

**ATTITUDES OF SECONDARY SCHOOL STUDENTS TOWARDS PRE-
MARITAL SEX: EFFECTS ON SCHOOLING AND IMPACT ON
MANAGEMENT OF HIV/AIDS SCOURGE IN THE LAGER BUNGOMA
DISTRICT**

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OCTOBER, 2009

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DEDICATION

This thesis is dedicated to the people who have moulded my personality, emotions and intellect in different ways. First and foremost, my dearest mother, Rael Prichani, from whom comes my inspiration and direction in everything. She always stood by me during difficult moments. Second is my father Julius Prichani to whom I owe my physical life and from whom came my life's Watchword when he once told me I could do anything. Third is my brother, the late Jeremiah Wanjala and Isaac Wekesa from whom came my school fees right from early stage in school. I present this work with joy, love and insufficient thanks in honour of these people

ABSTRACT

A study was carried out in the rural setup of the larger Bungoma District to determine the attitudes of secondary school students towards pre-marital sex (PMS) and the possible impact on school performance and implications for prevention of HIV/AIDS.

The study used sets of questionnaires and interview schedules to collect data from 284 form three students, head-teachers and guidance and counselling teachers from selected secondary schools, At community level, data was collected from parents and community-based religious leaders. Student health and class performance records were collected to identify victims of PMS and assess their performance.

Descriptive statistics were used in data analysis and interpretation. Chi square (χ^2) test was used to test whether there was significant association between attitude or behaviour of the youth and school type, gender and household socio-economic status. Analysis of variance (ANOVA) and t-statistics were performed to determine whether PMS had a significant effect on academic performance of known cases of PMS and to confirm whether PMS was a significant practice among secondary school students, respectively.

It was found out that PMS was a common practice among the students though they generally had favourable attitude towards PMS. The practice was consistent with the unfavourable attitude towards PMS as a tool for expression of intimacy and love. Inadequate communication between parents and the students, lack of comprehensive sexuality education curriculum in schools and programmes in churches left peers and the media as the major source of sexuality information. This impacted negatively on the attitudes and sexual behaviour among the youth. High PMS prevalence impacted negatively on the education sector in terms of decreased completion rate and poor class performance.

From the results, it was concluded that the high prevalence of PMS among students in secondary schools in the larger Bungoma District is due to the perception of sex as a tool for intimacy and expression of love.

It is recommended that a comprehensive curriculum be developed and introduced in schools at an appropriate stage preferably at upper primary level to equip the youth with right information to help them make informed decisions about sexuality later in their school life. Such curriculum will in addition prepare the youth to confidently face the challenges as future parents. It also recommended that teachers be trained to handle sexuality issues among the youth and to strengthen positive peer group counselling programmes

TABLE OF CONTENTS

DECLARATION.....	ii
ABSTRACT.....	iv
TABLE OF CONTENTS.....	v
LIST OF FIGURES.....	ix
LIST OF PLATES.....	x
LIST OF PLATES.....	x
LIST OF TABLES.....	xi
ABBREVIATIONS AND ACRONYMS.....	xii
ACKNOWLEDGEMENTS.....	xiii
CHAPTER ONE.....	1
1.0 INTRODUCTION TO THE STUDY.....	1
1.1 BACKGROUND TO THE STUDY.....	1
1.2 STATEMENT OF THE PROBLEM.....	8
1.3 RESEARCH OBJECTIVES.....	10
1.3.1 Main objective.....	10
1.3.2 Specific objectives.....	10
1.4 RESEARCH QUESTIONS.....	10
1.4.1 Main Research Question.....	10
1.4.2 Specific Research Questions.....	11
1.5 SIGNIFICANCE OF THE STUDY.....	11
1.6 SCOPE OF THE STUDY.....	11
1.7 LIMITATION OF THE STUDY.....	12
1.8 CONCEPTUAL FRAMEWORK.....	13
1.9 DEFINITION OF OPERATIONAL TERMS.....	16
1.10 CHAPTER SUMMARY.....	18
CHAPTER TWO.....	19
2.0 LITERATURE REVIEW.....	19
2.1 INTRODUCTION.....	19
2.2 HISTORICAL PERSPECTIVE OF PMS.....	19
2.3 PREVALENCE OF PRE-MARITAL SEX.....	20
2.4 TRENDS IN PMS.....	22
2.5 FACTORS CONTRIBUTING TO PMS AMONG STUDENTS.....	23

2.5.1	Breakdown in family values and liberalised sources of information	23
2.5.2	Poverty.....	27
2.5.3	Communication barrier.....	28
2.5.4	Education	30
2.5.5	Lack of positive role models among adults	31
2.5.6	Sexual experimentation	31
2.5.7	Peer and media influence.....	32
2.6	IMPACT OF PRE-MARITAL SEX AND HIV/AIDS ON EDUCATION	32
2.7	HIV/AIDS PREVENTION AND PRE-MARITAL SEX	35
2.8	CHAPTER SUMMARY	40
CHAPTER THREE		41
3.0	RESEARCH DESIGN AND METHODOLOGY	41
3.1	INTRODUCTION	41
3.2	THE STUDY AREA	41
3.3	RESEARCH DESIGN	45
3.4	STUDY POPULATION.....	45
3.5	SAMPLING PROCEDURES	45
3.6	SAMPLING TECHNIQUES.....	48
3.7	SAMPLE SIZE	48
3.7.1	Head-teachers and Guidance and Counselling teachers	50
3.7.2	Students.....	50
3.7.3	Parents and faith-based organization leaders	50
3.8	CASE-CONTROL STUDIES	50
3.9	RATIONALE FOR SAMPLED COMPONENTS	51
3.9.1	Students.....	51
3.9.2	Parents.....	51
3.9.3	Faith-based organization (Religious) leaders.....	52
3.9.4	Head-teachers and Guidance and Counselling teachers	52
3.10.3	Interview Schedules.....	54
3.10.4	Focused group discussions (FGD)	55
3.11	RELIABILITY OF THE RESEARCH INSTRUMENTS	55
3.12	VALIDITY OF THE RESEARCH INSTRUMENTS	56
3.13	SCORING OF RESEARCH INSTRUMENTS.....	56
3.14	DATA ANALYSIS AND INTERPRETATION.....	57

3.15	THE FIELD EXPERIENCE.....	57
3.16	CHAPTER SUMMARY	58
CHAPTER FOUR		59
4.0	DATA ANALYSIS, PRESENTATIONS AND INTERPRETATIONS	59
4.1	INTRODUCTION	59
4.2	STUDENTS ENVIRONMENTAL CHARACTERISTICS.....	60
4.2.1	Demographic characteristics	60
4.2.1.1	Students characteristics.....	62
4.2.1.2	Parents characteristics.....	67
4.2.1.3	Teachers characteristics	69
4.3	STUDENTS SOCIAL ENVIRONMENTAL CHARACTERISTICS.....	70
4.3.1	Household and family characteristics.....	70
4.3.2	Socio-economic status (Income and visible household possessions)..	71
4.3.1.4	Religious environment.....	72
4.3.2	Schooling environment.....	73
4.3.2.2	School guidance and counselling programmes.....	74
4.4	AVAILABILITY AND FLOW OF INFORMATION ON SEXUALITY .	74
4.4.1	Expected Source of Information	74
4.4.2	Actual source of information	75
4.5	PREVALENCE OF PRE-MARITAL SEX AMONG THE STUDENTS ..	77
4.5.1	Introduction.....	77
4.5.2	Prevalence of PMS	78
4.5.3	Factors influencing PMS	82
4.5.4	Retrospective (quantitative) assessment of PMS in schools.....	83
4.6	ATTITUDES TOWARDS PRE-MARITAL SEX	86
4.6.1	Students' attitudes towards PMS.....	87
4.6.2	Parents' attitude towards PMS.....	92
4.6.3	Headteachers' attitude towards PMS.....	94
4.6.4	Guidance & Counselling teachers' attitude towards PMS	96
4.6.5	Factors influencing attitudes of the students towards PMS.....	100
4.7	EFFECT OF PMS ON LEARNING.....	103
4.7.1	Qualitative estimation of effect of PMS on academic performance .	103
4.7.2	Quantitative estimation of effect of PMS on academic performance	104
4.7.3	Estimation of the financial impact of PMS on education	105

4.8	PRE-MARITAL SEX (PMS) IN RELATION TO HIV/AIDS	106
4.9.	SUMMARY OF THE KEY FINDINGS.....	110
CHAPTER FIVE.....		111
5.0	DISCUSSIONS, CONCLUSSIONS AND RECOMMENDATIONS	111
5.1	INTRODUCTION	111
5.2	PREVALENCE OF PMS IN SECONDARY SCHOOLS	111
5.3	ATTITUDES OF THE STUDENTS TOWARDS PRE-MARITAL SEX	114
5.4	IMPACT OF PRE-MARITAL SEX ON LEARNING	121
5.5	IMPLICATIONS FOR PREVENTION OF HIV/AIDS	121
5.6	CONCLUSIONS.....	122
5.7	RECOMMENDATIONS	123
5.8	SUGGESTIONS FOR FURTHER RESEARCH	123
REFERENCES.....		124
APPENDICES.....		136
Appendix 1: Questionnaire for Students.....		136
Appendix 2: Interview Schedule for Parents		141
Appendix 3: Questionnaire for Head Teachers		145
Appendix 4: Questionnaire for G & C. Teachers.....		147
Appendix 5: Interview Schedule for Faith Based Organisation.....		152
Appendix 6: Research Permit.....		155

LIST OF FIGURES

Figure 1.1. Secondary school completion rate in the larger Bungoma District	7
Figure 1.2: Vicious cycle relationship of various components affecting PMS	14
Figure 3.1. Administrative boundaries of the larger Bungoma District.....	43
Figure 3.2. The sampling sequence and number of schools and respondents.....	49
Figure 4.1. Characteristics of sampled students distributed by gender and type of schools	62
Figure 4.2. Age of youth distributed by gender	63
Figure 4.3. Students religious affiliations	64
Figure 4.4. Number of sampled youth born and residing in the larger Bungoma District	65
Figure 4.5. Type of co-residence for the sampled youth	66
Figure 4.6. Age distribution of sampled parents	67
Figure 4.7. Level of formal education of sampled parents	68
Figure 4.8. Proportion of male and female headed households	70
Figure 4.9. Actual source of sexuality information among the youth	75
Figure 4.10. Proportion of parents who discussed sexuality with the youth	76
Figure 4.11. Cases of indicators of PMS by gender	86
Figure 4.12 Type of attitude held by students towards PMS	100
Figure 4.13. Class performance of students engaged in PMS	105
Figure 4.14. Common STI as reported by the youth	107
Figure 4.15. Proportion of sex experienced youth who have been pressured into sex and also used condoms	109

LIST OF PLATES

Plate 4.1. simulated conversation (delivery of information by warning and through proxy-the mother-to the daughter) about sexuality	77
Plate 4.2. simulated reaction of parents directing blame to a member of another family not their own	81

LIST OF TABLES

Table 3.1. Bungoma District demographic and socio-economic indicators	44
Table 3.2: Types of schools in Bungoma district and number sampled in parentheses..	46
Table 3.3. Number of stream and students sampled	47
Table 4.1. The population and type of schools sampled	61
Table 4.2. Demographic characteristics of the sampled population	61
Table 4.3. Characteristics of sampled G and C teachers	69
Table 4.4 Classification of household economic status	72
Table 4.5 . Expected source of information on sexuality	75
Table 4.6. Responses to statements indicating prevalence of PMS among the youth	80
Table 4.7. Chi square analysis for association between gender, romance and household economic status and experience with PMS.....	83
Table 4.8. Number of PMS cases reported	85
Table 4.9 Overall attitude score for students towards PMS	88
Table 4.10. Attitudes of students towards PMS (according to perceived purpose of sex).....	91
Table 4.11 Attitudes of parents towards PMS	96
Table 4.12 Attitudes of headteachers towards PMS	97
Table 4.13 Attitude of G & C teachers towards PMS	99
Table 4.14 Statement of agreement and disagreement between youth parents G/C teachers and headteachers	102
Table 4.15. Influence of gender and type of school on the attitude of the students towards PMS	102
Table 4.16. Influence of household economic status on the attitudes of the youth towards PMS	102
Table 4.17. Class performance of youth involved in PMS in secondary schools	104
Table 4.18. Number of total PMS and pregnancy cases in selected mixed and girl schools	106

ABBREVIATIONS AND ACRONYMS

AIC	-	AIDS Information Centre
ANOVA	-	Analysis of Variance
ATS	-	Approved teacher status
B.Ed	-	Bachelor of Education
CBO	-	Community Based organization
CIEM	-	Curriculum, Instruction and Educational Media
CRE	-	Christian Religious Education
EPI6	-	Epidemiology Project Information Version 6
FBO	-	Faith based organizations
FGD	-	Focused Group Discussions
G & C	-	Guidance and Counseling
GOK	-	Government of Kenya
HIV/AIDS	-	Human immunodeficiency Virus/Acquired Immunodeficiency Disease syndrome
KCSE	-	Kenya Certificate of Secondary Education
KIE	-	Kenya Institute of Education
M.Ed	-	Master of Education
NASCOP	-	National AIDS and STI Control Programme
PMS	-	Pre-marital sex
STIs	-	Sexually transmitted infections
TV	-	Television
UNICEF	-	United Nations International Emergency Fund
VCT	-	Voluntary Counseling and Testing
WHO	-	World Health Organisation

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CHAPTER ONE

1.0 INTRODUCTION TO THE STUDY

1.1 BACKGROUND TO THE STUDY

Pre-marital sex (PMS) as defined by Gunyali *et al* (2005) is engagement in sexual intercourse before marriage. This practice is one of the major challenges facing the education sector worldwide (Swann *et al.*, 2003) and the situation is further complicated by the emergence of Human Immunodeficiency Virus/Acquired Immunodeficiency syndrome (HIV/AIDS) pandemic. Pre-marital sex contributes to teenage pregnancy and early parenthood and is associated with poor educational achievement due to high rates of drop-outs, poor physical and mental health, social isolation, poverty and other related factors (Swann *et al.*, 2003).

In the traditional African societies, pre-marital sex was not as common as is reported nowadays and this is attributed to moral decay in the African society (Suda, 1996). It is argued that the African family is in transition as a result of urbanization, Christian teaching, formal education, male labour migration, monetization of the economy, feminism and other modern social forces. Kilbride and Kilbride (1990) argue that through a process of delocalization, traditional ideas about proper behaviour are frequently replaced by moral imperatives from 'outside'. At the same time, economic delocalization has also weakened the moral power of the clan, extended family and other social groups with moral authority over parents and children. This has developed attitudes in the youth about sex that promotes and sustains pre-marital sex with variety of consequences such as HIV/AIDS.

Under the same traditional African society, the relationships of people of opposite sex were governed by standard rules and regulations embedded within a system of moral

obligations. The elderly members of the society played the central role of transmitting and enforcing moral values to children through socialization which help to regulate people's behaviour in the larger cultural set-up. For instance, among the Luo and the Bukusu of western Kenya, young girls are taught by their grandmothers and aunts how to sit down in a proper and decent manner (with their legs together) to avoid possible sexual temptation to boys. They also receive advice on how to relate to men (Wachege 1994). Their mothers also tell them all that they need to know about sexuality, including the point that sexual relationships should be restricted to marriage partners. The Tharaka girls in Kenya are given special chains by their mothers to wear around their waists for as long as they remained virgins before marriage. It is a taboo to keep the chain if a girl had lost her virginity before she got married (Kalule 1986). This kind of moral and ethical education was most effective under a system of strong parental authority which is now being systematically eroded, partly as a result of moral delocalization and other forces of modernization.

This disintegration of the African traditional support system has resulted in high incidences of pre-marital sex cases and may be contributing to HIV infections which lead to AIDS (Acquired Immunodeficiency Syndrome), a human viral disease that ravages the immune system, undermining the body's ability to defend itself from infection leading to AIDS. The disease, has in the recent past emerged as a major force that poses significant challenges to the human race especially the youth all over the world (Ademcahk *et al.*, 2000) with the education sector worst hit (Kafu, 1996). The impact of HIV/AIDS on education is evident both on the supply and the demand side of the equation. The effect of increased morbidity and absenteeism and attrition of teachers, the reduced number of school-aged children attending school and poor

performance in the school work are a combination of factors wreaking havoc in the education sector and resulting in decline in quality of education (NASCO, 2005)

Reports on impact of HIV/AIDS on education in Kenya by the government of Kenya and UNICEF indicated that teachers' participation and performance in the learning process were reported as being affected adversely by HIV/AIDS when the teachers were absent and hence unavailable to their pupils (GOK/UNICEF, 2000). The report also indicated that the teachers dying of AIDS were not being replaced. The loss of trained and experienced teachers and the interruption of the teaching programme due to illness are noted as compromising the quality of education. Additionally, the impact of HIV/AIDS at the community and household level is related to the diversion of resources available for support of education to medical needs. Besides, the infected and the affected children especially from the poor would absent themselves from school to care for the sick family members and worse still the children would drop out of school due to impoverishment of the affected families and the death of parents.

Despite efforts by the government, there seems to be little progress to reduce the incidence of the disease. It has been estimated that the peak incidence (new cases) of infection occurred around 1993 with 200,000 new adult cases. Although the rates have dropped, the number of deaths per year increased to approximately 150,000 in 2003. Estimates for the number infected nationally is about 1.3 million young adults (age 15-49), 60,000 adults aged above 50 years (NASCO, 2005).

Public education programs on altering risky behaviour linked to HIV transmission, particularly unsafe sexual practices and needle-sharing by intravenous drug users is now considered as key to the prevention of the scourge (Dowsett, 1993, Carpenter *et al*, 1995; Nelson *et al* 1996). Public education about AIDS has proven effective in

Uganda which was one of the first African countries to report cases of HIV infection. In partnership with World Health Organization (WHO), the Ugandan government set up a national AIDS control program called the AIDS Information Centre (AIC). Through this programme, the Ugandan government has also worked with community organizations to change social behaviours that increase the risk of HIV infection. As a result of these efforts the number of infected people in Uganda has declined significantly since 1993, during the time when other countries in the same region faced frightening increase in the incidence of HIV infections (Kond-Lule and Sabina, 1996; Bartlet, 2004). In Kenya, efforts have been made to create awareness about HIV/AIDS among the populace with the objective of effecting behavioural change. The 2002 behavioural surveillance survey indicated that 99% of Kenyans are knowledgeable about HIV/AIDS yet this knowledge is not reflected in sexual behaviour changes among the sexually active respondents (NASCO, 2005).

Based on the above observations, it is imperative that the youth need special attention in any HIV/AIDS control programmes with a focus on co-ordination of information, education and behaviour change. These are expected to equip them with the skills and attitudes to avoid pre-marital sex and prevent infections once they become sexually active. To avoid pre-marital sex requires that the youth are equipped with positive attitudes towards sex as an important component of human sexuality early in their formative years (NASCO, 2005). Thus behavioural changes in the youth would very much depend on the generally held views of sex, its purpose, attitudes and availability of information. These issues constitute human sexuality and recommendations and approaches will depend on the cultural set up of the community.

The attitudes towards sex in general and pre-marital sex in particular is influenced by socio-cultural factors that include customs and traditions of the society within which an individual lives (Hendren, 1990). The culture in which an individual is raised determines to a large extent how sexuality is viewed and expressed. There are some cultures that require that matters related to sexuality are held sacred and can only be discussed during certain occasions in one's life for example during initiation ceremonies and only delivered by specialists within the particular community (Mbiti, 1969;. Nduati and Kiai, 1996). Traditionally the education to the youth, especially as regards sexuality, is provided by the grandparents and aunts to initiates of particular age groups just about to get into marriage. Currently, the roles of the grandparents has changed considerably with modern lifestyles and they may no longer serve as traditional models for children who are deprived of consistent and positive guidance (Trujillo and Sgreccia, 1996).

Culture also influences an individual's perception of the purpose of sex as for either recreation, procreation or both (Hendren, 1990). As pointed out by Tabifor and Mulyanga (2003), the difficulty to discuss sexuality has a life cycle with the mind as a maturation ground. The sexual taboos, myths and silence surrounding sex are offshoots of traditional, cultural and religious beliefs, attitudes and practices in a community. These factors are taken into the mind and eventually mature into distorted view of sex and sexuality. If this view is not dealt with, it eventually manifests itself in attitudes and practices. These attitudes and practices form the family values which are expected to be passed down on to the youth. This idea supports the doctrine of the Christian Church especially the Catholic Church which believes and advocates that parents have a duty and a right to be the first and the principal educators of their children (Trujillo and Sgreccia, 1996).

Education is considered by various stake holders and players as a basic need and a basic right. Besides, the socio-economic and political benefits accruing to education are now well established. Various studies indicate that countries with high literacy rates among women and men have lower level of fertility, low infant mortality rates, longer life expectancy and are politically mature for democratic governance (Abagi and Olweya, 1999; Psacharopoulos, 1973). Hence, the investment in education in Kenya has been in response to a number of concerns, which include the need to combat ignorance, disease and poverty.

School completion rates for the years 1999-2005 have been on a general decline. The decline, pronounced for the girls, has consistently been below the half – 50% mark (Figure 1.1). This decline has been attributed to increased school drop-out due to various reasons. In girls, 75 % of the causes of school drop-outs are related to pre-marital sexual consequences such as pregnancy and ill health.

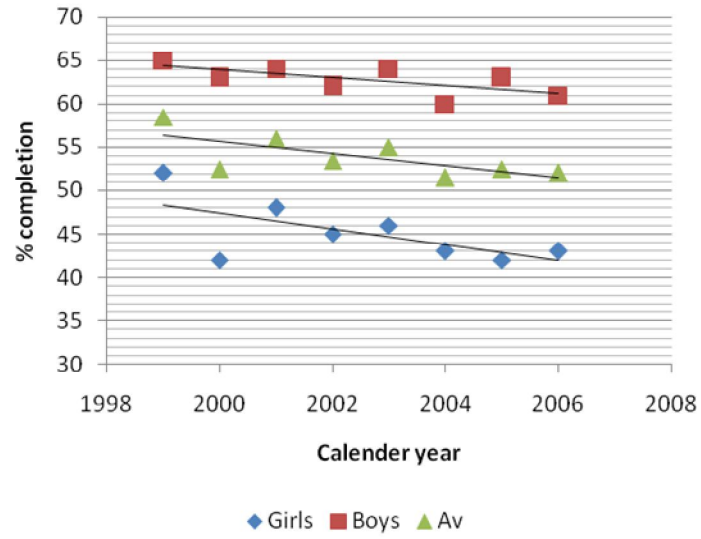


Figure 1.1: Secondary school completion rate in the larger Bungoma District

Besides the declining completion rates, the general performance in the Kenya Certificate of Secondary Education (KCSE) has been on the decline from a mean score of 6.432 in 1999 to 5.432 in 2006. Besides other causes, PMS is thought to contribute a significantly 34% to the decline (GOK, 2007).

Bungoma District is inhabited predominantly by the Bukusu and other culturally related sub-tribes of the Luhya ethnic group. This almost homogenous group has led to the conservative or semi-impervious cultural set-up at crossroads with modern trans-cultural mix. Besides this cultural state, reports indicate that there is an increase in school drop-outs especially of girls. This is attributed to early pregnancy and parenthood and HIV/AIDS related factors such as infections and absenteeism from school to take care of the sick relatives.

1.2 STATEMENT OF THE PROBLEM

Reports from developed and developing countries including Kenya indicate high sexual life among the youth with consequences such as teenage pregnancies and early parenthood, poor physical health such as infection with sexually transmitted diseases (Swann et al., 2003,; Blanc and Way, 1998;). Studies in Kenya in this respect show that there is an increase in PMS manifested as teenage pregnancy, increased use of contraceptives, STI including HIV/AIDS among the youth (NASCO, 2002). High rates of abortions (some die in the process) and lack of concentration on studies are among the consequences of PMS. This impacts negatively on education and negates the millennium goals of education which target education for all by year 2015 as this leads to high school dropouts (Mensch *et al* 1999 ;Gunyali *et al.*, 2005).

