

**FAMILY, PEER AND PROTECTIVE FACTORS RELATED TO SEX
BEHAVIOR AMONG URBAN ADOLESCENTS IN SECONDARY SCHOOLS
IN MOMBASA COUNTY, COAST PROVINCE, KENYA**

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Key words: adolescent sexuality, protective factors, social economic status, peer pressure, health guidance

Abstract

The intention of this paper was to explore family and peer factors related to adolescents' engagement of selected sexual behaviours. To establish this, the study sought to find out if adolescents engaged in behaviours like engaging in romantic relationships, holding hands, kissing and fondling the body of a person of the opposite sex. Other sexual behaviours investigated were if adolescents visited parks, beach or music clubs, watched pornography or took drugs to gain courage and sexual intercourse. The study sought to establish if parents' social economic status, family structure and parenting styles had any relationship with the sexual behaviours adolescents engaged in. Further to this, the study wanted to establish if peer influence had an effect on adolescent sex behaviour. The study was conducted in secondary schools in Mombasa a coastal Kenyan town. Data were collected through a paper based questionnaire from 217 randomly selected students from 6 secondary schools aged between 12-20 years. The study findings revealed that moderate percentages of students engaged in all the sexual behaviours investigated. Few males and even fewer females reported having engaged in sexual intercourse. Across social economic statuses the study revealed that slightly higher percentages of respondents from business class and unemployed parents reported having engaged in the sexual behaviours than adolescents from the other social economic categories. Parental monitoring seems to be a protective factor since few adolescents reported having engaged in the sexual behaviours. Majority of adolescents reported that they did not experience peer pressure to engage in the sexual behaviours investigated. Health guidance was found to be a protective factor for females since a significant number of males but a small number of females reported having engaged in sexual intercourse after receiving health guidance. The study recommended that all schools should run health education programs that train about consequences of sexuality, assertiveness and how to resist negative peer pressure. Moreover, they should be trained how to make short term and long term objectives for their life goals as a protective factor. Another recommendation of the study is that forums should be created to train parents on how to relate with adolescents and how to provide for their physical and psychological needs as a protective factor.

1.1 Introduction

Adolescents' sexually is an issue of research concern globally because although biologically mature and capable of reproducing, sexual behaviour among adolescents may result in many long term negative consequences. Furthermore, if adolescents engage in sex risk taking behaviours they are likely to suffer teenage pregnancies which may require making difficult decisions including either being teenage parents or having to terminate the pregnancies. In addition, adolescent sex risk taking is also likely to lead to the adolescents contracting sexually transmitted diseases including HIV/AIDS. If adolescents do not seek treatment for sexually transmitted diseases early they may suffer long term complications. Echoing similar concerns are Godwin, Taylor, Brown, Winscott, Scanlon, Hodge, Mickey and England (2012) who, pressing a case for adolescents to be allowed to seek medical treatment for sexually transmitted diseases in Arizona, aver that untreated gonorrhoea and Chlamydia lead to long term complications like scarring of the fallopian tubes, pelvic inflammatory disease, infertility and the risk of HIV/AIDS transmission. Besides the health concerns, adolescent sex may interfere with school performance a view expressed by Hindin and Michelle (2009) who found sexual activity to be associated with less involvement in academic activities.

One major factor that predisposes adolescents to sex risk taking behaviour has to do with their level cognitive development. Explaining why adolescents are more prone to risk taking Casey, Getz and Galvin (2008) report that adolescents' brains are not fully mature as some areas in the frontal lobe of the cerebral cortex and the hypothalamus are not mature and they do not mature fully until age twenty five. Consequently, adolescents have problems with self control, delay of gratification as well as risk analysis. Thus adolescents may not think about the consequences of their sex behaviour.

