They also reflect that we are social beings dependent on others and necessarily involved in social practices. They also remind us that we don't just think and interact but evaluate things including the past and future (Archer, 2009).

Social meanings are important and non-optional, they empower or constrain individuals whether or not the individual chooses the power or constraint (Lessing, 1995). Semiotic is one understanding as it's the study of social meanings, what they are, how they are created and reproduced. The actions that have associations with other actions are known as semiotic content. They guide our interactions with others and with the material world. Meanings are collective and public and such meanings affect us and our interactions even if we reject their content (Steele, 2011). These meanings are not fixed or stable or uniform across any collection of people they differ across communities and individuals.

Abuya, (2013) illustrates how meanings have an effect on the life of a community in Kwale. In his study, ethno-ecological analysis of mining, social displacement, vulnerability, and development in rural Kenya, he looks at how the various meanings this community attaches to resources and to the environment affected the community

dynamics. He examined how human beings perceive nature, through beliefs, culture and knowledge and how humans through their symbolic meanings and representations use and manage resources. His study brought into focus the meanings the community attaches to its environment, how the environment bears meanings that provide identity, continuity and fulfillment to individuals and groups in that particular area.

Meanings guide, constrain and are also tools and means to a chosen end. They are a way of hitting and coercing one another to conform to something in the mind. In relation to the above sentiments the meanings youth would attach on contraceptives would encourage the understanding of meanings which would help to provide insights on attitudes and perceptions of youth in regard to their sexual behavior. The use or non-use of contraceptives and even the choice of contraceptive, are the meanings would affect the contraceptive preference and this would in turn shape their sexual behaviors. Youth would make meaning on contraceptives basing on social factors like environment, peer reviews, media, culture and backgrounds.

2.7.1 Ethno methodology

Ethno methodology will enables us to understand how people acquire meanings and how these meanings are reproduced among members of the society, how actors internalize frames of systems and values and how they influence their everyday activities. It's an illustration of how things like language have been used by society to bring about membership in a social setting. It also illustrates how meanings are a dynamic process and individuals are embedded in structures of the society through values, norms and rules in the society.

Their essential in studying institutions and organizations as it reveals social order as a dynamic ongoing process. It's concerned with recognizing everyday as an achievement where individuals and institutions are given identity and reproduced. It recognizes everyday life as an achievement, collective sense making and importance of talk as a social process (Garfinkel, 1967) Garfinkel developed a concern for common sense knowledge of the social structure by way of basic rules in the society. The basic rules provide a behavior and sense of action, where violation of rules destabilizes the meaningful order of activities. He observes that the basic rules constitute what he calls the attitude of daily life a set of assumptions or presumptions where the participant achieve the perceived normality of their ordinary social environment (Garfinkel, 1963).

Michael Forrester and David Reason take to learning as one of the most fundamental human settings a child's mastery of language using conversations brings about the idea of competence and participation and uses them to bring about social membership. The concept of member and participant are central both to ethno methodology and conversations. To be a member of a social setting it involves possessing a mastery of language and being able to produce and recognize practices just like looking at a child who is learning to talk they find evidence that membership is dynamic. Through the mastery of language one attains the membership of being in a society. Garfinkel and Stokes insights were that in displaying a mastery of language, speakers display membership of a social setting. It can be said that social order does not come because individual actors bring their own cognitive definitions of a situation but it's where actors produce patterned courses of action because they share internalized frames of references and value systems that enable common definitions of a situation. Ethnomethodology reflects how members from the society

embedded in accomplished structures of the society act and reacts to one another in time.

2.7.2 Phenomenology

Phenomenology describes the essence of structures of perception associated with that particular phenomenon. It elaborates how a phenomenon acquires meaning through perception. The way an object is perceived depends on the perceiver towards the object as well as their experience regarding it. So through the study of man's intentions we can comprehend the world and as individuals intentions change so does the world. It's a branch of modern philosophy formulated by Edmund Husserl .Its concerned with the re orientation of science and knowledge along lines that have meaning and significance for man (Tymienekaand Teresa, 1962: 18). It's a way of describing the everyday world of man's immediate experience including his actions, memories, fantasies and perceptions.

Husserl describes it as the return to things themselves as the object of man's experiences .it is held that objects cannot exist independently of man's consciousness all knowledge proceeds from the world of experiences but cannot be independent of the world (Kockelmans, 1967: pp. 82-3). Phenomenology attempts to explain the essence of structures of perception associated with that particular phenomena being studied. Essences are those notions which characterize the nature of a phenomenon for example a red top red is the essence Relph, (1976) also examines the various ways in which a phenomenon within their fields of relationships and meanings can appear. The way an object or fact is perceived depends on the intentions of the perceiver towards the object as well as his experience regarding it and to understand an object it is necessary to examine the different perceptions of it.

It explores the constitution of the phenomena in consciousness, this requires the identification of changes of attitude over time (Spiegelberg, 1971: p 688), and phenomenology provides a means of investigating through which the lived world of man's experience can be restored to a place of prominence in our thinking. The most important aspect is recognition of and emphasis upon the intentionality of man's action. That is the relationship between man and the world. Man is understood as the source of his actions or acts of intentions (Hitt, 1969: 652) so it's through the study of man's intentions that we can comprehend the world. For they, are what give meaning to man's behavior (Kockelmans, 1967, p 38). As individuals' intentions change so does the world, phenomenology is a summary that knowledge does not exist independently of man but it has to be gained from man's experience of the world therefore the world can only be understood in reference to man and only through the intentions and attitudes of man (Relph, 1976).

2.8 Theoretical framework

This research adopts the social constructivists' theory which is defined by Berger and Luckmann, (1966) as the social construction of reality. They argued that whatever members of society perceived as social reality was accumulated from reality of everyday life (Berger &Luckmann,1966).The meanings of different individuals in the society relate to and sometimes dependent on the meanings of others. They conceptualized knowledge as of social interactions between people in their daily lives.

According to this theory it argues a social phenomenon is socially constructed— meaning that humans give meaning to social facts (Boghossian, 2001). I.e. Human

reality is not only provided at birth by the physical universe but rather must be fashioned by individuals out of the culture into which they are born (Kertzner, 1988). Therefore Social reality is constructed by the operation of society itself and Social facts are products of group life (Bensman and Lilienfeld, 1973). Social construction was developed in the field of knowledge to understand how socio cultural forces influence the construction of knowledge. How it emerges and how it comes to have significance in the society. They view knowledge as created by the interactions of individuals within a society, In order to understand reality; there is a need to understand the world from the lived experiences and from the perspective of those who live in it. Reality is socially defined by everyday experiences and a great deal of human life exists due to social and interpersonal influences (Gergen, 1985).

Individuals are integral with cultural, political and historical evolution in specific times and places and to them all aspects of humanity are created, maintained and destroyed in our interactions with others over time, any individual is influenced by the people around them over time and things like culture and family define how we live. Culture comes up with norms, taboos, what's appropriate, normal, and deviant and as society tries to conform to it, it becomes a social reality (Wertsch, 1985, and Bakhurst, 1991). Berger and Luckmann, (1991) view society as a subjective and objective reality but according to this research we consider society being subjective. The individual experience of society is subjective. subjectivity is achieved through primary and secondary socialization where primary socialization comes from the family when one is born they are tabula rasa empty and society implants their norms and values to the individuals brain and secondary socialization emerging from the institutions and society. Socialization takes place and this way reality becomes

meaningful and its internalized by others Berger and Luckmann, (1991). Contraceptives should be viewed as a social construct because most of the sexual decisions that the youth make in regard to contraceptives are influenced by the society the family, their peers, religious values, the media which tend to influence the meanings they acquire.

2.8.1 The social construction of Contraceptives

Social constructionist enabled us to study contraceptives from the social context as it emphasized the importance of acquisition, creation and change of human behavior from the social context. The study was able to understand contraceptives from a social construction view in that most youth sexual behavior is majorly defined in the society through traditional structures e.g. the family, but with the evolution of the society and upcoming of modernity most of these structures are losing their values and the values, morals are slowly declining and losing their importance making the youth engage in irresponsible sexual behaviors. As parents are shying away from their roles of sexual education and have left this to the institutions like schools, media and most youth have become heavy consumers of sexually oriented media. Through a content analysis it has been estimated that media contains a high growing explicit dose of sexual messages which mostly restrain model contraceptive use (Grovine&Cyton, 2001).

The media being a powerful sex educator for the youth a big share of the youth audiences listen to media and turn to social media to acquire information they think is important to them (IPOs, 2013), hence the media becomes the top sex educator for the youth as parents do not offer sufficient information. It exposes the youth to a variety of views, knowledge and this affects most of their sexual decisions including

the decisions they make in regard to contraceptives. Griffiths, (2005) on his study on advertising influences on adolescent risk behavior summarized that the media is an important channel for portraying information and channeling knowledge ,how mass media works may influence both the promotion of health education or promotion of risky sexual behaviors. Messages that advocate for abstinence among the youth like “Nimechill”, “ je unayako” and currently PPR (pinch place and roll) advert promote the use of condoms have also played major roles among the youth when they make decisions when it comes to sexual reproductive health.

Although abstinence among the youth is regarded a very little method of contraception as it’s viewed as complete withdrawal from sex and this is a sexually active group. Most institutions especially religious institutions ,families ,schools advocate for it as the most effective contraceptive when it comes to unintended pregnancies and sexually transmitted infections. But abstinence only has a significant impact at the onset or debut of sexually active youth; it does not apply when it comes to number of partners or frequency of sexual partners. Condom use is regarded more effective and most commonly used type of contraceptive as it prevents pregnancies and sexually transmitted infections and it’s affordable and available. Negative beliefs and myths about condom use like it shows a lack of trust, it’s a man decision to decide whether to use it or not has led to less frequent condom use. Although men have behavioural control over condom use self-efficacy in women reflects that women have the ability to communicate about safe sex and convince the partner to use a condom (1). The frequency of sexual intercourse has been found to be positively associated with condom use; (2) and the relationship duration has been negatively associated with condom use, and; (3).Association between age and

condom use may be moderate but as sexual experience increases with age it increases condom use.

Contraceptives have also been constructed basing on culture traditional norms that are deeply rooted and have negative attitudes towards contraceptives both arising from stigma ,misconceptions and fear limit the uptake of contraceptives. Nalwaddaet.al, (2010) found that most youth believed that contraceptives would harm their fertility, while men worried that their women would become promiscuous and unfaithful (Schuler et.al. 2011). Issues of gender power where men would be considered as sole decision makers in the home would give them authority to prevent women from using contraceptives, the norms that place lesser value on women than men and norm that view the role of women in the society is child bearing all these become a barrier to contraceptive use , but there are recent changes in the family institution which has led to economic and educational independence of women and has brought changes in the traditional system and changes in the status of women (Bhawna & Sharma et.al.2005) and women can now participate in decision making.

Religious beliefs also play a major role when it comes to contraceptives as most religious institutions advocating for Abstinence and Be faithful sticking to one partner. It regulates sexual behavior including the attitudes and views the youth have on contraceptives but to sexually active youth they do not know which one is the lesser evil (Agadjanian et.al 2009, and Gyimah et.al.2006) argue that some religious institutions like the Catholics stand against use of contraceptives especially family planning methods this affects the people's attitudes when it comes to contraceptives and people are torn between to use or not use ,however conservative protestants view

the use of contraceptives as violating Gods law on procreation and intentions(Poston,2005). The society also has various myths that have come define the use of contraceptives among the youth for example myths like all contraceptives make one gain or lose weight, when one uses contraceptives they become unfaithful, one cannot get pregnant when practicing safe days, the only contraceptive one can use is the condoms or pill among others have had a major impact whether positive uptake or low uptake and even on the attitude and choice of contraceptives when it comes to the youth. Other factors that have an impact on youth perceptions would include the government policies on contraceptives and the health service providers who determine the attitude the youth have when it comes to access of contraceptives from clinics and hospitals.

2.8.2 Myths on contraceptives

The pill makes you gain weight: The truth is it might depend on your prescription .In 2011 research at the Cochran database system review analyzed 49 studies that compared a variety of birth control methods a However, a 2009 study in the American journal of Obstetrics and Gynecology, found that women using the Depo-Provera shot gained an average of 11 pounds and increased their body fat by 3.4 percent over three years, though they're not sure what caused this effect. You don't need to be on birth control if you're breast feeding: Reality : This very common myth is totally false- and probably to blame for many unplanned pregnancies according to Mary Jane Minkin , M.D , clinical professor of obstetrics and gynecology at Yale University School of medicine. The truth: breastfeeding exclusively (without supplementing with formula) can suppress the hormones from the pituitary gland that make you ovulate, says Minkin. So while there's certainly a dip in your fertility at

this time, it's nowhere near fool proof. If you breastfeed sometimes while supplementing with formula, all bets are off (Minkin, 2012)

You have to take the pill at the same time every day: Reality Despite what you may have heard, taking the Pill at the same time each day does not make it more effective, according to Vanessa Cullins, M.D, Vice President for External Medical affairs at Planned Parenthood. This common belief is only true if you're taking the mini-pill (a progestin-only birth control pill which must be taken at the same time every day), however the majority of women take the regular birth control pill, which contains a combination of estrogens and progestin. That said, you might want to stick to a strict schedule if you have trouble remembering to take it or if you're on a very low-dose form of the pill, as you may experience some breakthrough bleeding (Alyssa, 2010). Being on the pill for a long time will make it harder to get pregnant later. It Might seem hard to believe ,but it's possible to get pregnant as soon as soon as you stop taking birth control, This holds true for all methods of hormonal contraceptives, with the exception of the Depo-Provera shot. It can take up to 6-9months for all of the hormones in the shot to leave your body before your fertility is restored. That said, it's still possible to get pregnant during this time, so don't count on this buffer period for Contraception. The bottom line: Birth control will not screw with your fertility long- term (Minkin, 2012)

Some other myths regarding contraceptives include that the youth believe that the only contraceptives include the emergency pills and condoms whereas there are quite a number of other methods. They also have a belief that if your partner withdraws before ejaculation you cannot get pregnant even though one is able to get pregnant if

the partner releases fluid that is known as pre ejaculation fluid. There is also a belief that you cannot get pregnant practicing safe days but for those women with irregular periods its possible get pregnant even on safe days one can get pregnant as it's hard to determine the day of ovulation and sperms can live in the body for seven days (Natika, 2014).

2.9 Conclusion

In conclusion this chapter has illustrated the types of contraceptives which included the hormonal, barrier, spermicides, intrauterine device, tubal ligation, vasectomy and natural method contraceptives. It has also discussed the various factors affecting contraceptive use among the youth and the sexual behaviors among the youth which are measured by early sexual debut, frequency of relationships, and number of sexual partners. The determinants of sexual behavior among the youth are also elaborated by the various attitudes the youth have on contraceptives and the trends of contraceptive use among the youth. In relation to the social constructionist view we are able to link contraceptive use and sexual behaviors among the youth and how various meanings affect the view on contraceptives. The next chapter takes us through the research methodology which outlines how we will be able to collect and analyze our data and the tools for data collection and our research.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the techniques that were used in obtaining and utilizing the data for this study. It contains research design, study population and area, the sample size, data collection, and analysis

3.1 Study site

The research was carried out in Moi University Eldoret, where Eldoret is a principal city of western part of Kenya. It serves as a capital city of Uasin Gishu County, lying south of Cherangani hills with a population of about 289,380 (Agency for International Development, 2013; Population for Local Authorities, 1999). The city lies 2000m above sea level with moderate cool climate which makes it a prime land for Agriculture. It is driven by large-scale grain farming, dairy and horticultural farming. The town is also a local manufacturing hub with a number of nationally recognized manufacturing concerns, including Raiply woods, Rapa Textiles, Kenya Pipeline Company, Kenya Co-operative Creameries as well as corn, wheat and pyrethrum factories all within the town (Owour, 2010). Its home for key institutions such as Moi University, University of Eldoret, Rift Valley Technical Training Institute, Eldoret polytechnic, African Institute for Research among others.

Moi University was selected purposively from the other institutions in Eldoret town to be the institution for this research, it's a public university located in Uasin Gishu County, Kesses center in Eldoret. It's about 35 km south east of Eldoret Town and

5km from Kesses center in Eldoret which is along the Eldoret Nakuru Highway. It contains a student population of about 52,815, with other constituent campuses like Moi university school of Law (Annex), Moi university Eldoret West Campus, Moi university Nairobi and Coast Campuses, Moi University Kitale Campus and lastly the Moi University Rongo Campus.

It contains twelve schools which offer different courses which include the school of Arts and social sciences, school of Agriculture and Natural resources, school of Biological and physical sciences, school of business and economics, school of education, school of engineering, College of health sciences, school of human resource and development, school of information sciences and school of tourism and management. The university also has modern teaching facilities supporting the academic programmes like the Margaret Thatcher library, the Moi teaching and referral Hospital, Water resource engineering laboratory and textile engineering laboratory (ICT, Department, Moi University, 2015). The student's social life is enhanced by a shopping center known as the 'stage' which supplies most of the students economic needs and currently even residential places for some of the students in the campus. It contains mini supermarkets for shopping and even night clubs and convenience stores. Religious services are held at the Grace chapel with Lecture hall one for the Christian union and St. Michaels chapel for the Catholics. The Moi university clinic offers medication for the students with the student organization serving the student unit (MUSO) in the pursuit of academic and social welfare. It also offers recreational areas like the Kesses dam and waterfalls where students get to visit these places during weekends and even local dam guides offer boat rides to some students. (Campus guide, 2015). This would make it an ideal

study site due to its ability to provide many youths in a specified locality, and also the ability to access more youth in one particular space/setting which was more convenient for the researcher.

3.2 Research Design

The study was concerned with the youth of Moi University's meanings of contraceptives and how their social construction of contraceptives would give meaning to contraceptives and how this influenced their sexual behavior. This study would adopt a Phenomenological approach because it would provide an understanding of contraceptives from youth perceptions. Because of this the researcher was able to understand their experiences of the world, their intentions and attitudes to give meaning to contraceptives and how these would influence their sexual behavior (Kockelmans, 1967). It was also qualitative in nature as it sought to understand research problem which was the meanings the youth had on contraceptives and how these meanings influenced sexual behavior, basing on obtaining specific information about views, attitudes, opinions and behaviors in a social context. Qualitative research has the ability to offer complex descriptions of how people experience a given research issue and it offers information on people's beliefs, opinions, emotions and relationships of individuals (Macqueen, Guest, Namey, 2005).

3.3 Target population

This refers to the number or the environment of interest a researcher intends to generalize the conclusions, a target population is that population to which a researcher wants to generalize the results of a study (Mugenda et al. 1999). Moi University would provide youth who were the main target population for this

research. Most students that would be interviewed would be between the age of 18 – 35, with Moi University Main campus providing most students between ages 18 – 28, Moi University Eldoret west Campus (commonly referred to as “KPA”) and Moi University School of Law (Annex) providing students between the ages of 18 – 35.

Main campus provided students who are situated in a rural setup even though learned and sexually active, they tend to be more ‘institutionalized’—so interact mostly among themselves live within the campus hence a limited kind of exposure. The researcher would interview 30 youth from this campus. While KPA would provide the older and younger students who were learned sexually active but are exposed to more environmental factors. These are mixed Students with some of them being working class, in an urban setup, institutionalized, learned and interact to more environmental factors. From this campus the researcher interviewed 15 youth from this campus. Annex just like KPA would offer students in an urban setup. It being the school of law would offer students in a particular program who reside outside the campus and therefore more exposed to different environmental factors. These students are also mixed, young and older youth, working and non-working students and in this campus the researcher would interview 15 youth. This made these youth from Moi University ideal for the research and in total the researcher interviewed 60 youth who would offer different views coming from different socio economic and cultural backgrounds, which enabled the researcher to acquire diverse opinions and even compare the various opinions among the youth from these different campuses.