In Bungoma District, the academic performance in secondary schools has steadily declined since 1998. This is partially attributed to increased enrolment but among other factors contributing to this decline is increased levels of PMS activities involving the youth (GOK, 2005)

As is the trend all over the world, there is a growing body of evidence that sexually charged music, literature, television and movie programme are to blame for pushing the youth into sexual intercourse at an early stage (Conlon, 2006). However, in the traditional African setup, parents and other members of the community are expected to guide the youth in their sexuality emphasizing abstinence as a virtue and as a key preventive strategy against infections with HIV (Mbiti, 1969, Gunyali et al., 2005, Conlon, 2006).

Contrary to those expectations, the Kenyan youth seem not to be changing the sexual behaviour despite 99% awareness about HIV/AIDs and other consequences of PMS. It is likely that the Kenyan youth have acquired attitudes towards sex in general and PMS in particular that promote and sustain this practice. The status of the attitudes of the youth towards PMS is unknown. Similarly, the factors that influence the attitudes of the youth towards PMS, especially as it relates to educational goals and prevention of HIV/AIDs, are unknown.

Due the aforementioned situation, the present study was carried out to establish the attitudes of the youth towards pre-marital sex and its impact on the education sector and implication for prevention of HIV/AIDs in rural set-ups in the larger Bungoma District.

1.3 RESEARCH OBJECTIVES

1.3.1 Main objective

The main objective of the study was to describe the attitudes of the youth towards pre-marital sex and determine the potential impact on secondary school education and management of HIV/AIDS in rural Kenya.

1.3.2 Specific objectives

The specific objectives were set out to:

- a) Determine the prevailing environmental characteristics of students in secondary schools in the larger Bungoma District.
- b) Establish the prevalence of pre-marital sex among students in secondary schools in the larger Bungoma District.
- c) Assess the attitudes of students towards pre-marital sex in secondary schools in the larger Bungoma District.
- d) Determine the factors that influence the attitudes towards pre-marital sex.
- e) Evaluate the impact of pre-marital sex on secondary education and prevention of HIV/AIDS in rural areas.

1.4 RESEARCH QUESTIONS

In view of the issues expressed in the preceding sections, the study sought to answer the following questions:

1.4.1 Main Research Question

- a) What are the attitudes of the youth towards pre-marital sex and the likely impact on education and management of HIV/AIDS in rural Kenya?

1.4.2 Specific Research Questions

The study was designed to address the following specific questions:

- a) What are the prevailing environmental characteristics of students in secondary schools in the larger Bungoma District?
- b) What is the magnitude of PMS among youth in secondary schools in the larger Bungoma District?
- c) Is the level of PMS (behaviour) among the youth in the larger Bungoma District influenced by attitudes of the students towards PMS?
- d) What are the factors influencing the attitudes of the youth towards PMS?
- e) What is the impact of pre-marital sex on secondary school education and HIV/AIDS in rural areas of the larger Bungoma District?

1.5 SIGNIFICANCE OF THE STUDY

This study is useful as it reveals the kind of attitudes held by youth towards pre-marital sex in Bungoma District. The study also identifies barriers and opportunities to effectively deliver the correct information on premarital sex and HIV/AIDS. It is expected that addressing the barriers will positively influence behavioural change among the youth. The results of this study are also useful to the Ministry of Education for policy formulation on HIV/AIDS education programme in schools.

1.6 SCOPE OF THE STUDY

The study was carried out in the larger Bungoma District and focused on the attitudes towards pre-marital sex among youth. The study used form three students in secondary schools in the larger Bungoma district. They were considered a vulnerable

group and mostly in a transition to adulthood age bracket, yet with acceptable literacy level that was expected to enable them make informed decisions about their sexuality. It was assumed that the attitudes of the youth towards PMS were greatly influenced by household socio-economic, school and community environments hence the use of their parents, head-teachers and guidance and counselling (G&C) teachers and faith-based organisation leaders.

1.7 LIMITATION OF THE STUDY

The study was confined to the larger Bungoma out of many districts in the country. The study was restricted to form three students in selected secondary schools and their parents in their rural homes. In the study, only representative sample of form three students, teachers from selected schools and parents in rural homes, respectively, were involved in the study. The study was confined to Bungoma District because it is mainly inhabited by one ethnic group (Bukusu) with uniform traditions, customs, taboos and family values.

1.8 CONCEPTUAL FRAMEWORK

The relationship between attitudes towards pre-marital sex, education and health forms a vicious cycle (Figure 1.2). The attitudes towards pre-marital sex may affect the education of the youth making it difficult for ill-educated individuals to change their perception and attitudes towards pre-marital sex. This will promote or sustain infections with Sexually Transmitted Infections (STI) which will invariably affect the performance in schools.

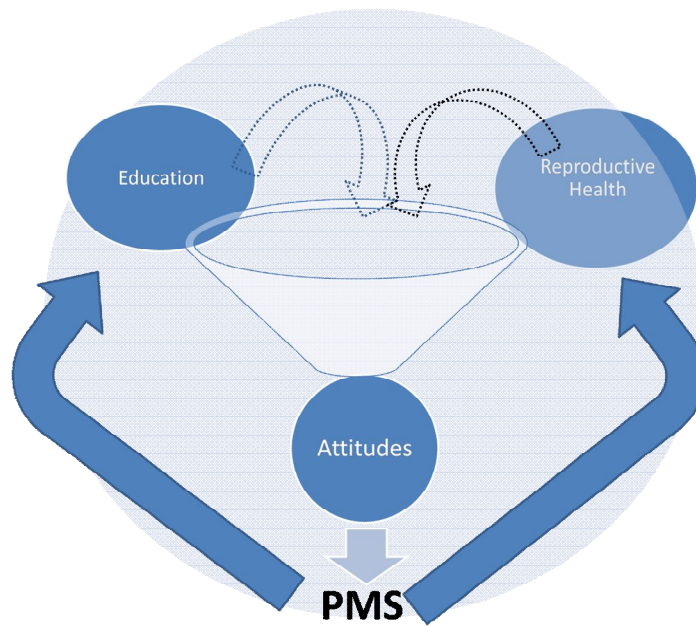


Figure 1.2: Vicious cycle relationship of various components affecting PMS (the arrows indicate the direction of influence)

Basically, this study was embedded in the Gestalt theory, which is based on the fact that the idea of “attitude” is central to explaining the need for a link between an individual’s perception of the world and his or her action within it. Attitudes have been thought of as comprising feelings and beliefs about an object and behaviour towards it. An assumption common to various models of attitude change is that these three components coexist harmoniously and are internally consistent. This is such that an induced change in one component of an attitude creates an inconsistency that can be resolved by compensatory changes in the other two components. In respect to the study, the emergence of HIV/AIDS in society has caused inconsistency in that positive behavioural change is being advocated as key to prevention of new infections. The fact that the general public and particularly the youth are not changing in sexual behaviour despite the reported 99% awareness rates, it seems that the attitudes of the youth towards pre-marital sex is strongly in-built and, therefore, affects their attitudes towards HIV/AIDS and vice-versa.

The study adopted the psychoanalytic theory which advances the view that human sexual behaviour is affected by personality factors as shaped by their environment during their formative period in the course of psycho-sexual development especially at the oedipal phase. It is based on the biological theory which postulates that human beings behave differently in sexuality due to their different physiological and hormonal characteristics (Ferichel ,1945, Sigmund Freud ,1924).

The above theories help to understand the idea that youth sexual attitudes and behaviour are influenced by biological as well as socio-cultural factors.

1.9 DEFINITION OF OPERATIONAL TERMS

Youth: Any person (male or female) in the age group of between 15-24 years including students in secondary schools

AIDS: (Acquired Immunodeficiency Syndrome): Disease of the immune system caused by infection with the retrovirus HIV, which destroys T- cells and is transmitted through blood or bodily secretions such as semen. Patients lose the ability to fight infections, often dying from secondary causes such as pneumonia or Kaposi's sarcoma.

Attitudes: Predisposition held by the parents, teachers and the youth towards premarital sex and HIV/AIDS. This can be favourable or unfavourable.

Behavioural change: Conformity with changes put in place to reduce the risk of infections, school dropouts, and teenage pregnancies. These include abstinence (delayed coitus), keeping to one partner etc.

Community: People in an area with common background and shared interests within society

Culture: That complete whole which includes knowledge, belief, art, morals, laws customs and any other capabilities and habits acquired by man as member of society. The sum total of knowledge, attitudes, and habitual behaviour patterns should be transmitted by the member of a particular society.

HIV (Human Immunodeficiency Virus): Virus disabling immune system: either of two strains of a retrovirus, HIV-1 or HIV-2, that destroys the immune system's helper T cells, the loss of which causes Aids

Human Sexuality: Various sexually related aspects of human life, including physical and psychological development, behaviour, attitudes and social customs associated with the individual's sense of gender, relationships, sexual activity, mate selection, and reproduction.

Perception: The way somebody sees or understands something or somebody. This influences one's attitudes.

Premarital sex: Engaging in penetrative sexual activities before marriage not for the purpose of procreation.

Rural: Inhabited area away from urban centres.

School: An institution in which not less than ten learners receive regular instructions or an assembly of not less than ten learners for the purpose of receiving regular instructions for educational purposes.

1.10 CHAPTER SUMMARY

The chapter presented the background information to the study as pertains to pre-marital sex in the traditional and contemporary society.

- ✓ It is clear that PMS was considered as a vice which had to be avoided by all means.
- ✓ The emergence of HIV/AIDS makes the problem of PMS an even urgent issue to be tackled.
- ✓ Despite the efforts towards creating awareness of the problems associated with PMS such as contraction of HIV infections, there seems to be little influence on behavioural change among students.

It is, therefore, possible that the youth may have acquired attitudes that promote and sustain pre-marital sex. The study, therefore, wishes to establish the factors contributing to PMS among the youth and the possible impact on education sector and HIV/AIDS prevention in rural set-up in Kenya.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Sex is a major component of human sexuality and the secrecy associated with it makes the subject a controversial issue especially in most African communities. Discussions of sex draw a lot of anxiety and apprehension from people and are often shunned. The fears are closely linked to the prevailing sexual knowledge, beliefs, attitudes and values and behaviour of individuals within the society (Gunyali *et al* 2005). In african traditional society, human sexuality is understood in terms of marriage and parenthood and early teachings on sex were focused on the preparation for marriage (Mbiti 1969). Therefore, pre-marital sex was considered an abomination hence punishable according to the established traditions and the societal rules.

2.2 HISTORICAL PERSPECTIVE OF PMS

Historically, sexual abstinence, virginity, taboos on pre-marital sex and sex outside of marriage have been widely encouraged and promoted as a traditional cultural norm of traditional African society. This approach in its pure context is of necessity and promotes delayed initiation of sexual activity until marriage. In condemning sex before marriage the older generation often cites African tradition and blames western influence for the prevailing situation. Yet some African communities did allow premarital sex, for instance the Kamba. They considered that it was good for young men to have sexual experience prior to marriage. Curiously, though, girls were supposed to be virgins when they got married. Naturally, the result often was children born out of wedlock. The Kamba were realistic enough to foresee this and had a structure in place for curbing it.

The practice, in addition to being a double standard, only served to encourage pre-marital sex. In the end it was accepted that it would be difficult for girls to remain virgins while randy young men with a will and desire to experiment were on the loose. Therefore, the price paid for girls who had lost their virginity was a reduction in dowry. At the most, this price would be two bulls."(Kalule, 1986, pg 118)

Most young people become sexually active in their teen ages, and many before their 15th birthday. Factors such as increasing urbanization, poverty, exposure to conflicting ideas about sexual values and behaviour, and the breakdown of traditional sexuality and reproduction information channels are encouraging pre-marital sexual activity among adolescents.

Studies show that adolescents who begin sexual activity early are likely to have sex with more partners and with partners who have been at risk of HIV exposure. They are not likely to use condoms (WHO, 2000). In Kisumu, Kenya, 25% of sexually active young boys and 33% of young girls said they had not used a condom during their first and subsequent sexual encounters (Glynn *et al.*, 2001). Erratic condom use with regular and non-regular sexual partners was also reported in studies in Argentina, Korea and Peru (WHO, 2000).

2.3 PREVALENCE OF PRE-MARITAL SEX

Prevalence studies on PMS have largely focused on age at initiation of sex intercourse and on the indirect indicators of PMS such as pregnancy and sexually transmitted diseases among the youth.

In developed regions such as the European union, studies have indicated that initiation of sexual intercourse was at a low age of 13 years (Swann *et al* 2003, Allen and Hipisley-Cox, 2000, Berne and Huberman, 2000).A similar age of 13 years has been reported in the United States and Canada (Fey and Yannoff, 2000). In Africa and

Asia, ages of 14-15 have been reported such that by the age of 20, 65% of the youth are sexually experienced (Swann *et al* 2003). In Kenya, studies by the National AIDS and STI Control Programme (NASCO), indicated that pre-marital sex is prevalent among the youth in Kenya (NASCO, 2002). The finding that 65% of the youth aged between 15-24 years have had sexual encounters and the mean age at first sex encounter at 15 years is evidence that pre-marital sex is rampant among the youth (NASCO, 2002). These statistics imply that pre-marital sex is common among the youth of school going age in Kenya.

Indirectly, reviews by UNICEF (2001) indicated that at least 1.25 and 2.1 million youth aged between 14-20 in industrialized and developing countries, respectively, become pregnant each year. Clearly, this is an underestimation of the youth engaged in pre-marital sex since not all the cases end up in pregnancies. Besides, these are figures of female youth who get pregnant but the number could easily double if male youth are included.

In Kenya, indirect evidence of youth engaged in pre-marital sex from sexually transmitted infection data indicate that 17% or 170 youth in every 1000 seek medical attention for STI annually (NASCO, 2002). This is equally an underestimation given that a good proportion of the cases may go unreported. Other evidence is drawn from the youth seeking the Voluntary Counselling and Testing (VCT) services countrywide. From 2001 to 2004, 30% of the clients who visited VCTs were aged between 15-24 years. Eighty percent (80%) of those seeking the services for social reasons (planning for marriage), 18% were found HIV positive implying they may have been engaged in pre-marital sex (NASCO, 2005)

2.4 TRENDS IN PMS

Changes in the trends in PMS as regards sexual experience have been reported. The age at first sex is an important indicator of exposure to risk of pregnancy and sexually transmitted infections during adolescence. In the context of the HIV/AIDS pandemic, accurate monitoring of trends in age at first sex has become increasingly important, as interventions target youth and discourage pre-marital sexual activity.

Studies conducted in the late 1960s, 1970s, and early 1980s indicated a growing permissiveness in pre-marital sexual behaviour (Bell & Chaskes, 1970; Ferrel et al., 1977; King et al., 1977; Mahoney, 1978; Glenn & Weaver, 1979; DeLamater & MacCorquodale, 1979; Bell & Coughy, 1980; Roche, 1986; Earle & Perricone, 1986). In many studies, the majority of countries for which data are available, age at first sexual intercourse had decreased particularly for women. In several countries HIV/AIDS prevalence among pregnant women attending ante-natal clinics has declined in younger age groups, but not among older women. Such changes may be associated with changes in age at first sex, rates of partner change, sexual mixing patterns, and condom use. In Uganda, a rapid increase in age at first sex in urban areas between 1990 and 1995 was considered a major contributing factor in the observed HIV prevalence decline in young pregnant women from about 1993. Chiao and Mishra (2007) reported a rise in both primary and secondary abstinence levels in Kenya indicating that the never had sex youth have adopted a delayed sex debut strategy to prevent the consequences of PMS. The abstinence levels were higher among female youth than among male youth. Analyses showed that knowledge that abstinence can prevent STIs and pregnancy was positively associated with the likelihood of practicing abstinence (both primary and secondary). However,

knowledge that condom use can reduce the obvious consequences of PMS negatively impacted on abstinence practice.

Recent research point to the fact that public concern and knowledge about the consequences of PMS especially spread of HIV/AIDS in the heterosexual population has halted and reversed trend towards greater permissiveness (Chapple & Talbot, 1989). On the contrary studies in Kenya, by NASCOP (2005) showed that despite high awareness rates among the youth about HIV/AIDS, their sexual behaviour seems not be changing. On a general consideration, it appears that in developing countries, especially those in which first sex was desirable within wedlock, the trend towards later marriage because of schooling and career development, show pronounced increase in PMS.

2.5 FACTORS CONTRIBUTING TO PMS AMONG STUDENTS

Factors that determine variations and trends in sexual behaviour are socio-cultural, political, economic and health environments within which the youth are raised. These factors include breakdown in family values, shifts in poverty, education; demographic trends such as the changing age structure of populations and the trend towards later marriage; increased migration between and within countries; globalization of mass media; advances in contraception and access to family planning services, and public health HIV and sexually transmitted disease prevention strategies (Swann, *et al* 2003).

2.5.1 Breakdown in family values and liberalised sources of information

There are essentially two layers of cultural influences in every Kenyan. The first is the traditional tribal value system, and the second consists of Western influences. The

current sexual values, traditions, and behaviour arise from the matrix of these influences, which vary among groups and within groups of individuals.

In the traditional African society and the Christian teaching, PMS is classified as an irresponsible sexual behaviour and the offenders are punished through payments of fines, stoning to death and have to undergo mandatory ritual cleansing (Gichaga *et al*, 2005). In the Old Testament, the Mosaic Law had strict rule which forbade the seduction of a virgin and prescribed appropriate sanctions for offenders which included fines and death sentences.

If a man seduces a virgin who is not betrothed to him and lies with her, he shall give the marriage present for her and make her his wife. If her father utterly refuses to give her to him, he shall pay money equivalent to the marriage present for the virgins (Exodus 22: 16-17)

If there is a betrothed virgin and a man meets her in the city and lies with her, then you shall bring them out to the gate of the city, and you shall stone them to death with stones, the young woman because she did not cry for help though she was in the city and the man because he violated his neighbour's wife' (Deuteronomy 22: 23).

The New Testament (1 Corinthians 6: 18-20) also demonizes pre-marital sex as the act is equated with defiling the temple of the Holy Spirit.

In the traditional African society, sex as an integral component of human sexuality is meant for procreation and is regarded as sacred (due to its power to transmit life) full of secrets with little discussions even in marriage (Mbiti 1969; Senders, 2004; Gunyali *et al* 2005). Sexuality is always a part of the kinship system, controlled within it, and subject to its purposes. A great deal of sexual freedom for both sexes is allowed within these social controls. Unmarried boys and girls slept communally in many Kenyan societies, and several provide youth huts. In a number of tribes, the Kikuyus and the Luhya, for instance, young men and women are allowed to dance,

play, and even sleep together at certain organized times (*guiko*, among the Kikuyus and *Biakoko* among the Luhya), but no sexual activity is allowed although it may occur in these situations.

Among the Bukusu, pre-marital sex was considered an abomination and all was done to avoid it. Special sessions of training were undertaken to instil tolerance and self control among the youth. For example:

- Youth in the neighbourhood were considered as close relatives under the guidance of all the older members of the community
- On special occasions, for instance, during the evening with full moonlight, the youth were allowed to assemble for song, dance and games (for example special snaking dance and tag of war locally known as *Ngloti*) under the watchful eyes of elderly people. This interactions between the youth instilled tolerance, self-control and other community values that guided the youth and protected them against sexually orientated activities.
- The youth received specialized training singly or in groups from specific members of the families especially the grandparents and aunts through folk songs riddles and stories. These sessions provided knowledge of gender differences and roles while at the same time ensured preservation of virginity. Virginity was highly valued and was considered a measure of purity and level of care the youth have received from the parents. The efforts were rewarded at the time of marriage. Some of the specific rewards included a goat for the aunt(s) in appreciation for the work well done.

Non compliant individuals, households and even an entire village community were reprimanded for anything short of the expected behaviour. Youth found engaging in

pre-marital sex were thoroughly and publicly flogged to discourage others from doing the same. In serious cases, for example involving rape, the culprits were expelled from the community. The individuals were tagged and despised through songs such as circumcision songs. Occasionally, the culprits were stoned to death.

A girl found to have lost her virginity on her wedding night was not only returned to her parents without the anticipated bride prices but was thereafter considered unmarriageable. This information was quickly circulated far and wide especially during social occasions. This also served as advertisement for any old man sympathetic enough to take the girl as a wife for anything he considered she was worth.

Pregnancy out of wedlock was equally unacceptable. The child was rarely allowed to survive besides the culprits receiving the punishment. Clearly, the punishment served as effective deterrent and protected youth against ills associated with pre-marital sex. The Tharaka in central Kenya reinforced such teaching by giving their young girls special chains to wear around their waists for as long as they remained virgins before marriage. It was a taboo to keep the chain if a girl had lost her virginity before she got married (Kalule 1986).

Adherence to these and other ethical standards which were part of the society's value system accounted for chastity among the youth before marriage. To-day, these moral standards are being swept away or distorted by modernization process often resulting in moral vacuum and breakdown of family life.

While similar measures were undertaken among other ethnic groups in Kenya such as the Somali, Maragoli, and Luo, they were regarded as unimportant in others such as among the Kisii and the Kambas. Therefore, the sexual culture shock (breakdown of family values) among the youth comes not only from contact with Western ideas and media, but also from interaction with diverse traditional value systems.

Nowadays the youth are getting confusing messages and are faced with double standards calling for virginity in females but allowing early sexual activity in males, exposed to sex, smoking and drinking, media advertisements and movies. This massive flow of “information” coming through our liberalized television and other mass media is readily absorbed by our adolescents since it fills the gaps in and satisfy their demands for information about sex, peer-acceptable behaviour standards, and gender relations. Whether there is a demand for such information is no longer a question.

2.5.2 Poverty

There is conflicting evidence on the link between poverty and risky sexual behaviour. By examining the effect of wealth status on age at first sex, condom use, and multiple partners using nationally representative adolescents' data, Madise *et al* (2007) showed that the wealthiest girls in Burkina Faso, Ghana, and Malawi had later sexual debut compared with their poorer counterparts but this association was not significant for Uganda. Wealth status was weaker among males and significant only in Malawi, where those in the middle quartile had earlier sexual debut.

In studying the link between poverty and HIV infection, a strong association of poverty and risky sexual behaviour has been reported. Zulu *et al.* (2002) found that women living in Nairobi slums in Kenya had significantly higher levels of sexual

risk-taking than other women. Another study using Kenya DHS data found similar results, but socio-economic status (defined as 'low'; 'medium'; and 'high' based on ownership of household assets) was not significantly associated with risky sexual behaviour among men (Akwara *et al* 2003). The lack of consistency in findings from different studies can be attributed in part to the different ways in which these concepts (poverty and sexual behaviour) are defined. Equally important is the fact that the link between PMS and risky sexual behaviour is weakened when the use of condom is factored into the study models as wealthier adolescents are most likely to use condoms at the last sexual act.

Given the circumstances under which PMS may occur, these past studies may not clearly account for the attitude of the youth towards PMS. For instance, 20% of all young girls interviewed in Kisumu, Kenya, and Ndola, Zambia, said their first sexual encounter involved physical force (Glynn *et al.*, 2001). Similarly, around 25% of 15–24-year-old girls in KwaZulu-Natal, South Africa said they had been 'tricked' or 'persuaded' into their first sexual experience (Manzini, 2001).

2.5.3 Communication barrier

There is a general consensus that knowledge and information are the first lines of defence for young people against the consequences of PMS. However efforts to provide sexual and reproductive health information to young people faces the twin constraints of cultural resistance to open discussion of sexuality and an overall lack of basic information about it. In the traditional African society, sex as an integral component of human sexuality is meant for procreation and is regarded as sacred (due to its power to transmit life) full of secretes with little discussions even in marriage (Mbiti 1969; Senders, 2004; Gunyali *et al* 2005). Human sexuality permeates many

areas of human life and culture. Some cultures require that matters related to sexuality are held sacred and can only be discussed during certain occasions/stage in ones life for example during initiation ceremonies and only delivered by specialists within the particular community (Mbiti 1969; Hendren, 1990). Ndwati and Kiai 1996). Commonly, the traditional education to the youth especially regarding sexuality was provided by the grandparents, sponsors and aunts for initiates who were of particular age groups just about to get into marriage (Muganzi, 1987, Kitembo *et al.*, 1977, Kilbride and Kilbride, 1990, Nasimiyu-Wasike, 1992).. Currently, the roles of the grandparents and aunts have changed considerably with modern lifestyles where in most cases they find themselves unprepared to effectively deliver the information on human sexuality (Trujllo and Sgreccia, 1996).