The age at which adolescents are initiated to sex is also very important because it could be the sole determinant to whether adolescents finish school and get tertiary education with its economic and social benefits or they drop out of school, become parents too early jeopardizing their chances for higher education and upward mobility. This paper recognizes that many reasons determine if adolescents engage in sex or delay sex initiation. The factors that predispose adolescents to engage in sex behaviours have been identified as: having peers who are sexually active and who pressurize others to engage in sex (Didi 2004), experimentation, relationships between adolescents and their parents and engaging in substance use and abuse. In addition, religious beliefs, family values and fear of contracting sexually transmitted diseases, fear of dropping out of school are other factors that contributed to adolescent sex (Ankomah, Mamman-Daura, Omoregie and Anyanti, 2011). In their study of factors contributing to early sex initiation they identified push factors where parents pushed their adolescent girls in to the streets, coercive factors like violence and rape, transactional factors where teenagers engaged in sex for financial or material favours and pull factors such as peer influence and media.

Studies concur that it is not unusual for adolescents to be initiated to sex as early as thirteen years as reported by (Caal, 2008). Studies conducted in sub-Saharan Africa indicate that the age of sexual initiation has continued to drop over the years. The factors associated with early sex initiation have been identified as poverty, exposure to mass media, as well as the changes taking place in the traditional family (Gupta & Mahy, 2001). Research in Uganda further confirms that adolescents between the ages 12-19 are initiated to sex (Neema, Ahmed, Kibombo & Bankole, 2006). Studies conducted in Kenya over time concur that, like in other places, adolescents are initiated to sex early with gender, father presence in the household, family wealth status and peer influence as the predisposing factors. Agreeing with these sentiments is Orpinas (2008) who found that fewer females than males reported ever having had sexual intercourse before the age of 16 while Kimani (2005) confirmed that boys were initiated to sex earlier than girls.

Research has particularly focused on the central role of families and the influence they have on adolescents' sexual intercourse. This has been linked to the emotional environment that parents provide the adolescent during early adolescence. Research done on the influence of family structure on adolescents' sexual initiation in Kenya show that living apart from parents or guardians was a risk factor for sexual initiation. One common theme running through the research done in Kenya reveals that father absence or family disruption increased the odds of adolescent sexual activity while the presence of parents was a protective factor against adolescents' adverse sexual health outcomes (Ngom, Magadi & Owuor, 2003; UNICEF, 2006; Kabiru & Orpinas, 2008). Studies have also identified the strong influence of parental wealth in sexual initiation. This is based on the premise that adolescents whose basic needs are not met either by parents or guardians because of family poverty or parental loss will engage in sexual activity for economic reasons. Other studies have also found out that young adolescents from well-off families may engage in sexual activity for want of disposable income and more material possessions a fact that agrees with (Lema, 1987; Twa-

Twa, 1987; Didi, 2004; UNICEF, 2006; KHRC, 2010). In addition literature on adolescents' sexual health identifies the relationship between parental monitoring as protective factors in adolescent sexual initiation. Issues of concern identified as rule setting, supervision and authoritative values transmitted to adolescents determine the age and frequency of involvement in adolescence sex initiation (Ngom, Magadi & Owuor, 2003; UNICEF, 2006; Rudatsikira, Muula & Siziya, 2007).

2.1 Statement of the problem

Whether adolescents are initiated to sex or not continues to be a matter of research interest for various reasons. Adolescents who are not sexually active can focus on school work better than their sexually active counterparts. Furthermore they can live without the fear of teenage pregnancies and sexually transmitted diseases. In addition, when adolescents delay sex initiation they enjoy better psychological health than their counterparts who engage in sex. Factors that determine if or not an adolescent will engage in sex behaviours are many but this study focuses on only three of them namely, parental, peer and the role of sex guidance. More specifically the study sought to establish if adolescents engaged in sexual behaviours like being in a romantic relationship, holding hands, kissing, visiting the park or the beach and going to discos and music theatres. In addition the study sought to establish if adolescents engaged in fondling of the body and sexual intercourse. Of importance to the study were the percentages of adolescents who engaged in these behaviours in relation to parents' social economic status, family structure and parental monitoring. Further to this the study sought to establish the percentages of students who were influenced by their peers to engage in the sexual behaviours under investigation. This is because peers provide adolescents with models, support and identity as reported by (Ochieng, Kakai and Abok (2011). Peers also provide information about sexual activities (Didi, 2004) and model sexual behaviour (Lema, 1987; Kimani, 2005; UNICEF, 2006). The study sought to establish the students' perception of the usefulness of the sex guidance offered in schools because the provision of sex education may directly determine the age and frequency of adolescents' sexual activities as reported by (Magnani, Karim, MacIntyre, Brown & Hutchinson, 2003; Didi, 2004; Kirby, Laris & Rolleri; 2007).