3.4 Sample size

It's the number of participants selected from a general population and is considered a representative of the entire population of a specific study, Burmeister et.al, 2012. Sample size for qualitative research is not chosen as it does not have a measure of significance, in this case the sample size was determined through saturation. This is where the researcher reaches the point of no new themes (Morse, Lowery, Steury, 2014). The researchers sample size was determined at the end of the research once the researcher had reached saturation. For this research, the researcher reached saturation with 60 respondents.

3.5 Sampling Methods

In selection of the participants the researcher used sampling by chance /convenience and snowball sampling. In regard to the sampling by chance selection the researcher would approach the youth directly builds a rapport and develops acquaintances. If they are eligible for the study, i.e. between ages 18 – 35, and also, they met the criteria, the researcher would seek oral consent. Once they give consent, then the researcher proceeds with the interview. To enable a variety of responses the researcher considered the different ages and gender. Gender would be considered because of the different perceptions / views that males and females have are different on different contraceptives i.e. how a female would view a condom cannot be same as how a male views the same condom. There was also a need to consider age as the ideal age for the research was 18 – 35 years which is also the age bracket for youth in Kenya.

The researcher also employed snow ball sampling; this is the technique of gathering research subjects through the identification of an initial subject who is used to refer the researcher to the other subjects, the subjects then expand the web of contact for the researcher (Micheal et.al, 2004). The researcher used the student leaders from groups like the Christian union, Red Cross, class representatives who assisted through the entire research by introducing the researcher to friends and members of their groups. In ensuring the diversity of responses the researcher would consider the students basing on different programs like education, social sciences where if the researcher approached a student from one programmed and agreed to be interviewed she would request the respondent to refer her to another student from a similar program or school. Even though some of the youth refused to be interviewed while some would not talk for fear of opening up to a stranger so the researcher had to assure them of privacy, build a rapport and also renegotiate consent to acquire feedback.

3.6 Data collection Methods and Tools

This entailed the various ways in which the researcher acquired data from the field and the tools that were used to collect this data. These methods included the in-depth interviews, focus group discussions and key informant interviews. Below is a research matrix table 2.2, which indicates these methods the tools used and justification for using these research methods.

Table 3.1: Research Matrix Table

Research question	Method/Tools	Justification
1. What are the meanings the youth have on contraceptives	In depth interview- (In depth guide)	<p>-It elicits individual experiences, feelings & opinions</p> <p>-Enables addressing of sensitive topics</p> <p>-It enables the researcher acquire in depth and detailed response.</p> <p>-Enable people to talk about their feelings, opinions & experiences</p>
	Focus group discussion- (Focus group guide)	<p>-Enables discovery of a variety of responses</p> <p>-Offers a range of opinions in short time</p>
	Key informant interview	<p>-Enable clarification of data for research</p> <p>-Enable gathering information from</p>

2. How do these meanings influence sexual behavior	(Key informant interview guide)	experts & profession
	In depth interview- (In depth guide)	<ul style="list-style-type: none"> -Offer diverse background and opinions on sensitive topics -It elicits individual experiences, feelings & opinions -Enables addressing of sensitive topics -It enables the researcher acquire in depth and detailed response -Enable people to talk about their feelings, opinions & experiences
	Focus group Discussion - (Focus group discussion guide)	<ul style="list-style-type: none"> -Enables discovery of a variety of responses -Offers a range of opinions in short time

3.6.1 In-depth of interviews

This is a technique designed to elicit a vivid picture of the participant's perspective. It enables the researcher to address sensitive topics and, the researcher is able to acquire in depth and detailed response. They are also able to get an interpretative perspective i.e. connections, relationships, and beliefs of a person. It also enables people to share and address sensitive topics that they may be reluctant to address in a group (Kvale, 1996 and Spradley, 1979). The ideal data collection tool for this research was an In-depth interview guide. The researcher first had to find if the respondent was eligible for the study then seek consent from the participants which was more oral then proceed with the interview. This method was used for data collection as some participants were more open when interviewed alone than in groups as this was a sensitive topic, it enabled acquisition of more private and sensitive information. It was also ideal as the researcher was able to interact with the respondent's one on one or face to face this way the respondent was able to give more in depth information.

All the interviews were recorded but there was need to seek consent first before recording the interviews. Although the research had sensitive topics the researcher would try to assure the respondents of confidentiality. There were also cases where some respondents would just answer for the sake of answering so the researcher would have asked a similar question but in a different way.

This method was used to try to understand the meanings the youth have on contraceptives, this way, they got to talk about their views, experiences with these contraceptives and even how they choose their contraceptives and how these influence their sexual behaviors.

Talking about your sexual behaviors is very sensitive, private and personal but through assuring confidentiality, and conducting the interviews in a private set up they were able to open up.

3.6.2 Focus group Discussion (FGD)

Focus group discussions were also used as methods of data collection as it gets people to talk about their feelings, opinions and experiences. It enables the researcher to gain insight on how people interpret the meanings of contraceptives through a group which aids in the discovery of a variety of responses in a group. It also enables group dynamics which stimulate conversations and reactions and offers a range of norms and opinions in a short time the data collection tool for this method will be a focus group guide (Macqueen, Guest, Namey, 2005). They also offer a consensus view on issues of data and also enable the confirmation of data. Its flexible, unstructured and drives openness with an offer of multiple perspectives (Lasch et.al, 2010).

This study used three focus group discussions one for ladies, one for men and one focus group for both men and women. The researcher used a focus group discussion guide to guide through the discussion. Most of these discussions were recorded after receiving consent from the group.

Through this the researcher was able to acquire information on interpretation of meanings of contraceptives through group, they would discuss their perceptions on contraceptives and they would even offer different opinions on one view for example one would give their opinions on why they love condoms and another would differ this way the researcher would compare the different views. It became more interesting

to discuss the sexual behavior through the group as they would offer their opinions and examples.

3.6.3 Key Informant Interviews

These are interviews conducted with people who have specialized knowledge about the topic you wish to understand (Education Development Center, 2004). They enable clarification of data for the research, they are also important in generating recommendation which may help understand gaps in your research. The researcher interviewed 3 key informants from Moi University health Centre who would include 2 nurses, a student counselor from the counselling unit and the Dean of students as they deal with the student affairs. A social worker, peer educator and 2 youth Centre coordinators from these Family Health Options Kenya and MTRH youth programmed were also interviewed. They were essential for the research as they deal with similar issues on youth and sexuality and would offer another specialists view of the youth and sexual behavior outside the university. The researcher chose these key informants as they interact with youth on a daily basis and they also deal with youth on matters of sexual and reproductive health. These interviews were carried out basing on the key informants interview guide and they were recorded basing on consent from the key informant.

Through the key informants the researcher was able to understand why the youth perceive contraceptives the way they did, why they shy away from contraceptives when they are aware of them, why don't they use them, and how this influences their sexual behaviors.

3.7 Data Analysis

Data Collected from these in depth interviews, focus group discussions and key informant interviews was the researchers findings and it was analyzed manually and thematically, it's where the data collected is transcribed and labeled as per each interview with codes such as respondent one 001, 002 , in that order for the 60 participants. The researcher went through the data first identifying the contraceptives that had been mentioned. Guided by the themes basing on the research objectives which were: 1. the social meanings on contraceptives and 2. How these meanings influence their sexual behavior. Data was categorized first the meaning of each contraceptive from each respondent from the data that had been collected. This would be indicated alongside that contraceptive then the second theme was identified and the same process was repeated identifying the influence of that meaning on sexual behavior and indicating it under each contraceptive. Data was analyzed basing on each theme and a report was made compiling all the data that had been acquired.

3.8 Trustworthiness of Data

Ensuring trustworthiness of data can be done through adopting a well-recognized research method, developing an early familiarity with the culture of the participants, tactics to ensure honesty in informants having debriefing sessions with my supervisors, peer scrutiny of the research, member checks of data collected and interpretations (Lincoln and Guba 1985; Maykut and Morehouse, 1994). The researcher ensured that data collected was trustworthy through recording of interviews for references, note taking and also triangulating the data. This was done through asking similar questions especially the sensitive questions but with a different

approach and trying not to be too direct. The researcher also left all the sensitive questions for the final part of the interview. In that once a conversation is developed through the other questions, the respondent gains confidence and can finally answer the sensitive questions especially questions regarding sexual behavior.

3.9 Ethical considerations

The researcher sought approval from the National Commission for science, Technology and innovation before carrying out the study. An authorization from the Uasin Gishu County ministry of education was also sought with a letter from the school which would prove that the researcher was a student from Moi University School of social sciences. The researcher also had to write a written consent letter to be signed at the Moi University Health Centre by the chief Medical officer to seek approval for the interviews of key informants. This research dealt with a very sensitive topic so when interacting with the respondent there was need to maintain their dignity, rights ,safety, privacy and wellbeing of participant (Department of Health Research Framework) therefore confidentiality and privacy was maintained through acquiring an oral consent from the participant. The researcher would also code the interview schedules to ensure the participant is anonymous for example respondent 001, 002 instead of names. Participation in the research was voluntary no participant was coerced into participating in the research. This research has also ensured acknowledgement of other sources of knowledge, data, concept and methodologies.

3.9.1 Conclusion

This chapter illustrated the research design, the study site where the researcher carried

out the research, the various tools of data collection and data analysis. How data was ensured to be trustworthy and reliable and the ethical considerations the researcher took into consideration.

The next chapter includes data presentation and analysis. It will include the personal data presentation of data collected from respondents and analysis of this collected data

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter discusses the Demographic information, research findings, basing on the researcher's objectives which were to examine the social meanings that the youth bestow on contraceptives and also assess how these meanings influence sexual behaviour. Several social meanings related to contraceptives emerged from the study although this research only discussed those contraceptives that the youth talked about. These will be discussed in the following sections as social meanings of contraceptives and how these meanings influenced sexual behaviour

4.2 Demographic information

Table 4.1 Demographic Data

AGE	NUMBER	Percentage %
15-19	8	13.33
20-24	36	60
25-29	13	21.67
30 -35	3	5
35 and above	0	0
GENDER		
Male	27	45
Female	33	55
MARITAL STATUS		
Single	54	90

Married	6	10
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YEAR OF STUDY

1 st year	13	21.67
2 nd year	20	33.33
3 rd year	12	20
4 th year	15	25

EMPLOYEMENT

Unemployed	48	80
Part time employed	7	11.67
Full time employed	5	8.33

The Table shows the demographic data of the participants. The total number of participants would 60, which would be 100% of the respondents. Male respondents were 27(45%) while female respondents would be 33 (55%). 8 (13.33 %) of the participants were between ages 15-19, with 13 (27.67 %) would represent participants between ages 25-29. 3(5%) of the respondents would be between ages 30 -35 but none of the participants was 35 years and above. Most participants were unemployed this being represented by 48(80%), with a population of 7 (11.67%) of the respondents being employed but part time only 5 (8.33%) of these respondents were employed on fulltime. These respondents being university students 1st years would be represented by 13(21.67%) of the respondents, 2nd years would be 20(33.33%), 3rd years would be 12(20%) and 4th years would be 15(25%).

Table 4.2: Type of contraceptive used by respondents

Pre Sex	(Before Sex)	During Sex	Post Sex (After sex)
Oral pills		Male condoms	Emergency pills
Injections		Female condoms	
Intrauterine Device			

4.3 Social meanings and influence on sexual behaviour

In these research findings the researcher discusses the various meanings the youth have on various contraceptives and how these meanings influence sexual behaviour.

4.3.1 Social meanings of condom

This section identifies the various meanings of condoms and how each meaning influences the youth's sexual behaviour. These meanings were as follows:

4.3.1.1 Condoms as 'Protection / Prevention'

This research identified condoms as a form of protection against HIV/AIDS and other sexually transmitted diseases. 'Mark', a 24 year old male remarks that:

Condoms offer protection. Neither I nor my girlfriends want to have a baby now because we are in school, and as such, condoms offer this relief. Again, it offers us protection against HIV/AIDS

'Careen', 27 year old female in fourth year goes on to say that:

We refer to condoms as a blockage which means “stop” so when we use blockage it prevents the sperm from fertilizing the egg but this only applies when am still a youth when we get married you cannot be having sex with a condom even your partner cannot allow so you will have to use other means to prevent yourself from getting pregnant.

In as much as the youth view condoms as a protection from STIs and HIV they also saw them as a way of protection from unwanted pregnancies which means they offer dual protection. This was echoed by

‘Ken’, 22 year old male student also comments that:

Condoms give me an option to have multiple partners and I cannot get infected with HIV, my girlfriend also does not get pregnant which is ok for me because am not ready to be a parent.

Youth view condoms as a form of protection from sexually transmitted disease; they also see it as a strategy for safe sex. CDC, (2011) states that condoms greatly reduce risks of STIs that are transmitted from the penile urethra, including gonorrhoea, Chlamydia, trichonomiasis, Hepatitis B virus and HIV. They also protect against STI transmitted via skin to skin contact, including genital herpes simplex virus HPV, syphilis and cancrroids in those affected areas are covered by condoms.

From these respondents it also shows that Condoms are not only used for prevention of pregnancies and HIV, they also prevent millions of unintended pregnancies, unplanned births, unsafe abortions, miscarriages and maternal and infant deaths. It’s for this reason that the government has worked at all means to make condoms available and accessible to all who are sexually active (MOH, 2001).

4.3.1.1.1 How meanings of condoms 'as protection/ prevention' influence sexual behaviour

Youth were of the view that condoms allow them to engage in multiple sexual partners, as they consider themselves protected

'Eric', 22 year old male states that:-

If you operate with 'jeshi' or squad '(an army)' it gives you insurance, it motivates you and even boosts your confidence and sex drive, you can have sex with all of them and get away with it because you know you safe.

From this sentiments Eric refers to condoms as insurance to mean protection condoms to him are like a cushion against HIV/AIDS and also pregnancy.

'Jeremy', a male 26year old also reveals that:-

Inafanya ufisi inakuamingi' '(condoms increase promiscuity)' because one is protected so one becomes careless with sex knowing they have condoms"

This was also expressed by 'job' 21 year old ', male who adds that:-

Unajua ukiwa na condoms, hata ukiwa na jeshi unaweza pita nao wote na usishtuke utakua infected uko tu safe (you know when you have condoms you can have many partners and have sex with all of them and you're not scared you're just at peace because you are safe).

'Rick', 23year old male states that:-

Am young and we only live once and we're still discovering and so I can't just rely on one partner or have one partner all through what happens when you get married? So just have a condom and you good to go.

And lastly ‘Marley’, 25year old male elaborates that:-

I cannot trust anyone and I am young am not married and I hook up with anyone it's not fixed to one person, youth we are just sexually active you're exercising and tasting anything and everything and anywhere and with anyone all you need is a condom 'je una yako' do you have your condom.

In relation to the above meanings most youth who use condoms engage in multiple sexual partner relations as they consider themselves protected from sexually transmitted infections. This makes them engage in sex with anyone as they feel they are insured and have comfort that they can have sex and not get infected. Studies on youth sexual behaviour show that young people's premarital sexual encounters are generally unplanned, infrequent and sporadic, a pattern that pre-disposes the youth to unwanted pregnancy and sexually transmitted infections Caldwell et al., (1989). From these respondents condoms offer dual protection from Sexually transmitted diseases and also from falling pregnant.

4.3.1.2 Condoms as ‘a tool to plan your life’

Another meanings that emerged on condoms among these respondents, is the view of condoms as tools to plan one's life, just as ‘Robert’ a 2nd year views it as a way which provides him with an avenue to plan his life ,

It enables me to plan my life as a youth that's why it's good to use condoms, at least these few minutes of pleasure should not interfere with my life plans of education.

He goes on to explain that;

It gives me a choice because I don't want a kid right now so it enables me to have children by choice and not by chance. Families should be able to have children they can take care of.

‘Sheila’ 22 year old 1st year female also adds that:-

unajua sex siku hizi inaanza highschool (you know sex nowadays starts from high school) so at least condoms help them not to get pregnant and dropout of school and waste time.

‘Angela’ a 21 year old female also explains this as she says that:-

I prefer condoms because they prevent a lot of things as much as people are in denial that young people are sexually active. Condoms enable us as youth to plan ourselves in terms of parenting and getting kids and it also helps prevent spread of HIV and AIDS.

According to this research youth who perceived condoms as a tool to plan their lives, to them it meant having children by choice and not by chance, and completing your education first before having children which means more responsibility.

4.3.1.2.1 How meanings of condoms as ‘a tool to plan your life’ influence sexual behaviour

Youth who expressed their main use for condoms as being able to plan their lives, would engage in protected sexual behaviour.

‘Frank’, a peer educator says that:

It’s important to educate the youth on condoms so that as they approach the sexual age they have a chance to protect themselves. This will enhance the decision making skills during sex.

‘Dave’, a 23 year old male also says that:

It’s important youth to have protected sex because they need to plan their lives and the few minutes of pleasure should not interfere with their life plans of education.

Condoms being used as a means to plan young people’s lives means some of the youth were embracing protected sex, with The South African Department of Health, (1998) indicating that condom use has increased with approximately 5% over the past years. Increase in condoms use means a decrease in HIV prevalence rates and a

reduction in unplanned pregnancies which leads to a positive outcome in sexual and reproductive health among the youth.

4.3.1.3 Condoms as a 'man's affair'

Youth also present another meaning of condoms as being a 'man's affair' in that it's the role of the man to decide to use a condom or not 'Jack'' a 2nd year male student remarks that:-

Most ladies do not use condoms because they think it's the role of men to decide to put condoms in the house or come with it when they come to visit or put it on when having sex , it's their work.

'Jackson' an 18 year old 1st year male also explains that:-

Women may not be able to negotiate for safer sex and condom use because men decide whether or not a condom is to be used.

This was explained also by 'Dennis'' a peer educator who stated that:-

During sex it's a one man's show the guy calls the shots not the ladies so most ladies mess up because they do not want to disappoint the guy and cannot advocate for proper use of contraception or ensures the men use protection on them.

'John', 24 year old male goes on to say:

Some men want to show their superiority when they don't use condoms like the society portrays real men with none use of condoms. I think those who do not want to use condoms want to show their superiority so they choose to go dry.

Men in the society are portrayed as the decision makers and head of the household so they are naturally ranked higher in the society. This has brought about power imbalances which make women subordinates in matters of sexuality. Gender roles make women dependent on men especially for sexual decision making and this has

made use or none use of condoms a man's affair. Mendes et al, (2011) shows that, this lack of influence and power makes women feel ashamed and are consequently less eager to use condoms until they seek consent from men.

Finally condoms being regarded as a man's affair has seen most youth unknowingly pressured to engage in unprotected sexual behaviours as most of the sexual decisions lie with the men as men try to prove their superiority and positions as real men in society.

4.3.1.3.1 How meanings of condoms as a 'man's' affair has an influence on sexual behaviour

Youth viewing condoms as a 'man's affair' most of them end up engaging in unprotected sex with 'Eli' a 30 year old male stating that:-

You know at the heat of the moment na sina CD hauwezi uliza dem ka ako nayo itakaa wierd so nikumconvince atumie Epill alafu katambe (at that moment when you don't have a condom and you can't ask a lady if she has, it will sound weird so you just convince them to use E pills then have unprotected sex).

'Hassan', a male who is 20years old says that:-

For most youth sex is leisure but again there is influence from friends. You get your friends encouraging you that raw sex is sweet and I have been doing it so you can try and since you don't want the crew to judge you go raw.

On top of that 'Gael' a 27year old female says,

nyama kwa nyama nitamu (flesh on flesh is sweet), I as a man I want to enjoy sex that is not hindered—it's just amazing.

The existing dominant norms that place men higher than women in matters of sexuality tend to expose young people to unprotected sex hence HIV /AIDs infection and unwanted pregnancy. This research indicates above how these gender relations have encouraged unprotected sex with women tending to not use condoms assuming it's the role of the man.