In the contemporary society, it is widely believed that parent-youth communication regarding sexuality is desirable and is perceived by many to be an effective way to encourage young people to practise safe sex (Dilorio 1999, Diclemente *et al* 2001). However, research on the areas of parent-child communication has reported inconsistent, mixed and inconclusive results. Some investigators found that there was a negative association between parent-youth sexual communication and sexual experience (Jaccard *et al*, 1996). Some authors found that parent-youth discussion about sex was not related to timing of sexual intercourse or contraceptive use (Chewning & Koningsveld, 1998). In contrast, other studies have suggested there was a positive relation between sexual communication and sexual risk behaviours of youth (Rodgers *et al* 1999).

2.5.4 Education

There are two faces to the link between PMS and education. On one hand, is that formal education incorporating sexuality education as a means of providing pertinent information on sexuality and on the other is the impact of the expanded education on the prevalence of PMS. Some countries have taken bold steps to address the sexuality information needs of young people, but this education is focused on prevention of AIDS and is still far from universal. For instance, in sub-Saharan Africa, only 8% of youth have access to prevention education. The equivalent figures for Eastern Europe and Central Asia is 40%, for the Caribbean and Latin America is 38% respectively (Global HIV Prevention Working Group, 2003). One global study showed that 44 out of 107 countries did not include AIDS in their school curricula (Lopez, 2002).

Access to HIV/AIDS information alone is no guarantee of behaviour change, but education does have an impact. An analysis of 250 North American programmes found that among sexually active young people, HIV/AIDS education programmes were effective in decreasing the number of sexual partners and increasing condom use (Kirby, 1999). In Tanzania, the *MEMA kwa Vijana* ('good things for young people' in Swahili) HIV/AIDS education project targeted 15–19-year-olds in 20 rural communities (Obasi *et al.*, 2003). The three-year effort substantially improved both knowledge and reported change in sexual behaviour including increased condom use among young people.

On the other hand, the proportion of youth enrolling in school has increased in sub-Saharan Africa over the past two decades (Hewett and Lloyd 2005; NRC-IOM 2005). Improvements in the proportion of girls who enter school and who complete Primary school have decreased the gap between male and female educational attainment in the

region. However, school attendance in sub-Saharan Africa is marked by prevalent grade repetition and temporary school withdrawals leading many young people to remain enrolled in schools well into their late teens (NRC-IOM 2005). This has changed the age structure of populations and the trend towards later marriage, therefore, increased the likelihood of PMS among the youth.

2.5.5 Lack of positive role models among adults

As the child is born, the family becomes the first school and forms the medium through which children integrate themselves in society (Tabifor and Mulyanga, 2003). As they grow, they adopt behaviour of their parents and the older members of society. The adults influence the youth through verbal and physical demonstrations of sexuality. How they dress or relate to family members and other members of the community influences the attitudes of the youth towards sexuality and their view of pre-marital sex is a reflection of the adults in the community. This research was carried out to establish the attitudes of the youth towards pre-marital sex and relate this to the attitudes of the parents and other adult role models in the community such as teachers.

2.5.6 Sexual experimentation

Some youth want to have an experience, 'to know how it is like' and their sense of curiosity become so strong that it overcomes their judgment of what is right and wrong. This often comes as a result of lack of proper information on pre-marital sex and related consequences. This experimentation may develop into a habit with adverse effects.

At times, the youth especially boys, may engage in pre-marital sex to prove to themselves and their partners their potency and fertility oblivious of the dangers associated with pre-marital sex (Tabofor and Mulyanga, 2003; Gunyali *et al* 2005; Gichaga *et al* 2005). This is a wrong approach because if any youth have reason to think they are not sexually normal, they should seek medical attention rather than experimenting with themselves. In some instances, girls may consent to pre-marital sex because of fear of being jilted (Gunyali *et al* 2005).

2.5.7 Peer and media influence

Among the revolutionary technologies in today's world, is the computer and its associated technologies and services such as the internet. The services are spreading to many parts of the world especially the rural settings. With these services, come plenty of infectious, pornographic literature, videos, films and erotic music which promote liberalism among the audience. Once hooked on, especially through peer influence, they often acquire the characters of the group. In a recent study, Maina (1995) established that more than 70% of Kenyan youth obtain information on sexuality from peers, radio and television. This may affect their attitudes towards pre-marital sex and HIV/AIDS.

2.6 IMPACT OF PRE-MARITAL SEX AND HIV/AIDS ON EDUCATION

In most countries of the world, pre-marital sex has risen on public health, political and educational agenda over the last decade and the major reason is the growing recognition of the reciprocal relationship between poverty, social, health, literacy and economic inequalities (Swann *et al* ., 2003). Pre-marital sex contributes to teenage pregnancy and early motherhood and is associated with poor educational achievement in educational institutions due to high rates of drop-outs, poor physical and mental

health, social isolation, poverty and other related factors. Indeed, pre-marital sex and infections with sexually transmitted diseases are the major factors contributing to school drop-outs and poor performance of the education sector worldwide (Bacon, 1999; Felice *et al.*, 1999; UNICEF, 2001). In most set-ups, pregnant school girls drop out of school as they opt to become mothers or obtain abortion whenever they wish to continue with education (Gunyali *et al.*, 2005). In any case, they most often seek illegal services that endanger their lives (deaths and other complications) as abortion laws in most developing countries are anti-abortion. Opting for young parenthood on the other hand makes them vulnerable in that they will most likely have lower qualifications than their peers and, therefore, be on lower incomes when employed (SEU, 1999). Apart from the direct and obvious consequences of PMS, there is growing evidence that before getting pregnant, the victims would most likely be performing poorly in class due to divided mental faculties (Marteletto *et al* 2006, Llyod and Mensch, 2006). Besides, the option for early parenthood is prevalent in rural areas where medical services to obtain an abortion are scarce and when available, they are either expensive or crude and more risky to undertake. The girls rarely return to school to continue with their education since they are despised and tagged as promiscuous, old and wrong role model to the young. They are also weighed down by the responsibilities of looking after their babies. While this is clear with girls, the impact on boys is different as they in most cases survive their educational cycle with little or no punishment. The question is, is this due to the attitudes of the community or parents and what factors may be contributing to this differential treatment?

Another consequence of pre-marital sex is the contraction of sexually transmitted infections (STI) including the human immunodeficiency virus. For the struggling

economies of some developing nations, HIV/AIDS has brought yet another burden: it tends to kill young adults in the prime of their lives - the primary breadwinners and caregivers in families (Tibaijuka, 1997). According to figures released by the United Nations in 1999, HIV/AIDS has shortened the life expectancy in some African nations by an average of seven years. In Zimbabwe, life expectancy has dropped from 61 years in 1993 to 49 in 1999 (Feeney, 2001). The next few decades may see it fall as low as 41 years. Upwards of 11 million children have been orphaned by the HIV/AIDS epidemic. Those children who survive, face lack of income, a higher risk of malnutrition, disease, and the breakdown of family structure (WOFAK, 2002).

In Africa, the disease has had a great impact on urban professionals. That is, the educated and skilled workers who play a critical role in the labour force of industries such as agriculture, education, transportation, and government (NASCOP, 2005). The decline in the skilled workforce has already damaged economic growth in Africa, and economists warn of disastrous consequences in the future (Cuddington, 1993, Cuddington and Hancock, 1994; Bloom and Mahal, 1997; Zainet, 1994).

From the early days of the identification of AIDS, the disease has been closely linked to behaviours that are either considered illegal such as illicit drug use/abuse or are considered immoral by many people, for instance promiscuity and homosexuality. Consequently, a diagnosis of HIV/AIDS was a mark of disgrace. In other communities, parents protested when HIV-infected children attended school or they withdrew their children (Kamaara, 2004). In many areas of the world, women in particular face consequences if their HIV status is discovered. Reports indicate that many HIV-infected women are subject to domestic violence at the hands of their husbands—even if the husbands themselves are the source of infection (Ebel, 1998).

As a result, some women in developing nations fear being tested for HIV infection and cut themselves off from medical care and counselling.

Infection with diseases not only hinders concentration in class but also takes a lot of the youth's time seeking medical attention at the expense of education. Besides the risk of getting infected, HIV is real and once infected; the idea of attending school is relegated to the periphery. The impact of HIV/AIDS on education is evident on both the demand and the supply equation. Reports on impact of HIV/AIDS on education in Kenya by the government of Kenya and UNICEF indicated that teachers participation and performance in the learning process were said to be adversely affected by HIV/AIDS due absenteeism (GOK/UNICEF 2000). The report also indicated that the teachers dying of AIDS were not being replaced. The loss of trained and experienced teachers and the interruption of the teaching programme due to illnesses are noted as compromising the quality of education. Additionally, the impact at the community and household level was related to the diversion of resources available for support of education to medical needs. Besides the infected, the affected children especially from the poor would absent themselves from school to care for the sick family members and worse still the children would drop out of school due to impoverishment of the affected families and death of parents. These negative impacts are pronounced in rural areas due to poor infrastructure and low economic status of most rural families

2.7 HIV/AIDS PREVENTION AND PRE-MARITAL SEX

Various approaches to prevention of HIV/AIDS are available. Some scientists focus on ways to fortify the immune system using biological molecules and vaccines (Carpenter *et al* 1996). Studies are underway to develop vaccines that elevate the production of T-cells in the immune system (Miller and McGhee, 1996). Scientists

hope that this dual approach will activate the immune system to attack HIV/AIDS as soon as it appears in the body, perhaps containing the virus before it spreads through the body in a way that natural immune defences cannot. However, the genetic variability of AIDS/HIV frustrates efforts to develop a vaccine: This is because a vaccine effective against one type of HIV may not work on a virus that has undergone genetic mutation (Bloom, 1996).

With a vaccine for HIV/AIDS years away and no cure on the horizon, experts believe that the most effective treatment for HIV/AIDS is to prevent the occurrence of HIV infection (Decocas, 1994). Health officials focus on public education programmes on altering risky behaviour linked to HIV infection and transmission, particularly unsafe sexual practices and needle-sharing by intravenous drug users (Dowsett, 1993). Safe-sex campaigns sponsored by health clinics, social centres, schools, and churches encourage sexual abstinence or monogamy (sexual relations with only one partner). Education programs instruct about the proper way to use condoms to provide a protective barrier against transmission of HIV during sexual intercourse.

In the United States, the effectiveness of public education programs that target people at risk for HIV infection was well demonstrated in the gay community of San Francisco, California, in the 1980s. In 1982 and 1983, 6,000 to 8,000 people in San Francisco became infected with HIV. The gay community rallied to promote condom use and advocate monogamy through extensive education programs and public health advertisements geared for gay men. These public education programs were credited with reducing the number of gay men in San Francisco who became HIV infected. By 1993 the number of new infections declined to 1,000, and by 1999, fewer than 500 people were infected each year (Bartlet, 2004).

Public education about HIV/AIDS has also proven effective in other countries (Alwano-Edyegu and Marum, 1999). Uganda was one of the first African countries to embrace AID control measures . The first cases of AIDS were reported in 1982, and by the late 1980s Uganda had one of the highest rates of HIV infection in the world. The Ugandan government was one of the first countries to set up a partnership with WHO to create a national AIDS control program called the AIDS Information Centre (AIC). The AIC has established extensive education programs promoting condom use and other methods to prevent HIV from spreading further. The program has also worked with community-based organizations (CBO) to change social behaviour that increase the risk of HIV infection (Alwano-Edyegu and Marum, 1999). The AIC promotes its message using innovative drama, song, and dance programs, a particularly effective communication method for African communities. AIC established confidential HIV testing services that provide same-day results and community counselling programs. As a result of Uganda's quick response to the AIDS epidemic, the number of HIV infected people in that country has declined significantly since 1993, during a time when most other African nations faced a frightening increase in the incidence of HIV infection (Dowsett, 1993).

Public health officials have learned that education programs that teach and reinforce safe behaviour through a series of meetings are more effective than one-time exposure to public-health information provided in a class lecture, magazine article, advertisement, or pamphlet. Education programs tailored to reflect specific ethnic and cultural preferences prove even more effective. For example, the Canadian Aboriginal AIDS Network creates HIV education programs that fight the common misperception among the indigenous peoples of Canada that AIDS is primarily a disease of white, affluent people (Decosas, 1994).

While social, ethical, and economic effects of the AIDS epidemic remain the major issues of concern,, humanity is also being armed with proven, effective weapons against the disease. These include knowledge, education, prevention, and the ever-growing store of information about the virus's actions (Bichman, 2002,. Vogel, 2002).

Current preventive approaches advocate compliance with simple rules governing sexual behaviour and low cost preventive methods such as use of condoms. However, this approach is full of controversy due to the fact that the strategies/control methods touches on the very individual person's behaviour and more so, on humankind's oldest social contact and form of self preservation. This is related to the subject of human sexuality (Vogel, 2002)

Research has shown that 70% of HIV infection is through sexual intercourse with an infected person (Jochelson, 1991, Obel, 1995). It is against this background that behavioural change is being advocated as the major thrust to prevent new infections. The youth are specifically targeted because they are the most sexually active and they represent the future workforce of the country. Around the world, successful preventive programmes among the youth are ones that equip them with the knowledge, skills and attitudes to delay sex and prevent infections once they become sexually active (NAS COP, 2002).

Consequently, the Kenya government supports formal, informal and non-formal HIV/AIDS programmes. Formally, it has been incorporated in Primary, secondary and teacher training programmes although it is not being taught as a separate subject. Its content has been infused and integrated in existing subjects of the curriculum

(Nasibi, 2003). The formal education is aimed at transmitting knowledge, enhance skills and change attitudes in order to combat the challenges posed by the scourge (KIE, 1999). Informally the youth are educated either consciously or unconsciously through the mass media (TV, radio, Newspapers and billboards). They also learn from events which go on in the society like funerals, religious gatherings from relatives, friends, parents and teachers who have died through HIV/AIDS infections (Nasibi, 2003). Education on HIV/AIDS is also transmitted non-formally through many awareness programmes which are organized for children, youth and adults in schools , churches theatre, public places with the aim of informing the audience on the spread of the disease and ways and means of reducing it and, where possible, eliminating time-spread among the young and the adults. In this set-up, the position of the parent as the primary educator is not defined as the Christian Church would like it to be and vehemently oppose this non-formal transmission of information (Trujillo and Sgreccia, 1996).

All players in the war against HIV/AIDs spread agree that transmission of the right information to the groups most at risk is the key to stamping out the scourge. However, in any discussion of HIV/AIDS, mention of human sexuality is inevitable. Many organizations including the Church recommend that, parents should provide information on sexuality, with great delicacy, but clearly and at the appropriate time according to personal conditions of their physiological and psychological development. This however, has to take into account the cultural environment and the young person's daily experiences and early in life. As it stands, it is not easy for parents to take on this educational commitment because today it appears to be rather complex, and greater than what the family could offer. This is because of the challenge brought about by HIV/AIDS pandemic.

Some developing nations, such as Uganda, have met the HIV/AIDS crisis head-on, attempting to educate citizens and change high-risk behaviours in the population (Konde-Lule and Sabina, 1993). However, other nations have been slow to even acknowledge the disease. In India, for example, the nation's Prime minister did not speak publicly about the dangers posed by the epidemic until 1999 (Bartlet, 2004).

In view of the aforementioned, it is a concern that it remains unknown how prepared parents and teachers are to talk to the youth in the current socio-cultural setup where the youth are exposed to other sources of information. The researcher wished to establish the kind of attitudes of the youth, parents and teachers towards premarital sex and how the same is influenced by the perception and attitudes towards HIV/AIDS in Bungoma district taking into account the ethnic and cultural background of the district.

2.8 CHAPTER SUMMARY

In this chapter, a review of related works both from within and outside the country was made with emphasis on the prevalence of PMS and the major contributory factors such as the breakdown of the African traditional family values, lack of positive role models, curiosity and sexual experimentation, peer and media influence. The impact of PMS on education and prevention of HIV/AIDS was also reviewed.

CHAPTER THREE

3.0 RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The main purpose of conducting the present study was to establish the attitudes of the youth towards PMS and the possible influencing factors. Specific investigations into the prevalence of PMS in relation to the attitudes were conducted to establish the effect on education. Behaviour attitude inconsistency was used as a prediction of the obstacles towards the prevention of STIs especially HIV/AIDS complex. Selected schools in Bungoma District were used. Respondents for the study included Form three students, guidance and counselling teachers, secondary school head-teachers from selected schools, parents and religious leaders. This chapter presents research methodology population sample and sampling procedures, research instruments, procedure for data collection and field experience.

3.2 THE STUDY AREA

The study was carried out among selected secondary schools in the larger Bungoma District. The larger Bungoma District is one of the eight districts that form Western Province. It borders Mt Elgon District to the northwest, Trans Nzoia District to the north, Lugari District to the northeast, Kakamega District to the east, Butere-Mumias District to southeast, Busia District to the west and Teso District to the southwest. The district also borders the republic of Uganda on the West. The district is situated between latitude 0°C 25.3' and 0°C 53.2' and longitude 34°C 21.4' and 34°C. It covers an area of 2,068.5 km², which is 25% of the total area of Western Province. The district has ten administrative divisions (Figure 3.1.) with Tongoren Division

being the largest while Chwele Division is the smallest. In 2002, it was estimated that the district had a population size of 997, 175 with over 70% living in rural areas (Table 3.1).



Source: District Development Plan (2000)

Figure 3.1: Administrative boundaries of the greater District District

Table 3.1: Bungoma District demographic and socio-economic indicators

Factor	Quantity
Population size	997,175
Rural population	699,948
Total number of males	484,607
Total number of females	512,568
Female/male ratio	100:94
Total number of youth (15-25 years)	226,613
Total number of households	199,435
Female headed households	4,451
Absolute poverty	56%
Contribution to national poverty	1.9%
Major economic activity	
Agriculture	60 %
Rural self employment	3.8%
Wage employment	18.8%

Source: Central Bureau of Statistics, Bungoma (2002).

3.3 RESEARCH DESIGN

This study used the descriptive survey research method. According to Koul (1984), descriptive survey is a convenient way through which views, opinions, perceptions, attitudes and suggestions can be collected and analyzed. This qualitative method was supplemented with quantitative techniques to determine the prevalence of PMS and to quantify the effects of PMS on education performance in the district.

3.4 STUDY POPULATION

The target population for the study included form three students, guidance & counselling (G&C) teachers, secondary school head teachers from selected schools, parents and faith-based organisations' leaders. The study was based on the assumption that the youth are sexually active citizens and are the future contributors to the economy. Parents are the first teachers of the youth and are role models to the youth while teachers and faith based leaders are both role models and may be parents at the same time. They also spend considerable time with the youth. They are also expected to impart knowledge and have a considerable influence especially as it pertains to morals.

3.5 SAMPLING PROCEDURES

Since it was not possible to involve the whole population for the study, only a representative sample was used. Hence, a carefully identified sample was selected. A sample was used as a means of providing reliable and detailed information and to save time, effort and finance (Koul 1984, and Warwick and Lininger, 1975).

Therefore, the sample population included all head-teachers and G&C secondary school teachers from 51 selected schools, form three students (10% of the class

population) from selected schools and their parents. The parents formed the sampling frame for the faith-based organizations leaders in the district. The sample size was, according to Kerlinger (1983), who stated that in a descriptive survey, 10-30 % of the sample is representative.

The sample was drawn from a target population of 138 secondary schools in Bungoma district at the time of study as shown in table 3.2 below

Table 3.2: Types of schools in Bungoma district and number sampled in parenthesis

Division	Boy schools	Girl schools	mixed	Total
Kimilili	3 (2)	5 (2)	8 (3)	16
Webuye	1 (1)	2 (1)	19 (5)	22
Ndivisi	0	0	11 (4)	11
Chwele	1 (1)	2 (1)	5 (3)	8
Tongoren	1 (1)	2 (1)	17 (4)	20
Malakisi	1 (1)	1 (1)	4 (1)	6
Kanduyi	2 (1)	1 (1)	18 (5)	21
Bumula	0	1 (1)	14 (4)	15
Sirisia	2 (1)	0	8 (3)	10
Central	0	2 (1)	7 (2)	9
	11 (8)	16 (9)	111 (34)	138 (51)

Source: District Education Office, Bungoma District

Fifty one (51) schools (37% of the population) were used for the study. According to Kerlinger (1983), a sample of at least 30% of the total population is a fair representation of the target sample (schools in the district). With this information at the background, the minimum number of schools was estimated by the method of Kish and Leslie (1965) for survey sampling. To do this, 50% frequency was assumed with 10% allowable error at 95% confidence interval since the frequency of students with unfavourable attitudes towards PMS was not known *priori*. Using this method, a minimum number of participating schools was estimated at 40 based on the population size of 138 target schools. A 10% sample per stream of 40 of students rule was applied during the study. This resulted in a survey of a total of 284 students shown in the table 3.3

Table 3.3: Number of streams and students sampled

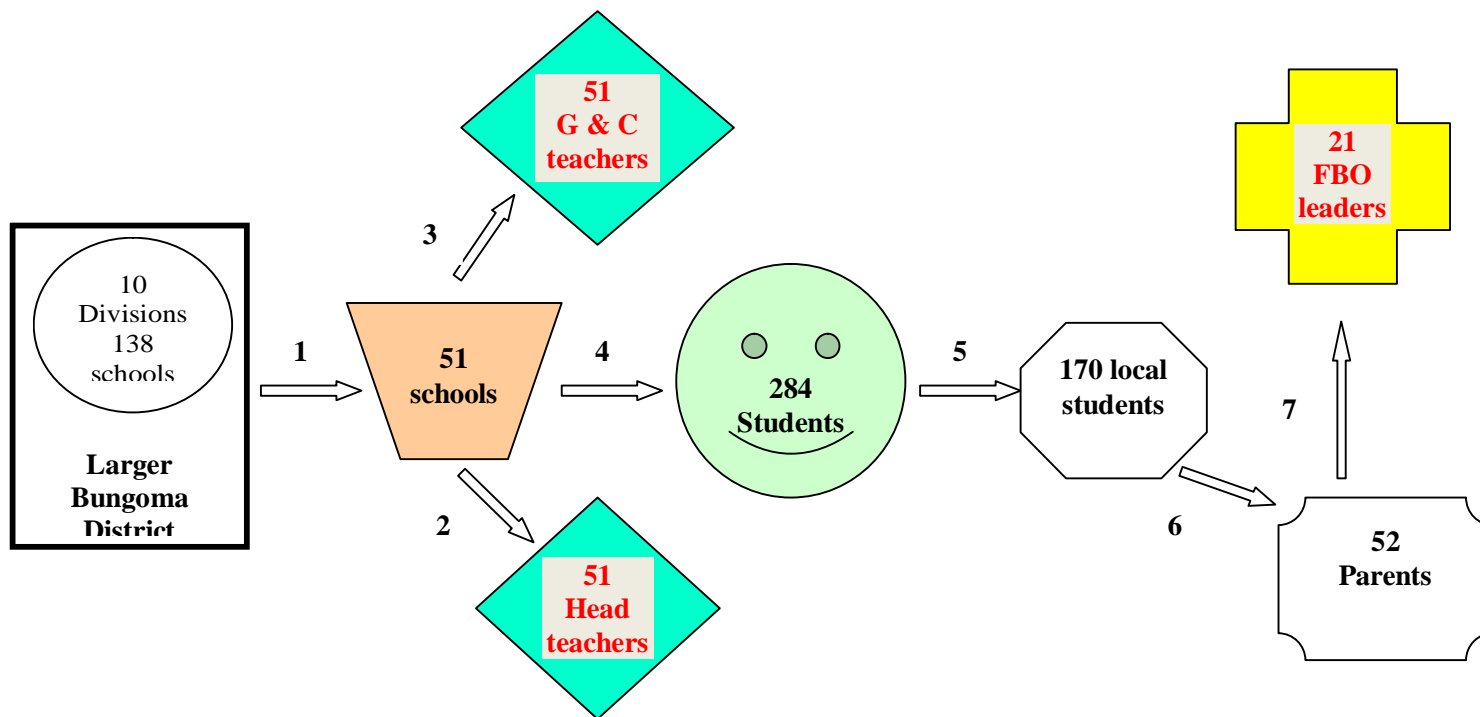
No of streams	No of schools	Students (n)
1	39	156
2	6	48
3	4	48
4	2	32
	51	284

3.6 SAMPLING TECHNIQUES

Suitable sampling techniques were used in the study. This included a combination of purposive, random and stratified techniques. The minimum number of respondents was estimated by the method of Kish and Leslie (1965) for survey sampling. Stratified simple random and purposive sampling techniques were used in sampling various target groups. Sampling some groups required the use of more than one method. The sequence of sampling is summarized in figure 3.2 and details are specified under each target group.