2.2. Study objectives

The specific objectives of this study were to:

- i. Establish the sexual behaviours adolescents under study engage in
- ii. Establish the sexual behaviours adolescents from different social economic backgrounds engaged in.
- iii. Investigate the sexual behaviours adolescents from different family structures engaged in.
- iv. To investigate the sexual behaviours adolescents who are monitored by parents or guardians engage in.
- v. Establish the role played by peers on adolescents' sexual behaviour
- vi. Investigate the role played by health guidance in adolescents' sexual behaviour.

2.3. Theoretical framework

The study was informed by Urie Bronfenbrenner's (1979) ecology of human development theory. According the theory an individual's development is determined by the interactions of the person and the ecology of development. This theory examines the role played by four major ecologies of development namely, the microsystem, mesosystem, exosystem and macrosystem.

The microsystem is the system closest to the child and comprises immediate family members, school, peers and the neighbourhood. The interactions between the person and the subsystems

determine the development of behaviour. The meso-system is composed of interactions between the significant entities within the micro-system. For instance, how the family and peers interact with one another may predict adolescents' sexual behaviour. The broader community within which the child lives comprises the exo-system. Such networks include the extended family, mass media and education policies. The outer layer, called the macro-system, contains the collective attitudes, ideologies and values of an individual's larger society. According to this theory, these contexts interact with each other; and such interactions are responsible for the initiation of sexual behaviour among adolescents. At the micro-system level is the adolescent with his or her unfolding sexual maturity in relation to the home environment. The home environment is operates at the meso-system level and is expected to provide protective factors like parental warmth, love and acceptance as well as provision of material needs for the adolescent. The home should also provide the adolescent with physical and psychological security as well positive role modelling. Outside the home the adolescent encounters the peer world which operates at the meso-system level too and which is both influential and instrumental to adolescents' sexual behaviours. Peers who give the adolescent support and belongingness without pressurizing for sexual behaviours serve as protective factors while those with peers who are sexually active and pressurize adolescent to engage in sex then one cannot escape. The school operates at the macro-system level and if it provides health education and organizes programs to teach adolescent about the negative consequences of sex risk taking it becomes a protective factors. The societal norms and values regarding adolescent sexuality too work at the held by the society work at the exo-system level to determine if adolescents will engage in the sexual behaviours under investigation. At the macro-system level are the world views that shape adolescent sexual behaviours

2.4. Conceptual framework

The conceptual model of the study illustrates the sex behaviours investigated and the family and peer factors that determine if the adolescents will engage in the sexual behaviours or not. The sexual behaviours investigated are; being in a romantic relationship, holding hands, kissing, and fondling, visiting parks/beach, watching pornography and engaging in sexual intercourse. Family factors include social economic status, family structure and parental monitoring while peer factors include peers encouraging the adolescent to engage in the various sex behaviours. The study posits that if adolescents engage in the sexual behaviour that lead to sexual intercourse they are likely to be involved in teenage pregnancy, sexually transmitted diseases, lowered academic performance and generally poor future prospects. On the other hand, if family and peer influences are positive and the adolescents receive sex guidance thy will delay sex début and concentrate more in school work which improves their future prospects.