In conclusion men who also want to prove their superiority as real men among their peers and society, would engage in unprotected sex. Men are considered as sole decision makers in the home, which gives them authority to prevent women from using contraceptives. These norms that place lesser value on women than men and the norms that view the role of women in the society is for child bearing have become a barrier to contraceptive use (Bhawna & Sharma et.al. 2005).

4.3.1.4 Condoms as 'Distrust'

Most of the respondents in this research associated the use of condoms only to partners they do not trust as they state in the sentiments below,

'Erica', 27 year old 4th year female student states that:-

If you use a condom it's a sign that you don't trust your partner but if we have dated for a while, we will opt to have unprotected sex as it shows my love and trust.

'Harry', 24 year old male agrees with this as he says:-

If you are in a serious relationship that is leading to marriage you won't need condoms because I trust my partner.

Through the focus group discussion 'Cheryl', 22 years old female also denotes;-

I think it's getting used to one person or being in a relationship for long makes you trust your partner so most people in such relations can opt for needles or IUD contraceptives that are long term as compared to condoms.

‘Anita’, 25year old female also says:

Using condoms depends on if you have been in a relationship for long. If you know their status and they know yours you cannot use condoms, so there is really no need for protection because you trust them. I have been with my guy or partner for long like 2 years and am faithful to him so I really don't need them.

Use of condoms was associated with a lack of trust, in that when you don't trust your sexual partner it would protect them from STDs/HIV and even pregnancy. Condom use mostly applies to those partners you don't trust. Even though those youth who engage in unprotected sex have been seen not to use condoms as a way to show love and also an assurance of love and complete trust in one another (Leslei and Takavarsha, 2014). In conclusion as established from the research most of the long term relations do not use condoms as they are built on trust and on the belief that since it's not a casual relation and its leading to marriage there is no need for the use of condoms.

4.3.1.4.1 How meanings of condoms 'as distrust' influence sexual behaviour

The research indicates that the aspect of monogamous relations would prove trust of the other partner. This would also mean none use of condoms and therefore unprotected sex. But for the cases of random sex or casual sexual partners one would opt for use of condoms due to lack of trust on the sexual partner.

‘Kyle’ a 4th year male states that:

Most people can use a condom on crush or a one night stand or a random person but a person they like no they just go free.

‘Chris’, “25year old 2nd year male explains that:

If you in a serious relationship that is leading to marriage, if you were using a condom I would stop because I trust my partner.

Monogamous relations have also been a result of unprotected sex among the young people, with Holland et.al, (1992) elaborating the social pressures that encourage young people not to engage in unprotected sex but are expected to do so in the confines of serious and trusting relations. He goes on to say that serious relations encourage trust of partners and therefore non use of condoms. Chimhiri, (2007) in his research also adds that condoms play a major role in signifying whether a relationship is of trust and intimacy. If a relationship is long term it has a major influence on the decision to use condoms or not but in most cases such relations condoms are no used as indicated.

In conclusion Preston – Whyte, (1999) shows that men are increasingly willing to use condoms with “non-regular partners,” such as bar-girls and prostitutes. Where non regular partners would be random partners, this would be implied by the reference of “one night stands or a crush’ by Kyle to indicate a random partner.

4.3.1.5 *Condoms ‘as minimisers of Sexual Thrill’*

Another meaning that emerged from the research is the perception of condoms as a minimization of sexual thrill by the youth, as they elaborate below. With ‘George’, a 2nd year male remarking that:-

Hauwezi kula sweet na karatasi hata si mayouth wamtaa tunajua unafaa kuenjoythe real thing (You cannot eat sweets with paper even us youth from the hood know this you have to feel the real thing; I don’t like it even though I know the impacts of non-use).

‘Dennis’ a 20 year old male also adds that:-

Condoms to me choke my penis I don’t like it, it’s not even exciting and it minimizes the sexual thrill.

While 'Ray', 22 years old male also supports these arguments as he states that:-

Condoms are the worst things that were ever made they are quite unsexy they slow down the thrill that one experiences rather just go without.

Most youth perceived condoms as minimiser of sexual thrill and hence reduce sexual pleasure. With most indicating their preference of unprotected sex stating they would like to feel the real thing. John et.al., (2015) agrees with these findings as he states that the misconceptions of sexual pleasure as being penetrative sex and that condom use reduces such pleasure are just beliefs and condoms like any other contraceptive can reduce and prevent sexual infections acquired through sex.

4.3.1.5.1 How meanings of condoms 'as minimisers of sexual thrill' influences sexual behaviour

This research finds out that youth who engaged in sex because of the thrill and excitement of raw sex tended to have unprotected sex. With

'Jay', 3rd year Female also elaborates this as she states that,

Some youth just go commando free because they say condoms choke the penis so they don't really like it.

'Kim', a 30 year old fourth year Female says that:-

My friends have such a negative attitude on condoms because they say it doesn't gives them pleasure they also say that when you use condoms you just want to remove it you go free, even though there are those who use it because they want to be protected but some are like " ka mbaya mbaya(if Bad bad).

While 'David', a 2nd year Male also adds that:

Most boys don't like using condoms they just want it raw as its sweeter and also through the discussions we have with friends most of the time we don't encourage anyone to use it. We want " nyama kwa nyama (we prefer flesh to flesh)

In regard to the above sentiments most youth would opt to have unprotected sex regardless of the impacts due to the desire to feel the thrill that comes with unprotected sex. Dilger, (2003) and Thomsen et.al. (2003), say that the sensuality of sex being sweet through contact inhibits most youth from condom use.

In conclusion perception of sweet sex as unprotected has been seen with the occasional remarks from different youth who refer to unprotected sex as “eating sweet with paper”, “enjoying the real thing”, “nyama kwa nyama”, and according to Family Planning, (2006) Plummer et.al refer to it as “farming with your Hoe in a sack” that sensational sweetness is more important than protection to most of them.

4.3.1.6 Condoms as ‘itchy rubber’ and ‘oily’

During the research the youth perceived condoms as itchy rubber and oily as one of the youth respondents “Judy’ a 20 year old Female states that:-

I would not ever use a condom as I am allergic to latex; it makes me itch.

While ‘Easter’, 22 years old 3rd year Female adds that:-

I don’t like a condom because they are thick and I also hate the oil, yes there is need for lubrication but no I want to enjoy.

‘Ken’, a 24year old male also adds that:-

I cannot use a condom I hate the oil and I just want to enjoy, it’s more fun without a condom.

These youth refer to condoms as ‘itchy rubber’ to imply that when they use condoms the rubber makes them itch. Even though condoms have been made flexible and with a pleasant material some of the youth shy away from them as they say they react to the latex material that is used to make them, and some did not approve of the

lubricating oil. Centre for disease control and prevention, (2009) shows that latex condoms are the best in preventing sexually transmitted diseases but this might be the cause of some youth engaging in unprotected sex due to their reaction to latex.

4.3.1.6.1 How meanings of condoms as 'itchy rubber' and 'oily' influence on sexual behaviour

The study finds out that those respondents who perceived condoms as itchy rubber and oily ended up engaging in unprotected sex.

'Rosemary', a 2nd year Female agrees with this as she adds that:-

When I started using condoms I started reacting to latex I would get urinary tract infections so often that I had to stop.

'Julia', a 2nd year 24 year old Female also explains that:-

Honestly what material are condoms made of?, that thing the moment I use it I just lose my sex desire it's so painful I would rather just have unprotected sex or opt for something else.

There are various factors that shape young people's choice of condoms, with type of material used for making these condoms being a major influence. Most young people did not use condoms and would end up engaging in unprotected sexual behaviour, due to them perceiving them as itchy and oily. This would be a major cause for female partners to react to it .Family Plan reproductive Health care, (2008) shows that latex allergy is a loose term applied to allergic reactions following contact with rubber material used to make condoms. In their research, they also indicate that itchiness from contact with latex would cause most people to avoid condom use.

4.3.1.7 Condoms as a 'Value Rater'

Another meaning that comes about is the perception of condoms as a value rater with

'Tim' one of the male respondents states that:-

You know some ladies don't even like the free condoms given by the government "sure" they view them as cheap and it also states the value you have placed on that lady.

'Mark', a 2nd year male also adds that:-

Kuna wale wanasema heri utumie scented because ukitumia sure kuna vile umewabeba ama kuna penye umewaweke (There are those who prefer the scented ones because if you use sure there is a place you have placed them in the society) and they want to feel worth.

Sam', 23years old male who during the discussions says that:-

Condoms are made to fit different sizes, very comfortable, different models, and even types some are scented, rough and they also have interesting names like Rough Rider, kiss, different flavours like strawberry among others which is more appealing to the audience.

There were some of the youth who perceived condoms in terms of the value you place on your partner. Where if your guy uses government condoms that are given free he takes you to be cheap or of low value as most government condoms are considered of low quality. It's assumed that values are a strong controlling variable when it comes to sexual behaviour. A research by Rigillo, 2009, associates free condoms to cheap clothes which tear quickly with one of her respondents indicating that "they would rather buy their own condoms as opposed to free it's a matter of quality", while another respondent stated that "hospital condoms are unsafe ,if something is free it isn't as good , you must pay for quality , they go on to explain that free condoms are for those who have no option or those living in rural areas who

cannot afford to pay for them but everyone knows they are of low quality and tend to burst.

4.3.1.7.1 How meanings condoms as 'value rater' influence sexual behaviour

The youth in this research who rate condoms as value raters end up engaging in unprotected sex and some even have multiple partners with

'Kelly' a 4th year Female states that',

It makes me have many partners because even if one refuses to use sure i will opt to get another person who doesn't mind because of the burning.

'Helen', a 1st year Female also states that:-

Me ukikuja na sure heri ikae we just have sex (for .me if you come with sure it's better we have unprotected sex because that's disrespect).

Condoms as value rater they would make one engage in unprotected sexual behaviour and one would also have multiple partners as they opt to get someone who will accept to use that particular condom. Values predict a variance in risky sexual behaviour, with value priorities leading to high risk sexual behaviour with Rokech, (1973) stating that value differences suggest high risk sexual behaviour which is associated with risk taking , impulsivity . It's also oriented with concern for others.

4.3.1.8. Condoms as 'social stigma'

The research identifies another meaning of condoms from the youth as a 'social stigma' as some of the youth like 'April', a 20 year old Female shares that:-

When you are a young person and you go to ask for condoms or a family planning method the look you get from older people means the society really judges you.

‘Caleb’, a 3rd year Male also adds that:-

If I am going to take a condom from a supermarket or pick it from a dispenser, it can make you go back free and have unprotected sex due to the self and public stigma. Imagine people are buying flour, sugar and there you are buying durex or kiss it just feels immoral, like something is not right.

‘Sheila’, a 1st year Female also agrees with this as she says that:-

Carrying a condom is hard as a lady if you carry it in your purse even the person you going to have sex with sees you removing a condom they view you suspiciously like you have many partners.

Where ‘Judy’, a 19 year old Female adds that:-

You know in this society if a guy is seen buying a condom and a lady is seen buying a condom the perceptions from the community and society are different especially if it’s a lady. The women will be viewed as a “whore” as she is seen as being promiscuous

Social perceptions on contraceptives tend to encourage or discourage youths on use and non-use of condoms. Stigma around young peoples’ sexuality is deterrence especially for young people seeking services like family planning which makes most young people seeking these services feel embarrassed and shy (Biddlecom et.al, 2007). There is also the gender stereotypes that arise from the society where it’s okay for men to carry or purchase condoms as compared to the ladies. Holland et.al, (1990) indicate that women carrying condoms often bear negative reputations and are viewed as actively seeking sex. Finally condoms in the society have generally been associated with immorality and youth are shying away from them due to the social stigma they experience.

4.3.1.8.1 How meanings of condoms as a ‘social stigma’ influences Behaviour

With the youth perceiving condoms as a social stigma has also been a major deterrence of them engaging in unprotected sex.

‘Henry’ a 30 year old male elaborates this as he says that:-

When you go to buy a condom people just see you as immoral. For instance, there is a day I went to buy a condom from the chemist and the guy was asking me questions like “eh buda leo ni kubaya” (“eh, my friend, today it’s bad”) and I bought like a box. So from that day that I don’t go back because its traumatising at times hence you just go free because of such intrusion of privacy.

‘Dave ‘, a 25 year old male explains that:-

You cannot just go and a pick a condom from a dispenser in front on your peers? Noooooo..!. So that everyone knows you going to have sex..?.

‘Adam’ a 20 year old Male adds that:-

Here in campus, condoms are everywhere in toilets, hostels but I just have to pick them at night because who wants the stares... it feels like announcing your status.

Structural and environmental factors were a major hindrance to consistent use of condoms among the youth. The stigma that arises from these factors would cause most youth to engage in unprotected sex due to the fear of stigmatization from the society. Social influence has been viewed to have major influence on youth’s attitudes to condom use but in this research it has proved that most youth are shying away from condoms due to these factors. Stigma from service providers, peers and society at large encourages unprotected sex. Young people also tend to engage in unprotected sex because of the stigma from peers. Youth seen to be accessing condoms from the MOH dispenser are labelled as defiant and imagined to be

prostitutes. Youth accessing condoms from dispenser are characterized by feelings of shame and embarrassment. (MSI, 1995).

4.3.1.9 Condoms as ‘un-masculine’

The view of condoms as ‘un-masculine’ among the youth was also another meaning that came up from the research as

‘Ray’, a 28 year old Male elaborates that:-

In the society if a man uses a condom you perceived as less of a man, imagine when I go sit with the boys and we discussing and I tell them I used a condom and my friends are likeyou not a man it's so demeaning.

‘Wilson’, 25years old male 3rd year remarks:-

It's not enjoyable especially for a guy you wouldn't want to disappoint the crew". Though having a discussion with friends that I was going to have sex and what I could use helped me decide the contraceptive to use...Us boys we don't encourage one another to use condoms.

Youth would associate use of condoms with being perceived less of a man especially among their peers. The need for young men to acquire status and affirmation causes them to avoid condom use with the need for acceptance. Holland and Thomson, (1999) show that the pressure for young males to be sexually active and engage in multiple partner relations with most of them discouraging condom use makes most of them look masculine.

4.3.1.9.1 How meanings of condoms as ‘un-masculine’ influence on sexual behaviour

Research indicates that those youth who view condoms as un masculine tend to engage in unprotected sexual behaviours with

‘Gerald’, a 20 year old male 1st year states that-

My friend told me if I use it I won't be able to feel the texture and as a man you supposed to feel these things to prove you a 'man'.

‘Ken’ a 4th year male goes on to state that:-

How will I tell the 'boys' I used a condom, condoms are associated to losers, it's embarrassing.

Most youth would rather engage in unprotected sexual behaviour to prove their manhood and please their friends and peers. With youths perceiving condoms as less masculine tends to make most of them engage in unprotected sexual behaviours due to the desire to either please their peers or prove their manhood. According to this research the desire to prove ones man hood and please peers leads to non-use of condoms and this has led to youth engagement in unprotected sex therefore high HIV prevalence rate. Holland et.al, (1999) shows that for many young men, condom use is even associated with “gay” or “un masculine” therefore in order to maintain a masculine identity among peers condom use maybe discouraged.

4.3.2 Social Meanings of Female condoms

In this section youth discuss the various meanings on the female condom and how these meanings influenced sexual behaviour

4.3.2.1 Female condoms as a means of ‘prevention’

This research identifies the main role of the female condom as protection from HIV/AIDS and pregnancy with some of the respondents giving their sentiments below, like ‘Rose’ 24year Female who says that:-

Female condoms are the best they protect us from pregnancies, HIV and AIDS

‘Vela’ a 23 year old Female also adds that:-

I don't trust men with condoms some don't even look at expiry dates so when you wear yours, you are sure you've been protected from pregnancies and sexual infections. So just wear yours.

'Maggy', a 28year old Female remarks that:-

Even though female condoms protect us against HIV, I still prefer the male condoms these female ones are so uncomfortable.

Some of the youth who use the female condoms, use it as a means of prevention from pregnancy and even protection from HIV/AIDS and even cervical cancer. Female condoms are of enormous importance to the fight against AIDS because they are the only existing, effective female-controlled preventive tool against HIV and other STIs (UNAID, 2006).

This research also goes in line with Dicenso & Guyatt, (2002), who states that the female condom offers 95% effective protection for pregnancy, as well as some protection against STIs. It's a barrier contraceptive which also protects against sexually transmitted infections but cannot be simultaneously used with the male condom.

4.3.2.1.1 How Meanings of the female condom 'as protection' influence on sexual behaviour

The youth who preferred the female condom tended to engage in protected sexual behaviour just as

'Sharon ', 22 year old Female remarks that:-

The first guy I had sex with didn't want to use a condom so had to get an option because I dint want to be infected or get pregnant, when I asked him why he was like it doesn't give pleasure so I decided to use the female condom and am safe.

'Mary', a youth coordinator also elaborates that:-

There is a need to invest in the female condom as it was introduced to give women options to advocate for safer sex especially the key population, sex workers, lesbians, those who live in risky localities.

It encourages protected sex among the females with majority of those who use it, knowing how to in case their partners did not want to use a condom for various reasons. Women want to protect themselves from unplanned pregnancies, HIV infections and even STIs. Female condom introduction efforts were targeted to commercial sex workers (CSWs), because they are at high risk for HIV and other STIs and have an obvious need for a female initiated method of protection. The female condom is well accepted by CSWs in many countries, especially as an option when clients refuse to use male condoms (UNFPA, 2005).

In conclusion as much as female condoms offer dual protections from unplanned pregnancies and HIV like the male condoms, most respondents still prefer the male condom because of the comfort and it's less expensive.

4.3.2.2 Female condoms as 'a Sex Negotiator'

Most female youth who used the female condom would prefer the female condom, because of it offering them an option to negotiate for safe sex.

'Lilian', 27 year old Female second year states that:-

If you have a female condom, vaa yako (put it on), it will save arguments with your boyfriend if he refuses to use his condom it gives you the ability to have safe sex.

She goes on to explain that:-

Most men prefer unprotected sex so the ladies especially those who participate in transactional sexual relations and their cases where the guy refuses to use protection if the lady already has her condom on she is safe.

It also enables women to advocate and bargain for safe sex and therefore have a voice when it comes to practising safe sex. Women who receive information and counselling, and who learn to use the female condom, can protect themselves even if their partners refuse to use a male condom. Biology, gender roles, sexual norms, and inequalities in access to resources and decision-making power put women and girls at greater risk of infection than men and boys. With introduction of the female condom it has given women greater control over safe-sex negotiation (United Nations Population Fund, 2006).

The Allan Guttmacher institute, (2004) indicates that due to the gender inequalities in the society being a major force driving the HIV epidemic, the development of the female condom has managed to create behavioural intervention in the society and women now have a greater control over their own protection from diseases. However in as much as female condom was designed to give females more power partner cooperation is necessary before a woman uses it, the partner has to consent or it becomes a challenge.

‘Anne ‘, a 4th year 27year old Female elaborates this as she says that:-

It's complicated when using a female condom as some men will want to know why is it just you who has it on, so some will even hesitate to have sex with you.

In conclusion Salome Atim of National Forum for people living with HIV /AIDS (Nantambi, 2017) explains this as she says that “when a woman pulls out a condom and tells the man to use there is always negative perceptions that such a woman uses several men.”

4.3.2.2.1 *How meanings of female condom as 'a sex negotiator' influence sexual behaviour*

Though the youth who use the female condom as a sex negotiator are able to have protected sex there are some who state that in case your partner refuses to use it one will still engage in unprotected sex.

'Kendi', 22 year old 2nd year Female also adds that:-

Ladies are shying away from that and if your guy says no to it means you will have unprotected sex.

'Mercy', a 27year old Female also states that:-

It's for the lady to decide to put it on or not so she can decide if she wants to be protected or have free sex it's her decision.

'Sally' a 29 year old Female goes on to say that:-

I as a woman have more power, control and a say in asking for protection, I can protect myself from pregnancy.