3.7 SAMPLE SIZE

Stratified simple random sampling technique was used to sample the secondary schools in the district. The steps in the selection are shown in figures 3.2. This method was preferred because it is flexible and not only does it allow the use of different sampling percentage in various strata but also allows the concentration of resources on the population of particular interest (Cochran, 1977). Target schools were stratified according to type, as boys only, girls only and mixed schools. Three separate lists of the schools were drawn and each school was coded on a piece of paper. With the help of the District Education Officer in larger Bungoma District, a piece of paper each with a code representing a school was picked at random from the lot at a time. The procedure was repeated severally until the required number (at least 30% of the target schools per strata) of schools per strata was realized. This procedure ensured that each secondary school had equal chances of being included in the sample. More than 30% of girl only and boy only schools were sampled because they were fewer.



- Key
- Step 1 Stratified simple random sampling
 - Step 2 Purposive sampling
 - Step 3 Purposive sampling
 - Step 4 Simple random sampling
 - Step 5 Purposive
 - Step 6 Random sampling (those accessible and willing)
 - Step 7 Purposive

Figure 3.2: The sampling sequence and number of schools and respondents

3.7.1 Head-teachers and Guidance and Counselling teachers

The head teachers of all the selected schools were included in the study. For every school selected, the head of Department, guidance and counselling was interviewed.

3.7.2 Students

Ten (10) percent of form three class (standard stream has 40 students) students from the selected schools were randomly selected and a questionnaire administered to them by research assistants.

3.7.3 Parents and faith-based organization leaders

Of the 284 students surveyed, 170 were locals (residents of Bungoma Districts). These local students formed the sampling frame for the parents. They were requested to provide physical address details that could facilitate visits to their parents. The addresses were later scrutinized and those considered accessible were visited by the researcher.

The parents provided the details of their local religious leaders. Through the help of parents, the FBO leaders were interviewed the same day where possible.

3.8 CASE-CONTROL STUDIES

Questionnaire, interview survey and focused group discussions (FGDs) were supplemented by case control studies involving cases of PMS. This was to quantitatively assess the prevalence of PMS and effect on academic performance. Cases (indicated by pregnancy and STI) were determined from the school health and administrative records of STI and pregnancies. Stratified analysis of case-control was adopted to take into account the influence of other factors such as sex (male or

female) and type of school (boy, girl or mixed schools). Controls, derived from the same population, were to provide an estimate of exposure rate that would be expected to occur in cases if there was no association between poor performance and PMS. They were expected to have had no reported PMS encounter but exposed to same risk.

Academic performance of cases and controls was retrospectively determined for two years as total marks obtained per term. The performance was classified as below average (<50%), Average (50%-70%) and good (>70%).

3.9 RATIONALE FOR SAMPLED COMPONENTS

3.9.1 Students

The students as youth, are the most vulnerable to reproductive and sex issues and many young people face the risk of sexually transmitted infections (STI) and unintended pregnancy. They also face emotional, cultural and social problems related to their sexual and reproductive health. In this study, form three students were involved in the study because they are in the adolescent stage, sexually active and likely to experiment with sex. They have also been in school long enough for their academic trend to be established. In addition, the youth themselves form the major component of peer influence.

3.9.2 Parents

Parents have the original and primary and inalienable right to educate their children in conformity with their moral and religious conviction taking into account the cultural traditions of the family which favour the good dignity of the child. The socio-economic status of the immediate family, however, may influence the availability of

basic needs, access to information and may result in differential parental care and control.

3.9.3 Faith-based organization (Religious) leaders

They are important community avenues for moral influence on the population. They have considerable contact with the youth and are expected to influence the youth along the just and moral teaching of the bible. Besides they are role models to the youth. They have, however, differed strongly in the past on issues pertaining to sexuality especially on contraception and introduction of sex education in schools.

3.9.4 Head-teachers and Guidance and Counselling teachers

The youth spend a considerable part of their formative years in school and most become sexually active while still in school. The school also forms the biggest aggregation of peer groups with diverse backgrounds, constituting the greatest forum for information exchange and influence. Individual school policies and rules meant to morally guide the students, for example reduce cases of PMS, are implemented and enforced by the teachers in general especially the head-teachers and the guidance and counselling teachers in particular.

3.10 DEVELOPMENT AND ADMINISTRATION OF RESEARCH INSTRUMENTS

A permit was sought from the office of the President upon production of a letter from the Department of Curriculum Instruction and Educational Media (CIEM), Moi University, to allow the researcher to proceed with the research. After securing the permit, the researcher proceeded to the District commissioner, larger Bungoma, to officially be allowed to carry out research in the District. The researcher then visited the District Education officer, larger Bungoma District, to request to access the list of

government registered schools and to obtain other relevant information on education in the district

Two research instruments were used to obtain the data for the study. These were the questionnaire and interview schedule. The questionnaire and interview schedule items were constructed to collect information at four levels, namely, individual, family (household), community and school. The instruments consisted of statements seeking information to answer specific research questions such as :

- Is PMS a problem in schools?
- What is the attitude of youth towards PMS?
- Does PMS have any effect on academic performance?
- What is the overall implication of control and prevention of STI especially HIV/AIDS

3.10.1 Pilot study

Because the topics to be explored were particularly sensitive, prior to development of the survey instruments, a small-scale pilot study was undertaken among the target group in the study communities. Focused-group discussions(FGD), segregated by age and sex, was conducted to: (1) understand how best to ask sensitive questions in order to elicit the most accurate responses; (2) identify possible markers and proxies for those behaviours; and (3) to understand what sort of interviewer would be most effective in putting respondents at ease. This was necessary because young people have an extensive slang vocabulary for concepts and behaviour related to sex. This language is often used in the context of jokes and is considered appropriate to use among peers only and is not used with outsiders (and may include survey interviewers). In order to encourage reporting, the questions on sexual activity were

introduced with an acknowledgment of the different circumstances in which sex takes place:

“Sometimes young people play sex”.

They play sex for different reasons—for love, or because they are convinced, forced, or tricked.

The research instruments were administered in two phases, the pilot and main study phases. The pilot phase was a period the investigator with the help of the relevant authorities in Bungoma District, selected the schools and the rural homes for the main study.

3.10.2 Questionnaire

The questionnaire is described as the most popular instrument particularly in cases of big inquiries (Kothari, 1985). It is an instrument used to obtain information about any conditions and practices and to inquire into opinions and attitudes of an individual or a group. Despite its limitations (Koul, 1984; Sharma, 1984 and Kothari, 1985), the questionnaire was preferred to other instruments because of the large number of respondents that were expected to be covered in the study within the expected time frame (Warwick and Lininger, 1975). The questionnaire was administered to students by research assistants while the researcher administered to the head-teachers, guidance and counselling teachers.

3.10.3 Interview Schedules

An interview can either be face to face or telephone. It can be structured or unstructured. In this study, face to face interviews were conducted to provide quality information and to elicit deeper responses from the respondents. It also provided an opportunity to explain the purpose of the study (Koul, 1984). The target group for

interviews included parents and faith-based organization leaders and was conducted by the researcher.

3.10.4 Focused group discussions (FGD)

Interviews and questionnaire were supported by focused group discussions (FGDs). These were conducted for students by the research assistants while the researcher managed the discussion with parents. Existing organized groups such as women groups, CDF-HIV/AIDs committee meetings and occasionally, chief's barasas were used as fora for collecting the necessary information. FGD was used to provide details about specific issues that could not be appropriately addressed through face to face interviews or questionnaires.

3.11 RELIABILITY OF THE RESEARCH INSTRUMENTS

Pre-testing of the instrument was carried out to test the reliability of the instruments. The respondents used in the pilot study were not involved in the main study. An instrument is considered reliable when it is able to elicit the same responses each time it is administered (Koul, 1984). Pearson product moment correlation coefficient (r) formula for ungrouped data was used to judge the reliability of the instruments. The computed correlation coefficient of 0.65 for form three students, 0.78 for G & C teachers, 0.84 for headteachers, 0.67 for parents and 0.75 for FBO leaders were respectively realised. These values were considered high enough to judge the instruments reliable. According to Borg and Gall (1983), values above the minimum of 0.5 indicate the reliability of research instruments

3.12 VALIDITY OF THE RESEARCH INSTRUMENTS

A valid instrument is that whose content is relevant to the purpose of the study. It is statistical or non-statistical method used to validate the content of the research instrument (Koul, 1984, Kerlinger, 1983). To achieve the content validity of the task, the researcher consulted subject specialists and the supervisors from the Department of Curriculum, Instruction, and Educational Media (CIEM) of Moi University.. Each of them examined the research instruments individually without reference to others. Modifications and adjustments were made on the questionnaire on the basis of their comments.

3.13 SCORING OF RESEARCH INSTRUMENTS

The responses to the closed-ended items in section B of the teachers and religious leaders questionnaire were tabulated on frequency tables, counted and converted into percentages and means. Responses to the open-ended items were classified into themes. Like the closed-ended items they were tabulated on frequency tables, counted and converted into percentages and means.

In the scoring scheme sections C of the questionnaire and interview schedule, the five point likert scale was adopted where positive statements scored five points each for strongly Agree (SA) down to one for Strongly Disagree as shown below.

SA	A	UD	D	SD
5	4	3	2	1

The negative statements were scored in the reverse as follows:

SA	A	UD	D	SD
1	2	3	4	5

Scores of 4 or 5 in an item were said to have a positive attitude towards the item. While scores 1 or 2 in an item were said to have a negative attitude in the item. Scores of 3 were undecided or were considered to have neutral attitude towards the items.

3.14 DATA ANALYSIS AND INTERPRETATION

Data was entered and managed as EPI6 databases (Dean *et al*, 1994). This programme was preferred because it was available, handles both qualitative and quantitative data and is compatible with other statistical analysis programmes like Statistical programme for social sciences (SPSS) which was used for data analysis in this study. Chi-square (χ^2) tests were performed to check whether there was significant relationship in responses on the basis of school type, gender, household economic status, religion.

One way analysis of variance (ANOVA) was used to test for differences in PMS cases by sex and school type while t-statistics was used to determine significance of PMS in schools.

3.15 THE FIELD EXPERIENCE

Generally there was a lot of co-operation during all the phases of the study. Explanation during the pre-study phase giving the purpose and importance of the study and also assuring them of confidentiality ensured smooth collection of data for this study. However the researcher had the following challenges:

- i. Impassable roads to reach some respondents

- ii. Some parents were unwilling to respond to the items due the nature of the study

3.16 CHAPTER SUMMARY

1. The study was carried out in the larger Bungoma District secondary schools. The study population included secondary school head-teachers, G & C teachers, parents, form three students and religious leaders. Data was collected by means of questionnaire and interview schedule supplemented by focussed group discussions to determine the attitudes of students towards PMS

CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATIONS AND INTERPRETATIONS

4.1 INTRODUCTION

This chapter deals with data analysis, presentation and interpretation of results. Results presented in this chapter are based on responses from questionnaires and interview schedules administered to different target groups, focused group discussions and records obtained from different management groups. The study focused on the prevalence of PMS and the attitudes of the students towards PMS in the larger Bungoma District. The respondents for study included the form three students, head-teachers, guidance and counselling teachers from selected schools, parents and, faith based organization leaders.

The information in this chapter is presented as follows:

Student environmental characteristics.

Prevalence of pre-marital sex among students in secondary schools in the larger Bungoma District. In this case, closed and open-ended items on the questionnaire and the interview schedule were expected to elicit some responses to determine the prevalence of PMS. Records of PMS indicators such as STIs, and pregnancy were also used to determine the prevalence of PMS.

The attitudes held by the students towards PMS in relation to the attitudes held by the other respondents.

Effects of PMS on education achievements.

PMS in relation to HIV/AIDS.

The responses to the items in the instruments were tabulated on frequency tables, counted and then converted into percentages and means. They are presented in form of tables and graphs. Harper (1988) observed that the use of tabular layouts would enable

any desired figures to be located quickly and makes comparison between different categories easier.

Further stratified analyses (computation) were performed to pick out specific differences between groups with respect to confounding factors. Of particular interest was the influence of school type, gender, household economic status, birthplace, attitudes of the parents, teachers (head-teachers and G&C teachers) and religion on the attitudes of the youth towards PMS. Inferential statistical analysis was undertaken where appropriate to determine relationships among groups.

4.2 STUDENTS ENVIRONMENTAL CHARACTERISTICS

This section covered the prevailing conditions under which the students were raised. These included demographic characteristics, family environment, religious background and the school environment.

4.2.1 Demographic characteristics

At the time of the study, the larger Bungoma District had 138 secondary schools most of them (>80%) were mixed secondary schools. As shown in table 4.1, 9 (56 %), 34 (31%) and 8 (72%) of girls only, mixed and boys only schools, respectively, were sampled. The study used a total of 284 students (142 boys and 142 girls) from 51 schools as shown in table 4.2.

Table 4.1: The population and type of schools sampled

	Type of schools			Grand Total
	Girl only	Boy only	Mixed	
Total	16	11	111	138
Sampled	9	8	34	51
% sampled	56	72	31	37

Table 4.2: Demographic characteristics of the sampled population

Category of sampled population	Classification/Number		Total
	Male	Female	
Students	142	142	284
Head teachers	30	21	51
G & C teachers	22	29	51
Parents	33	19	52
FBO leaders	21	0	21

In the study, 170 (60%) of the students were residents of the larger Bungoma District who formed the sampling frame of the parents. They provided their physical addresses which were scrutinized and 110 (64.7%) out of the 170 parents were considered accessible. During the research, 26 were not accessible due the impassable road as a result of heavy rains although they had initially been certified as accessible. The researcher visited 84 (76.4%) parents, 9 (8.2%) were unavailable due to unavoidable circumstances such as attending funerals, away on journeys, 23 (21%) parents were not willing to discuss anything due to the nature of the topic/subject. Twenty one (21) religious leaders were identified by the parents and interviewed by the researcher.

All the head-teachers (59 % males and 41% females) and G & C teachers (57% females and 43% males) from the 51 selected schools were interviewed.

4.2.1.1 Students characteristics

The students sampled from different types of schools are presented in figure 4.1. Sixty nine (48.6%) of the 142 girls sampled were from girls only schools and 73 (51.4%) were drawn from mixed schools. On the other hand, 58 (40.8%) and 84 (59.2%) boys were sampled from boys only and mixed schools, respectively.

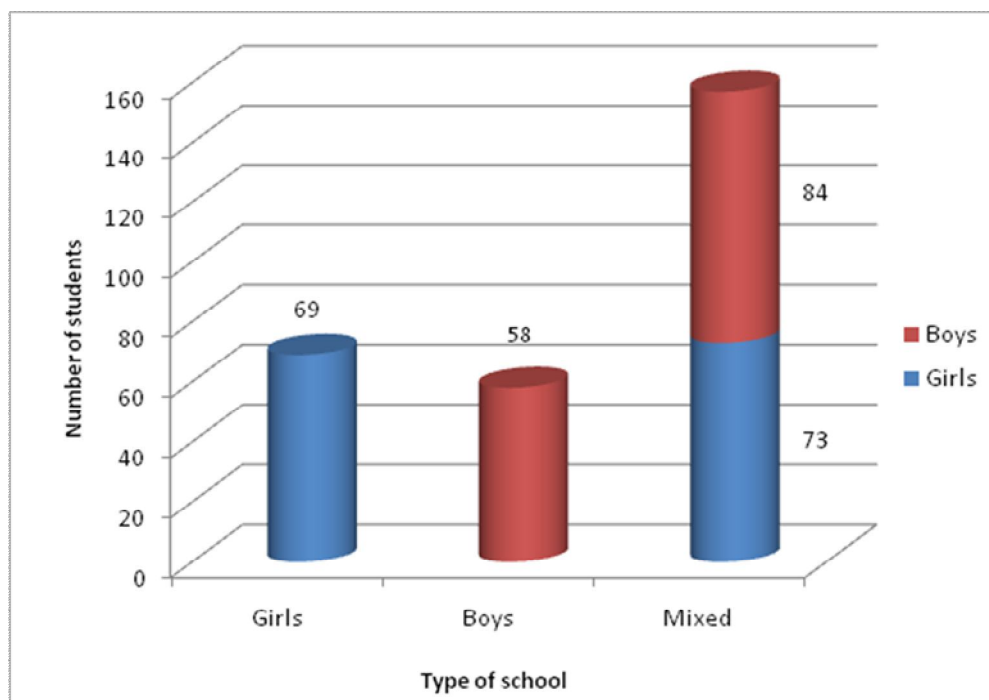


Figure 4.1: Characteristics of sampled students distributed by gender and type of schools

The age of respondents ranged from 16-20 years as shown in figure 4.2. This was a critical age limit in the development of the youth. Physiologically, this is an adolescent stage characterised by physical (structural) and hormonal changes accompanied by emotional attraction to individuals of opposite sex. It is characterised by experimentation, confusion, frustrations and high susceptibility to peer influence.

The age of girls was skewed towards the lower age limit while the age of the boys was distributed more towards the upper limit. Females tended to be younger than their male counterparts in the same class. This implies that girls may tend to either begin going to school earlier than boys or boys have a higher likelihood of repeating classes. The difference in age distribution among boys and girls in the same class is likely to impact on sex experience among the two groups.

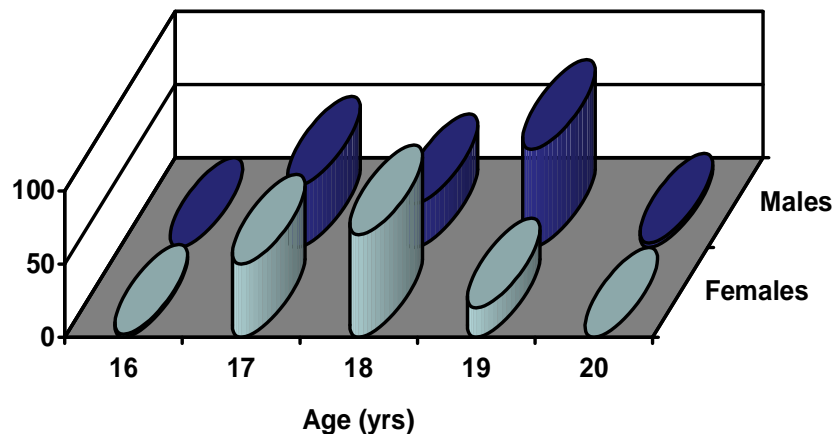


Figure 4.2. Age of students distributed by gender

Figure 4.2: Age of students distributed by gender

The sampled students' religious affiliation is shown in figure 4.3. The majority (281 or 98.94%) were Christians while only one (0.034%) was Muslim and 2 were of unknown religious affiliation. This implied that most of the students sampled were governed by the Christian values and teaching on sexuality.

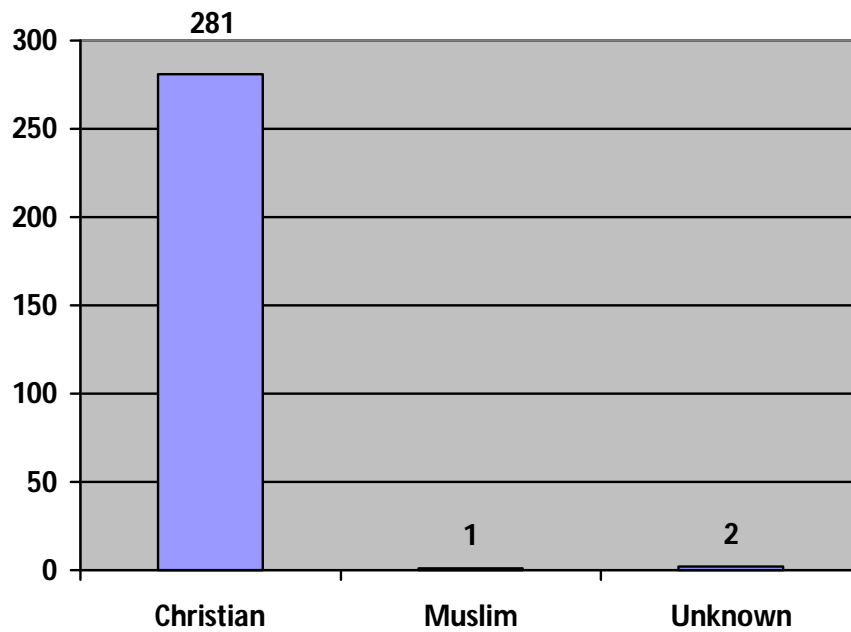


Figure 4.3: Students religious affiliations

As shown in figure 4.4, 170 (59.9%) of the students involved in the study, were born and resided in the larger Bungoma District. Ninety five (33%) were from neighbouring districts while 19 (6.69%) were from far off districts. Thus the sexual patterns among the youth were expected to be influenced locally by the traditional cultures (insignificant trans-cultural influence).

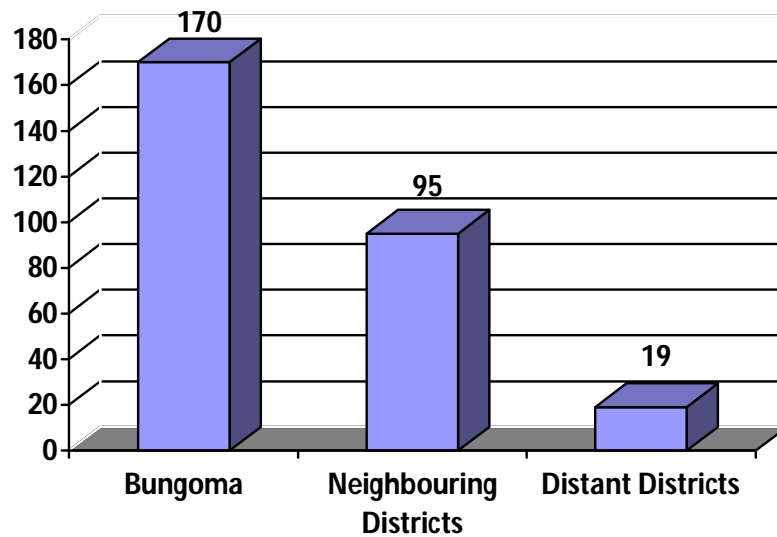


Figure 4.4: Number of sampled students born and residing in the larger Bungoma District

As shown in figure 4.5, two seventy eight (97.9%) of the students stayed with both parents while only 5 (1.76%) stayed with single parents. One (1) resided with relatives. Thus the results indicated that the majority of the youth were under the custody of both parents. The high number of youth staying with both their parents may indicate that the youth from single parents and the orphans were most likely out of school. This therefore indicated that parents were likely to be aware of PMS activities among their children thus the behaviour reflected the status of parental control.

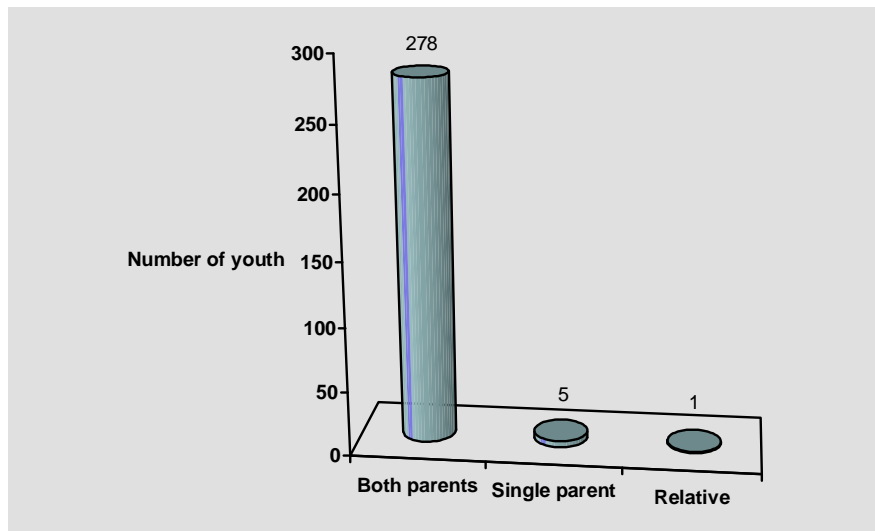


Figure 4.5: Types of co-residence for the sampled students

4.2.1.2 Parents characteristics

The age bracket of sampled parents is presented in figure 4.6. The majority of the parents were aged between 41 and 55 years. The age distribution of the parents may indicate that they are fairly experienced to handle issues of sexuality in the current dynamic society.