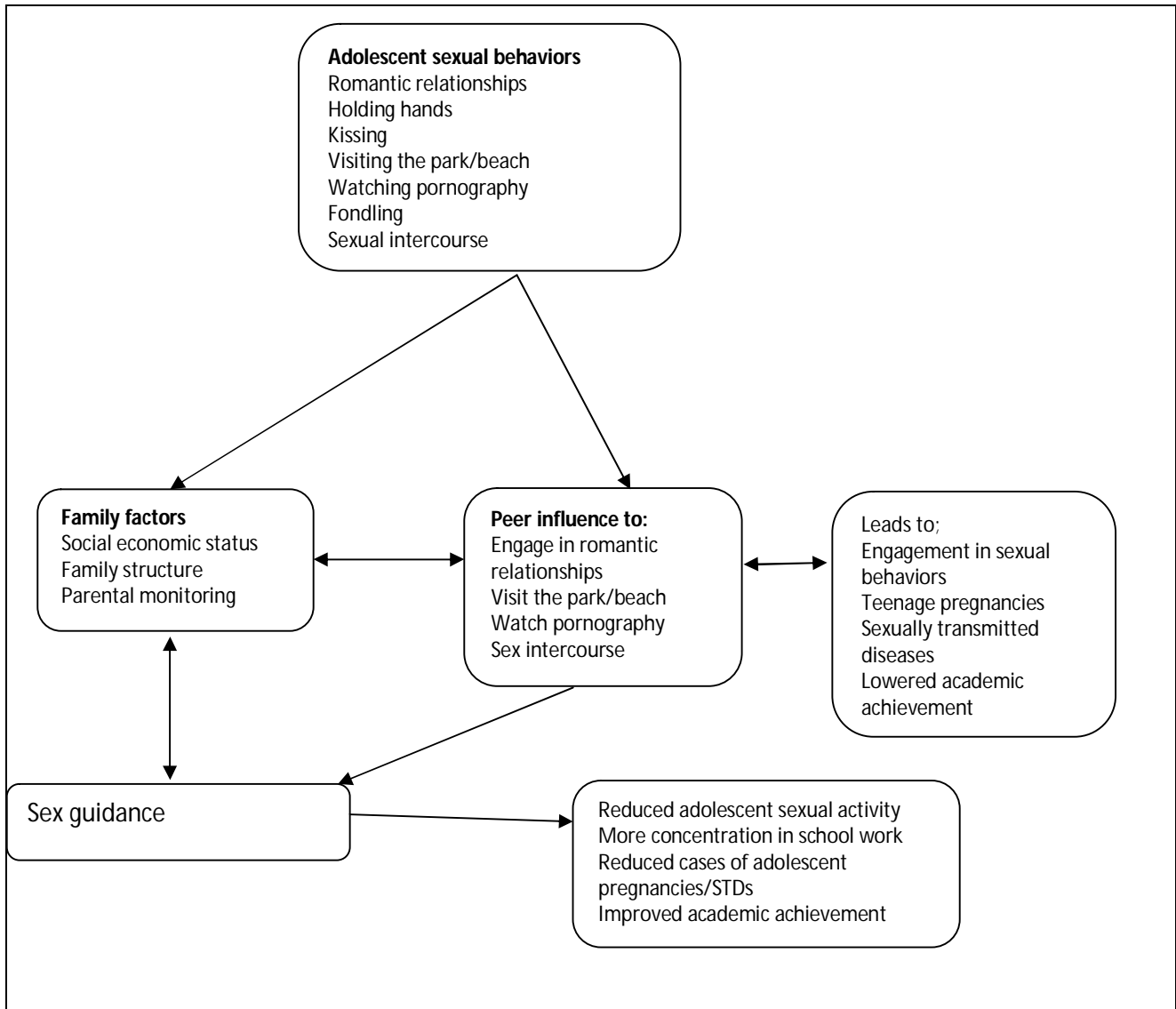


Figure: 1.1: Interactions of variables leading to adolescent sexual initiation

3.1 Research methodology

The study adopted a descriptive survey design. The research sample consisted of 217 secondary school students (Male = 110, Female = 107) aged between 17-19 years; 89 males and 56 girls with a median age of the sample was 17 years. This sample was drawn from six randomly selected secondary schools in Mombasa County, Coast province, Kenya. These consisted of 4 single sex schools (2 boys’ and 2 girls’) and 2 mixed schools, private and public. In each of the schools one stream of a Form 3 class with approximately 40 to 50 students in each class was randomly selected to participate in the study. Form three students were selected because they are of well advanced in adolescence to be exposed to the behaviours under investigation. Data were collected using a 22-item paper-based questionnaire. The questionnaire had five components; demographic characteristics, family variables, peers influence, reported experience of sexual behaviours and the role of health guidance.

3.2 Findings of the study

3. 2.1 Sexual behaviours investigated

This objective expected the adolescents to indicate the sexual behaviours they engaged in among the following: being in a romantic relationship, holding hands, kissing, touching/fondling the body being in a park, beach or music club and watching pornography. These behaviours are precursors of sexual intercourse. Results for the objective are presented in figure 2.