Most of those who use the female condom had the power to negotiate for safer sex and would at least have the option to negotiate for protected sex. Women tend to feel sexually vulnerable and the introduction of the female condom has given them a voice when it comes to safe sex practices. So far the female condom is the only method that allows women to control protecting themselves and their partners. According to (Mantel, Stein and Susser, 2008), use of the female condom can empower women, gives them a great sense of self-reliance and autonomy and enhance dialogue and negotiation with their sexual partners.

4.3.2.3 *Female condoms as 'a hustle'*

From this research it was clear that most youth regarded the female condom as a hustle to use, with most of them not even knowing how to use it.

‘Jane’, a 26year old Female says that:-

This female condom is a lot of work and the procedure is just long so ladies just don't use them.

‘Sheila’ a 22year old Female also adds that:-

That thing is just a no ...It's uncomfortable and a lot of procedure i don't like it you have to wear and wait for some time.

While ‘Sheila’, also remarks that:-

Most ladies don't even know about it it's such a hustle to use.

During the research ‘Vane’, a 19year Female elaborates that:-

When I started having sex, I just knew of the E pills and I used to buy them so much that the chemist guy got curious and asked me to try the female condom I dint even know what it looks like so he showed me and explained how to use it.

The female respondents reveal that they don't like using the female condoms because it's complicated to use and requires assistance or guidance before using it which is such a hustle and challenge. Most participants had an unfavourable attitude on the female condom as in regard to insertion; those in their early sexual debut could not use it due to the intrusive position of insertion. This would mean need for professional assistance which was not really welcome by them. Unlike the male condom where they use the artificial dildo there are no proper pelvic demonstrations of female condom use by health care providers with female bodies still being a forbidden topic in society (Reich, 2008).

4.3.2.3.1 How meanings of the female condom as 'a hustle' influence sexual behaviour

In as much as the female condom is a means of protecting one from sexually transmitted diseases and offers dual protection like the male condom most of these participants would later resolve to use other contraceptives as opposed to the female

condom. Due to the lack of knowledge on how to use, most participants would not use it referring to it as a ‘hustle’ and complicated.

4.3.2.4 Female condoms as ‘Irritant’

Youth would refer to the female condom as disgusting, irritable and very uncomfortable and therefore would not advocate for it with

‘Caren’, 21 year old Female who says that:-

Female condoms are big and just disgusting and the fact that you have to wear like hours before having sex what if you end up not having sex I don't like them.

‘Irene’ a 26year old Female also remarks that:-

I have never used but some say they make noise during sex, it's tricky and when we ladies think of it you just see ‘washoshos’.....(grandmothers)

While ‘Flora’ a 23 year old 3rd year Female expresses her dislike as she says that:-

These condoms are just uncomfortable and the thought of putting it on to adjust to the walls it's irritating.

‘Julia’, 24 year old 3rd year Female also remarks that:-

I love the female condom because apart from it being cost effective, I can use it for more than one shot so if your guy is a town service (cums fast) you don't have to keep changing condoms you can just wash apply lubrication oil and use it again.

Most youth don't like the female condoms as they view them as quite disgusting and irritable. This type of condom was not really preferred by the respondents as most expressed dislike for it. The UNFPA, (2005) also indicates that with the female condom there are cases of difficulties to use, noise and sensitivity to polyurethane. Salome Atim an advocacy officer of Action for better health in their research also explains how women complain that female condoms are not comfortable, they make noise, inserting one is difficult (Nantambi, 2017).

4.3.2.4.1 How meanings of female condom as an 'irritant' influence sexual behaviour

It did not have a major influence on sexual behaviour as due to these challenges most youth did not advocate for it. The negative attitudes were associated with difficulties of insertion, partner cooperation, access and availability of it (Witte, et .al.1999).

'Rita ', a 22 year old Female explains that;-

I have interacted with many people and I have never heard anyone use it, I only see it during demonstrations but imagine going through that it's too much.

UNFPA ,(2005) with the female condom because of discomfort during sex, the need to get a partner's consent, difficulties in use, aesthetic concerns, noise, sensitivity to polyurethane, and/or cost all these attribute to major hindrances for its none use.

4.3.3 Social Meanings of the E pills

This section contains the youth's discussion on the various meanings of the E pill and how these meanings on the E pill influenced sexual Behaviour.

4.3.3.1 E pills as 'Prevention'

E pills were referred to as prevention among the youth with one of the youth during a focus group discussion stating that:-

For us campus students we scared of pregnancy than HIV so we would rather buy postinor 2 which we refer to as ' Morning after pills' and if the guy can buy why do I have to care as long as I won't get pregnant.

The Dean of student would also elaborates that:-

It's the easiest thing to use for protection after pleasure and once they use it the first time and it works it becomes a habit as we discover it works. That is why most youth use it weekly regardless of the effects.

‘Becky’, 25 years old Female states that:-

My boyfriend at times does not want to use a condom and just wants free sex, I will go for pills to protect myself from being pregnant because I’m a student.

Finally ‘Ken’, a 21 year old male says that:-

Here in campus most people just have sex and don’t use condoms because they know they will go for pills and they are protected.

Youth refer to E pills as P2 which is a short term for postinor - 2 and it’s a quick way of pregnancy prevention after unprotected sex. Emergency pills were introduced as an option for women after unprotected sex. This was to help prevent unplanned pregnancies and help avert abortions. (USAID, 1997). Trussell, (1999) also explains that E pills are effective in pregnancy prevention when taken within 72 hours after unprotected sex. They were not only just effective in cases of unprotected sex but also used in cases of failure of other contraceptives like condom bursts or even missed oral pills.

4.3.3.1.1 How meanings E pills ‘as prevention’ as influence on sexual behaviour

Findings of this research identifies that, youth who were using an E pill as a means of prevention had random sexual behaviours with most of their sexual encounters being unplanned and therefore unprotected.

‘Emma’, a 22 year old 2nd year Female says that:-

I’m in a situation where I was at a party and got drunk and I wake up in someone’s bed in the morning who wants a child you can’t even remember the father so I get the E pill.

‘Jay’, a 1st year Female also remarks that:-“

It has made youth careless with sex as they don’t want to use condoms so they just sleep around knowing they have an E pill they will not get pregnant.

‘Peris’, a 24 year old Female also says that:-

People just have sex regardless of the type of person or where and don't use condoms then since P2 is accessible they rush to take, they do this every weekend regardless of the effect.

‘Flora’, a 20 year old Female stating that:

When I joined first year I had never had sex so I met this guy we dated for a while, when we first had sex I don't even know how it happened, so after the act I was scared I would get pregnant I talked to my roommate who introduced me to E pill”.

Youth who used E pill had casual sexual encounters that are unprotected and this provided them with an easy way of preventing unplanned pregnancies. Due to the youth being inconsistent users of contraceptives, with them either having random sex or sex under the influence, emergency pills becomes a safe and effective way to prevent pregnancy following unprotected intercourse (Donovan, 2000). In conclusion E pills are a popular method for preventing pregnancy among the youth in case of unprotected sexual encounters

4.3.3.2 E pills as a ‘saviour’

During the research the youth were also of the view that E pills acted as ‘saviours’ after casual or random sex which is rampant among the youth , but there are also cases where the partner does not use condoms .

‘Sally’, 23 year old 3rd year Female remarks that:

It's such an easy way out for me especially here in campus we have house parties, functions and alcohol, random sex nobody will remember using protection so the following day I'll just get an E pill and am safe it's such a saviour.

‘Carol’, a 25year old Female explains that:

I love the E pills because am allergic to latex but in some cases my boyfriend refuses to use condoms so I decided instead of being pregnant wachanijiokoe na E pill (let me save myself with the E pill)

‘Rachel’, a 20 year old Female elaborates that:

I hear that if you use the 1st, 2nd and 3rd time in a row they are not effective I don't know but I still think it's a saviour once you have sex without protection.

E pills among the youth act as saviours to sex escapades where ‘saviours’ would be used to mean a deliverer or rescue from harm which in this case is pregnancy. Advocates for youth rights indicate that it's a plan b which offers 72 hours protection after unprotected sex as they reduce 95% of your risk of pregnancy and give one a second chance to prevent pregnancy after sex.

4.3.3.2.1 How meanings E pills as ‘saviour’ influence on sexual behaviour

From this meaning it emerges that youth who perceive E pills as a ‘saviour’ would engage in casual sexual encounters and random sex which were unprotected but knew they were protected from pregnancy.

‘Julie’, 24 year old Female remarks that:

For me E pills come in handy because you meet someone today those flings and then you have sex that is abrupt and there after discover you messed up and like what do I intend to do about this and most of us are scared of the responsibility so e pills come in handy.

‘Chris’, 20 years old first year Male views E pills as a protection especially for those with random sexual partners as he remarks that:

We never plan for sex who does and for us sex is fun we don't really care about the right way so E pills help. I go to see a friend and feelings come and it happens because nobody will think about condoms but at least after we have e pills so she won't get pregnant.

‘Velma’, also a 18 year old Female adds that:

After I have night with a ‘hook up’.... (It's someone you just meet and decide to have sex) I just get an E pill I do not want to get pregnant”.

Sexual intercourse among university youth is high, with most of these youth who use E pills practicing random, abrupt, and unintended sex behaviour which exposes them to unintended pregnancies and HIV infection and other sexually transmitted infections. Casual sex among them would be seen as being referred to as flings and hook ups. About 35 million unintended pregnancies occur each year and emergency pills would offer protection to a typical woman who had detectable unprotected sex or did not use her regular contraceptive perfectly (Trussell, 1997). Emergency pills become ‘back ups’ after unprotected intercourse or when other contraceptives have failed like breakage of condoms or missed regular contraceptive. (Wynn and Foster, 2012).

4.3.3.3 E pills as ‘License for Enjoyment’

The research discovers that as much as most youth prefer unprotected sex, E pills provide them with this avenue .Although those who engage in unprotected sex tend to be more scared of pregnancy than sexually transmitted infections. Respondents in this research share their sentiments with,

‘Hassan’, a 20 year old male remarking that:

Sex is sweet without a condom so will just have sex with my girlfriend then I give her cash to go and buy the pill it’s so convenient and easy

‘Claire,’ 24 years old Female also states that:

I love my guy, so when we cannot use a condom we just have sex then I go buy e pill.

The proportion of young people engaging in unprotected is on the increase with notion of having unprotected sex as sweeter than protected sex and some cases the unavailability of condoms at the time of sex. E pills provide an avenue for this as they enable the youth get away with it except for the sexually transmitted infections

and HIV. A research conducted by Rokicki and Merten, (2018) shows that most youth preferred the emergency pills because they would not plan for sexual encounters , so they came in as backups especially due to failure of methods like withdrawal.

4.3.3.3.1 How meanings of E pills ‘as passage for enjoyment’ influence sexual behaviour

Some of the respondents who use the E pill would engage in random unprotected sex knowing they are protected from pregnancies. One of the respondents says that

‘Janet’, a 4th year Female says that

I don’t mind using E pills as long as I don’t get pregnant it’s ok I hate condoms so pills are the way to go after all sisabuni haitaisha (it’s not soap, it won’t get finished)

“Joe’, a 22year old Male also adds that

I don’t even know why youth love E pills and it’s very risky, when you have sex without a condom you just go free like ‘commando’ it’s like eating without washing your hands

‘Jared’, a 24year old Male adds that

I want my lady to use E pills ndio ni have sex hivyo (so I can have sex without protection). I am not interested in the contraceptive... just sex.

Most young people tend to engage in unprotected sex just because of the thrill and perception of it being sweeter and with the availability of the E pill they are able to do so and not get pregnant.

4.3.3.4 E pills as ‘convenience/ emergency’

Through the research the researcher identifies another meaning of the E pill as an emergency. Where emergency to the youth would mean, the E pill coming in handy

after an unplanned sexual encounter, failure of a contraceptive or as an abrupt measure to prevent pregnancy.

‘Terry’ a 26year old Female says that:

kuna times condoms huburst (there times condoms burst) so all you think of at that time is just pregnancy. So pills help.

During the discussion ‘Joy’, 21 year old Female also adds that:

If I met someone today like a crush and I feel sexually attracted to him and it’s abrupt and it hits me later and am scared of responsibility they really come in handy

‘Dan’ 22 year old Male also explains that:

You know you get in a situation to have sex most youth become reckless and don’t see it as a big issue at the moment but after they run for it.

He goes on to add that:

At times the position you are in cannot allow you to start looking for a contraceptive so both of you just have sex and then run for it.

E pills have been used by the youth as an immediate measure to prevent pregnancy after unprotected sex. Jamie M.A. et al,(1999) regards emergency pills as a pregnancy prevention especially if the pregnancy is unwanted, it’s the only immediate pregnancy prevention for someone who has had unprotected sex and is not ready for parenting Look P.F.et .al ,1993 goes on to emphasize how emergency pills come in as backups for occasional use.

In conclusion therefore, for most youth, sexual encounters are unplanned and abrupt hence the E pills serves as a backup for pregnancy prevention.

4.3.3.4.1 How meanings of the E pill as 'an emergency' influence sexual behaviour

Those respondents who use emergency pills as a convenience tend to have random and abrupt sexual partners, which make them, end up having unprotected sex.

'Paula', a 30year old Female remarks that:

some men are just crazy i met this guy in those functions that happen at students centre then we got cosy so we had sex I thought we used a condom but the following day he texted me to get a pill I was furious because you don't know even if you infected

With 'Maria' a 20 year old Female stating that:

sex to me it's a business I have my two sponsors and I have to survive here in campus and they don't like condoms so we just have sex then I go get pills, am scared of HIV but that's the last of my worries for now

With most of the youth sexual encounters containing of casual sexual partners most would opt for the E pill as a convenient way of pregnancy prevention .There are also those cases of transactional sexual partners, where these participants are not in a position to negotiate for safe sex. Liancianese and Hunter, (2006) argue that it's difficult for economically inferior partners not to have influence in relationships when they have been given gifts of money and other material things by these highly placed partners.

4.3.3.5 E pills as an 'Insurance'

Findings from this research identified another meaning of E pill as an insurance with some of the respondents sharing their sentiments as below;-

‘Careen’, a 24 year old 2nd year Female says that:

If I don't have money to buy the expensive contraceptives it gives me an allowance of 3days up to 72 hours and am still protected and I cannot get pregnant

‘Sally’, 18 year old Female also adds that

Sex has become a business here in school as some have to survive daily the basic needs, school fees, and even pressure to compete with the others when it comes to dressing, status so most students have turned to sponsors and thank God for pills am safe.

Mercy’, a 29 year old Female goes on to explain that:

I think most sexual decisions come after they have already messed up so things like condoms cannot work in such a case so I'll just opt for E pills to avoid pregnancy, but most people I don't think they talk about it especially when they need.

This research identifies how E pills enable the youth to have an allowance after unprotected sex. They view it as an insurance as, it enables them to have a second chance after unplanned sex and even space to be able to access the contraceptive and they are still protected. It makes them feel covered against a risk. Half of the pregnancies among youth are usually unintended so emergency pills provide individuals with insurance against unplanned pregnancies and contraceptive failure (Mulligan k., 2016).

Most youth especially women were asserting themselves to sexual relations in the interest of new needs, the commodities of modernity. The population service international and the international centre for research,(2001) indicates that young girls engage in sex with older men for gifts and financial benefits which put them at risk of being infected with HIV and other sexually transmitted infections.

4.3.3.5.1 How meanings E pill as an 'insurance' influence sexual behaviour

To these respondents sex is casual, abrupt and with no strings attached and with substance abuse they end up having unprotected sex in such a case E pills come and offers a cover.

'Cate', a 20 year old Female remarks that:

Nowadays sex is like a hand shake its casual ,random abrupt and with no strings attached and most of the time we find ourselves in compromising situations like maybe you drunk ,so at that moment we are not able to use a contraceptive so we will just have unprotected sex and look for pills for the lady later

'Mel', a 18 year old Female also adds that:

If a girl realises they had sex and they were drunk, it's the safest way to go, so it's very convenient

'Chloe' a 19 year old Female through a focus group discussion adds that:

It's the easiest way to go especially after a house parties, alcohol and sex nobody remembers to use protection.

Young people have high number of sexual partners who are random; these high risky behaviours make them vulnerable and make them exposed to sexually transmitted infections and even HIV. With those youth who engage in drug and substance abuse being the most involved in these risky behaviours. The Guttmacher Institute, (1994) indicates that many of the unwanted pregnancies occur among young people so with the introduction of emergency pills of emergency pills it has helped to avert unsafe abortions and maternal mortality rate.

In conclusion E pills have been able to reduce the unplanned pregnancies and even reduce abortions as most youth are able to take care of their random and abrupt encounters.

4.3.4 Social Meanings of Oral pills

This research also identifies the various meanings of oral pills and their influence on sexual behaviour with some of the meanings identified below

4.3.4.1 Oral pills as ‘prevention’

Oral pills are seen as prevention among the youth with the research identifying it among the most commonly preferred contraceptive among the youth.

‘Beryl’, a 22year old Female explains that:

I prefer the 30 days pills because sex nikitu ya kawaida (sex is a normal thing). So it has become a routine. So I can go out and have sex knowing I will not get pregnant.

‘Rita’, a 26year old Female also remarks that:

When am on the pills I can sleep with whoever I want I know am protected

‘Jerry’, a 22 year old Male elaborates that:

We prefer pills with my partner as it protects her from pregnancy and it works for us.

The condom and the pill consistently rank at the top as the most commonly used types of contraception for prevention against pregnancy. The contraceptive pill will prevent you from getting pregnant in 95% of cases and it comes close to providing 99% protection if you take one pill every day as prescribed. It’s important that you take your pill every day at the same time one should not be late by more than three hours (Brady, 2011).

4.3.4.1.1 How meanings of the oral pill as ‘prevention’ influence sexual behaviour

From this research youth who use the oral pill as prevention ended up engaging in unprotected sexual behaviors

‘Audrey’, 27 year old Female also adds that:

You know when you get yourself in that situation to have sex most youth become reckless and don't see it as a big issue so after then it hits them I can get pregnant, here in campus sex is rampant but we have pills so we cool.

‘Emily’, a 22year old Female adds that:

It enables me to have maximum pleasure knowing I am protected

Lastly ‘Joyce’, a 24year old Female also remarks that:

I prefer pills because it protects me from pregnancy and most youth just like me are scared of pregnancy so it works for me.

Most youth who used the oral pill as prevention tend to be more reckless in their sexual encounters knowing they are protected. Since most know they are protected they tend to engage in unprotected sexual behavior and Pills have come in to combat the problems of these unplanned sexual behaviors, where unplanned implies the random, reckless, rampant and unprotected sexual behaviors of the youth .Cleland J.et al, (2006) indicate that most youth don't wish to be pregnant at an early age, so pills have led to promiscuity among the youth knowing they are protected. In conclusion unlike condoms most youth said with pills they did not have to worry about effectiveness all they just had to do was enjoy the sex knowing they are safe.

4.3.4.2 Oral pills as ‘terminal medicine’

Another meaning that comes up from this research is the oral pill being perceived as a terminal medicine where

‘Pauline’, 27year old 3rd year Female as she states that:

The pill is only effective if adhered to and this is quite a challenge, I don't think we like them because you have to take them daily and we human you might forget and immediately you forget it tampers with the impact and you get pregnant.

This was also supported by ‘Beryl’, 28 year old Female who says that:

It's hectic and stressful taking pills daily it makes you feel like you terminally ill with something like cancer, and who wants to take medicine daily.

‘Kate’, an 18year old Female also agrees with this as she states that:

You can't take pills for 30 days it's hard even though they help and offer a long term solution that's not possible I don't even know if they are effective.