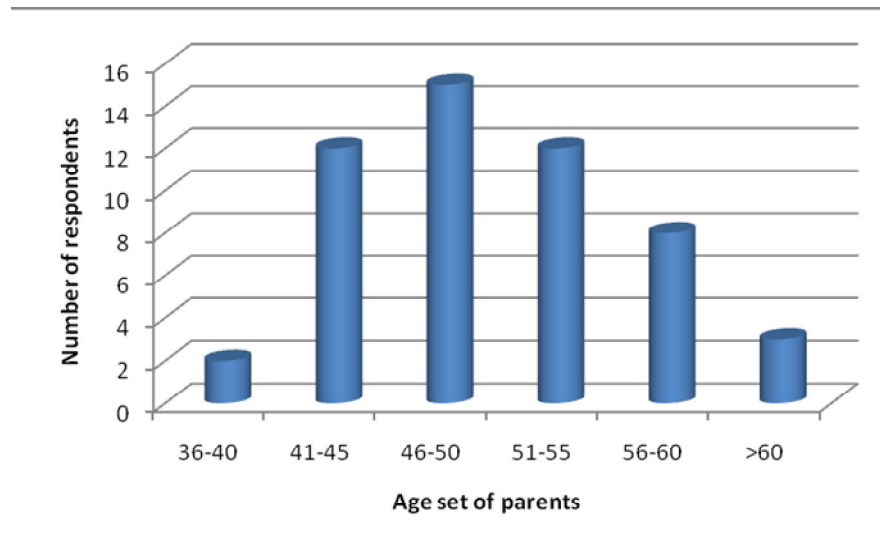


Figure 4.6: Age distribution of sampled parents

As shown in figure 4.7, 34 (66.7%) of the 52 parents interviewed were of secondary and tertiary level of education. This level of educational background indicated that the parents had the capacity to access, analyse and deliver the right information on sexuality to their youth.

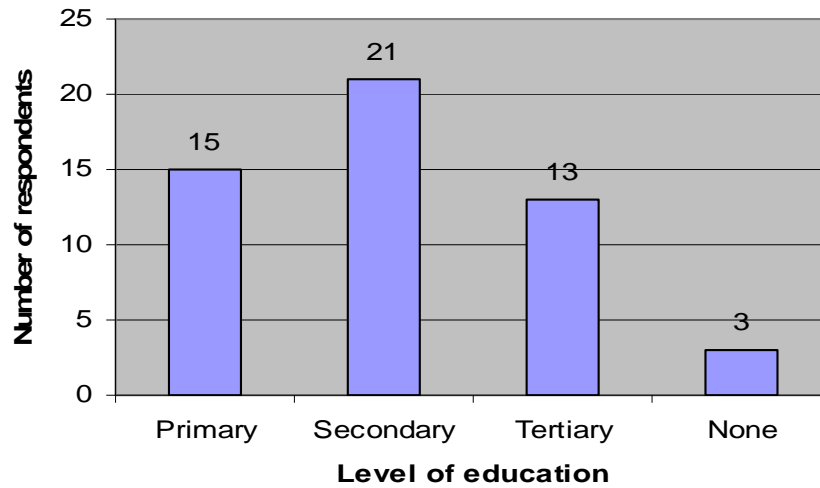


Figure 4.7. Level of formal education of sampled parents

4.2.1.3 Teachers characteristics

Guidance and counselling teachers play a crucial role in moulding the youth into responsible citizens. They are expected to guide and counsel the youth on various issues including matters of sexuality. All the G and C teachers were aged above 40 years and had teaching experience of not less than 15 years. However, all the G and C teachers involved in the study had no background G and C professional training (Table 4.3). The schools tended to use mostly graduates (94.2%) with experience as shown in table 4.3. From the results, it can be deduced that though schools are centres for moulding the youth, there were no deliberate efforts to staff them with professionally trained counsellors.

Table 4.3. Characteristics of sampled G and C teachers

Items	Options	Respondents
Professional qualifications	ATS	2 (3.8)
	B.Ed	49 (94.2)
	M.Ed	1 (2)
Subjects trained to each	Guidance and counselling	0 (0)
	Others	51 (100)
Inspiration	Professional background	0 (0)
	Most suitable/experienced	40 (77)
	Self interest	10 (19.2)
	Impost	2 (3.8)

Figures in parenthesis are percentages

4.3 STUDENTS SOCIAL ENVIRONMENTAL CHARACTERISTICS

The youth spent their time at home and at school. These two environments with their various components exert some influence and may determine the behaviour of the youth.

4.3.1 Household and family characteristics

4.3.1.1 Household head

The study found out that most households, 45 (88%), were headed by men as opposed to 7 (12%) headed by women. Most of (5 out of 7) the female heads of households were widows (Figure 4.8).

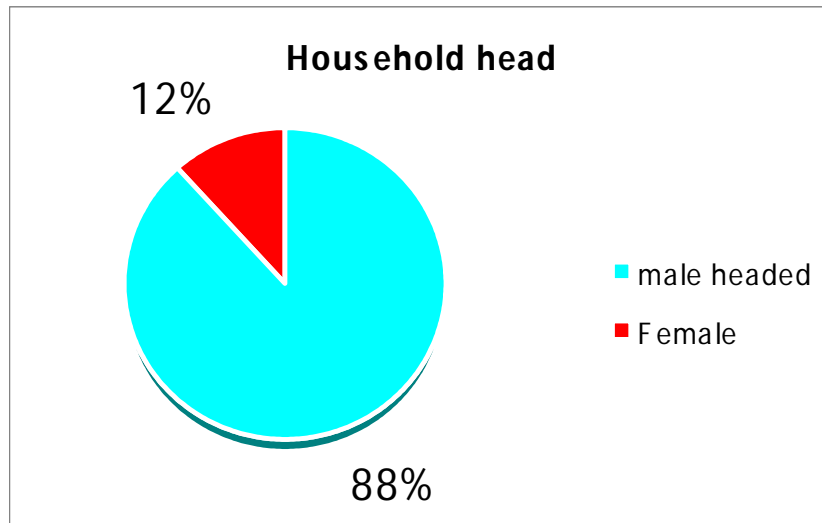


Figure 4.8. Proportion of male and female headed households

Traditionally, the men determine the economic and value status of the households. This includes the freedom to discuss issues to do with sexuality within the family and by extension, the community. This finding confirms the traditional set-up on household headship where men, in spite of their socio-economic status, remain the household heads and the final decisions rest with the man. However, culturally, men (fathers) do not openly discuss issues on sexuality with their children especially girls. They rather exert control through warnings and threats directed to the children through the mothers. While they want the girls to abstain from sexual intercourse, they expect the boys to exhibit sexual potency. Thus,

In the traditional setup, a boy who impregnated a girl appeared before the village elders court charged with offences related to “breaking someone’s goat foot” and an appropriate fine meted and paid. Ironically, the boy’s father, while pretending to be full of righteous rage at the village court, would at that very evening be overheard bragging for having sired a cockerel with his very potency (Mumbwani, personal communication, June 6th 2006)

4.3.2 Socio-economic status (Income and visible household possessions)

Visible household possessions and combined monthly income was used to derive the household index which was used to objectively classify the households into three socio-economic classes of high, medium and low. The scores of different assets, income and classification are shown in table 4.4 below.

As shown in table 4.4, the households classified as high medium and low economic status were 4, 16 and 32, respectively. From the table, the overall socio-economic status of the sampled households was medium with a score of 35. Such households are considered to have moderate access to information (print and electronic) and fairly interactive lifestyles. The proportion (38.5%) of high and medium class households

was considered high enough to exert considerable influence on the rest and would determine the direction of development including approaches to sexuality.

Table 4.4. Classification of household economic status

Assets	Status	score	Av. scores	No. of household
Housing	permanent	10	13	-
	Semi permanent	5		
	Grass thatched	2.5		
Media gadgets	Television	10	12	-
	Radio	5		
	Video/DVD	10		
Combined income	>20,000	10	10	-
	10,000-20,000	5		
	<10,000	2.5		
Classification*	High	40-60	35	4
	Medium	20-39		16
	Low	10-19		32

* Was based on the household index which was derived by the total scores each household obtained.

4.3.1.4 Religious environment

Faith-based organisation leaders (predominantly pastors, priests) were asked to state the programmes in their organisations that addressed sexuality issues among the youth in their congregations. Seventeen (80.95%) out of 21 FBOs had special programmes addressing sexuality issues among the youth. Further probing revealed that the programmes offered in the last one year, included youth workshops/camps, seminars and Bible study sessions. Occasionally (10%), these programmes relied on invited specialists on various issues affecting the youth. Specific topics included HIV/AIDs (offered by 17 or 100%), sexual abstinence (8 or 47%), Marriage (14 or 82.4%), stress management (17 or 100%), drug abuse (17 or 100%), general obedience (17 or 100%)

and relationships among the youth (10 or 58.8%). From these results, it appeared that topics relevant to PMS were:

- HIV/AIDs
- sexual abstinence
- relationships among the youth

However, apart from HIV/AIDs which was a priority in all the 17 organisations, sexual abstinence and relationships among the youth were not a priority to all the organisations. It, therefore, appeared that religious organisations avoided direct discussions on sexuality unless it touched on specific health and moral issues.

4.3.2 Schooling environment

4.3.2.1 Subjects dealing with some aspects of sexuality

The head-teachers and the G and C teachers were asked to state subjects that dealt with some aspects of sexuality. The subjects mentioned included:

- **Biology** which was compulsory to all students. The subject matter considered as covering sexuality was stated as the structure and functions of the reproductive organs and process of reproduction.
- **Christian religious education (CRE)**. This was an optional subject that dealt with Biblical and traditional approach to human sexuality, modern approach to problems related to sex and marriage.
- **Literature/Fasihi** taught as part of languages and, therefore, compulsory to all the students. The relevant aspects to sexuality touched on love and romance.

It was, however, observed that apart from literature/fasihi, the relevant topics in biology and CRE came late in the four year course. It is likely that the youth at this

time would have already experimented with sex. More so, CRE which appeared to have clear focus on sexuality was optional and, therefore, not all the students benefited from the teaching.

4.3.2.2 School guidance and counselling programmes

The study revealed that 90% of the schools had their G and C programmes tailored and specific for academic performance. The emphasis of the academic programmes is on study habits, stress management, subject/career choices and answering of questions during exams. Only 10% had programmes on family life which were, however, only handled during crisis. This reactionist approach to sexuality issues was due to the held notion that parents were expected to handle the crisis in the first instance and guidance and counselling as a mere supplement.

4.4 AVAILABILITY AND FLOW OF INFORMATION ON SEXUALITY

Information (wrong or right) and the mode of delivery influences the youth to develop certain attitudes and behaviour. The youth will then influence others once the attitudes are formed. In this study a distinction was made between the expected or preferred source of information on sexuality and the actual source of information.

4.4.1 Expected Source of Information

Table 4.5 shows the responses to the expected/preferred source of information on sexuality. When the respondents were asked who should provide information on sexuality, they unanimously affirmed that parents should provide the information assisted by teachers. Interestingly, the media and peer groups were least expected to provide the information on sexuality. This was in total contrast to the actual source of information on sexuality as shown in figure 4.9.

Table 4.5. Expected source of information on sexuality

Expected Source	Respondents		
	Students	G & C teachers	Parents
Parents	280 (98.59)	40 (78.43)	52 (100)
Teachers	118 (41.54)	40 (78.43)	52 (100)
Church	48 (16.9)	2 (3.92)	52 (100)
Peers	2 (0.7)	0 (0)	0 (0)
Health personnel	5 (1.76)	1 (1.92)	34 (65.38)
Media	0 (0)	0 (0)	42 (80.76)

Figures in parenthesis show percentages

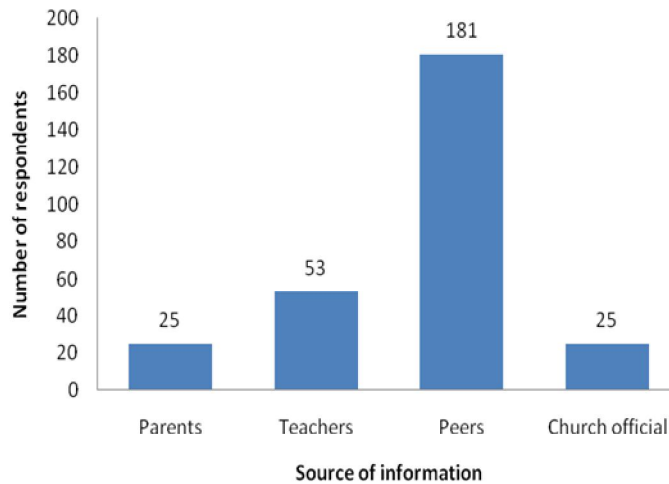


Figure 4.9. Actual source of sexuality information among the youth

4.4.2 Actual source of information

As shown in figure 4.9, majority of the students, 181(63.73%), indicated that they acquired information on sexuality from peers as opposed to only 25 (8.8%) who confirmed receiving information on sexuality from either their parents or the church. The teachers were ranked second as a source of information on sexuality. Although

the media was not mentioned as the actual source of information, it is likely that peers were merely a conduit of information of media origin. Against this background, an interesting observation was that although 50 (96%) parents (figure 4.10) claimed to discuss sexuality issues with their youth, only 25 (8.8%) of the students admitted discussing sexuality issues with parents (Figure 4.9). This disparity could be due to the differences between the two groups (parents and youth) on what is considered as discussions on sexuality.

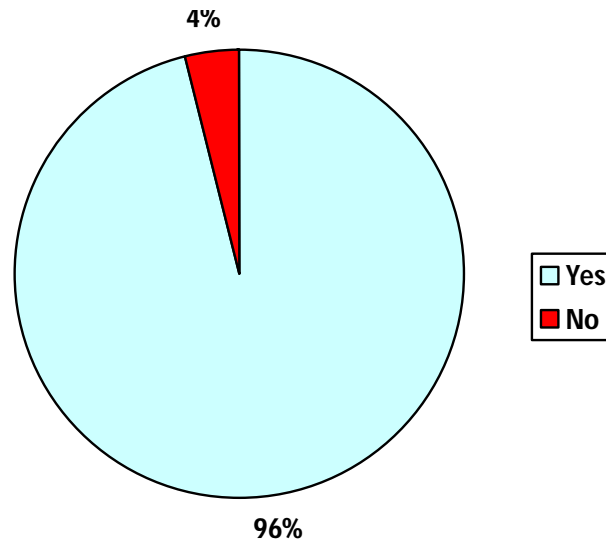


Figure 4.10. Proportion of parents who discussed sexuality with the youth

Indeed, focussed group discussions with the youth revealed that while parents may consider control of the youth through threats, intimidation and warnings as part of discussions as depicted in Plate 4.1, the youth considered answers to pertinent questions raised to parents as constituting the discussions. This could be a major barrier to effective delivery of appropriate information and poor guidance of the youth on issues regarding sexuality.

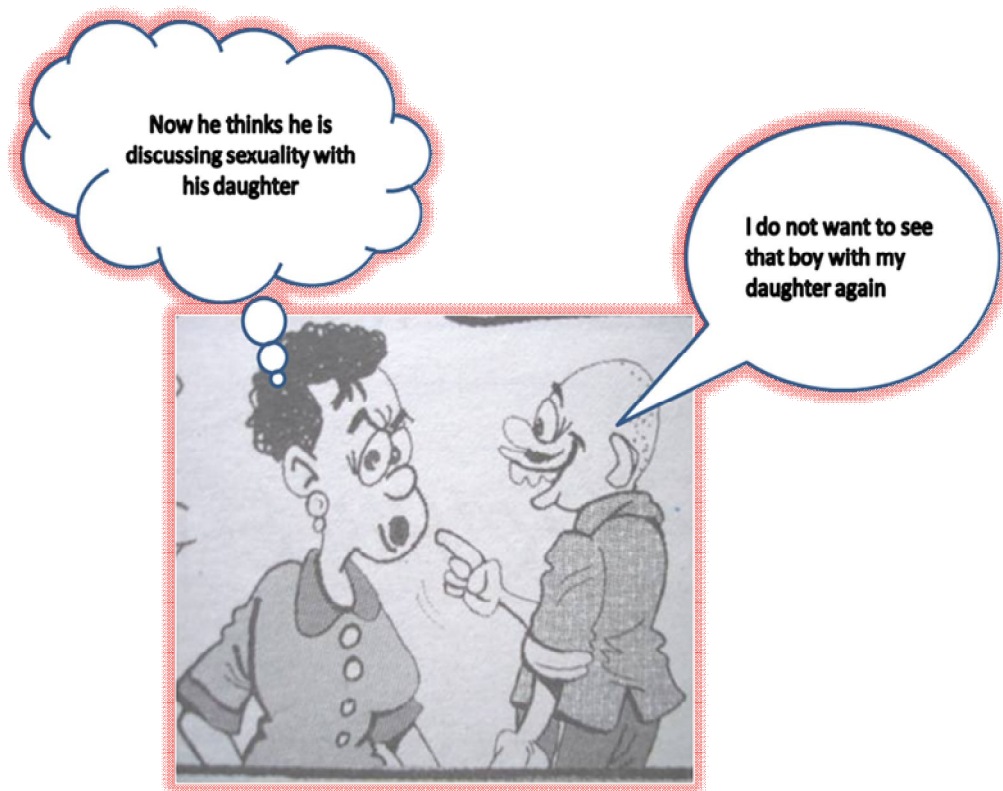


Plate 4.1. simulated conversation (delivery of information by warning and through proxy-the mother-to the daughter) about sexuality

This misunderstanding as regards communication impacts negatively on effective delivery of relevant information on sexuality and may constitute the greatest barrier to effective communication.

4.5 PREVALENCE OF PRE-MARITAL SEX AMONG THE STUDENTS

4.5.1 Introduction

In order to estimate the prevalence of PMS among the youth, both qualitative and quantitative data was collected from the respondents and the selected schools. The prevalence PMS among the youth was derived from the responses from questionnaire and interview schedule items listed below. Due to the sensitive nature of the subject, under-reporting was anticipated. The study therefore used direct and proxy statements

to determine individual and associate's experience with PMS. This was due to the fact that individuals tend to provide more accurate information about their friends than themselves. Assuming that the responses would mirror their own, the information may provide a good account of themselves.

4.5.2 Prevalence of PMS

Statements/questions used to establish the prevalence of PMS among the youth

-
1. Do you have a romantic relationship with a girl/boy?
 2. Has the romance ended up in sex?
 3. Have you ever been compelled to engage in sex?
 4. Are you aware (come across) of STI in your school?
 5. Have you had an experience with STI (Self or friends)?
 6. Have you or your friend used any form of contraceptives?
 7. Have you or your friend consistently used condoms?
 8. Are you aware of any pregnancy cases in your school?
 9. Have you had any sexuality related problems in your school?
 10. Have you had cases of pregnancy and STI in your school?
 11. Have you had grandchildren from your secondary school going youth?
 12. Have you had any sexuality problem with your secondary school going youth?
-

Responses by students to items 1-8 (Table 4.6) indicated that PMS among youth was a real occurrence in secondary schools in Bungoma District. One sixty two (57.04 %) percent of the students admitted to have friends of opposite sex in romantic relationship. It was further observed that 102 (63%) of those in romantic relationships had had sex experience out of the relationship while 46 (16.2%) admitted to have been pressured into sex. Thus 148 (52%) had had sexual experience (total sexual experience was derived as sexual encounters out of romantic relationship and encounters out of compulsion). Evaluation of the relationship by gender indicated that more 97 girls (59.9%) had friends of the opposite gender compared to boys of similar age and academic level (form three). This was an interesting observation as it was

expected that more boys will admit having romantic girlfriends as a sign of courage and as a status symbol. However, this finding may imply that girls either enter romantic relationship earlier than boys or prefer relationships with older males.

Focused group discussions and students response to questionnaire items inquiring into how the friendship begun, revealed that the youth in romantic relationships started and maintained the affairs in different ways.

- One hundred and thirty (80%) stated that they started the relationships with help of friends (connected/introduced by friends)
- Thirty two (20%) stated that they courageously and successfully requested for friendship either verbally or through 'flying missives'

The avenues for meeting and discussion of their friendship was stated as

- Games time in school and during games festivals
- Symposia
- Clubs and societies
- Journey to and from school for day scholars
- After church service, Bible studies, youth camps and workshops

It was also revealed that girls in romantic relationships often gave in to sexual demands to maintain the relationship out of the fear of being rejected. The boys on the other hand maintained the relationships through petty gifts such as body oils, cash and food. Indeed according to Eyre *et al* (1998), while females strive for being treated as important in terms of attention and presents, boys tended to be more focused on physical aspects of sex (Cassel, 1984)

Sixty three (63%) percent of the students indicated that they were aware or had come across sexually transmitted infections (STI) in their schools and 92% of them correctly described the signs of STI they had observed. The percentage, however, declined to 8% when it was enquired about their own or their close friends' experience with STI. The decline was probably due to fear of being perceived as victims.

As presented in table 4.6, head-teachers and G and C teachers also admitted having witnessed/handled cases of sexually related problems in their schools. All G and C teachers (100%) reported to have dealt with sexually related problems as compared to 90% of the head-teachers from the same schools. The differences in the responses may be due to deliberate efforts to protect the image of the schools or due to the fact that guidance and counselling reports are considered confidential and may not be brought to notice of the head-teachers. It may also be for the same reasons that 84% and 96% of the head-teachers and G & C teachers admitted to have had cases of pregnancy and STI in their schools, respectively.

Table 4.6. Responses to statements indicating prevalence of PMS among the youth

Item/Question	Students (N = 284)	Head teachers	G and C teachers	Parents
1	162 (57.04)	-	-	-
2	102 (36)	-	-	-
3	46 (16.20)	-	-	-
4	179 (63.03)	-	-	-
5	23 (8)	-	-	-
6	105 (37)	-	-	-
7	17 (6.0)	-	-	-
8	227 (80)	-	-	-
9	-	46 (90.20)	51 (100)	-
10	-	43 (84.31)	49 (96.08)	-
11	-	-	-	25 (48.07)
12	-	-	-	43 (82.69)

Figures in Parentheses are percentages

On the other hand, 48% and 82% of parents (table 4.6) interviewed stated that they had grandchildren and had experienced sexuality related problems such as pregnancy with their secondary school going youth, respectively. The majority (45 or 86.5%) of the parents, however, apportioned the blame to the other youth not theirs (Plate 4.2). This was an indication that parents tend not to accept failure to guide their youth to delay sexual activity. Generally these responses confirm and support the responses from students and teachers that youth of the secondary school going age are indeed engaged in PMS.