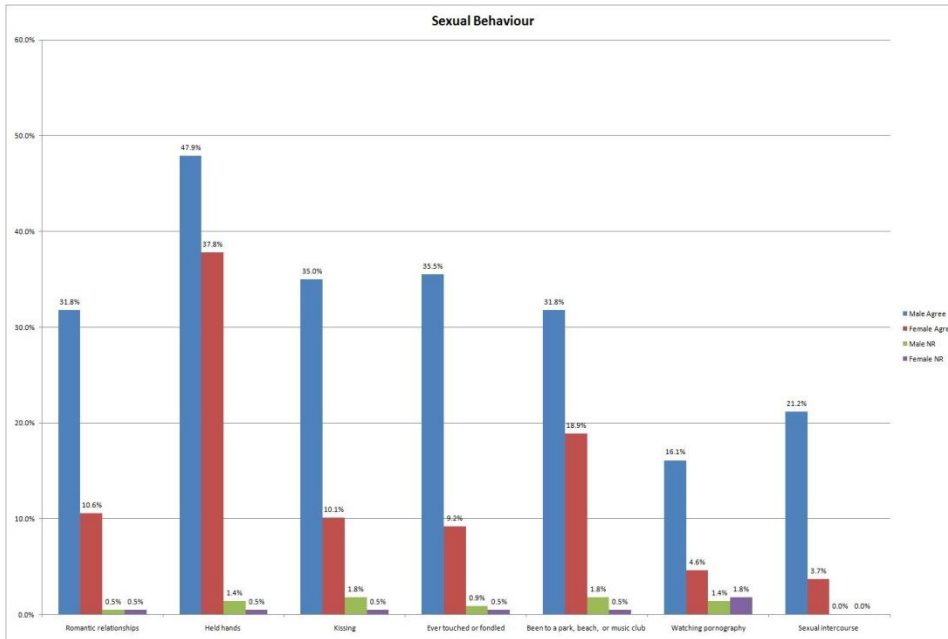


Figure 2: sexual behaviours investigated

The results reveal that the adolescents under study engaged in various heterosexuals behaviours like engaging in romantic relationships, holding hands, kissing, fondling, visiting the park, watching pornography and sexual intercourse. It is interesting to note that although the adolescents were in form three at the time of the study their engagement in sexual behaviours was conservative as 31.8% of males reported engaging in engaging in romantic relationships against 10.5% of the female counterparts. In addition 35% of males reported engaging in kissing as opposed to 10.15% of their female counterparts. 35.5% of males and 9.2% of females reported having engaged in fondling while 31.8% of the males and 18.9% of females reported having visited the park, beach and music venues. Adolescents who reported to having watched pornography were 16.1% of males and 4.6% females while those reporting to having engaged in sexual intercourse were 21.2% of males and 3.2% of females.

These results concur with available literature that male adolescents are more likely than their female counterparts to have engaged in sexual behaviour under investigation as (Kiragu and Zabin, 1995; Kimani, 2005; Kabiru & Orpinas, 2008; Ochieng, Kakai & Abok, 2011). The conservative percentages of adolescents who reported having engaged in sexual behaviours is an indicator that majority of adolescents value abstinence for religious, cultural or family and personal values. The psychological and physical health of those reporting having engaged in sexual intercourse then becomes an issue of concern.

3.2.2 Family socio economic status and adolescents' sexual behaviours

This objective sought to establish the percentages of adolescents from various socio economic backgrounds who engaged in the sexual behaviours under investigation. Results are presented in figure 3.