Findings on oral contraceptives show daily adherence as a challenge to pills use, with this showing inconsistent use of the pill among the youth. Majority of the youth show a lot of omission and stoppage of use due to daily use and adherence. Brady, (2011) also states that oral pills require a daily adherence. At the same time if one is late by more than thirty minutes they are not effective. Most respondents did not advocate for this saying a daily adherence is challenging and it makes one feel like they are terminally ill like suffering from cancer. The National survey on family growth, (2002) reports as many as 42% of youth missed two or more pills a month. The youth however have difficulty in complying with the oral contraceptive pill because of forgetfulness in attempts to hide contraception from parents, the issue of taking the pill daily is challenging.

4.3.4.1.1 *How meanings of the Oral pills as ‘terminal medicine’ influence sexual behaviour*

In line with the above sentiments on oral pills youth would at times forget and end up engaging in unprotected sex and cases where someone forgets it tampers with the timing and the person gets pregnant.

‘Naomi’, a 19year old Female remarks that:

I got my first baby when using the pill at times we would go out then I remember I dint take it so I take it but I have already tampered with the time and there are times I would forget completely

The daily adherence of the oral pill makes some youth end up engaging in unprotected sex and there are cases where if one tampers with the timing and the person gets pregnant. Steinkellner ,(2010) , shows that over 6% of women get pregnant when using the oral pill due to the none adherence of the oral pill , with the likelihood of missing a pill being contributed to sexual , emotional and social lifestyle of an individual.

4.3.4.3 Oral pills as ‘safe sex’

According to this research youth view oral pills as safe sex as they elaborate in their sentiments below

Through a focus group discussion ‘Linda ‘, 24year old Female says that:

It enables me to go out and have sex and just be fine, sex is a routine “like nikitu ya kawaida (sex is normal)

‘Angela’, 22 year old Female elaborates this:

Some of us know we safe in that if I have sex today -with my sponsors(indicates it's an older guy) am safe I won't get pregnant so I will just take pills those for 30 days and am ok.

‘Wamboi’, a 28th year old Female supports this as she says that:

Sex has become a business here in school as some have to survive daily the basic needs, school fees, and even pressure to compete with the others when it comes to dressing, status so most students have turned to sponsors and thank God for pills am safe.

Sex for the youth is active, spontaneous and uncontrolled that's there definition of pleasurable sex .with most of the respondents on the pill wanting to enjoy sex without being pregnant so the pill offers this what they refer to as safe sex to them it's one without pregnancy. There are changes among the youth on premarital sex, with many of them engaging in sex prior to marriage. Their number of sexual partners has increased, these trends lead to exposure to STDs with use of condoms declining with age and sexual experience and use of oral contraceptives increasing (Kirby, 1997).

4.3.4.3.1 How meanings of oral pills as ‘safe sex’ influence sexual behaviour

From the above youth who used the oral pill as safe sex would engage in transactional sexual relations and most would end up engaging in unprotected sex knowing they are protected.

‘Brandy’ a 20year old Female states that:

Pregnancy is the major thing am scared of to me, it's the major risk am scared of, it's a sure bet so if am to have sex let me use pills

Those who use the oral pill as a means for safe sex did so due to them having multiple partners as Linda explains above. While those in transactional relations use the pill as a means of safe sex. And it is being effective in pregnancy prevention.

Sophie Day, (2007) research shows sex with paying partners involves impersonal barrier methods and less personal sex. However as much as the pill prevents pregnancy it does not prevent one from the risk of sexually transmitted infection so it should be used together with the condom for one to have safe sex.

4.3.4.4. Oral pills as ‘Biologically Unsafe’

Another meaning that comes from this research is the perception of the oral pill as biologically unsafe with

‘Rita’ a nurse at the clinic says that:

Those youth who have used pills some say it affects their bodies like make menses irregular; some say they have back pains and headaches.

‘Frida’, a 22 year old Female also adds that:

we had an argument with my friend where we were talking about pills she says that pills every day is tiresome and effects are moody and one can get fat or thin ,where I disagreed with her and was telling her I have used and I dint see these.

‘Mary’, a 25year Female “remarks that:

I hear they have side effects, and it affects you and if you use then stop it won’t work you will get pregnant.

As the discussion continues ‘Purity’, a 21year old female adds that:

I wanted to use the oral pills I was told they will give me a potty “lower belly” and make my menses irregular

Taking the pill causes some interruptions on the human body from changing moods, to irregular menses among others this would make most youth to avoid using them because of these negative reactions. The department of health and human service identifies the oral pill as a hormonal contraceptive with impacts of this regulation of hormones being acne, menstrual imbalances and Even though most youth

complained of these effects about the oral pill the Committee of Adolescents still shows some of the non-contraceptive benefits of the oral pill as improvement to acne, decrease in menstrual cramping, and it exceeds 3 year significant protection against endometrial and ovarian cancers.

4.3.4.4.1 How meanings of oral pills as 'biologically unsafe' influence sexual behaviour

According to this research youth would opt for other methods with the perception that oral pills are biologically unsafe with

'Eunice,' a 28year old female says that

If I feel that pills are affecting me or I hear of these effects I would rather use condoms as an option than have unprotected sex.

Despite these effects they would still engage in protected sex as opposed to using oral pills and be exposed to these effects. This fear of side effects is mostly associated to hearsay or evidence from friends or media. Most would shy away from using oral pills with many women believing that oral pills accumulate inside the body and cause infertility or a variety of diseases (Castles, 2003; Rutenberg , 1997).

4.3.5 Social meanings of injections

In regard to injections there are various meanings that emerged and how these meanings influence sexual behaviour.

4.3.5.1 Injections as ‘prevention’

This study finds out that youth perceive injections as prevention as they share in the views, with

‘Juliet’, 25 year old Female 2nd year stating that:

I know of parents who give their kids these injections when they open school so that they do not get pregnant and embarrass them but the girls now are like why I have this medicine and I don't use so they become active

‘Cheryl’, 22 years old Female also adds that:

I think it's getting used to one person or being in a relationship for long makes you trust your partner so most people in such relations can opt for needles to prevent me from getting pregnant.

Depo – Provera or the shot as the youth refer to it, is a hormonal reversible contraceptive that prevents a woman from conceiving a baby for three months, this helps prevent unintended pregnancy. The youth who view injections as a form of protection or prevention opted for this because it's a long term kind of protection.

4.3.5.1.1 How meanings of injections as ‘prevention’ influence sexual behaviour

The research finds that those youth who use the injection mostly were in monogamous relations because of it being considered a long term kind of contraceptive and in case of transactional sexual relation.

‘Jane’, a 20 year old Female says that:

I only get to meet my guy during the long breaks so injections work for me

‘Mary’, a 23 year old Female also remarks that:

They work for me at least I don't have to keep using condoms so my boyfriend and I are safe

Joan’, 22 year old Female also adds that:

I used the injection for most of my partners do not like having sex with a condom I know am exposing myself to diseases but there is nothing I can do as I really need the cash.

For the case of students as Juliet explains above, in regard to injections it only applies to those whose parents view them as sexually active

She adds that:

Parents must have seen the sexual behaviours of the girls for them to be injected. So when they are injected there will be no cases of unwanted pregnancies

But as for Joan who is involved in transactional relations she uses the 'Injection' as a protection from pregnancy because her partners doesn't like condoms but even with this she is still scared of infection as injections don't offer protection from sexually transmitted diseases. In conclusion Sexual relations involving economic transactions are often associated with unsafe sex as well as increased risk of unwanted pregnancies and contraction of STIs (Madise, Zulu and Ciera, 2007).

4.3.5.2 Injections as 'Hormonal imbalance'

Another meaning that emerges is the youth perceiving the injection as a hormonal imbalance

'Job', a 29year old remarks that:

I dated my girlfriend for almost a year and she used these injections because they don't require a daily dosage like the oral pills although they had many side effects she would complain of headaches, heavy bleeding so we had to stop.

'Sheila', 26 year old Female 4th year student captures this as she talks about the injections:

I don't like the injections because they make me fat or thin and one can become in fertile or barren in future. I have an elder sister who used to use them too and she really reacted to it so I don't prefer them you can grow thin

but when you remove or stop using you are just fine. So I have a negative attitude on them

‘Anne’, a 29 year old Female also responds that,

So I asked about the injections and my friend told me I will grow big and am already big.

‘Emily’, a 24 year old Female responds to these:

I hear injections make one grow fat, and kills the mood of having sex but I don't know I have never tried them

The youth who took part in this research indicate reasons for stopping to use the injection because of the imbalance on hormones. Even though a few of the respondents used injections most would rather opt for other forms of contraception because of the effects surrounding them from those who have used Steinhert, (2000) shows weight gain as a major reason for the discontinuous use of the Depo injection.

4.3.5.2.1 How meanings of injections as ‘hormonal imbalance’ influence sexual behaviour

Due to these side effects they did not really have an influence on their sexual behaviours as these respondents would opt for other contraceptives. Most ladies tend to value their appearance and nobody will choose something that alters it.

4.3.6 Social Meanings of IUD

During the research another contraceptive that comes up is the IUD with the youth discussing the meanings of it and influence on sex

4.3.6.1 The IUD as ‘Biologically Safe’

The research identifies the meaning of the IUD as biologically safe one of the respondents in a focus group stating that

It does not have a hustle like pills that you take daily, it does not affect hormones

While 'Kate', 20 year old Female also adds that:

It's the only contraceptive that does not tamper with hormones so less side effects

This research finds that those youth who use the IUD did so because of it being non hormonal and therefore the best contraceptive, despite the fact that it does not protect one from sexually transmitted infections. The IUD is now safer than ever before and it has excellent credentials. Both the world Health organization and the American Medical Association name it as the safest, most effective and least expensive reversible method of birth control available to women (Knowles and Ringel, 1998).

4.3.6.1.1 How IUD as 'Biologically safe' influences sexual behaviour

IUD is considered biologically safe according to the youth with 'Peter', a 2nd year 24year old Male stating that

It protects us from pregnancy so I would really use it and i hear it doesn't have an effect on your appearance"

Due to its non-effect on hormones most youth would use it for pregnancy prevention. It's able to provide pregnancy prevention for up to 5 years and its ideal for youth who desire an extended length of protection and advantage of women who have difficulty remembering to take the pill on a daily use. Family Planning , 2017 shows the IUD as among the best contraceptives as it does not have hormones , one can use it while breastfeeding and can also be used as an emergency contraceptive when inserted up to five days after unprotected sex . It's only applicable to a monogamous relationship because it does not protect again.

4.3 Conclusion

In conclusion the various meanings that the youth had on contraceptives would have a major influence on their sexual behavior. Most youth would perceive contraceptives as a means of prevention meaning as an avenue for safe sex. These meanings would cause them to have multiple sexual partners, random and casual sexual encounters and in some cases transactional sexual partners knowing they are protected and would not get pregnant. These contraceptives were also socially constructed basing on the environment and residence, peers, social perceptions, religion, family, myths among other factors. These would play major role on how these young people would perceive contraceptives. Lastly the most commonly used contraceptives would male condoms and Emergency pills due to their availability at the time of sex, affordability, accessibility and they do not require many instructions or practionaire guidance for use. The least commonly used contraceptive would be the IUD due to its need for guidance before use which youth consider breach of privacy, its need for insertion by a healthcare provider.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter covers the summary of the findings based and makes conclusions and recommendations. These findings were based on the study objectives which were to examine the social meanings that youth bestow on contraceptives and to assess how these influence their sexual behaviour.

5.2 Summary of findings

Youth perceive contraceptives basing on their social context, each contraceptive acquired different meanings with each meaning having an influence on their sexual behaviour. In regard to condoms they were perceived as prevention, tools to plan one's life, a 'man's affair', as 'distrust', minimisers of sexual thrill, 'itchy rubber and oily', as value raters, as social stigma, 'un masculine'. In regard to condoms as a means of prevention youth viewed them as a means to offer dual protection from HIV and sexually transmitted infections and pregnancy. This would offer them a strategy for safe sex. This would have an influence their sexual behaviour as it would give them a way to have multiple sexual partners and consider they protected. Condoms also came up as a 'tools to plan one's life' with youth perceiving them as an avenue for having children by choice and not by chance. This would cause them to engage in protected sex meaning an increase in condom use. Therefore reduced rates in unplanned pregnancies and sexually transmitted infections. According to this

research condoms would also be viewed as 'a man's affair' in that men are considered the decision makers in matters of sexuality, which means it's the role of the man to decide whether to use a condom or not. These gender relations have encouraged unprotected sex with women tending to not use condoms assuming it's the role of the man. Use of condoms was also perceived as 'distrust' among youth as most of them would only use condoms on partners they don't trust. This would have a major influence on their sexual behaviours especially in cases of random and casual sexual partners. But for cases of long term relations they would not use condoms as they are built on trust.

Another meaning that came up was the perception of condoms as 'minimisers of sexual thrill' and hence reduce sexual pleasure, with most indicating their preference of unprotected sex stating they would like to feel the real thing. In regard to these findings most youth would opt to have unprotected sex regardless of the impacts due to the desire to feel the thrill that comes with unprotected sex. This research would also identify condoms as 'itchy rubber and oily' basing on the material they are made from. Youth would engage in unprotected sex due to their perceptions of condoms as causing itchiness and being oily. This would cause adverse reactions and would cause most youth to avoid condom use and hence engage in unprotected sexual behaviour. Youth would perceive condoms as 'value matters' as they would view condoms depending on the value you place on your partner. Condoms as value raters would make one engage in unprotected sexual behaviour and one would also have multiple partners as they opt to get someone who will accept to use that particular condom. Findings from this research would also identify condoms as 'social stigma'. Condoms have acquired meaning from society, and this research has proved that

most youth are shying away from condoms due to social factors such as peers, religion among others. The stigma that arises from these factors would cause most youth to engage in unprotected sex due to the fear of stigmatization from the society and lastly condoms are perceived to be 'un masculine' in cases of use of condoms one would be considered less of a man. According to this research desire to prove ones man hood and please peers leads to none use of condoms and this has led to youth engagement in unprotected sex therefore high HIV prevalence rate.

Female condom also came up as contraceptives during the research and they were perceived as a prevention, 'sex negotiator', hustle, and 'irritant': In regard to female condoms youth would use it as prevention from pregnancy and HIV, female condoms are of enormous importance to the fight against AIDS because they are the only existing, effective female-controlled preventive tool against HIV and other STIs (UNAIDS, 2006). Perception of female condoms as a means of prevention would cause those youth who used it to engage in protected sexual behaviour. Another meaning that comes up is the perception of female condoms as 'sex negotiators' this enables women to be able to bargain for and have a voice when it comes to practising safe sex. This ability to be able to bargain for safe sex would make more female youth to engage in protected sex as they are able to ask for use of protection or use protection during sex. Youth would also perceive female condoms as a hustle most youth regarded it as complicated and required professional assistance to use it. Most youth would opt to use other methods as opposed to the female condom as they would refer to it as complicated and a 'hustle'. This research also identifies another perception of the female condom as an 'irritant' , these negative perceptions associated with difficulties of insertion , discomfort during sex, the need to get a

partner's consent, difficulties in use, aesthetic concerns, noise, sensitivity to polyurethane (UNFPA ,2005) this would make most youth avoid use of female condoms as a contraceptive.

Another contraceptive that came up were E pills which were perceived as prevention, 'saviour', 'license for enjoyment', convenience and an 'insurance' E pills were perceived as prevention of pregnancy among the youth, they are a popular way of pregnancy prevention especially among youth who engage in random, casual and unprotected sexual encounters. The research also identifies another meaning of the E pill as a 'saviour' this meant they would deliver or rescue them from harm which in this case is unwanted pregnancy. E pills would offer protection among youth who engaged in casual or random unprotected sex. Another meaning that comes up on E pills as a 'license to enjoyment' where youth view it as an avenue to have unprotected sex. Unprotected sex is considered sweeter among the youth so E pills would offer youth this without getting pregnant. E pills were also perceived as 'convenience' in that they come in handy after an unplanned sexual encounter. It would influence their sexual behaviour as it's the only immediate pregnancy prevention for someone who has had unprotected sex and is not ready for parenting. In conclusion youth would also perceive E pills as 'insurance' as it enables them to have a second chance after unplanned sex. To these respondents sex is casual, abrupt and with no strings attached and with substance abuse they end up having unprotected sex, in such a case E pills comes in to offer a cover.

This research identifies another contraceptive as oral pills which were viewed as a prevention, 'terminal medicine', and safe sex and 'Biologically unsafe' Youth view oral pills as a means of 'prevention' as most youth who used the oral pill as

prevention tend to be more reckless in their sexual encounters. Knowing they are protected they tend to engage in unprotected sexual behavior. Oral pills were also viewed as 'terminal medicine' due to the daily adherence of oral pills youth associates this to terminal diseases like cancer. This has a negative effect as youth would at times forget and end up engaging in unprotected sex. This research also identifies oral pills as 'safe sex' with the respondents on the pill wanting to enjoy sex without being pregnant so the pill offers this what they refer to as safe sex to them it's one without pregnancy. This allows them to be able to engage in unprotected sex with the perception that they are protected from pregnancy. Lastly youth perceive oral pills as 'biologically unsafe' due to the changes and interruptions it causes to the human body from changing moods, to irregular menses among others this would make most youth to avoid using them because of these negative reactions.

Injections also came up during the research with the following meanings coming up 'prevention, and Hormonal imbalance'. In regard to 'prevention' injections were considered by the youth as an ideal method for pregnancy prevention, with those youth who used injections as prevention were in monogamous relations seeking for long term contraception or are involved in transactional relations with partners who would not use condoms. Youth would also perceive injections as 'hormonal imbalance' Due to the side effects injections did not really have an influence on their sexual behaviours as these respondents would opt for other contraceptives. Lastly contraceptive that was discussed was the IUD which was perceived as 'biologically safe' with most respondents stating their preference for it due to the non-hormonal effect. Even though it did not protect against sexually transmitted infections it was still preferred as long term pregnancy prevention, In regard to sexual behaviour this

was only applicable to monogamous relations this referred to those youth with one partner.

5.3 Discussion of Findings

According to this research different contraceptives would acquire different meanings and this would have an influence on youth sexual behaviour. In regard to condoms they would be given meanings as 'prevention', 'tools to plan one's life', a 'man's affair', as 'distrust', minimisers of sexual thrill, 'itchy rubber and oily', as 'value rater', as 'social stigma,' 'un-masculine'.

Youth would perceive condoms as 'prevention' from unplanned pregnancies and sexually transmitted infections, with Caldwell et. al, 1989 describing young people's premarital sexual encounters are generally unplanned, infrequent and sporadic, a pattern that pre-disposes the youth to unwanted pregnancy and sexually transmitted infections. Due to its dual purpose of pregnancy prevention and protection from sexually transmitted infections most young people would rely on it with approximately 5.5 million women relying on the male condom Kavanaugh and Jerman, 2018. Sexual relations with many partners among most young men are regarded as an achievement and with the introduction of condoms this has been made possible. They have also enabled young people to engage in random and casual sexual relations knowing they are protected against HIV/AIDS and other sexually transmitted infections. For those with multiple partners it would give them the option or insurance to have many partners who they refer to as '*Jeshi*' army or '*Squad*' group and get away with it and not get pregnant or infected. Condoms would be perceived as planning tools this would mean a well-planned family with limited members whose maintenance is possible with available resources and tools and thus

builds a healthy and well to do unit which is the key point for a planned development. This would cause most youth to engage in protected sex and would mean an increase in condom use therefore a decrease in unplanned pregnancies.