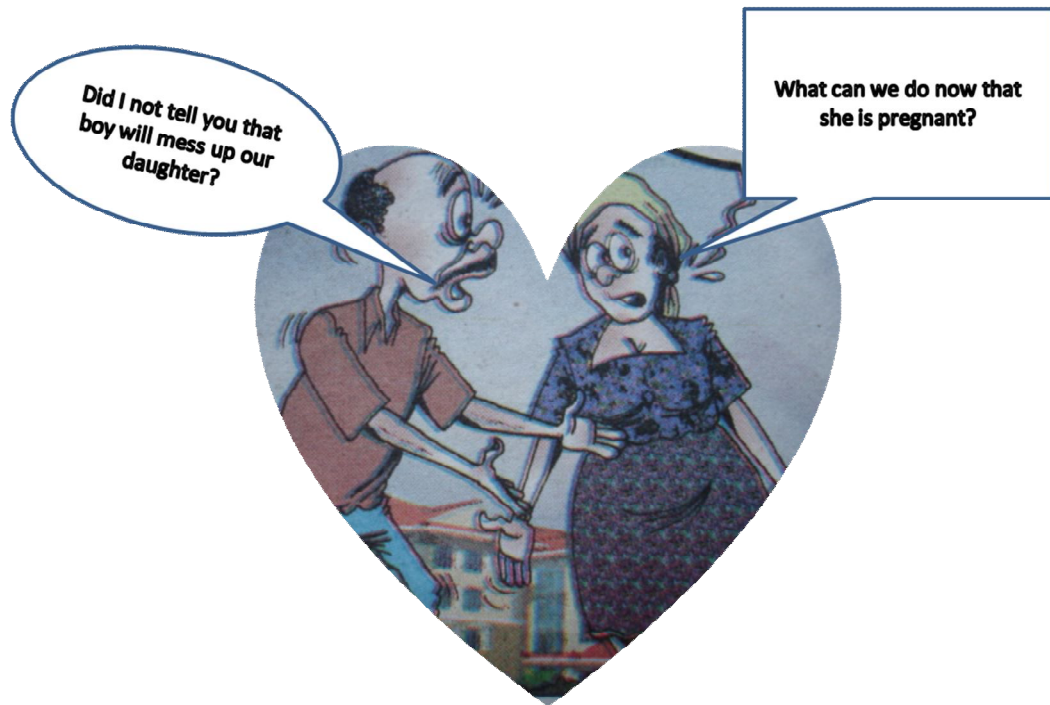


Plate 4.2. simulated reaction of parents directing blame to a member of another family not their own

4.5.3 Factors influencing PMS

Analysis for association between key student environmental characteristics and PMS by chi square (Table 4.7), revealed that girls were more sexually experienced ($\chi^2 = 12.7$, $df = 1$, $p = 0.0004$) than boys of the same age and academic level (form three). As stated earlier, girls seem to initiate sexual activity much earlier than boys and probably are approached by experienced older males. Analysis also indicated that romance more often ended up in sex which may be the major reason for romantic relationship. It was further found that household economic status had significant ($\chi^2 = 7.95$, $df = 1$, $P = 0.005$) effect on experience with PMS. It was shown that youth from high and middle class households were more likely to engage in PMS as compared to the low class households. This is contrary to the beliefs that the youth from poor families are likely to engage in PMS, for favours. This may be due to higher exposure/access to modern lifestyles in high and middle class households, which may guarantee access to information through media, increased association and less control by parents who may be busy elsewhere. They may also be tempted to engage in PMS to meet their basic needs should they miss from their parents. Youth from low household income tend to suffer from inferiority complex and are not fully exposed to modern gadgets such as TV and videos and are likely to keep off from factors leading them to PMS. Boys in such families rarely approach girls for friendship until later in life. Girls in such families are usually reserved and in most cases enticed/forced into sex by older men who tend to take advantage of their status.

Table 4.7. Chi square analysis for association between gender, romance and household economic status and experience with PMS. HM = High and medium class households.

	Experienced	un experienced	Total
Girls	89	53	142
Boys	59	83	142
Total	148	136	284
	$\chi^2 = 12.7, df = 1 p = 0.0004$		
Romantic	102	60	162
Non romantic	46	76	122
Total	148	136	284
	$\chi^2 = 17.96, df = 1 p = 0.00003$		
HM	19	7	26
Low	9	17	26
Total	28	24	52
	$\chi^2 = 7.95 df = 1 P = 0.005$		

4.5.4 Retrospective (quantitative) assessment of PMS in schools

In order to quantify PMS as a problem among the youth in secondary schools in the larger Bungoma District, students, head-teachers and G and C teachers were requested to estimate the number of positive cases they had come across in the previous year. Cases of STI and Pregnancy as indicators of PMS in schools were derived from the responses to the following statements posed to students, head teachers and G and C teachers.

-
1. How many cases of STI are you aware of in the last one year?
 2. How many cases of pregnancy are you aware of in the last one year
-

Data from the school health facilities and administrative records were obtained and used to supplement data from the responses to questions above. The cases per school were recorded as averages of the cases from the above sources. This was necessitated

by the fact that different groups in the same school gave different number of cases and could have referred to the same cases.

The cases per category of respondent/source are presented in table 4.8 below.

Students reported the highest total cases (496) followed by the G and C teachers (449), headteachers (361) and health records (230) in that order. The t-statistics of the number of cases in schools, indicated that PMS was a significant ($p < 0.001$) occurrence among the youth in schools. However this could be an underestimate for a number of reasons:

- This situation could change if boys who have ever or known to have impregnated a girl were included.
- Students used in the study may have underreported the incidence of PMS that did not end up in either STI or pregnancy.
- Cases involving day scholars may go unnoticed.

One way analysis of variance (ANOVA) of the reported cases indicated that there was no significant ($p > 0.05$) differences in PMS cases in different types of schools although there were slightly more cases reported in mixed schools. The type of school had no significant effect on the number of PMS cases. This may imply that PMS was not necessarily between youth from the same school in relation to mixed schools.

Table 4.8. Number of PMS cases reported

Cases per type of respondents				
	No	Cases		
Students	284	496		
Headteachers	51	361		
G/C teachers	51	449		
Health records	51	230		
Cases per school type				
School type	No	Cases	Mean PMS cases	Remarks
Girl school	9	67	7.44 ± 1.369 ^a	Pregnancy and STI
Boy schools	8	51	6.39 ± 1.149 ^a	STI only
Mixed	34	266	7.82 ± 0.876 ^a	Pregnancy and STI
Means with same superscript are not significantly different at p=0.05				

As shown in figure 4.11, more PMS cases were reported among girls compared to boys because they included both STI and pregnancy reports. It is also due to the fact that pregnancy is easily noticed than STIs. Cases of STIs were fewer among girls most likely as a result of the long incubation period and unspecific symptoms in females.

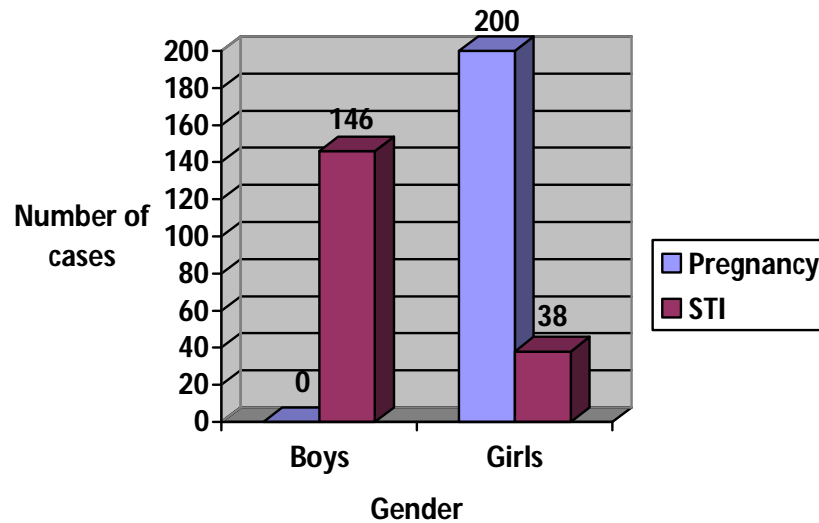


Figure 4.11. Cases of indicators of PMS by gender

4.6 ATTITUDES TOWARDS PRE-MARITAL SEX

This section deals with analysis and presentation of the responses to the items that deal with the attitudes of students, parents, head-teachers', G &C teachers towards PMS. Attitude scales combined with questionnaire and interview schedule were used. The attitude scales had variable items consisting of positive and negative statements. During the analysis, the items on the attitude scales were rated as follows: SA and A were combined to read as Agree; undecided was left so while D and SD were combined to read Disagree. The highest score/mean score a respondent could obtain on the attitude scale was 5 while the lowest was 1. A score/mean score above 3 was described as a positive attitude. A score/mean score below 3 was described as negative attitude while

a score/mean score of 3, was neutral. Therefore, any respondent who scored above the score/mean score of 3 was described to have a favourable attitude towards PMS. A respondent who scored below 3 was described to have unfavourable attitude towards PMS while a score/mean score of 3 was a neutral attitude towards PMS.

A chi-square (χ^2) test was used to test if there was any significant influence of gender, religion, school type, household economic status and parents and teachers' attitudes on the attitude of the youth towards PMS. In this study, PMS was considered a vice and any factor (statement/question) supporting PMS was considered negative while any factor that discouraged it was considered positive. Therefore, favourable attitude meant not in favour of PMS while unfavourable attitude encompassed feelings that encouraged PMS.

4.6.1 Students' attitudes towards PMS

Responses of the youth to the positive and negative attitude statements were as presented in table 4.9.

Table 4.9 Overall attitude score for students towards PMS

Statement/question	Agree	Undecided	disagree	Score
Positive statements				
Youth should remain sexually abstinent	241	3	40	4.7000
Sex oriented advertisements should be discouraged	185	43	56	3.900
Pre-marital sex contributes heavily to poor health and extramarital sexual affairs	228	28	28	4.4000
Religious and cultural teaching on sex remains relevant in the current setup	110	76	98	3.084507042
Boys should be tested regularly for STI/HIV/AIDs after admission to form one	123	15	146	2.8380282
Girls should be tested for pregnancy at the start of the term	284	0	0	5.000
Girls found pregnant should be expelled	200	47	37	4.1478873
Parents are exerting necessary control over the youth on sex matters	174	10	100	3.5211268
Parents have all the necessary information to guide the youth	85	29	170	2.401408
True love waits	130	40	114	3.2112676
Sex education should be made compulsory in schools	210	20	54	4.0985916
Peer counselling should be encouraged	240	2	42	4.3943662
Sexual behaviour is not necessarily due to peer pressure	134	50	100	2.7605634
				3.725
Negative statements				
Sex is the best way of expressing love to one who is worthy	264	6	14	1.2394366
Sex releases tension and kills boredom	234	0	50	1.7042
Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	28	14	242	4.5070423
Sex is no longer sacred	49	25	210	4.1338028
Condoms and anti retroviral drugs contribute heavily to spread of STI/HIV/AIDS	100	26	158	2.5915493
Sexually active youth should have access to contraception	142	57	85	2.5985916
Students found infected should not be suspended from school	106	10	168	3.4366197
Boys responsible for girls' pregnancies should not be expelled from school	156	0	128	2.8028
Girls/boys should not be tested regularly for STI/HIV/AIDs especially at the start of the term	160	68	56	2.2676056
Parents are poorly prepared to guide the youth on sexuality	84	60	140	3.3943662
Advertisement provides important information on sexuality	228	0	56	4.211268
Sexuality information/education is a waste of time	28	28	228	4.4084507
Parental control denies the youth their sexual freedom	166	68	50	2.183098
				3.052
	Overall score			3.388

Over 50% of the students agreed with the suggestion that the youth should remain sexually abstinent, sex oriented advertisements should be discouraged, pre-marital sex contributes heavily to poor health and extra-marital sexual affairs, girls should be tested for pregnancy at the start of the term and those found pregnant should be

expelled from school, parents are exerting necessary control over the youth on sex matters, sex education should be made compulsory in schools, peer counselling should be encouraged. The results indicated that the youth were in favour of delayed sexual intercourse until marriage time and advocate routine monitoring for pregnancy and STI with deterrent punishment for culprits. They disapprove of discriminate exposure to sex information through advertisements instead they favour formal delivery of the information in schools. The results also indicated that the youth considered parents as inadequately equipped with necessary information on sexuality. This state is due to the fact that the youth hardly discussed sexuality with their parents. This finding also reinforces the youth's desire to obtain information on sexuality from their teachers.

Attitude results indicating neutrality (score of 3) were recorded for items that focused on religious and cultural teaching and love. A high proportion of the youth remained undecided on the statements that read: religious and cultural teaching on sex remains relevant in the current set up and true love waits. This may indicate diminishing religious and cultural influences as regards sexuality. Scores less than 3 recorded for the statement that read: sexual behaviour is not necessarily due to peer pressure, parents have all the necessary information to guide the youth and boys/girls should be tested regularly for STI/HIV/AIDs after admission to form one, indicated that the youth contributed heavily to individual sexual behaviour and that regular testing remains unpopular probably due to subsequent stigma associated with testing positive. The youth disagreed with the negative attitude statements that read pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level, sex is no longer sacred, condoms and anti-retroviral drugs contribute heavily to the spread of STI/HIV/AIDS, Students found infected should not be suspended from

school, Sexuality information/education is a waste of time. They however agreed with the statements that read : sex is the best way of expressing love to one who is worthy, sex releases tension and kills boredom, sexually active youth should have access to contraception, Boys responsible for girls' pregnancies should not be expelled from school, Girls/boys should not be tested regularly for STI/HIV/AIDs especially at the start of the term, advertisements provides important information on sexuality and parental control denies the youth their sexual freedom.

As shown in table 4.9, the students generally held a favourable attitude towards PMS. The results indicated that the students were ready to delay initiation of sex and were opposed to PMS. They however, were inconsistent with earlier finding in this study that indicated high prevalence of PMS among the students (Table 4.4). This inconsistency prompted further analysis to separate the attitudes based on perceived purpose of sex. This was on the basis that attitude and behaviour are constrained to very specific circumstances (not general attitudes) (Ajzen and Fishbein 1977).

Attitudes to PMS as commonly perceived by the students are presented in table 4.10. When viewed as a reproductive health risk, sacred and meant for posterity and as a risk to academic achievement, the students had favourable attitudes. They however had unfavourable attitude when PMS was presented as a recreational activity. Attitude towards PMS as a recreational activity was consistent with the sexual behaviour (experience with PMS). It is likely that the students who engaged in PMS were driven mostly by recreational motives.

Table 4.10. Attitudes of students towards PMS (according to perceived purpose of sex)

Perceived /Viewed as recreational activity				
Sexual behaviour is not necessarily due to peer pressure	134	50	100	2.76056338
Peer counselling should be encouraged	240	2	42	4.3943662
Sex is the best way of expressing love to one who is worthy	264	6	14	1.23943662
Sex releases tension and kills boredom	234	0	50	1.7042
Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	28	14	242	4.50704225
Parents are exerting necessary control over the youth on sex matters	174	10	100	3.52112676
Parental control denies the youth their sexual freedom	166	68	50	2.183098
True love waits	130	40	114	3.1126761
				2.8543
Perceived as reproductive health risk				
Pre-marital sex contributes heavily to poor health and extramarital sexual affairs	228	28	28)	4.4
Condoms and anti retroviral drugs have effectively reduced the threat of STI/HIV/AIDS	100	26	158	2.5915493
Boys should be tested regularly for STI/HIV/AIDS after admission to form one	123	15	146	2.83802817
Girls should be tested for pregnancy at the start of the term	284	0	0	5
Girls found pregnant should be expelled	200	47	37	4.1338028
Sexually active youth should have access to contraception	142	57	85	2.59859155
Students found infected should not be suspended from school	106	10	168	3.43661972
Girls/boys should not be tested regularly for STI/HIV/AIDS especially at the start of the term	160	68	56	2.26760563
				3.7105
Perceived as sacred and meant for posterity				
Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	28	14	242	4.50704225
Youth should remain sexually abstinent	241	3	40	4.7
Religious and cultural teaching on sex remains relevant in the current setup	110	76	98	3.084507042
Sex is no longer sacred	49	25	210	4.1338028
Parents are poorly prepared to guide the youth on sexuality	84	60	140	3.3943662
Parents have all the necessary information to guide the youth	85	29	170	2.40140845

Sex oriented advertisement should be discouraged	185	43	56	3.9
Advertisement provides important information on sexuality	228	0	56	4.211268
Sexuality information/education is a waste of time	28	28	228	4.4084507
Sex education should be made compulsory in schools	210	20	54	4.09859155
				3.8775
Perceived as risk to academic achievements				
Boys should be tested regularly for STI/HIV/AIDs after admission to form one	123	15	146	2.83802817
Girls should be tested for pregnancy at the start of the term	284	0	0	5
Girls found pregnant should be expelled	200	47	37	4.1478873
Students found infected should not be suspended from school	106	10	168	3.43661972
Boys responsible for girls' pregnancies should not be expelled from school	156	0	128	2.8028169
Girls/boys should not be tested regularly for STI/HIV/AIDs especially at the start of the term	160	68	56	2.26760563
				3.7175

Although parents and teachers were not the prime focus of this study, their attitude towards PMS was evaluated to point to the possible influence on the students attitudes towards PMS. The responses are presented in tables 4.11, 4.12 and 4.13 for parents, head-teachers and G&C teachers, respectively.

4.6.2 Parents' attitude towards PMS

The responses to the statements on the attitude scale by parents are presented in table 4.11. Over 50% of the parents agreed with each of the positive statements that read: youth should remain sexually abstinent, sex oriented advertisements should be discouraged, pre-marital sex contributes heavily to poor health and extramarital sexual affairs and girls should be tested for pregnancy at the start of the term. Only 21 (40.4%) of the parents agreed that girls found pregnant should be expelled. Otherwise they indicated that pregnant school girls should be allowed to stay as per the Ministry of Education directive. On the other hand, most parents (>50%) disagreed with the

negative attitude statements that read: sexually active youth should have access to contraception, pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level, sexuality information/education is a waste of time, boys responsible for girls' pregnancies should not be expelled from school and students should not be tested for STI at the start of the term. The attitude scores to the items indicated that the parents are in favour of delayed initiation of sex and that the culprits should be appropriately punished. They further disapprove of indiscriminate exposure to sex information and agree that PMS has no benefits other than exposure to health risks and bad sexual habits. They also favoured routine testing for pregnancy and STI as a deterrent to sexual activity among school students and as a way to detect and appropriately advise for action.

As indicated by the attitude mean scores for all the statements measuring above neutral score of 3, it can be concluded that generally, the parents have a positive attitude towards PMS.

Table 4.11 Attitudes of parents towards PMS

Statement/question	Responses			Score
	Agree	Undecided	disagree	
Positive statements				
1. Youth should remain sexually abstinent	41	11	0	4.576923
2. Sex oriented advertisement should be discouraged	46	3	3	4.653846
3. Pre-marital sex contributes heavily to poor health and extra-marital sexual affairs	52	0	0	5
4. Girls should be tested for pregnancy at the start of the term	34	0	18	3.615385
5. Girls found pregnant should be expelled	21	0	30	3.353
Negative statements				
6. Sexually active youth should have access to contraception	23	0	29	3.230769
7. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	17	5	30	3.5
8. Sexuality information/education is a waste of time	21	4	27	3.230769
9. Boys responsible for girls' pregnancies should not be expelled from school	2	8	42	4.538462
10. Students should not be tested for STI at the start of the term	2	2	48	4.769231
			Overall score	4.058

4.6.3 Headteachers' attitude towards PMS

The head-teachers responses to the negative statements of the attitude scale were as shown in table 4.12. More than 58% of the head-teachers agreed with each of the positive attitude statements that read: youth should remain sexually abstinent, Sex oriented advertisement should be discouraged, pre-marital sex contributes heavily to poor health and extramarital sexual affairs, girls should be tested for pregnancy at the start of the term and girls found pregnant should be expelled. They also advocate severe punishment for a teacher who befriends a student. The attitude scores to the items indicated that head-teachers too, favour delayed initiation of sex and severe

punishment for the culprits. Beside strong disapproval of indiscriminate exposure to sex information, they favour systematic exposure to graded sexuality information. Like parents, they agreed that PMS has no benefits other than exposure to health risks and bad sexual habits. They also favoured routine testing for pregnancy and STI as a deterrent to sexual activity among school youth and as a way to detect and appropriately advise for action.

The head-teachers disagreed with the negative attitude statements that read: sexually active youth should have access to contraception, pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level, sexuality information/education is a waste of time, boys responsible for girls' pregnancies should not be expelled from school. They were however divided on the issues of routine testing for pregnancy and STI at the start of the term.

Table 4.12 Attitude of headteachers towards PMS

Statement/question	Responses			
	Agree	undecided	Disagree	Score
Positive statements				
1. Youth should remain sexually abstinent	40	0	11	4.137255
2. Sex oriented advertisements should be discouraged	45	3	3	4.647059
3. Pre-marital sex contributes heavily to poor health and extramarital sexual affairs	51	0	0	5
4. Girls should be tested for pregnancy at the start of the term	30	0	21	3.352941
5. Girls found pregnant should be expelled	41	7	3	4.2549
6. Favour severe punishment for a teacher who befriends a student	48	3	0	4.882
Negative statements				
7. Sexually active youth should have access to contraception	16	0	35	3.745098
8. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	0	0	51	5.0
9. Sexuality information/education is a waste of time	19	4	28	3.352941
10. Boys responsible for girls' pregnancies should not be expelled from school	11	1	37	3.901961
11. There is no need of testing girl/boys for STI	26	0	25	2.961
12. Students found infected should not be suspended from school	40	2	9	1.7843
Overall score				3.918288

4.6.4 Guidance & Counselling teachers' attitude towards PMS

The G & C teachers responses to the negative statements of the attitude scale were as shown in table 4.13, More than 58% of the head-teachers agreed with each of the positive attitude statements that read: youth should remain sexually abstinent, Sex oriented advertisements should be discouraged, pre-marital sex contributes heavily to poor health and extramarital sexual affairs and girls should be tested for pregnancy at the start of the term. Unlike the head-teachers, most G & C teachers felt that girls found pregnant should be retained in school to complete their education. They also

advocated severe punishment for a teacher who engaged students in sexual relationships. The attitude scores to the items indicated that G & C teachers generally favoured delayed initiation of sex and severe punishment for the culprits. Beside strong disapproval of indiscriminate exposure to sex information, they too, favour systematic exposure to graded sexuality information.

Table 4.13 Attitude of guidance & counselling teachers towards PMS

Statement/question	Responses			
	Agree	Undecided	disagree	Score
Positive statements				
1. Youth should remain sexually abstinent	36	0	15	3.823529
2. Sex oriented advertisements should be discouraged	45	4	2	4.686275
3. Pre-marital sex contributes heavily to poor health and extramarital sexual affairs	51	0	0	5.0
4. Girls should be tested for pregnancy at the start of the term	31	0	20	3.431373
5. Girls found pregnant should be expelled	24	6	21	3.1176
6. Favours severe punishment for a teacher who befriends a student	49	0	3	4.8627
Negative statements				
7. Sexually active youth should have access to contraception	23	0	28	3.196078
8. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	0	1	50	4.922
9. Sexuality information/education is a waste of time	0	0	51	5.0
10. Boys responsible for girls' pregnancies should not be expelled from school	17	0	34	3.666667
11. There is no need of testing girl/boys for STI	3	6	42	4.5294
12. Students found infected should not be suspended from school	43	2	6	1.549
Overall score				3.98205

When responses to specific common attitude items among the respondents were examined as shown in table 4.14, it was observed that the overall attitude towards PMS was not significantly different ($p = 0.886$) between respondents. However, responses to some individual items (shaded rows) showed significant differences among the respondents. It was observed that there were more differences between the students and the parents as compared to the differences between the students and the other respondents. These differences may signify the different perceptions of PMS among the respondents especially between the parents and the students.

Table 4.14 Statement of agreement and disagreement between students, parents, G/C teachers and headteachers

Statement/question	Mean Score			
	students	parents	G & C teachers	Headteachers
Positive statements				
1. Youth should remain sexually abstinent	4.7	4.6	3.8	4.1
2. Sex oriented advertisements should be discouraged	3.9	4.7	4.7	4.6
3. Pre-marital sex contributes heavily to poor health and extramarital sexual affairs	4.4	5.0	5.0	5.0
4. Girls should be tested for pregnancy at the start of the term	5.0 ^a	3.6 ^b	3.4 ^b	3.4 ^b
5. Girls found pregnant should be expelled	4.1	3.4	3.1	4.3
Negative statements				
6. Sexually active youth should have access to contraception	2.6	3.2	3.2	3.7
7. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level	4.5 ^a	3.5 ^b	5.0 ^a	5.0 ^a
8. Sexuality information/education is a waste of time	4.4 ^a	2.9 ^b	5.0 ^a	3.4 ^b
9. Boys responsible for girls' pregnancies should not be expelled from school	2.8 ^a	4.5 ^b	3.7 ^b	3.9 ^b
10. Students found infected should not be suspended from school	3.4 ^a	1.0 ^b	1.5 ^b	1.8 ^b
	3.98^a	3.64^a	3.84^a	3.92^a

^{ab} Mean scores with different superscripts in the same row are significantly different at

p = 0.05

4.6.5 Factors influencing attitudes of the students towards PMS

Although the attitude towards PMS was generally positive for all the respondents, it was noted that there existed obvious disparity between the students whose attitude tended towards neutrality as opposed to the co-respondents pointing to the possibility that other factors other than the influence of parents and teachers may play a crucial role in shaping the attitude of the students towards PMS.