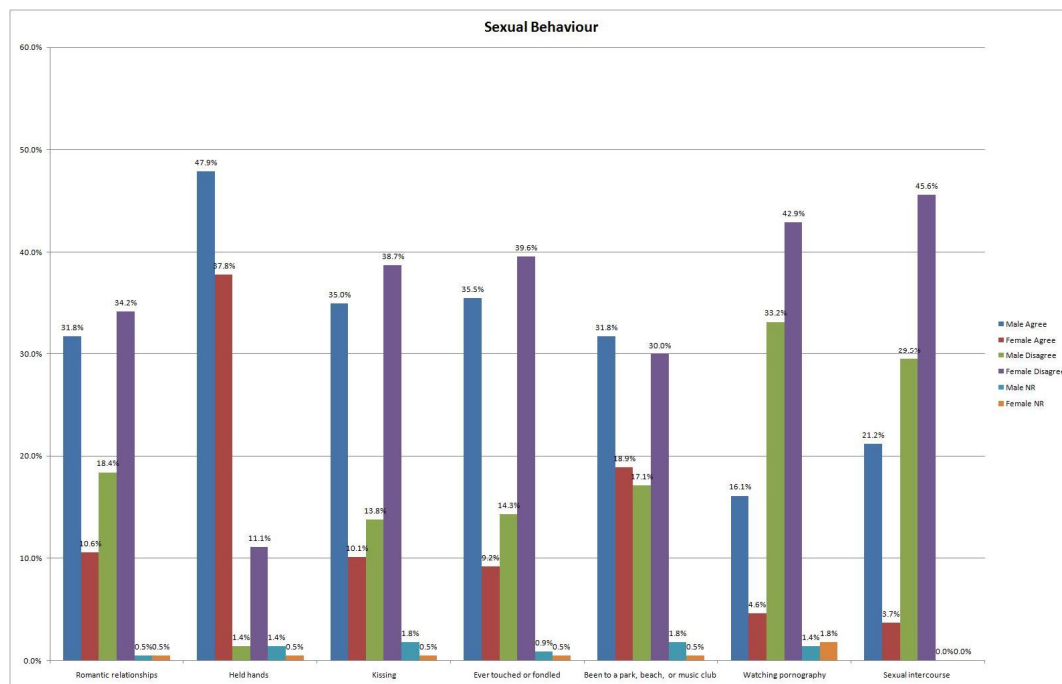


Figure 3 Relationship between parents' socio-economic status and adolescent sex behaviours

The results revealed that adolescents across all economic statuses engaged in all the sexual behaviours studied. However it was notable that the percentages of adolescents engaging in the various behaviours were negligible as revealed by 1.5% from high SES, 13.4% from middle SES, 3.7% from skilled, 15.7% form business and 21.2% reporting having held hands. Adolescents who reported having kissed were 6.6% from high SES, 6.9 from middle SES, 3.7% from skilled, 18.8% from business and 12.4 from unemployed reported. Those who reported having visited the park, beach or music venues were 18.8% from high SES, 7.8% from middle class, 3.2% from skilled, 18.8% from business class, 12.4 from unemployed. Adolescents reporting to having watched pornographic materials were 3.7% from high SES, 3.2% from middle SES, 1.8% from skilled, 3.7 from business class and 5.1 from unemployed. Those who reported to having engaged in sexual intercourse were 3.7% from high SES, 3.2 from middle, 2.3 from skilled, 4.1 from business and 7.4 from unemployed. Adolescents who reported to have been engaged in fondling were 6.5% from high SES, 7.4% from middle SES, 3.2 from skilled, 9.2% from business and 9.7% from unemployed. Those reporting to have engaged in romantic relationship were 6.9 from high SES, 5.5% from middle class, 2.3% from skilled, 7.4% from business class and 11.1% from low income group.

These findings clearly indicate that adolescents who reported having had engaged in the various sexual behaviours across parental social economic brackets investigated were few as revealed by the low percentages reported for sex behaviour and social economic category. However, students from business class and those from unemployed parents show slight higher percentages in the sexual behaviours reported. This can be explained by the assumptions that adolescents from business class parents have access to disposable money that they use to engage in these behaviours while the adolescents from the low income brackets may engage in sex as one of the ways to get money and

other valuables. In agreement with these sentiments Kirby, Coyle, Alton, Rolleri and Robin (2011) economic opportunities and family factors such as a strong family are factors determining adolescent sexuality while (Kirby, Laris & Rolleri, 2001; Luke, 2003; Didi, 2004; UNICEF, 2006 suggested that economic deprivation is a risk factor for sexual initiation.