Condoms would also been socially constructed as a 'a man's affair', the gender relation in the society have made use of condoms to be considered a man's decision. Decision making in matters of sexuality has seen women being subordinates and this lack of influence and power makes women feel ashamed and are consequently less eager to use condoms until they seek consent from men (Mendes S.S. et. al. 2011). This imbalance would cause youth to engage in unprotected sex and it would expose them to unplanned pregnancies and sexually transmitted infections. This research also identifies another perception of condoms as 'distrust' in that most youth would use condoms on partners they don't trust these would be those non regular partners , random , casual sexual partners and even flings. But for those partners they trust they would opt for unprotected sex. Leslei and Tarkavarsha, 2014 state that youth who engage in unprotected sex have been seen not to use condoms as a way to show love and also an assurance of love and complete trust in one another. Another research finding that comes up from this research is the perception of condoms as 'minimisers' of sexual thrill. Dilger, (2003) and Thomsen et.al. (2003), say that the sensuality of sex being sweet through contact inhibits most youth from condom use. The perception of unprotected sex as sweet, would see the occasional remarks from different youth who refer to unprotected sex as "eating sweet with paper", "enjoying the real thing", "nyama kwa nyama" (flesh to flesh), Family Planning (2006) Plummer et.al also refers to it as "farming with your Hoe in as sack" that sensational sweetness is more important than protection to most of them.

Youth also perceive condoms as 'itchy rubber and oily', according to this research latex condoms would be considered the best for protection against sexually transmitted diseases but some youth would avoid use of condoms due to the reaction to these type of condoms. Family Plan reproductive Health care, (2008) shows that latex allergy is a loose term applied to allergic reactions following contact with rubber material used to make condoms. In their research they also indicate that itchiness from contact with latex would cause most people to avoid condom use. Youth who reacted to latex would either engage in unprotected sex or would end up using other contraceptives. Condoms would also be perceived as 'value rater' where some condom brands would be associated with the value placed on partner. Where if your guy uses government condoms that are given free he takes you to be cheap or of low value as most government condoms are considered of low quality. It's assumed that values are a strong controlling variable when it comes to sexual behaviour. Rigillo (2009)'s research also goes in line with this research as the researcher associates free condoms to cheap clothes which tear quickly with one of her respondents indicating that "they would rather buy their own condoms as opposed to free it's a matter of quality", while another respondent stated that "hospital condoms are unsafe ,if something is free it isn't as good , you must pay for quality , they go on to explain that free condoms are for those who have no option or those living in rural areas who cannot afford to pay for them but everyone knows they are of low quality and tend to burst. In regard to sexual behaviour when condoms are perceived as value ratter youth end up having multiple sexual partners as they keep looking for one who will accept that particular brand while others would opt for unprotected sex than being perceived to be 'cheap'.

This research also finds another meaning for condoms as ‘social stigma’ Condoms have acquired meaning from society, Social constructionists observe that people create reality through their experiences in the world, social reality is created by meanings that people give to social facts (Boghossian, 2001). In this case condoms have been socially constructed with most social perceptions stigmatizing the use of condoms. Social influence has been viewed to have major influence on youth’s attitudes to condom use and in this research it has proved that most youth are shying away from condoms due to social factors such as peers, religion among others. This has lead most youth to engage in unprotected sexual behaviour due to these stigmatization. The Social stigma tends to associate condoms to promiscuity and immorality. Access of contraceptives like condoms from public spaces makes people brand one as immoral, whereas a female found to be carrying a condom in her purse will not be considered as one trying to protect herself but will be considered promiscuous. These gender stereotypes surrounding condoms and even peers were also among the social factors that would come up and encourage nonuse of condoms. Understanding the role of gender power relations would also have an impact on these perceptions, with some scholars such as ALI Fatma, (2018: 70-95), noting that gender roles are the characteristics and behaviours believed to be appropriate for men or for women. With gender conceptualization being how the different genders interact with each other and their expectations in those interactions. Most women in the society are raised with their identities entrenched in religious and cultural norms. Dominance is mostly placed on men with women being perceived as passive and conservative. Though these gender roles are changing with the introduction of the female condoms which has been introduced to give the women the option to advocate for safe sex,

women tend to feel sexually vulnerable and introduction of female condom has given them a voice, as it gives them a sense of power and autonomy. Lastly condoms would be perceived as 'un masculine' among the youth. According to this research desire to prove ones man hood and please peers leads to none use of condoms and this has led to youth engagement in unprotected sex therefore high HIV prevalence rate. Holland et.al, (1999) shows that for many young men condom use is even associated with "gay" or "un masculine" therefore in order to maintain a masculine identity among peers condom use maybe discouraged.

Female condoms were also discussed as contraceptives and various youth perceived them as 'prevention ', 'sex negotiator ', 'irritant and hustle'. Young people perceive female condoms as a means of 'prevention' against unplanned pregnancies and sexually transmitted infections. UNAIDS, (2000) describe it as an optional method that was introduced to females to offer them protection from sexually transmitted diseases. Findings of this research indicate that those youth who used this type of contraceptive would engage in protected sex even in cases where their partners were not willing to use condoms. It was also perceived as a 'sex negotiator' female condoms were seen to empower women and enable them negotiate for safe sex. Women tend to feel sexually vulnerable and the introduction it has given them a voice when it comes to safe sex practices. So far the female condom is the only method that allows women to control protecting themselves and their partners. Use of the female condom can empower women, gives them a great sense of self-reliance and autonomy and enhance dialogue and negotiation with their sexual partners (Mantel, Stein and Susser, 2008). The ability of females to negotiate for safe sex

would enable them engage in protected sex which leads to a reduction in sexually transmitted infections.

This research also identifies another meaning of the female condom as a 'hustle' with the female respondents revealing that they don't like using the female condoms because it's complicated to use and requires assistance or guidance before using it, which is such a hustle and challenge. Most participants had an unfavourable attitude on the female condom in regard to insertion; those in their early sexual debut could not use it due to the intrusive position of insertion. This would mean need for professional assistance which was not really welcome by them. This would cause most youth to resolve to other contraceptives for protection and pregnancy prevention as opposed to it. In conclusion female condoms were perceived as 'irritants' in that young people perceived them as uncomfortable, disgusting and irritable. These negative perceptions associated with difficulties of insertion, discomfort during sex, the need to get a partner's consent, difficulties in use, aesthetic concerns, noise, and sensitivity to polyurethane (UNFPA, 2005), would make most youth avoid use of female condoms as a contraceptive. Due to these perceptions it did not have a major influence on sexual behaviour as most youth did not advocate for it.

The research identifies another contraceptive that is used by the youth as the Emergency Pill. The meanings that would be associated to the E pill would be as prevention, 'saviour', 'license for enjoyment', convenience and 'insurance' Emergency pills would be perceived as 'prevention' among the youth to mean a quick way of pregnancy prevention after unprotected sex and would help avert

unplanned pregnancies. This would be associated to issues such as unplanned sexual encounters, random or casual partners, and failure of a contraceptive like a condom burst that could cause one to engage in unprotected sex. This would cause most youth to use E pills and just as Trussell, (1999) also explains that E pills are effective in pregnancy prevention when taken within 72 hours after unprotected sex. Another meaning that was given to E pills was the perception of them as a 'saviour' E pills among the youth act as saviours to sex escapades where 'saviours' would be used to mean a deliverer or rescue from harm which in this case is pregnancy. In relation to sexual behaviour most of these youth who use E pills practice random, abrupt, and unintended sex behaviour which exposes them to unintended pregnancies and HIV infection and other sexually transmitted infections. Casual sex among them would be seen as being referred to as flings and hook ups. About 35 million unintended pregnancies occur each year and emergency pills would offer protection to a typical woman who had detectable unprotected sex or did not use her regular contraceptive perfectly (Trussell, 1997). The research identified another meaning of E pills as a 'licence to enjoyment' The proportion of young people engaging in unprotected is on the increase with notion of having unprotected sex as sweeter than protected sex. Most young people thus tend to engage in unprotected sex just because of the thrill and perception of it being sweeter and with the availability of the E pill they are able to do so and not get pregnant. It was also perceived as a 'convenience' in that E pill comes in handy after an unplanned sexual encounter, failure of a contraceptive or as an abrupt measure to prevent pregnancy. With Jamie MA et al, (1999) regarding emergency pills as a pregnancy prevention especially if the pregnancy is unwanted, it's the only immediate pregnancy prevention for someone who has had unprotected sex and is not ready for parenting. Lastly E pills were perceived as an 'insurance

'youth would view E pills as an insurance as it gave them a second chance after unprotected sex. This research identifies how E pills enable the youth to have an allowance after unprotected sex. They view it as an insurance as, it enables them to have a second chance after unplanned sex and even space to be able to access the contraceptive and they are still protected. It makes them feel covered against a risk. Half of the pregnancies among youth are usually unintended so emergency pills provide individuals with insurance against unplanned pregnancies and contraceptive failure (Mulligan k., 2016).

Oral pills also acquired various meanings among youth and had an influence on their sexual behaviour. The various meanings that oral pills acquired were 'prevention', 'terminal medicine ', safe sex, and 'biologically unsafe'. Youth who perceived oral pills as 'prevention' tended to be more reckless in their sexual behaviours knowing they are protected. They did not have to worry about effectiveness they just needed to enjoy the sex knowing they are protected. The pill provides approximately 95% protection from pregnancy if taken daily. It's because of this daily adherence that made them perceive oral pills as 'terminal medicine'. For them to be effective it's important that you take your pill every day at the same time one should not be late by more than three hours (Brady, 2011). This would cause most youth to shy away from using it as it made them feel terminally ill. Most youth would have a challenge with daily adherence as a challenge to pills use, with this showing inconsistent use of the pill among the youth. Majority of the youth show a lot of omission and stoppage of use due to daily use and adherence. The daily adherence of the oral pill makes some youth end up engaging in unprotected sex and there are cases where if one tampers with the timing and the person gets pregnant. During the research another meaning

that came up concerning the oral pills was the perception of the oral pills as 'safe sex' this implied sex without pregnancy .As mentioned earlier most youth prefer unprotected sex . Sex for the youth is active, spontaneous and uncontrolled that's there definition of pleasurable sex. Most of the respondents on the pill wanting to enjoy sex without being pregnant so the pill offers this. There is also the case of transactional sexual partners where those who were involved in these kinds of relations would engage in unprotected sex knowing they are protected. In conclusion oral pills according to this research were perceived as 'Biologically unsafe'. Taking the pill causes some interruptions on the human body from changing moods, to irregular menses among others this would make most youth to avoid using them because of these negative reactions. The department of health and human service identifies the oral pill as a hormonal contraceptive with impacts of this regulation of hormones being acne, menstrual imbalances among others. In relation to sexual behaviour some would opt for using condoms which meant protected sex as to using pills because of these effects.

Injections also came up a contraceptive among the youth with the meanings associated to it being 'prevention 'and 'hormonal imbalance' Injections would be perceived as 'prevention' especially among those youth in monogamous relations and were seeking for a long term contraceptive. There were also cases of youth who were involved in transactional relations and their sexual partners would not use a condom, so injections would come in handy. Even though some youth would prefer them as a form of pregnancy most of them would perceive them to cause 'hormonal imbalance' with the respondents from this research stating that instead of injections, most would rather opt for other forms of contraception because of the effects

surrounding them. Steinhert, 2000 shows weight gain as a major reason for the discontinuous use of the Depo injection. Due to these side effects injections did not really have an influence on their sexual behaviours as these respondents would opt for other contraceptives.

The last contraceptive according to this research that was discussed was the IUD which due to its non-hormonal effect would be preferred by the respondents. It would be applicable to mostly those monogamous relationships of having just one sexual partner and those who chose it would prefer it as long-term pregnancy prevention.

This research would be associated to the social constructionist theory because to these theorists Knowledge is socially constructed rather than created. Its society that defines the world from the lived experiences and people interpret meanings basing on their social experiences. Basing on this research findings youth construct contraceptives basing on their social surroundings and this has an effect on their sexual behaviour. Condoms would also be constructed as power relations where the power imbalances in the society make women subordinates in matters of sexuality. The UNAIDS prevention gap report, 2016 indicated that young women and even sex workers lacked the power to negotiate the use of condoms and this exposes them to sexually transmitted infections and unplanned pregnancies. In some instances, women would not use a condom especially the female condoms without consent from their male partners. Power relations in the society have made use of condoms to be considered a man's decision. Decision making in matters of sexuality has seen women being subordinates in matters of sexuality. This lack of influence and power makes women feel ashamed and are consequently less eager to use condoms until they seek consent from men (Mendes ss

et al, 2011). This imbalance would cause youth to engage in unprotected sex and it would expose them to unplanned pregnancies and sexually transmitted infections. The introduction of the female condom has made women to now have a greater control over their own protection from diseases. It has also enabled women to advocate and bargain for safe sex and therefore have a voice when it comes to practicing safe sex. Although these are changing and women are now beginning to make their own decisions in regard to health seeking behavior, with the introduction of the female condom which was introduced to give women an option to advocate for safe sex.

Myths and misconceptions that would affect the use and non-use of contraceptives things like the 'skin colour' where if it's a dark skin one has to use contraceptives but light skin is like winning a lottery, some would perceive condoms to cause cancer while others would perceive methods like injections would cause one to be barren or lower ones sexual drive or libido. There were also factors like the environment and residence where one's background would have a major influence on nonuse or use of contraception. Those youth who come from rural areas or interior reserves cannot access contraception and do not even have access to information on contraception so lack the knowledge. There is also the aspect of culture and family beliefs where sex is a taboo to even talk about it because of the conservative nature of the cultures so these youth engage in unprotected sex when they reach the reproductive age, some are even told when they reach a certain age they need to give birth so don't pay much attention to contraception. Their urban counterparts can access information on various contraceptives, so they have options and different methods to choose from so most engage in protected sex. Those who come from slum areas mostly cannot afford some of these contraceptives so would opt for condoms or sometimes unprotected sex.

Factors such as peers who would have a major influence on contraceptive construction as some would opt to use those that they have been referred to by friends, while others especially the men would encourage each other not to use condoms referring to sex without a condom as sweet. There are also cases where they would opt to have unprotected sex to please the crew. There is also the economic aspect where things like cost would determine whether contraceptive is more accessible than others. Most youth would prefer condoms because they are pocket friendly and some are even free they can be accessed in dispensers and the supply is consistent.

Lastly social and personal perceptions would also be determinants where one's own perceptions would affect the views and opinions on contraceptives. Use and non-use of contraceptives is a personal choice with some referring to use of condoms as boring, unsexy and slowing the thrill. Stigma from self and even public where contraceptives in the society are associated to promiscuity would also make youth engage in unprotected sex. With picking a condom from a supermarket when others are buying sugar or flour makes one feel it's not right or promiscuous, buying E pills from the chemist makes everyone know you just had unprotected sex, if a lady carries a condoms in her purse she's seen as immoral. Society encourages abstinence for young people and still view sex for the marriage so they are very judgmental.

5.4 Conclusion

In conclusion basing on this research meanings on contraceptives would have a major influence on sexual behavior, in that how youth perceive contraceptives determines whether they engage in protected or unprotected sex and this has a, major influence on increasing rates of HIV and AIDS among the young people. There are those

methods of contraception that the youth consider safe which means protect them from pregnancy but expose them to HIV/AIDS and sexually transmitted infections. Methods like safe days and withdrawal would come up during the research as methods of contraceptives that were also frequently used. Youth would use them for pregnancy prevention but were not really reliable and some would even refer to them as 'Dangerous' because if one is under the influence they may think they have withdrawn but end up ejaculating inside and one gets pregnant, They are also a dangerous method as it exposes them to HIV/AIDS infections, while in regard to safe days one may think they have counted the days well but missed one or two days and they end up pregnant. Generally the youth are more scared of pregnancy than HIV infections thus the increasing high rates of infections so most of the contraceptives they use like the pre sex the IUD ,injections , oral pills which tend to protect one from pregnancy but do not offer protection from HIV/AIDS. Most youth would use the condoms and E pills because of accessibility, affordability and there availability. They also do not need a specialist help when using these kinds of contraceptives. IUD would be the least commonly used contraceptive because of the cost but according to one of the key informants it's the best long term contraceptive as its non-hormonal and it also needs a specialists help to use, though the youth don't like this as they would say that 'they feel their privacy is breached.

5.4.1 Recommendations

The study makes the following recommendations based on the findings:

- I. Sensitization on use of condoms will also reduce the HIV/AIDS infection rate, condoms being the most contraceptives used by youth, and the only contraceptive that can multitask that is protection against STDs and unwanted

pregnancies. There is a need to enhance sex education to encourage use of condoms with the main themes being- youth to 'condomise' and not compromise.

- II. There is also a need for policy makers to create safe spaces for young people to explore matters of sexuality especially contraceptives .it's easier for young people to discuss such issues in spaces where they are not judged and are confidential therefore they are able to ask questions, learn and even help them make better decisions in regard to sexuality.
- III. Governments can also use these perceptions to build policies that will enable access of contraception's to be informed and unbiased especially in the inclusion of these sentiments in the Reproductive health care bill (2019) section part 4 : on the reproductive health of adolescents

5.4.2 Suggestions for Further Research

Further research should still be conducted on contraceptives and sexual behavior to enable youth use the other types of contraceptives and not just concentrate on two main ones condoms and emergency pills.

Further Research should also be conducted on how to enhance contraceptive use especially among youth to encourage safe sex practices.

Lastly there is need for more research to be carried out on natural methods like safe days and withdrawal to determine if they are methods of contraceptives or not.

REFERENCES

- Abuya W.O. (2013). What is in a coconut? An ethno ecological analysis of mining, social displacement, vulnerability, and development in rural Kenya, *African Studies Quarterly Review*, Vol 14 (1&2): 3 - 5.
- Advocates for youth. (2008), Abstinence –only-programs – home. African Health Sciences, (2002) Vol. 2, No.1. Retrieved from <http://Advocatesofyouth.org>
- Agadjanian, V, Yabiku S. & Fawcett, L. (2009). History, community milieu, and Christian-Muslim differentials in contraceptive use in Sub Saharan Africa. *Journal for the Scientific Study of Religion*, 48(3): 462-79.
- Ahmed Ali, Fatuma (2018), "Understanding the Role of Gender Relations in Radicalising and Recruiting Young Muslim Women in Higher Learning Institutions in Nairobi, Kenya", in *The African Review* Vol.45, No.1:70-95.
- Ali M.M, Dwyer D.S., (2011), Estimating peer effects in sexual behavior among adolescents *Journal of Adolescent*, 34 (2011), pp. 183-190.
- African Population and Health Research Center. (APHRC). (2002). Population and Health Dynamics in Nairobi's Informal Settlements. Nairobi. Occasional Study Report 2002. APHRC, Nairobi
- Alan Guttmacher Institute (AGI). (2006), Adolescent sexual and reproductive health: Results from the 2004 *National Survey of Adolescents [Burkina Faso, Ghana, Malawi, and Uganda]*. Occasional Reports Nos. 21, 22, 24, 25. New York: AGI.
- Allan Guttmacher Institute (AGI). (1999), *Sharing responsibility : Women , society and abortion worldwide* , New York : AGI .
- Alloway, R., & Bebbington, P. (1987), The buffer theory of social support—a review of the literature. *Psychological medicine*, 17(1), 91-108.
- American College of Obstetricians and Gynecologists. (2006), Women Health Care Physicians. *American College of Obstetricians and Gynecology*, 2006. Pages 1564-1572.
- African Population and Health Research Center. (2014), Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-sectional Slums Survey (NCSS) 2012. Nairobi.
- Anjum Shabana ,et , al (2001) , Knowledge of Contraceptives Methods and Appraisal of Health Education among Married women ,*International Journal Of Science and Research (IJSR)* ,ISSN (on line) 2319 – 7064.
- Archer, J. (2009). Does sexual selection explain human sex differences in aggression? *Behavioural and Brain Sciences*, Vol.32 (3-4): 249-266.