As shown in figure 4.12 attitudes of individual students showed that out of the 284 students, 104 (36.62%) had unfavourable attitude towards PMS, 40 (14.08%) students had neutral attitude towards PMS while 140 (49.29%) had favourable attitude towards PMS.

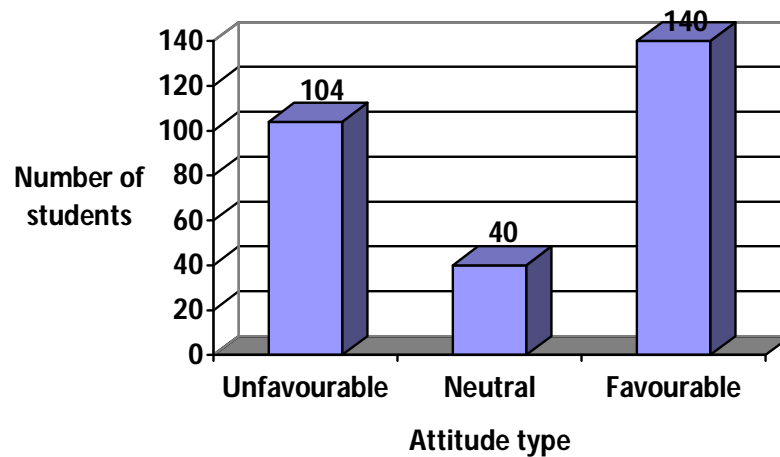


Figure 4. 12 Type of attitude held by students towards PMS

The attitude categorized by school type and gender is presented in table 4.15. Chi square (χ^2) analysis showed that gender had an influence on the attitude of the youth towards PMS. Girls were more associated with unfavourable attitude ($\chi^2 = 4.78$ Df = 2 **p = 0.0092**) than boys. Although the results indicated that girls held unfavourable attitude towards PMS, it is likely that their responses to the attitude items were personalised and tended to be emotionally guided. School type had influence over the attitudes of the youth towards PMS ($\chi^2 = 61.69$ Df = 4 **p < 0.001**). The analysis indicated that girls only and boys' only schools negatively influenced the youth more than other types of schools. It is likely that peer influence (time to discuss) is limited in mixed schools compared to either girl or boy schools. It is also possible that mixed schools provide experiences that develop favourable attitudes in the youth.

Of the 52 students who were assessed for their household status, 4 were from the high socio economic status and 3 (75%) of them had unfavourable attitude compared to 9 (40.9%) of the 22 students from the middle class status households. Because the sample size for the high socio-economic class households was less than 5, it was combined with the middle class households before it was subjected to the chi square (χ^2) analysis to compare with the low class households.

Table 4.15. Influence of gender and type of school on the attitude of the youth towards PMS when subjected to chi-square (χ^2) analysis.

Category		Favourable	Neutral	Unfavourable
Gender	Female	61	23	58
	Male	79	17	46
		$\chi^2 = 4.78$ df = 2 p = 0.0092		
School type	Girl	13	8	48
	Boy	14	5	39
	Mixed	93	27	37
		$\chi^2 = 61.69$ df = 4 p < 0.001		

Chi square (χ^2) analysis as shown in table 4.16 indicated that household socio-economic status had a significant (p = 0.022) influence on the development of unfavourable attitude of the students towards PMS. This finding also explains partially the outcome that school type has an influence on the attitude of the students towards PMS. The high and medium households tend to take their students to single gender established schools.

Table 4.16. Influence of household economic status on the attitudes of the students towards PMS when subjected to chi-square (χ^2) analysis

	Favourable	Unfavourable	Total
H/M	16	10	26
Low	23	3	26
Total	39	13	52
$\chi^2 = 5.25$ df = 1		p = 0.022	

4.7 EFFECT OF PMS ON LEARNING

This section deals with analysis and presentation of responses to items that seek to establish the impact of PMS on the learning process. It incorporates both qualitative and quantitative data to do this. Qualitative data was collected by means of questionnaire/interview schedule items presented to students, selected school head-teachers, G & C teachers, and parents while quantitative data was obtained from the class performance records of the students identified as cases. Their performance was compared to contemporaries (picked at random) in the same period. An estimate of the financial losses due to PMS was carried out with respect to school dropouts.

4.7.1 Qualitative estimation of effect of PMS on academic performance

Qualitative effects of PMS on education was estimated by the responses to the following three questionnaire/interview schedule items

-
1. Does PMS have effects on learning in general?
 2. What is the class performance of most of the students before they get pregnant/STI?
 3. What is the class performance of most of the students after getting pregnant/STIs?
-

The responses to the items listed above are presented in table 4.17. All of the respondents stated that PMS has an effect on academic performance of the youth in secondary schools. The respondents stated that the affected students are generally absent minded probably reflecting on the activities and the consequences of sex activities. Besides, most relationships are emotional and would most likely draw the attention of the victim from the core activities in school. It was also observed that over 50 percent of all the categories of respondents agreed that the performance of the victims before and after a PMS episode tended to be below average. The insignificant differences in performance before and after the episode of PMS indicated that the

performance remains depressed probably due to persistent worries and the associated stigma. It was also stated that few victims of PMS would not fully recover their class performance even if they are transferred to other schools. It is likely due to the fact that students especially girls who change schools midway are suspiciously associated with disciplinary actions for mistakes that may include engagement in PMS. Such individuals would remain stigmatised thus perform dismally.

Table 4.17. Class Performance of youth involved in PMS in secondary schools

Item	Students		Parents		G & C teachers		Headteachers	
	Below Av.	Above Av.	Below Av.	Above Av.	Below Av.	Above Av.	Below Av.	Above Av.
1	284 (100)	0 (0)	52 (100)	0 (0)	51 (100)	0 (0)	51 (100)	0 (0)
2	148 (52.1)	136 (47.9)	31 (59.6)	21 (40.4)	40 (78.4)	11 (21.6)	46 (90.2)	5 (9.8)
3	150 (52.8)	134 (47.2)	32 (61.5)	20 (38.5)	38 (74.5)	13 (25.5)	41 (80.4)	10 (19.6)

4.7.2 Quantitative estimation of effect of PMS on academic performance

Case control studies were performed to estimate the class academic performance of proven/recorded cases of PMS in schools. The end of term examination scores of victims in each school was recorded. An equal number of contemporaries (students with no known cases of PMS) from the same school, picked at random, were also recorded as controls. The records from all the selected schools within the same period, were pooled and statistically compared to determine the effect of PMS on academic performance

As shown in figure 4.13, the students with proven cases of PMS had significantly ($p = 0.049$) lower mean scores compared to the contemporaries. It was reported that

students involved in affairs touching on PMS spent considerable time thinking about the relationship at the expense of academics. The diverted attention from academics would be amplified in cases of pregnancy or STI. This lowered concentration and affected performance.

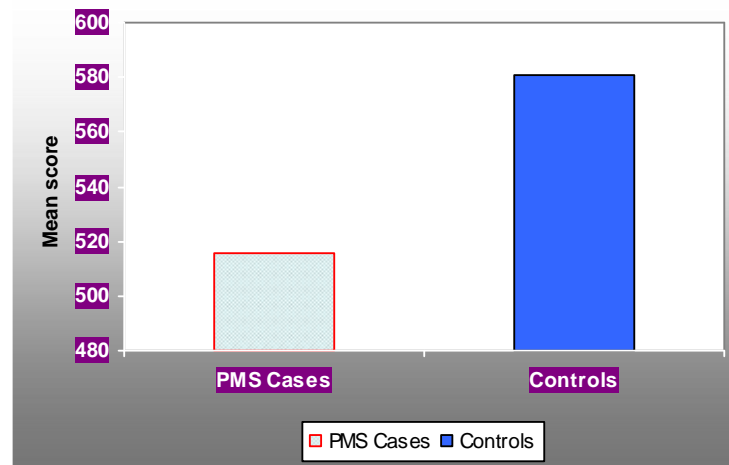


Figure 4.13. Class performance of students engaged in PMS

4.7.3 Estimation of the financial impact of PMS on education

An estimation of the financial implication of PMS in terms of pregnancy (Table 4.18, which results in expulsions) was carried out based on the current government fee guidelines of Ksh 20,000 per student per year.

When the wastage in terms of financial cost was calculated on the basis of the above estimate (Ksh. 20,000/student/year), the total loss was 4.3 million assuming that all reported cases of pregnancy ended up in expulsions. In the larger Bungoma District with 127 girls and mixed schools, the figure was conservatively estimated at 14 million shillings annually. This loss excludes family expenditure on treatments of STIs and other basic needs such as maternity care.

Table 4.18. Number of total PMS and pregnancy cases in selected mixed and girl schools

School type	No	PMS Cases	Pregnancy cases
Girl school	9	67	59
Mixed	34	266	150
Total	43	333	209

4.8 PRE-MARITAL SEX (PMS) IN RELATION TO HIV/AIDS

This section deals with analysis and presentation of responses to items that seeks to establish the status and possible implications of PMS among the youth. The items covered issues of knowledge about sexually transmitted diseases and preventive measures. Qualitative data was collected by means of questionnaire/interview schedule items presented to students, headteachers and, G & C teachers from selected schools. The questionnaire and interview schedule items are listed below:

-
1. Have you or your close friend experienced any sexually transmitted diseases?
 2. List three of the most common STIs you know
 3. List the factors that contribute to spread of HIV among the youth
 4. Do the students know and understand what HIV/AIDS is?
 5. What specific aspects do the students know?
 6. Have you or your friend used any form of contraceptives?
 7. Have you or your friend consistently used condoms?
-

Students were asked whether they or their close friends had ever had any STIs, 23 (15.5%) of those who had at one time engaged in PMS responded affirmatively.

The type of STI and percentage of the students listing them is presented in figure 4.14. The diseases mentioned included herpes genitalia, gonorrhoea, syphilis, HIV/AIDS and candidiasis. Another rarely mentioned was trichomoniasis. The results indicated that 99% of the youth were aware that HIV/AIDS was a sexually transmitted disease. This was followed by Gonorrhoea (87%), herpes genitalia (63%)

and syphilis (20%) in that order. When they were asked to state the factors that contribute to the spread of HIV/AIDS among the students, the student listed multiple partners (75%), unprotected sex (68%) and compelled sex (50%). These proportions generally indicated high awareness of the factors that could contribute to spread of HIV/AIDS and other STIs among the students.

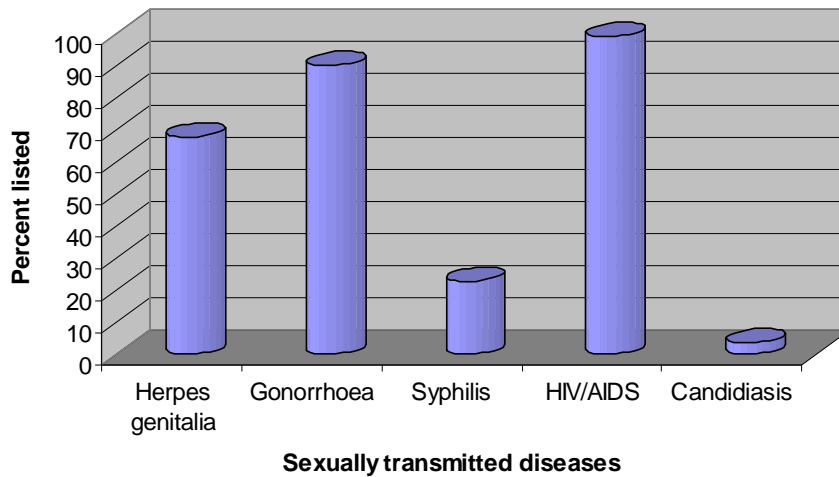


Figure 4.14. Common STIs as reported by the students

The teachers responses to items 4 and 5 in the list above confirmed that the students know and understand (100% of the teachers) HIV/AIDS especially the virus, mode of transmission and the current preventive methods. Students were asked whether they or their friends had ever used any form of contraceptives, 105 (37%) gave affirmative response, however only 17 (6%) of them stated that they have used condoms. This observation indicated that although contraceptives are meant for family planning, they were readily available for use by the youth. The reasons for use included prevention of pregnancy and protection against STIs. The study also found out that 8 (47%) of

those who regularly used condoms had experience with STIs (Figure 4.15). This finding implies that the youth either do not know how to use condoms or the failure is due to inherent condom defects. The study also revealed that 52% of the students who used condoms were pressured into sex indicating that the condom was a device most likely used as a negotiating tool for sex, once assured of safety, the youth will most likely give in. However, ignorance and improper use leads to transmission of STIs.

Chi- square analysis of these proportions indicated that there was a general negative association of STI with the use of condoms (Relative risk of 0.42 and $p = 0.031$). It was also observed that despite the use of condoms, 47% of the youth got STIs. This breakthrough of the STIs (47%) was quite high and of concern for a method considered as the best alternative to abstinence. This could result from improper use or inherent shortcoming of the condom.

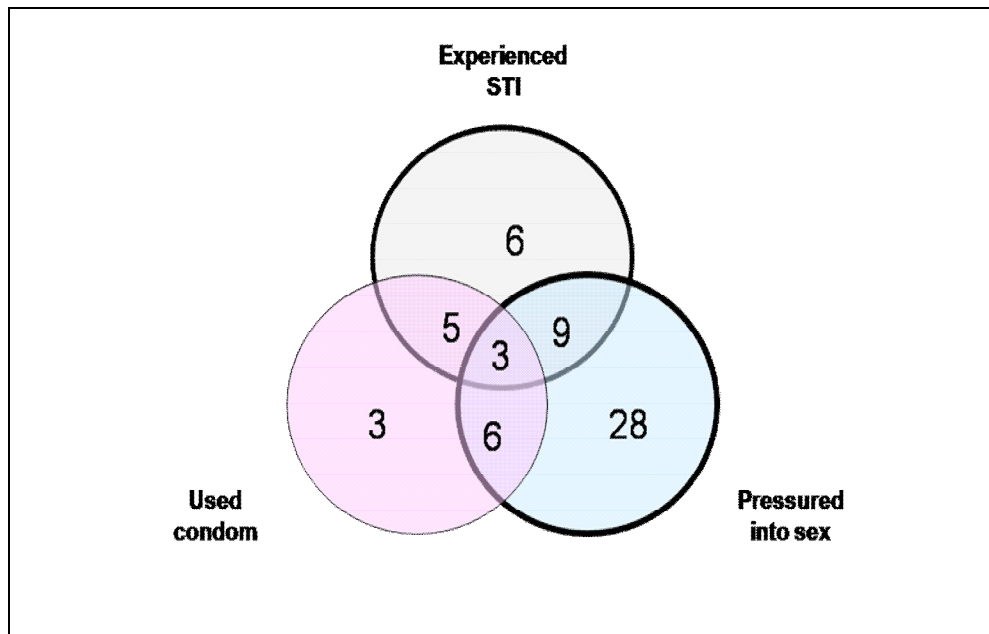


Figure 4.15. Proportion of sex experienced youth who have been pressured into sex and also used condoms

4.9. SUMMARY OF THE KEY FINDINGS

From the data analysis, the following were the key findings:

1. The majority of secondary school students in the larger Bungoma District were raised in an environment characterised by:
 - a. permanent residence within the larger Bungoma district and lived with both parents, majority who had at least basic formal education.
 - b. Limited and inadequate formal programmes designed to deliver relevant information regarding sexuality. Instead, the students, to a large extent, relied on the peers and mass media for the information.
2. PMS was highly prevalent among secondary school students in larger Bungoma District.
3. The students generally held a favourable attitude (willingness to delay sexual activities and favours severe punishment for those engaging in PMS) towards PMS.
4. PMS has resulted in pregnancy, STIs and a drop in class performance by 11%. This is due to poor concentration on academic issues.
5. There was high awareness rate among the students on the risks and consequences of PMS such as pregnancy, STIs including HIV/AIDS and poor educational achievements. This has resulted in high usage of contraceptives especially condoms which are favoured because they offered double protection against STIs and pregnancy. The high awareness rates did not however translate into responsible sexual behaviours.
6. Although condoms reduced the risk of infection with STIs in those who used them, there were unacceptably high breakthroughs.
7. PMS has a negative impact on the education sector in terms of poor class performance and reduced completion rates.

CHAPTER FIVE

5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The study was carried out with the main purpose of determining the status of pre-marital sexual attitudes and behaviour among youth in secondary schools and estimates the impact/implication on the learning process and prevention of HIV/AIDs in rural set up in the larger Bungoma District. It was designed to answer the main question: What are the factors contributing to pre-marital sex among the youth and the possible implications for education and HIV/AIDs prevention in rural communities. The study used form three students, head-teachers, guidance and counselling teachers from selected schools, parents and religious leaders from within the community.

The study of the demographic characteristics of the respondents was undertaken against a background that biological, economic and social-cultural factors such as age, traditional cultures (initiation, courtship, and marriage customs), colonial imports (religious values, and education) and contemporary Western influences (liberalism and the mass media) impact upon sexual patterns of the target population. In this chapter, these factors are discussed in relation to the prevalence of PMS among the students, the attitudes of the students towards PMS, effects of PMS on the learning process and implications for prevention of the spread of HIV/AIDS.

5.2 PREVALENCE OF PMS IN SECONDARY SCHOOLS

The study established that pre-marital sex is prevalent (36%) among the youth in secondary schools in the larger Bungoma District. Although the current study was

restricted to form three students and the age bracket of 16-20 years, the results are consistent with the findings from other studies in Kenya which have reported similar prevalence of PMS among the youth. Mensch *et al* (2001) reported a prevalence of PMS of over 32% among youth in schools in Nyeri and Nakuru Districts in Kenya while a 33% has been reported in Nyanza.

Gender stratified comparisons in the present study revealed that girls were more experienced than boys. This is contrary to many studies which have concluded that girls are less likely than boys, at any given age to have had pre-marital sex (Biddlecom *et al* 2007, Spronk, 2005) This is however consistent with analyses of demographic and health survey data that found girls in Ghana more likely to report pre-marital sex than boys (Curtis and Sutherland, 2004).

Biologically, girls mature faster into and out of puberty and adolescence and it is likely that at form three, more girls compared to boys would have been sexually matured and engaged in sexual activities with older men be it consensual or non consensual. Marshall *et al* (1986) stated that:

Like biological development, emotional maturity and cognitive development vary greatly among young people of the same age. Although they are beginning to develop the ability to think abstractly and to plan for the future, most young adults reach sexual maturity before they attain emotional or social maturity or economic independence. (pg 173)

In this respect, differences in experience with sex among boys and girls of the same age and educational level may be an indicator that girls engage in PMS with older males. Nasimiyu-Wasike (2004) observed that:

In adolescent age bracket when young girls are discovering their sexuality, they are susceptible to sexual myths, rumours, exploitation, and misinformation. Older men take advantage of this ignorance and exploit the young girls sexually. In some instances money and material gifts may be used to trap these young girls. (pg 832)

This implies that where material gifts and money are involved, the resource poor boys of the same age as girls are disadvantaged and they cannot compete with the older men.

This is further supported by the finding from the current study that more girls than boys at form three are involved in romantic relationship with a person of the opposite gender. According to Christopher (2001), these results are no surprise because he established that romance is often a prelude to sexual activity.

Once in romance, girls are emotionally attached and often submit to the demands of the males for fear of being rejected. The males on the other hand have been found to be more often focused on the physical sex activity (pg 34).

Pregnancy (leading to either birth or abortion) and STIs among the youth are clear indicators of PMS. High proportions of the students, parents and teachers (head-teachers and G & C teachers) reported cases of pregnancy among the girls. Teenage pregnancies reported among school girls between 1985 and 1990 ranged between 6,633 to over 11,000 (Brockman, 2006). These rough figures of only a small segment of the adolescent population indicate a serious problem. In this study, it was estimated that on average, 215 pregnancy cases occur per year in the larger Bungoma District alone. Extra-polation for 5 years gives 1075 cases making the estimate by Brockman (2006) a serious underestimate.

As reported in this study, over 28% of the sexual encounters among the youth were non consensual. This is consistent with studies by Erulkar (2004) who reported that

among the sexually experienced youth respondents in Kenya, 21% of females and 11% of males had experienced sex under coercive conditions. Most of the perpetrators being known persons and intimate partners including boyfriends and girlfriends.

5.3 ATTITUDES OF THE STUDENTS TOWARDS PRE-MARITAL SEX

The general attitude of the youth towards PMS, as derived from the attitudinal scores, was favourable, indicating that they generally favoured delayed initiation of sexual activities. However, this finding was inconsistent with the behaviour given that a large proportion (52%) of the youth had had experience with PMS. Since it is generally accepted that attitude drives behaviour (Fazio, 1990), the inconsistency could have arisen due to a number of factors:

- (a) The inconsistency means that the general attitude is not the best predictor of the behaviour of the youth as regards sex issues and could require focus on specific aspects of sex. Indeed, sex and by extension PMS, is a multi-purpose activity. Stratification of the attitude according to the perception of PMS revealed that the youth would promote PMS if and when it was considered a recreational activity and way of expressing love. They would otherwise shun PMS when considered as a health risk, biblically immoral and a barrier to educational achievements. Thus roles of sex as perceived by the youth could constitute competing forces shaping the attitude of the youth towards PMS. Any one particular force could emerge dominant and determine the behaviour. In the current study, the force in the direction of sex as recreational activity dominated and resulted in high instances of PMS probably with support from external inputs.
- (b) The inconsistency may be a reflection of external pressures such as 'societal norms'. The youth act in certain situation deemed appropriate by society.

Thus the general attitude towards PMS may have reflected the social desirability bias model. They know PMS is a vice unacceptable by the society and would respond in a manner they believe is socially acceptable and desired. This could however be against their actual attitudes. According to Hewett *et al* (2006), respondents' perceptions of social norms and their own notions of acceptable behaviour, influence their willingness to respond candidly to interview questions. In particular, they are likely to feel pressure to conform to societal expectations. By modifying their answers to conform to these norms, respondents minimise the gap between their actual behaviour and the perceived social standard of the interviewer.

In the context of this study, the societal components that would influence the youth include the family, religious and school communities. Results from this study affirmed that the family especially the parents were expected as the main source of information on sexuality. These results are in line with what Perrino, *et al*, (2000) established in their study that family is one of the earliest and most important influences on adolescent sexual development and sexual socialization.

The parent as the engrained voice of authority is expected to provide guidance over all matters affecting the family.

As regards sexual matters, one parental influence that has received a great deal of attention in relation to adolescent sexual risk-taking, is parent-adolescent communication. Theory suggests that the quantity and quality of parent communication plays a crucial role in the extent that parents influence their children (Neapolitan, 1981) and bears great potential for reducing adolescent risky sexual behaviour by fostering responsible sexual decision-making (Rodgers, 1999).

Contrary to these expectations, results from the present study indicate that parents hardly communicated with the youth about matters of sex.

The parents felt that discussing sexuality with their children would interfere with the innocence of the youth and corrupt their morals. On this issue, the parents seem to echo the views expressed by the influential Christian Church (TrujilloLopez and Sgreccia, 1996). PMS is a vice considered immoral in religious circles and is seriously condemned by all in society. Discussion about sex especially between parents and the youth will arouse suspicion that all is not right and it is immoral to discuss sex openly. This is particularly pronounced among the very religious parents. Religion advocates morality and thus hinders effective communication as regards sex.