- Asker, Lampard Stokes, Beavan , (2006) ,Effect of Knowledge of Self-removability of Intrauterine Contraceptives on Uptake, Continuation, and Satisfaction. *Women's Health Issues*, Vol.28, pg. 68-74.
- Barker G. (2007) ,Adolescents, Social Support and Help-seeking Behaviour: An International Literature Review and Programme Consultation with Recommendations for Action: An International Literature Review and Programme Consultation with Recommendations for Action, WHO Discussion Papers on Adolescence, Department of Child and Adolescent Health and Development, World Health Organization .
- Bakhurst, D. (1991), *Consciousness and revolution in Soviet philosophy from the Bolsheviks to Evald Ilyenkov*. Cambridge: Cambridge University Press.
- Bass E. (2005), The Two Sides of PEPFAR in Uganda. *The Lancet*, 365 (9477), 2077- 2078.
- Beekle A.T. (2006). Awareness and Determinants of Family Planning Practice in Jimma, Ethiopia. *International Nursing Review*, Vol 53(4):269-276
- Berger P. & Luckmann T. (1966), *The social construction of reality: A treatise in the sociology of knowledge*. Harmondsworth: Penguin.
- Berger, P. L., & Luckmann, T. (1991), *The social construction of reality: A treatise in the sociology of knowledge* (No. 10). Penguin Uk.
- Berndt T.J, (1979), Developmental changes inconformity to peers and parents. *Developmental Psychology* (15)608-616.
- Bhawna Sharma, Shughbhangna Sharma and Shipra Nagar, Kamlar Raj. (2005), Awareness among Women Towards Aspects of Family Planning in Kullu District of Hamachal Pradesh , Department of Human Development , College of Home Science , Himachal Pradesh , India ,J .Soc.Sci , 11(3) : 249 – 251.
- Biddlecom A. E, Munthali A., Singh S., Woog V. (2007), Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. *African Journal of Reproductive Health*. 11(3): 99-100.
- Biddlecom, A.E., Hessburg, L., Singh, S., Bankole, A. and Darabi, L. (2007), *Protecting the Next Generation in Sub-Saharan Africa: Learning from Adolescents to Prevent HIV and Unintended Pregnancy*. Guttmacher Institute, New York.
- Burke S.J., Anne E. (2010). Fertility control: contraception, sterilization, and abortion. In: Hurt K et al, editors. *The Johns Hopkins Manual of Gynecology and Obstetrics*. 4th ed. Wolters Kluwer Health, Philadelphia, USA: Lippincott Williams & Wilkins; p. 382–395.

- Casterline J. B., Sathar, Z.A., Minhaj ulHaque (2001). Obstacles to Contraceptive Use in Punjab. *Studies in Family Planning*, Vol. 32, Issue 2: 95 – 110.
- Casterline, J.B. and Sinding S.W. (2000). Unmet Need and Implications for Population Policy. *Population and Development Review*, Vol. 26(4): 291-723.
- Chimbiri A., (2007), The Condom is an ‘Intruder’ in Marriage: Evidence from Rural Malawi.” *Social Science and Medicine*, Vol. 64(5): 1102–1115.
- Choi K.H, Hoff C., Gregorich S.E, Grinstead O., Gomez C., and Hussey W. (2008). The efficacy of female condom skills training in HIV risk reduction among women: a randomized controlled trial. *Journal of Public Health*, Vol.98 (10): 841–1848.
- Chizororo Francis, Natshalanga M. N.R (2003) , The Female Condom : Acceptability and Perception among Rural Women in Zimbabwe. *African Journal of Reproductive Health*, Vol. 7(3): 101 -116.
- Caldwell. J. , Caldwell P. & Quiggin , P.(1989) , The Social Context of AIDs in Sub – Saharan Africa , *Population and Development Review* 15(2) 185- 23.
- Centre for Disease Control. (2011), Male Latex Condoms and Sexually Transmitted Diseases. Atlanta GA. [https://effective intervention](https://effectiveintervention).
- Centre for Disease Control and Prevention, (2011), United States special Feature on Socio Economic Status and Health, National Centre for Health Statistics, Us Department of Health and Human Sciences.
- Charles N. (2004), Unwanted Pregnancy and Sexually Transmitted Infections among Young Women in Rural Kenya .*Cult Health Sex*.2004; 6(1)31-44
- Charlotte E. Warren, Susannah H. Mayhew and Jonathan Hopkins .(2017), The Current Status of Research on the Integration of Sexual and Reproductive Health and HIV Services, *Studies in Family Planning*, 48, 2, (91-105).
- Chimbiri, Agnes. (2007), The Condom is an ‘Intruder’ in Marriage: Evidence from Rural Malawi.” *Social Science and Medicine* 64(5):1102–15.
- Chin, H. B., Sipe, T. A., Elder, R., Mercer, S. L., Chattopadhyay, S. K., Jacob, V. & Chuke, S. O. (2012). The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services. *American journal of preventive medicine*, 42(3), 272-294.
- Cialdini, R. B. Reno R. R., & Kallgren C. A. (2003), A Focus Theory of Normative Conduct: Recycling the Concept of Norms to Reduce Littering in Public Places. *Readings about the Social Animal*, 56.

- Cooke, I. J. Moore N. J. Watson K. Dixon M. A., Jordan G. L. & Murphy A. B. (2017), Barriers and facilitators toward HIV testing and health perceptions among African-American men who have sex with women at a South Side Chicago Community Health Center: A pilot study. *Frontiers in Public Health*, 4, 286.
- Day Sophie, (2007), *Women and Sex work, Anthropology, culture and society, On the Game* Retrieved from https://books.google.com/books/about/On_the_game.html.
- Darroch J.E, Audams B. A., Kopplin G, Riley T. and Singh S. (2016). Adding it up: Costs and Benefits of meeting Contraceptive needs of Adolescents in developing regions. Gutt Macher Institute: New York. Available: <https://www.Gutmacher.org/report/adding-it-Meeting-contraceptive-needs-of-adolescents>.
- Delve w.,Wuillaume F.,et.al,(2007),Sexual Behaviour and Contraceptive Use among Youth in Balkans,*The European Journal of Contraception and Reproductive Health Care*.12(4):309-16
- Dicenso Alba, Guyatt Gordon, Griffith L. (2002), Interventions to Reduce Unintended Pregnancies among Adolescents: A systematic Review of Randomized Controlled. <https://doi.org/10.1136/bmj.324.7351.1426>
- Detzer, M. J., Wendt S. J., Solomon L. J., Dorsch E., Geller B. M., Friedman J., & Dorwaldt A. L. (1995). Barriers to condom use among women attending Planned Parenthood clinics. *Women & health*, 23(1), 91-102.
- Donna Clifton, Toshiko Kaneda, and Lori Ashford. (2008), *Family Planning Worldwide 2008* Washington, DC: Population Reference Bureau.
- Donovan Catherine & Marianne Heister. (2014), *Domestic Violence and Sexuality*, University of Chicago Press: 1427. 60th Street Chicago, IL 60637 USA
- Dr. Hafsa Mohammed Zuber. (2012), *Sexual Behaviors Among youth in colleges and Youth Centers in Mombasa*.University of Nairobi Archives. repository.uonbi.ac.ke/handle/11295/95601
- Duffy K., Lynch D.A., (2008) Government Support for Abstinence- Only- Until- Marriage Education, *American Society for Clinical Pharmacology and Therapeutics*.
- Edmund Husserl (1993) *An introduction to Husserlian phenomenology*. Evanston: Northwestern University Press. Original work published in 1989
- Edward Relph, (1976), *An Inquiry Into Relations Between Phenomenology and Geography*: University of Toronto.

- Ellen J.M, Dolcini M., Bir N.D, Harper G.W, Watson S., Valente T. (2001), Social network centrality and sexual experience among a household sample of urban African American adolescents *Connections*, 24 , pp. 76-81
- Ettarh, R. R., & Kyobutungi, C. (2012). Physical access to health facilities and contraceptive use in Kenya: Evidence from the 2008-2009 Kenya Demographic and Health Survey. *African journal of reproductive health*, 16(3).
- Foster A, M, & L. L. Wynn L.L. (Eds.), *Emergency contraception: the story of a global reproductive health technology* (pp. 3-17). New York: Palgrave Macmillan.
- Flisher A.J. & Chalton .D. (2001), Adolescent Contraceptive non use and Co variation among Risky Behaviors , *Journal of Adolescent Health* , 28. P.G 235-41
- Fusch P.I & Ness, L.R. (2015), *Are We There Yet? Data Saturation in Qualitative Research*. *The Qualitative Report*, 20(9) 1408-1416 vol20/1559/3
- Gallo M.F., Grimmes D.A, Schulz K.F., and Helmershorst, F.M. (2004), Combination Estrogen-Progestin Contraceptives and Body Weight: Systematic Review of Randomised Control Trials. *Obstetrics & Gynecology*, 103, 359-373.
- Garner C.R. (2000), *Safe Sect? Dynamics, Religion and AIDS in South Africa*, *Journal of Modern African Studies*. 38(1): 41-69
- Garfinkel H. and Sack H., (1970), *On Formal Structures of Practical Action in Mc Kinney, J.C. And Tiryakian E.A (ed), Theoretical Sociology*, New York.
- Garfinkel, H., (2002). *Ethnomethodology's Program: Working out Durkheims Aphorism*, Lanham, MD: Rowman and Little field.
- Geeta Nanda, Schuler Ruth & Lenzi Rachel. (2003), *The Influence of Gender Attitudes on Contraceptive Use In Tanzania: New Evidence Using Husbands and Wives' Survey Data* , *Journal Of Biosocial Science*, Cambirdge University Press.
- Gilmore Mary Rogers, Archibald Mathew E, Morrison Diane M, Wilsdon Antony, Wells Elizabeth A., Hoppe Marilynne .J. Nahom Deborah , Murowchich Elsie, (2004) ,*Teen Sexual Behavior: Applicability of the Theory of Reasoned Action* , *Journal of Marriage and Family*..
- Goldin Claudia and Katz F. (2002), *The power of the pill: Oral contraceptives and women's career and marriage decisions*. *Journal of Political Economy* 110(4): 730-770.
- Greenberg, J. S., Bruess C. E., & Oswalt S. B. (2014), *Exploring the dimensions of human sexuality*. Jones & Bartlett Publishers.

- Gergen. Kenneth J. (1985). "The Social Constructionist Movement In Modern Psychology". *American Psychologist*. Volume 40, Issue 3. 266-27.
- Gregson, S., Nyamukapa C. A., Garnett G. P., Mason, P. R., Zhuwau, T., Caraël M. & Anderson, R. M. (2002), Sexual mixing patterns and sex- differentials in teenage exposure to HIV infection in rural Zimbabwe. *The Lancet*, 359(9321), 1896-1903.
- Grimes D.A. (2000), Intrauterine device and upper-genital-tract infection. *Lancet*; 356:1013-1019.
- Gupta, N., & Mahy, M. (2003), Sexual initiation among adolescent girls and boys: trends and differentials in sub-Saharan Africa. *Archives of sexual behavior*, 32(1), 41-53.
- Gyimah, S.O. (2006), Migration and fertility behavior in sub-Saharan Africa: The case of Ghana. *Journal of Comparative Family Studies*.
- Hardy S.A. and Rafaelli M ,(2003) , Adolescents , Religiosity and Sexuality , An Investigation of Reciprocal Influences , *Journal of Adolescence* ,26(6) pp,731 -739.
- Hall PA, Holmqvist M, Sherry SB. (2004), Risky adolescent sexual behavior: A psychological perspective for primary care clinicians. Available from <http://www.medscape.com/viewarticle/467059>.
- Hall K., Sales D., Jessica M.C, Komro A. Kelli and Santelli J. (2017) .The State of Sex Education in the united States. *Journal of Adolescent Health*, Vol.58 (6): 595 -597
- Harrison A., Smith J, Hoffman S., Nzama T, Leu C.S., Mantell J. et .al. (2012), Gender, peer and partner influences on adolescent HIV risk in rural South Africa *Sex. Health*, 9 (2012), pp. 178-186.
- Hayes C.D. (1987). *Risking the Future - Adolescent Sexuality, Pregnancy and Child bearing*, VOL 1 Washington, DC: National Academy Press.
- Hitt W. D. (1969). Two models of man. *American Psychologist*, 24(7), 651-658.
- Hillard P.J. (2005), Contraceptive Behaviour in Adolescents. *Pediatric Annals*.34 (10):794-802
- Hoque M.E,Ntsipe T., Mokgatle-Nthabu M.,(2013) , Awareness and Contraceptive use among University Students in Botswana .*Journal of soc Asp HIV/AIDS*. PubMed 10:83-88
- Hoffman S., Mantell J., Exner T., & Stein Z. (2004). The future of the female condom. *Perspectives on sexual and reproductive health*, 36(3), 120-126.
- Holland J. (1998), *The Male in The Head: Young People Heterosexuality and Power*. London: Tufnell Press.

- Hubacher, D., Mavranouzouli, I. and McGinn, E. (2008), Unintended Pregnancy in Sub-Saharan Africa: Magnitude of the Problem and Potential Role of Contraceptive Implants to Alleviate It. *Contraception*, 78, 73-78. <http://dx.doi.org/10.1016/j.contraception.2008.03.002>
- Izugbara Chimaraoke O, Ochako R, (2011), GenderScripts and Unwanted pregnancy among Urban Kenyan Women. *Cult HealthSex*.2011; 13(9):1031-45
- Izugbara C.O. (2001), Tasting the Forbidden Fruit: The Social Context of debut sexual encounters among young persons in a rural Nigerian Community. *African Journal of Reproductive Health*.vol 13(9).
- Jejeebhoy S. J., (2002), Convergence and divergence in spouses' perceptions on women's autonomy in rural India. *Studies in Family Planning* 33(4), 299–308.
- Jones R.K., Darroch J.E., & Henshaw S.K (2002), Contraceptive use among US women having Abortions in 2000 – 2001. *Perspective sex Reproductive Health*, 34(6), 294 – 303.
- Karim, A.M., Magnani, R.J., Morgan, G.T. and Bond, K.C. (2003) Reproductive Health Risk and Protective Factors among Unmarried Youth in Ghana. *International Family Planning Perspectives*, 29, 14-24.
- Kahari L. and Takavarasha P. (2014). Discourse of Prevention or Pleasure: A Discourse Analysis of Condom Use and Non Condom, Use Scripts of University of Zimbabwe Students, Department of Linguistics ,University of Zimbabwe. *International Journal of Humanities and Social Science*, Vol. 4 No.4:165-173.
- Kapito E., Kazembe A., Maluwa A., Malata A., and Odland J. O. (2012). Attitudes towards contraceptive use among schooling adolescents in Malawi. *Journal of Research in Nursing and Midwifery*, (4):47-55).
- Klein Jonathan D., Barratt Michelle S., Blythe Margaret , Braveman Paula, Diaz Angela , Rosen David S.,(2006-2007), Committee on Adolescence, *Journal of American Academic Pediatrics* 132(1) 281.
- Kelly R. J., Gray, R. H., Sewankambo, N. K., Serwadda, D., Wabwire-Mangen, F., Lutalo, T., & Wawer, M. J. (2003). Age differences in sexual partners and risk of HIV-1 infection in rural Uganda. *Journal AIDS Journal of Acquired Immune Deficiency Syndromes*, 32(4), 446-451.
- Kenya Demographic and Health Survey, (2003), retrieved from <https://dhsprogram.com/pubs/pdf/fr151/fr151/fr151.pdf>

- Khan K.S ,Wojdyla D. ,Say I., Gulmezoqlu A.M. , Van Look P.F., (2006) , WHO analysis of causes of maternal death: a systematic review. Lancet UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research, WHO, Geneva 27.
- Khan, M.A. (2001) Side Effects and Oral Contraceptive Discontinuation in Rural Bangladesh. *Contraception*, 64,161-167. [https://doi.org/10.1016/S0010-7824\(01\)00238-4](https://doi.org/10.1016/S0010-7824(01)00238-4)
- Khan, S., Bradley, S. E., Fishel, J., & Mishra, V. (2008). Unmet need and the demand for family planning in Uganda. Further analysis of the Uganda Demographic and Health Surveys 1995-2006
- Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009), Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry*, 79(4), 500-510.
- Kirby, D et. al (2006), Sex and HIV Programs: Their Impact on Sexual Behaviours of Young People Throughout The World, *Journal Adolescents* 40(2007).
- Kirby D, Korpi M, Barth RP, Cagampang H.H., (1997),The impact of the Postponing Sexual Involvement curriculum among youths in California. *Family Planning Perspective*; 29(3):100 108.
- Knowles, Jon & Marcia Ringel. (1998). All about Birth Control. New York: Three Rivers Press.
- Kvale .S. (1996), An introduction to Qualitative Research Interviewing, Thousand Oaks, C.A: Sage Publications.
- Lasch, K .E, et .al, (2010) Rigorous Qualitative Research as the Crucial Foundation Pro Development. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20512662>
- Leslei Kahari and Prosper Takavarasha. (2014) , Discourse of Prevention or Pleasure: A Discourse Analysis of Condom Use and Non Condom , Use Scripts of University of Zimbabwe Students ,Department of Linguistics ,University of Zimbabwe , *International Journal of Humanities and Social Science* Vol. 4 No. 4
- Lincoln Y.S. & Guba, E.G. (1985), Naturalistic Inquiry. Newbury Park, CA: Sage Publications.
- Linstead, S. (2006), Ethnomethodology and sociology: An introduction. *The Sociological Review*, 54(3), 399-404.
- Lloyd C. B. (Eds.). (2005), growing up global: The changing transitions to adulthood in developing countries. Washington DC: National Academies Press.

- Lowry R., Holtman D., Truman B.I, e.t. al. (1994), Substance Use and HIV related Sexual Behaviours among US high school students: Are they related? *American Journal of Public Health*, 84: 1116 – 20
- Markham C.M, Lormand D., Gloppen K.M., Peskin M.F., Flores B.,et al.(2010),Connectedness as a predictor of sexual and reproductive health outcomes for youth ,*Journal of Adolescent. Health*, 46 (2010), pp. S23-S41.
- Rokeach M., (1973), Value list of Milton, Nature of Human Values, The University of Michigan press. Volume (7).
- Mack N., Woodsong C., MacQueen, K., Guest G. and Namey, E. (2005), *Qualitative Research Methods: A Data Collector's Field Guide*. Family Health International (FHI), USA.
- Mandise, Zulu N., Ciera E. J , (2007) , Is Poverty A Driver for risky Behaviour ? Evidence from National Survey of Adolescents in Four African Countries. *African Journal of Reproductive Health*. Vol.11 (13).83-98.
- Marston C., King E., (2006), Factors that Shape Young people's Sexual Behaviour : A systematic Review . *Lancet* (368).
- Maykut P., & Morehouse R. (1994). *Beginning qualitative research, a philosophic and practical guide*. London: *The Falmer Press*.
- Mehra D., Agardh A., Petterson K.O.,Ostergen P.(2012),Non-use of Contraception: Determinants among Ugandan University Students. *Global Health Action*, Pubmed 5.
- Mendes de Leon C.F, Glass T.A, Berkman L.F.(2003), Social engagement and disability in a community population of older adults: The New Haven EPESE. *American Journal of Epidemiology*. Pg.: 157:633–642.
- Moody.J. (2009), *Network Structure and Diffusion*, Duke Population Research Institute Online Working Papers Series
- Mugenda D. & Mugenda A. (1999), *Research Methods: Qualitative and Quantitative Approaches*. Nairobi: Acts Press.
- Nalwadda Gorette et. al. (2010), Persistent High Fertility in Uganda: Young People Recount Obstacles and Enabling Factors to use of Contraceptives. *BMC Public health*, 10: 530 - 541
- Nantambi Agnes(2017),Call for Remodeling of Female condoms, Retrieved from https://www.newvision.co.ug/new_vision/news/1462292.
- National AIDS/STDs (1992), *Control Programme and Ministry of Health Nations Programme on AIDS*. (1997), *Global Report on AIDS*.