Another possible reason would be that most parents seem not prepared to discuss sexuality with their youth since they were not adequately prepared on issues of sexuality before becoming parents. In many cultures, parents traditionally did not discuss sex with their children. Instead, grandparents, aunts, uncles and selected individuals in the society played this role. Now the breakdown of traditional cultures has left many parents with the challenge of talking to their children about HIV/AIDS as well as sex, and many are ill-prepared for this role (Kiragu, 1991, Wilson, *et al* 1994). This barrier to communication seems to be widespread among cultures of the universe. In South Africa, adolescent women said they were afraid to talk to their parents about sex (Macphail and Campbell 2001). In the current study, the youth stated that what constituted discussions about sexuality were warnings and threats often delivered indirectly through proxy (third party). The findings were similar to results of a study carried out in Zimbabwe where young people said that communication with parents about sex was often one-sided, with the parents mainly

warning about the dangers of sex (Wilson, *et al* 1994). In Mexico young people also cited such communication barriers as lack of time, not getting along with their parents, and lack of trust in their parents' advice (Weiss *et al* 1996).

Lack of communication between parents and youth leaves the latter at a crossroad and they often seek for alternatives. From the study, all the respondents pointed out that in absence of parents, teachers could take up the responsibility of educating the youth on sexuality. This is in support of a study carried out earlier in Kenya which found out that over three-quarters of parents of children of ages 10 to 14 said that adolescents should be taught in school about HIV/AIDS and other STIs, as well as about family planning and other reproductive health subjects (Kekovole *et al* 1997). This means that a specifically designed curriculum should be put in place to enable the teachers deliver the right/correct information to the youth in secondary schools or even earlier. Despite such concrete finding, there remains a sustained debate on this issue with the government on one side and the conservative religious organisations on the other. The debate started with the realisation that talking about Aids implied talking about sex. In 1993, there was a flare-up when the government decided to implement sex education in schools, under the proposal of 'Family Life Education,' an euphemism for sex and reproduction education. The proposal met with mixed reactions, and the question of sex education found itself marred by controversies over contents and at what age, and by whom, sex education should be provided (Njau 1993). A letter from a 'one concerned' parent elucidates the sensitive nature of this discussion that continues up to date:

'The full evils of contraception, of sex without responsibility, will soon befall Kenyans if the project succeeds. Children will be taught how to 'get a kick' with sex. There would be more promiscuity amongst teenagers and teachers; there will be greater drop-out rate from educational institutions; parental authority will wane; there will be less respect for life; more drug addiction; an

increase in sexually transmitted diseases and more people contracting Aids.’
(quoted in Njau 1993 pg 36).

The debates finally culminated in the withdrawal of the proposal. The idea was transformed into a less informative programme called ‘Aids education in Kenya’ through which sexual issues would not be discussed. This position has left a sketchy curriculum tackling matters of sexuality. Besides being sketchy, the information is provided late in the four year course when in actual sense, the youth may have already experimented with sex. This proposition is supported by the results from the current study that at form three, 57% of the students will have already experimented with sex, yet most of the topics on sexuality are covered in form four (KIE, 2002). Additionally, the subjects are optional and therefore not all students benefit from them.

This study has also revealed that none of the teachers used for guidance and counselling in the larger Bungoma District secondary schools were professionally trained. Neither was sexuality issues affecting the students a priority in the school practice. Use of untrained G & C teachers could impact negatively on the delivery of the right information to the youth in schools.

Similarly the study established that the Christian Church, as a second preferred alternative to parents does not have specific programmes addressing the multiple interpretations of sexual relations among the youth, instead most programmes emphasised health and moral aspects of sexuality. For instance, the programmes focus on abstinence among the youth with the idea of sex confined to marriage as the site of sexual intercourse (Frederikson, 2000). This approach renders the youth more confused on matters of sex and issues of PMS as the Church insists that it is the

primary duty of the parent to guide the youth on matters concerning sexuality. Given that the very parents may be staunch members of the church, it may prove difficult for the parents to comfortably pass the same information considered immoral by the church. Indeed some research has established that there is an inverse relationship between parents' public religiosity and discussions about sex with the youth (Regnerus, 2005).

The current study established that peers were the greatest source of information. According to Kiragu *et al* (1996) in a study found out that youth were most comfortable talking to their brothers, friends and health care workers. As pointed out by Bumpas (2001), failure to communicate with youth in a timely and comprehensive way, leaves a vacuum in which the peer and mass media become powerful sex educators, providing frequent and compelling portraits of sex as fun and risk free. Thus this situation tends to leave room for peers and media to assume positions of virtual parents.

Silberschmidt (2001) listed at least seven reasons as to why people engage in sex. These were pursuit of pleasure; desire for intimacy; expression of love; definition of self; procreation; domination and money. It is easy, therefore, to imagine that the youth involved in the current study, most likely focused on all but procreation and perhaps dominance, to make decisions concerning sex. Indeed Ott *et al* (2006) found that adolescents view intimacy, sexual pleasure and social status as important goals in a relationship. Many have strong positive expectations that sex would satisfy these goals. . This is the likely reason why the youth held unfavourable attitude towards PMS especially when taken as a recreational activity.

The present study revealed that girls, besides being more experienced, generally held unfavourable attitude towards PMS compared to boys of the same age and academic level. The results of this study may partly explain the fact that girls perform poorly compared to boys in national examinations (KNEC, 2007). Traditionally, boys are considered as eventual bread winners. This belief perpetuates complacency and relaxation among girls and could contribute to a don't care attitude among the girls. Some have been heard saying that they will use the face to capture responsible husbands (Personal observation).

Equally important was the finding that the youth from high and medium class households had unfavourable attitudes towards PMS probably due to high exposure to information through media since this type of household could afford the media gadgets such as TV, video, radio, computers among others. This may imply that the youth from such households may be involved more in PMS than what is reported in other studies. This is most likely due to the fact that youth from the high/medium households not only engage in PMS more than the youth from the poor household, but also can afford contraceptives, secure prompt and secrete pregnancy termination or medical services should PMS end up in either pregnancy or STI. These actions leave the poor households to appear more involved and vulnerable than the rich households. This finding is therefore, contrary to other study findings that point to poverty as the root cause of PMS among the youth (Madise *et al*, 2007, Zulu *et al*, 2002)

Most of the parents from the high and medium class households could also be busy with other activities and would generally have little time to discuss sexuality with their youth. Instead such parents would acquire gadgets such as TV and videos which effectively take up their positions as virtual parents.

5.4 IMPACT OF PRE-MARITAL SEX ON LEARNING

There is a general consensus that PMS has a negative impact on education (Mensch *et al.*, 2001). Results obtained from the present study provide more evidence on this matter and further determined that those involved in PMS were mostly low achievers in school work. Although the results from this study concur with those obtained by the GOK/GTZ (1988) that girls with poor performance were significantly more likely than the best students to become pregnant, it is the first time an attempt has been made to quantitatively associate poor class performance with PMS. In both cases, perceived lack of returns in academic endeavours and low expectations of advancing may influence the youth to engage in sex as passtime activity. On the other hand, the high achievers would delay their sex debut for personal development and future prospects which would not like to be disturbed by pregnancy or STI, otherwise, they resort to use of contraceptives.

The study has also provided some evidence of financial losses associated with PMS in schools. However, the 14 million KSh annual losses in the larger Bungoma District is a conservative figure since other indirect costs of education were not considered. The losses were derived from the direct financial requirements as school fees by the Government of Kenya.

5.5 IMPLICATIONS FOR PREVENTION OF HIV/AIDS

Against this background that the youth are the most vulnerable groups to sexually transmitted diseases and they are the primary target in the efforts to control HIV/AIDS (NAS COP, 2005), the high engagement in PMS in this study goes against the objectives of various groups involved in the control of HIV/AIDS and other STIs. The study revealed a high level of awareness (99%) about STI and HIV/AIDS. The

results are consistent with observations of NASCOP (2002, 2005) that despite the high awareness of STI particularly HIV/AIDS, a high proportion of youth engage in PMS. More disturbing finding is that few of the youth engaged in PMS used condoms. Condoms seem not to be popular among the youth. Furthermore, those who used the condoms ended up being infected with STIs. The high breakthrough for the method considered the best alternative to abstinence defeats the purpose of promoting the condom as the control tool against AIDS. It is, however, known that condoms offer less protection against herpes, human papilloma virus (HPV), and other STIs that can be transmitted through skin-to-skin contact between parts of the body not covered by condoms. (Gardner *et al* 1999). It is likely that the youth who reported being infected despite the use of condoms referred to such diseases.

The information obtained from the media (outside advertisements, radio and TV) often give conflicting information. For instance, out-door advertisement (billboards) try to change the attitudes of the general public towards risky sexual activities that would lead to HIV/AIDS, but at the same time provide alternatives like use of condoms. The youth most likely go for the easier choices. Seemingly, the condom was used as a negotiation tool for sex among the youth. Together with other information that depicts sex as fun and good between lovers makes it an ultimate gift for romantic youth. No wonder high proportion of the youth interviewed were engaged in romance that ended up in sex.

5.6 CONCLUSIONS

The study has established that pre-marital sex is prevalent among students in secondary schools in the larger Bungoma District despite their favourable attitude towards the practice. The study also established that PMS had negative impact on

academic performance and could be among the factors contributing to the spread of HIV/AIDS among the youth.

5.7 RECOMMENDATIONS

The recommendations presented here are based on the findings from the present study and are meant to contribute to the reduction in the prevalence of PMS among the youth as a means of improving academic performance and reproductive health.

- a. Graded information on sexuality be provided to the youth at an appropriate age preferably in schools. In this respect, the curriculum be redesigned to specifically address issues on sexuality and be offered early in secondary course.
- b. Encourage positive peer counselling in schools.
- c. The ministry of education to train and deploy professional guidance and counselling teachers in schools.
- d. Parents should be proactive and work with teachers and religious leaders in helping the youth understand issues of sexuality.

5.8 SUGGESTIONS FOR FURTHER RESEARCH

- 1 From the current research, it has been noted that there remains conflicting information on the association of wealth and pre-marital sex especially as regards attitudes towards PMS. It is therefore recommended that further research be conducted to determine this association.
- 2 The present study was carried out in the rural community in the larger Bungoma District. There is therefore need for a similar study to be carried out in cosmopolitan community.

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APPENDICES

Appendix 1: Questionnaire for Students

INTRODUCTION

Dear participant,

I am carrying out a study on the attitudes of the youth towards pre-marital sex. You as a youth and your school have been chosen to participate in this study through the following questionnaire. Your response during and after the study will be treated with a lot of confidentiality.

SECTION A: BIODATA

Write in the spaces provided below:

1. Name of school
2. Type of school: Mixed Boys girls Day Boarding
3. Indicate with a tick (√) which of the following applies to you :
SEX : Female Male
4. Age.....
5. Place of birth.....
6. Period as resident in district.....
7. Religious affiliation: Christian Muslim Hindu
Others specify-----
8. Co-residence for last three years: Both parents Single parent relative
others specify

SECTION B

Instructions: Write in the spaces provided below and as directed.

- a) Do you have girl/boy friends? Yes No
- b) How did the relationship start? I requested for friendship She/he requested for friendship Connected by friends
- c) Are you aware (come across) of sexually transmitted infections (STI) in your school? Yes No
- d) Have you had an experience with STI? (self or friends)? Yes No
- e) What are the signs of STIs among the boys?

- f) Among girls-----

- g) How comfortable is the victim in class? Uncomfortable and restless
inattentive comfortable
- h) Should girls/boys be tested regularly for STI especially at the start of the term?
Yes No
- i) Does an infected person spend less time on academics? Yes No
Give reasons-----

- -----

- j) Have condoms increased incidence of PMS? Yes No
Give reasons-----

- k) Should boys be tested for HIV/AIDs before admission to form one and university? Yes No Give reasons-----

- l) Should girls found pregnant be expelled ?Yes No Give reasons-----

- m) Should boys responsible for girls' pregnancies be expelled from school? Yes No Give reasons-----

- n) Should students found infected be suspended from school? Yes No Give reasons-----

- o) Have you ever thought of going for VCT? Yes No
- p) Who do you discuss sexuality with? Parents Teachers peers
- q) Who should be responsible for teaching and guiding of youth on matters of sexuality? Teachers Parents Churches Medical personnel
- r) What are in your view, the problems of pre-marital sex? -----

- s) What are the most appropriate preventive measures for the problems mentioned r above? Use of pills Use of condoms Safe days Prompt examination and treatment
- t) Have you ever used any of the methods? Yes No
- u) Have you ever been pressured to engage in sex? Yes No

What do you consider as sexual harassment? -----

v) Why do the youth engage in sex?

SECTION C

SA Strongly agree
 A: Agree
 UD: Undecided
 SD Strongly Disagree
 D: Disagree

Item	Response				
	SA	A	U	SD	D
Positive statements					
Youth should remain sexually abstinent					
Sex oriented advertisement should be discouraged					
Pre-marital sex contributes heavily to poor health and extramarital sexual affairs					
Religious and cultural teaching on sex remains relevant in the current setup					
Boys should be tested regularly for STI/HIV/AIDs after admission to form one					
Girls should be tested for pregnancy at the start of the term					
Girls found pregnant should be expelled					
Parents are exerting necessary control over the youth on sex matters					
Parents have all the necessary information to guide the youth					
True love waits					
Sex education should be made compulsory in schools					
Peer counselling should be encouraged					
Sexual behaviour is not necessarily due to Peer pressure					
Negative statements					
Sex is the best way of expressing love to one who is worthy					
Sex releases tension and kills boredom					
Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level					
Sex is no longer sacred					
Condoms and anti retroviral drugs contribute heavily to spread of STI/HIV/AIDs					
Sexually active youth should have access to contraception					
Students found infected should not be suspended from school					
Boys responsible for girls' pregnancies should not be expelled from school					
Girls/boys should not be tested regularly for STI/HIV/AIDs especially at the start of the term					
Parents are poorly prepared to guide the youth on					

sexuality					
Advertisement provides important information on sexuality					
Sexuality information/education is a waste of time					
Parental control denies the youth their sexual freedom					

Appendix 2: Interview Schedule for Parents

INTRODUCTION

Dear Parent

I am carrying out a study on the attitudes of the youth towards pre-marital sex. You as a parent have been chosen to participate in this study through the following interview schedule. Your response, during and after the study will be treated with a lot of confidentiality.

SECTION A BIODATA

1. Name
2. Location.....
3. Divison.....
4. SEX : Female Male
5. Age.....
6. Place of birth.....
7. Period as resident in district.....
8. 6 Religious affiliation: Christian Muslim Hindu
9. Others specify-----

SECTION B: FAMILY BACKGROUND AND VALUES

10. Head of household self spouse
11. Level of education of head of household-----
12. Number of household members-----
13. Structure of household members Father mother youth under 15
over 15
14. Number of youth in secondary schools-----
15. Main family source of income.

Activity	Number of persons	Av monthly income(KSh)
Farming		
Salaried employment		
Casual employment		
Business (nature of business)		

16. Visible household possessions:-----

17. What is the value of education to daughters compared to sons? Equal
more value to boys. Give reasons-----

18. Do you have grandchildren from your unmarried children? Yes No

19. If yes, from whom? Daughter Son

20. Are you aware of any relationships between your daughter/son and any person
of opposite sex? Yes No

21. Do you approve of such relationships? Yes No

22. Do you discuss sexuality with your partner? Yes No

23. Do you talk to your daughter/son about sexuality? Yes No

24. Do you get embarrassed when kids mention, show or ask questions on
sexuality? Yes

No

25. Have you experienced any sexuality problems with your children? Yes

No

26. What aspects?-----

27. How did you handle it?-----

28. Do you think you had a chance of stopping it? Yes No

29. What do you think you should have done?-----

30. What do you think influenced you son/daughter?

31. Who among your children will you accommodate more comfortably when they engage in premarital sex? Daughter Son

32. Please give reasons for your response for question 31 above.-----

33. Who should provide information/guidance about sexuality?.

- Parents
- Teachers
- Churches
- Media
- Pears/own
- Medical personnel

34 Does PMS have effects on education? Yes No Give reasons for your answer above-----

35 Does PMS contribute to the spread of HIV among the youth Yes No Give reasons for your answer above-----

36 What steps should be put in place to reduce cases of PMS among the youth

SECTION C: Attitudinal items

- SA Strongly agree
- A: Agree
- UD: Undecided
- SD Strongly Disagree
- D: Disagree

Statement/question	Responses				
	SA	A	U	SD	D
Positive statements					
11. Youth should remain sexually abstinent					
12. Sex oriented advertisement should be discouraged					
13. Pre-marital sex contributes heavily to poor health and extramarital sexual affairs					
14. Girls should be tested for pregnancy at the start of the term					
15. Girls found pregnant should be expelled					
Negative statements					
16. Sexually active youth should have access to contraception					
17. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level					
18. Sexuality information/education is a waste of time					
19. Boys responsible for girls' pregnancies should not be expelled from school					
20. Students should not be tested for STI at the start of the term					

Appendix 3: Questionnaire for Head Teachers

INTRODUCTION

Dear participant,

I am carrying out a study on the attitudes of the youth towards pre-marital sex. You as a head teacher have been chosen to participate in this study through the following questionnaire. Your response, during and after the study will be treated with a lot of confidentiality.

SECTION A

Write in the spaces provided below:

- 1. Name of school
- 2. Type of school: Mixed Boys girls Day Boarding
- 3. Indicate with a tick (✓) which of the following applies to you :
- 4. SEX : Female Male

SECTION B

- 5. What is your response to a teacher who has had sexual relations with a student? -----

- 6. Do you approve of educating students about sexuality and/or family planning in school? Yes No
- 7. Do you think that pregnant girls should be allowed to stay in school until just before childbirth? Yes No . Explain-----

- 8. What is your response to a male student who impregnates another (girl) student? -----

- 9. How many family-life education subjects are taught at the school ?-----

- 10. Name them:
 - i. -----
 - ii. -----
 - iii. -----
 - iv. -----
 - v. -----

11. Does someone/people at the school give advice and talks to students about their reproductive health and sexually related problems?
12. Do you routinely check your students for pregnancy/STI? Yes No
13. If No, please t why-----

14. If yes, what is your response to positive cases?-----

15. What is the class performance of most of the girl students who get pregnant? Poor , fair

SECTION C

- SA Strongly agree
A: Agree
UD: Undecided
SD Strongly Disagree
D: Disagree

Statement/question	Responses				
	SA	A	U	SD	D
Positive statements					
13. Youth should remain sexually abstinent					
14. Sex oriented advertisement should be discouraged					
15. Pre-marital sex contributes heavily to poor health and extramarital sexual a fails					
16. Girls should be tested for pregnancy at the start of the term					
17. Girls found pregnant should be expelled					
18. Favour severe punishment for a teacher who befriends a student					
Negative statements					
19. Sexually active youth should have access to contraception					
20. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level					
21. Sexuality information/education is a waste of time					
22. Boys responsible for girls' pregnancies should not be expelled from school					
23. There is no need of testing girl/boys for STI					
24. Students found infected should not be suspended from school					

Appendix 4: Questionnaire for G & C. Teachers

INTRODUCTION

Dear participant,

I am carrying out a study on the attitudes of the youth towards pre-marital sex. You as a G and C teacher have been chosen to participate in this study through the following questionnaire. Your response, during and after the study will be treated with a lot of confidentiality

SECTION A: DEMOGRAPHIC DATA

Write in the spaces provided below:

1. Name of school
2. Indicate with a tick (✓) which of the following applies to you :
SEX : Female Male
3. Age.....
4. Place of birth.....
5. Period as resident in district.....
6. Religious affiliation: Christian Muslim Hindu
Others specify-----

PROFESSIONAL STATUS:

7. Indicate with a tick (✓) which of the following applies to you:
A) Untrained teacher
B) Diploma/SI
C) Approved Graduate
D) B. Education
E) M. Education
F) Others (Specify)-----
8. For how long have you been a G&C/CRE teacher?
A) Less than a year
B) 1-3 years
C) 4 - 6 years
D) 7 - 9 years
E) 10-12 years
F) Over 12 years
9. What subjects were you trained to teach?
A).....
B)
C).....
10. Are you a trained counsellor?

- Yes
- No

11. What inspired you to take on G&C?
- Preffesional background
 - Most suitable/experienced
 - Self interest
 - Forced on me

SECTION B

Respond by ticking the relevant response in ONLY one of the brackets and by writing in the spaces provided.

9. Do you like/enjoy G/C sessions?
- A) Yes
 - B) No
 - Depends on issues

10. What are the most challenging issues you have ever come across in your G&C career?

.....

.....

.....

.....

.....

.....

.....

.....

11. What do you understand by sexuality ?

.....

.....

.....

.....

.....

.....

12. Do you encounter problems associated with human sexuality in your duties as G/C/CRE teacher?.

- A) Yes
- B) No

13. How do you handle it?

- A) provide lesson to all
- B) Demonstrate to all
- A) Handle individual cases
- B) Refer to parents

14. Who should provide information/guidance about sexuality?.

- Parents
- Teachers
- Churches
- Media
- Pears/own

15. What do you think should be provided to the youth as regards sexuality?
i.
.....
ii.
.....
iii.
.....
.....

16 What do you think should not be provided to the youth about sexuality?
i.
.....
ii.
.....
iii.
.....
.....

17 Do you teach/guide on sexually transmitted infections?
Yes
No

18 What are the principle guidelines you emphasize?
i.
.....
ii.
.....
.....

19 What are the responses of the students?
i.
.....
ii.
.....
.....

iii.
.....
.....
.....
.....

20 Do the students understand/know what HIV/AIDs is?

Yes

No

If yes what aspects?

Biology of Virus

Modes of Transmission

Preventive methods

If no, what aspects?

21 Who should deliver this information?

22 What are the major preventive measures the students know?

23 What will they prefer?

24 How free/comfortable are they when you discuss these measures?

SECTION C

- SA Strongly agree
- A: Agree
- UD: Undecided
- SD Strongly Disagree
- D: Disagree

Statement/question	Responses				
	SA	A	U	SD	D
Positive statements					
13. Youth should remain sexually abstinent					
14. Sex oriented advertisement should be discouraged					
15. Pre-marital sex contributes heavily to poor health and extramarital sexual affairs					
16. Girls should be tested for pregnancy at the start of the term					
17. Girls found pregnant should be expelled					
18. Favours severe punishment for a teacher who befriends a student					
Negative statements					
19. Sexually active youth should have access to contraception					
20. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level					
21. Sexuality information/education is a waste of time					
22. Boys responsible for girls' pregnancies should not be expelled from school					
23. There is no need of testing girl/boys for STI					
24. Students found infected should not be suspended from school					

Appendix 5: Interview Schedule for Faith Based Organisation

INTRODUCTION

Dear Religious official

I am carrying out a study on the attitudes of the youth towards pre-marital sex. You as a church official have been chosen to participate in this study through the following interview schedule. Your response, during and after the study will be treated with a lot of confidentiality.

SECTION A

Write in the spaces provided below:

- 11. Name -----
- 12. Faith-----
- 13. Career/Vocation-----
- 14. Station-----
- 15. Period in your present position-----
- 16. Indicate with a tick (√) which of the following applies to you :
- 17. SEX : Female Male

SECTION B

18. What is your organization’s stand as regards pre-marital sex?-----

19. Who should provide information/guidance about sexuality?.

- Parents
- Teachers
- Churches
- Media
- Peers/own

Medical personnel

20. What is your response to unmarried/teenage parents? -----

21. Does someone/people at the organization give advice and talks to youth about their reproductive health and sexually related problems? Yes
No

22. If Yes/No, please state why-----

 23. Does your organization promote/tolerate the use of contraceptives by the youth? Yes No

24. Please explain your response to Q 13-----

25. Do you have special programmes to address sexuality related issues? Yes No

26. If yes, which ones?
 a.-----
 b.-----
 c.-----

27. Do you approve of educating students about sexuality and/or family planning in schools? Yes No . Explain-----

28. Do you think that pregnant girls should be allowed to stay in school until just before childbirth? Yes No . Explain-----

Item	A	UD	D
16. Youth should remain sexually abstinent			
17. Sexually active youth should have access to contraception			
18. Pre-marital sex helps one evaluate one's own sexuality and understand the opposite sex at a deeper level			
19. Sex oriented advertisement should be discouraged			
20. Sexuality information/education is a waste of time			
21. Pre-marital sex contributes heavily to poor educational achievements			

8. Does PMS have effects on education? Yes No Give reasons for your answer above-----

9. Does PMS contribute to the spread of HIV among the youth Yes No
Give reasons for your answer above-----

What steps should be put in place to reduce cases of PMS among the youth?-----

Appendix 6: Research Permit