- National Council for Population and Development (1989), Central Bureau of Statistics, Office of the President, Ministry of Planning And Development. *Kenya Demographic Health Surveys*.
- Nsubuga Henry, Sekandi, Makumbi Fedrick E., (2015), Contraceptive Use, Knowledge, Attitude, Perceptions and Sexual Behaviour among Female University Student in Uganda: Cross-sectional Survey. *BMC Women Health* 6.
- Ntozi J.P., Ahimbisibwe F.E., Ayiga N., Odwee J., and Mulindwa et.al. (2000), Has AIDS awareness changed sexual Behaviour in Uganda, Towards Containment of AIDS epidemic, Social and Behavioural Research. Canberra Australia: Health Transition Centre, The Australian National University pp. 63-78
- Obermeyer, C. M., & Potter, J. E. (1991), Maternal health care utilization in Jordan: a study of patterns and determinants. *Studies in family planning*, 22(3), 177-187.
- Ochako R., Mwendu Mbondo, (2015), Barriers to Modern Contraceptive Methods Uptake among Young women in Kenya: a Qualitative study. *BMC public health* 15:118(2015).
- Ocholla-Ayayo, A. B. (1985), Female migration and wealth dissipation among the patrilineal exogamous communities in Kenya, with special reference to the Luo of Nyanza Province. University of Nairobi, Population Studies and Research Institute, Division of Anthropology and Social Demography.
- Odimegwu. C. (2005), Influence on Religion on Adolescent Sexual Attitudes and Behaviour among Nigerian University Students, Affiliation or Commitments? *Women Health and Action Research Centre* 9(2): 125- 140.
- Oindo, M. L. (2002), Contraception and Sexuality among Youth in Kisumu, Kenya. *African Health Science*, Vol.2: 33 -39.
- Oswalt Morelli Angela, (2015), The development of Adolescent sSexuality, Child Development Theory.12-24.
- Ott A, Adler N, Millstein S, Tschann j, Ellen J. (2001) The Trade – off Between Hormonal Contraceptives and condoms among Adolescents . *Perspectives on Sexual and Reproductive health*.
- Owour; B.W., Ogada .J.O., Polluton C., & Argwings Kodhek G. (2010), The Role of Performance of the Ministry of Agriculture in Eldoret West District.
- Palamuleni, M. E. (2013), Socio-economic and demographic factors affecting contraceptive use in Malawi. *African journal of reproductive health*, 17(3), 91-104.
- Patton, G. C., & Viner, R. (2007), Adolescent health 1: Pubertal transitions in health. *Lancet*, 369, 1130–1139.

- Paul Boghossian.(2001), What is social construction philpapers.org IO/1153/social construction. Pdf, accessed, 2006
- Pettifor, A. E., Rees, H. V., Kleinschmidt, I., Steffenson, A. E., MacPhail, C., Hlongwa-Madikizela, L.,& Padian, N. S. (2005) , Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. *Aids*, 19(14), 1525-1534.
- Peltzer K, (2003) , HIV/AIDS/STD Knowledge , Attitudes , Beliefs and Behaviours in a Rural South African Adult Population , South African Journal Of Psychology ,33(4) pp250-260
- Prinstein J., Meade C.S, Cohen G. (2003), Adolescent oral sex, peer popularity, and perceptions of best friends' sexual behavior, *J. Pediatric. Psychology*. 28 (2003), pp. 243-249
- Planned Parenthood Federation of America. (2004), National Medical Committee. *Manual of Medical Standards and Guidelines*. PPFA, New York.
- Rigillo, N. (2009). “Free Condoms are Like Cheap Clothes, they tear Quickly”: Mistrust in Condoms Among Young People in Windhoek, Namibia. *vis- à-vis: Explorations in Anthropology*, 9(2).
- Rosen, A. D., & Rosen, T. (1999). Study of condom integrity after brief exposure to over-the-counter vaginal preparations. *Southern medical journal*, 92(3), 305-307.
- Rowan S.P., Someshwar J., Murray P., (2012), Contraception for Primary Care providers, *Adolescents Medicine*. State Art Rev.
- Ross John, Hardee Karen, Mumford Elizabeth & Eid.S. (2002), Contraceptive Method Choice in Developing Countries. *Gutt matcher Institute Vol.28*.Joint United Nations Programme on HIV/AIDS, (2004) Report on Global AIDS Epidemic: Geneva.
- Slawa Rokicki1, and Sonja Merten (2018), The context of emergency contraception use among young unmarried women in Accra, Ghana.
- South African Department Of Health . South African Demographic and Health Survey (2003), [HTTP://WWW.Doh.gov.za/facts/index.html](http://www.doh.gov.za/facts/index.html)
- Spradley James P., (1979), *The Ethnographic Interview*. New York; Holt, Reinhart and Winston.
- Spiegelberg, H. (1971). The phenomenological movement, 2 Bde. *The Hague: Nijhoff*.
- Steinberg Laurence and Monahan Kathryn C., (2007) Age Differences in Resistance to Peer Influence, *Development Psychology*.

- Stöckl, H., Kalra, N., Jacobi, J., & Watts, C. (2013). Is early sexual debut a risk factor for HIV infection among women in sub-saharan Africa? A systematic review. *American Journal of Reproductive Immunology*, 69, 27-40.
- Sweya N.Mussa ,Msuya E.Sia ,Manongi Rachel,(2016), Contraceptive Knowledge , Sexual Behaviour and Fcators Associated with contraceptive use among Female Undergraduate University Students in Kilimanjaro region Tanzania. *Adolescent Health, Medicine and Therapeutics*. Dove Press.7 pp.109 -115.
- Tapert S.F., Aarons G.A., Sedlar G.R, et.al. (2001), Adolescent Substance Use and Sexual Risk Taking Behaviour , *Journal Of Adolescent Health* , 28 : 181- 9
- The Alan Guttmacher Institute (AGI) (2002 -2003), and The Campaign against Unwanted Pregnancy (CAUP), community-based survey.
- Tone, A. (1996), Contraceptive consumers: gender and the political economy of birth control in the 1930s. *Journal of Social history*, 485-506.
- Trussell J, Ellertson C., Stewart F. (1997), The effectiveness of the Yuzpe regimen of emergency contraception. *Family Planning Perspective*.
- Trussell J., Rodriguez G., Ellertson C. (1998), new estimates of the effectiveness of the Yuzpe regimen of emergency contraception. *Contraception*; 57:363–9.
- Trussell J.et.al (2011), Contraceptive efficacy. *Contraceptive Technology: Twentieth Revised Edition*. New York: Ardent Media.
- Trussell J.(2010), Update on the cost effectiveness of contraceptives in the United States. *Contraception*; 82:391-391
- Tymieniecka , Anne Teresa , (1962) , Phenomenology and Science in Contemporary European Thought : New York : The Noonday Press.pg: 187.
- Udry J.R , Billy J.O,(1985), The influence of male and female best friends on adolescent sexual behavior ,*Adolescence*, 20, pp. 21-32.
- United Nations Population Fund (2005), Youth and HIV AIDS Fact Sheet, State of World Population New York.
- United Nations Population Fund (2001), Briefing Kit. New York 9-17.
- United Nations Population Fund (2004). Youth and HIV AIDS Fact sheet. New York .United States Aid for International Development. (1994), USAID Responds to HIV/AIDS.www.pepfar.gov/reports/...75837
- UNICEF (2016), Adolescent Demographics. Available: <https://dataunicef.org/topic/adolescents> demographics.
- Upchurch DM, Aneshensel CS, Sucoff CA, Levy-Storms L.(1999), Neighborhood and Family Contexts of Adolescent Sexual Activity. *Journal of Marriage and*

the Family.61 (4):920–33.

Valente T.W (1995), *Network Models of the Diffusion of Innovations*, Hampton Press.

Vibeke Rasch, Margrethe Silberschmidt, Yasinta Mchumvu & Vumilia Mmary (2000), Adolescent girls with illegally induced abortion Dar es Salaam: The discrepancy between sexual behaviour and lack of access to contraception.

Wand and Ramjee (2012), the relationship between age of coital debut and HIV seroprevalence among women in Durban, South Africa: a cohort study

Wayde C..Morse , Damon R. Lowery and Todd Steury (2014) , Exploring Stratification of Themes and Spatial Locations in Qualitative Public Participation Geographical Information Systems Research ,School of Forestry and Wildlife Science , Auburn University , Alabama , USA.

Weller S, Davis-Beaty K. (2002), Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev*.

Wertsch, J. V. (1985). *Vygotsky and the social formation of mind*. Cambridge, MA: Harvard University Press. 262 pp.

Wight D. (1999), Cultural Factors in Young Heterosexual Men's Perception of HIV risk.

William Fisher ,Amanda Black, Quiyang Yang , Shi Wu Wen & Edith Gilbert ,(2009), Contraceptive Use Among Canadian Women of Reproductive Age: Results of a National Survey , *Journal of Obstetrics and Gynecology* , Canada. Vol.3, pg. 627-690.

Wilson, T. P. (1970). Conceptions of interaction and forms of sociological explanation. *American sociological review*, 697-710.

World Health Organization. (2004). *Contraception in adolescence*.

Wynn, L. L., & Foster, A. M. (2012). *The birth of a global reproductive health technology: an introduction to the journey of emergency contraception*. In

Zeun, S., Lu, M., Uddin, A., Zeiler, B., Morrison, D., & Blode, H. (2009).

Pharmacokinetics of an oral contraceptive containing oestradiol valerate and dienogest. *The European Journal of Contraception & Reproductive Health Care*, 14(3), 221-232

APPENDICES**APPENDIX I: INTRODUCTORY LETTER**INFORMED CONSENT LETTER

Moi University, Department of Sociology and Psychology,

P.O Box 3900, ELDORET.

Date.....

Dear Participant,

RE: PARTICIPATION IN THIS STUDY.

I am Post graduate student in Moi University pursuing a Master of Arts degree in Sociology. I am currently conducting a research on “**SOCIAL MEANING OF CONTRACEPTIVES AND ITS INFLUENCE ON YOUTH SEXUAL BEHAVIOUR: A CASE STUDY OF THE YOUTH IN MOI UNIVERSITY, ELDORET**”

I kindly request your permission for you to participate in this study, your response to the questions in the interview will be treated with utmost confidentiality, and they will not be used for any other purpose except in this research. You are free to decline to be interviewed or withdraw from the study at any time you see fit. You are also free to ask questions and request to be informed of the findings of the study.

Thank You very much for accepting to participate. Yours Faithfully,

Jacqueline Iminza.

APPENDIX II: IN – DEPTH INTERVIEW GUIDE

Section A

Age

15 – 19

20 – 24

25 – 29

30 – 34

35 - 39

1. **Gender** Male Female

2. **Level of education** Secondary Tertiary

3. **Marital status** Single Married

4.

Occupation.....

Full time employment

.....

Part time employment

.....

Unemployed.....

Section B Part A

1. Have you heard or are you aware of contraceptives. (Probe: on what they know about contraceptives, how did they get to know about contraceptives? (Peers ,school, literature)
2. What influences the youth to choose or not choose a particular contraceptive?
3. Discuss how these contraceptives influence sexual behaviours of the youth....
4. Do sexual partners influence the use of contraceptives? How does it influence the sexual behaviours?

PART B

1. Discuss the social meanings you have on contraceptives
2. Discuss how these social meanings influence sexual behavior

N/B Where sexual behavior refers to the onset of sexual behavior, frequency of sexual relationships, number of sexual partners and transactional sexual relationships.

1. Oral contraceptive pill
 - i. Discuss the social meanings of the oral contraceptive
 - ii. Why would one prefer or choose the oral contraceptive pill over the other type of contraceptives?
 - iii. Are there any effects of the oral contraceptive pill?

- iv. Discuss how these social meanings on oral contraceptive pill influence sexual behaviours?
2. Male condom
 - i. Discuss the social meanings of the male condom
 - ii. Why would one prefer the male condom as compared to the other types of contraceptives
 - iii. Discuss how these social meanings on the male condom influence sexual behaviours
 3. Female condom
 - i. Discuss the social meanings of the female condom
 - ii. Discuss why one would prefer the female condom over the other types of contraceptives?
 - iii. Discuss how these social meanings on the female condom influence sexual behavior?
 4. The diaphragm
 5. Discuss the social meanings of the diaphragm?
 - i. Why would the youth prefer this as compared to the other types of contraceptives?
 - ii. How do these social meanings on the diaphragm affect their sexual behavior?
 6. Cervical cap
 - i. Discuss the social meanings of the cervical cap
 - ii. How do the social meanings on the cervical cap affect the youth's sexual behavior?

- iii. Why would one choose this over the other methods of contraceptives?
7. The intra uterine device (copper T)
 - i. Discuss the social meanings of the IUD?
 - ii. Why would one prefer the IUD over the other types of contraceptives?
 - iii. Discuss HOW the social meanings of the cervical cap would influence the youth's sexual behavior?
 8. Contraceptive plant
 - i. Discuss the social meanings of the contraceptive plant?
 - ii. Why would one prefer the contraceptive plant over the other contraceptives?
 - iii. Discuss how these social meanings on the contraceptive plant influence the sexual behavior?
 9. Contraceptive sponge
 - i. Discuss the social meanings of the contraceptive sponge?
 - ii. Why would one prefer the contraceptive sponge over the other types of contraceptives?
 - iii. Discuss how these social meanings on the contraceptive sponge influence the sexual behavior
 - iv. Contraceptive injections (Depo – provera injection)
 - v. Discuss the social meanings on the contraceptive injections
 - vi. Why would one prefer the contraceptive injections over the other type of contraceptives
 - vii. How do these social meanings on the contraceptive sponge influence sexual behavior
10. Emergency contraceptive pill

- i. Discuss the social meanings of the emergency contraceptive pill
- ii. Why do the youth prefer this type of contraceptive over the other contraceptives
- iii. How do the social meanings of the emergency contraceptive pill influence the sexual behavior
- iv. Natural contraceptives
- v. Withdrawal
- vi. Discuss the social meanings of withdrawal
- vii. Why would one prefer withdrawal as a form of contraceptive over the other types of contraceptives
- viii. Discuss how these social meanings of withdrawal and its influence on sexual behavior

11 Safe days

- i. Discuss the social meanings of safe days
- ii. Why would one prefer to use safe days as a form of contraceptives as compared to the other types of contraceptives
- iii. Discuss how these social meanings of safe days and its influence on sexual behavior

12. Original spermicides

- i. Discuss the social meanings of vaginal spermicides as a form of contraception
- ii. Why would one prefer this method of contraception over the other types of contraception

12. Discuss how these social meanings of vaginal spermicides and its influence on sexual behavior
 - i. Sterilization
 - ii. Vasectomy
13. Discuss the social meanings of vasectomy
 - i. Why would one prefer vasectomy over the other types of contraception
14. Discuss how these social meanings of vasectomy and its influence on sexual behavior affect tribal litigation

PART C

1. Discuss the social meanings of tubal ligation
2. Why would one prefer the use of tubal ligation over the other types of contraceptives
3. Discuss how these social meanings on tubal ligation influence sexual behavior
4. Which contraceptive are you conversant with (probe on which one they specifically use)
5. How do you get to choose your contraceptives?
6. Why do you prefer this particular contraceptive over the other types of contraceptives?
7. How does the use of this contraceptive influence your sexual behavior?
8. What are the effects of this particular contraceptive?
9. Do you think contraceptives are important to the youth?
10. What challenges do the youth face in regard to accessing contraceptives?

APPENDIX III: FOCUS GROUP DISCUSSION GUIDE

1. How do they define contraceptives?
2. Discuss the meanings the youth have on contraceptives?
3. How do youth choose their contraceptives? Probe on what influences their choice on contraceptives.
4. How do these contraceptives influence the youth sexual behavior?
5. Discuss the challenges the youth face in regard to contraceptive?
6. What determines the use and non use of contraceptives among the youth?
7. Which is the most preferred contraceptive among the youth? How does it influence the youth sexual behaviours?

APPENDIX IV: KEY INFORMANTS GUIDE

- i. What meanings do the youth have on contraceptives?
- ii. How do these meanings on contraceptives influence the sexual behavior of youth?
- iii. What can be done or measures that can be put in place to encourage the uptake of contraceptives among the youth?

APPENDIX V: LETTER OF MOI UNIVERSITY AS A STUDENT



MOI UNIVERSITY
(ISO 9001:2008 CERTIFIED INSTITUTION)

SCHOOL OF ARTS & SOCIAL SCIENCES

Tel: (053) 43093
(053) 43620 Ext 2515
Fax: (053) 43047
E-mail: deanarts@mu.ac.ke

P.O Box 3900
ELDORET
KENYA

26th January, 2018

NACOSTI (National Commission for Science, Technology and Innovation)
P.O. Box 30623
Utalii Hse
NAIROBI.

Dear Sir/Madam,

RE: ADOLWA, Jacqueline Iminza - SASS/PGSS/03/2016

This is to certify that the above named is a bonafide student at Moi University, School of Arts and Social Sciences. She is a Master of Arts student in Sociology in her second year of study.

She has completed her coursework component and has now embarked on proposal writing.


Her Proposal is entitled: "*Social Meanings of Contraceptives and Its Influence on* **Social Meanings of Contraceptives on Youth Sexual Behaviours**". *Youth Sexual Behaviours?*

Any assistance accorded to her will be appreciated.



PROF. P.T. SIMATEI
DEAN, SCHOOL OF ARTS AND SOCIAL SCIENCES

APPENDIX VI: LETTER OF CONSENT FOR MOI UNIVERSITY CLINIC



JACQUELINE IMINRA,
 SCHOOL OF ARTS & SOCIAL SCIENCES,
 DEPARTMENT OF SOCIOLOGY,
 P.O. Box 3900,
 ELDORET.

To:

CHIEF OF MEDICAL OFFICER,
 MOI UNIVERSITY,
 P.O. Box 3900,
 ELDORET.

30th APRIL 2019.

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE
 MOI UNIVERSITY HOSPITAL.

~~Dear~~
 Dear SIR/MADAM,

I am a postgraduate student pursuing a master's degree in Sociology at Moi University. I am currently doing research on "social meanings of contraceptives on Youth Sexual Behaviours".

I kindly request to collect information from key informants from the institution. The responses from this interview will be treated with utmost confidentiality and will not be used for any other purposes other than this research.


Thank you in advance for your permission to allow me to conduct this research.

Yours faithfully,


APPENDIX VII: NACOSTI RESEARCH PERMIT

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.



REPUBLIC OF KENYA



**National Commission for Science,
Technology and Innovation**

**RESEARCH CLEARANCE
PERMIT**

Serial No.A 19796

CONDITIONS: see back page


THIS IS TO CERTIFY THAT:
MS. JACQUELINE IMINZA ADOLWA
of MOI UNIVERSITY, 0-50300
MARAGOLI, has been permitted to
conduct research in Uasin-Gishu
County

on the topic: SOCIAL MEANINGS OF
CONTRACEPTIVES AND ITS INFLUENCE
ON YOUTH SEXUAL BEHAVIORS

for the period ending:
30th July,2019


.....
Applicant's
Signature

Permit No : NACOSTI/P/18/55482/24001
Date Of Issue : 31st July,2018
Fee Received :Ksh 1000



.....
Director General
**National Commission for Science,
Technology & Innovation**

APPENDIX VIII: LETTER FROM NACOSTI



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/55482/24001** Date: **31st July, 2018**


Jacqueline Iminza Adolwa
Moi University
P.O Box 3900-30100
ELDORET

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Social meanings of contraceptives and its influence on youth sexual behaviors”* I am pleased to inform you that you have been authorized to undertake research in **Uasin Gishu County** for the period ending **30th July, 2019**.

You are advised to report to **the County Commissioner and the County Director of Education, Uasin Gishu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Uasin Gishu County.

The County Director of Education
Uasin Gishu County.

COUNTY COMMISSIONER
UASIN GISHU COUNTY
10/9/2018

FOR COUNTY DIRECTOR OF EDUCATION
UASIN GISHU COUNTY
P.O. Box 98
ELDORET
10.09.2018

National Commission for Science, Technology and Innovation is ISO9001:2008 Certified

MAP OF ELDORET TOWN – UASIN GIDHU COUNTY