3.2.3 Family structure and adolescent sex behaviours

The intention of this objective was to establish the sexual behaviours adolescents from different family structures engaged in. Specifically adolescents from intact families, single (never married), single (divorced), single (death) if they were in a romantic relationship, held hands, kissed, touched and fondled the body, went to the park or beach, watched pornography or had sexual intercourse. The results are presented in figure 4

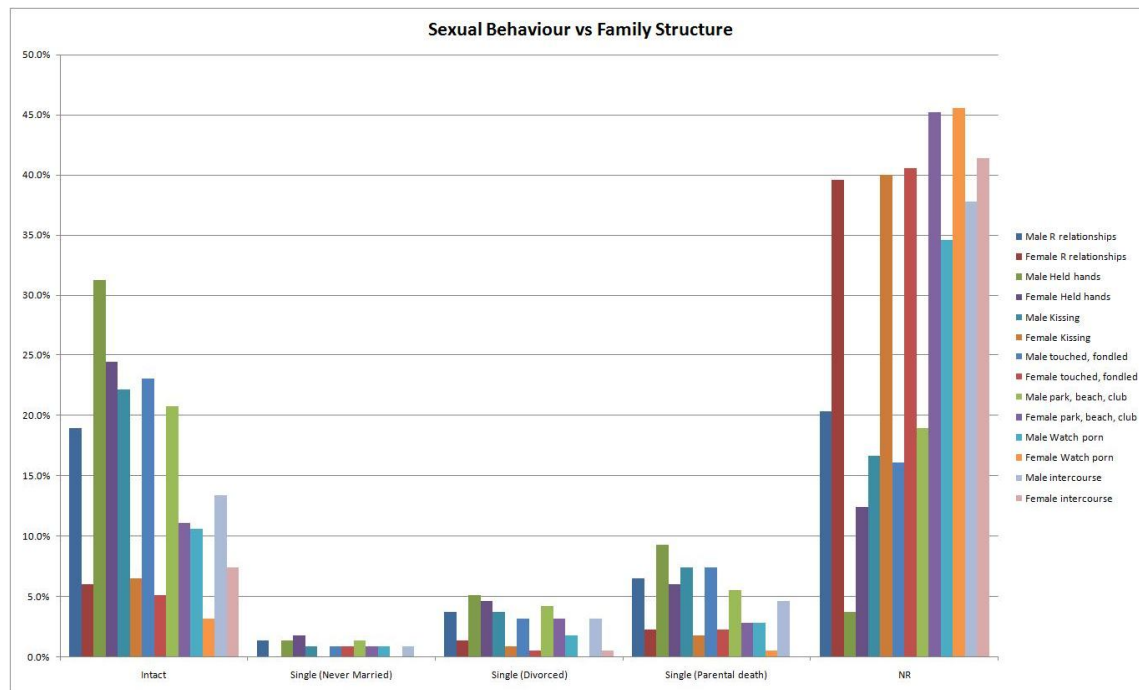


Figure 4: sexual behaviours in relation to family structure

The results revealed that adolescents from intact families engaged in all the behaviours investigated with 18.9% of boys and 6% of girls reported engaging in romantic relationships while 31.3% of the boys and 24.4% of the girls reported having held hands. The study also found that 22.1% of the boys and 6.5% of girls reported having had kissed while 23% of the boys and 5.1% of the girls reported having had fondled. Further to this, 20.7% of boys and 11.1% of girls reported to having had visited the park/beach/club. In addition 10.6% of boys and 3.2% of girls reported having had watch pornography while 13.4% of boys and 7.4% of girls reported having had sexual intercourse. Interestingly negligible percentages of boys and girls from single parents reported having had engaged in the behaviours investigated. Another interesting finding is that many adolescent boys and girls did not reveal the behaviours they engaged in as reflected by 20% of boys and 39.6% of girls who did not report to having been in romantic relationships. Also 3.7% of the boys and 12.4% of the girls did not respond to having held hands while 16.6% of the boys and 40% of girls did not report having had kissed. In addition 16.1% of the boys and 40.6% of the girls did not report having had touching or fondling and 18.9% of the boys and 45.6% of girls did not report having had visited

the beach or park. Also 34.6% of boys and 45.6% of girls did not reveal if they had visited the park/beach and neither did 37.8% of boys and 41.4% of girls did not report having engaged in sexual intercourse. These findings are consistent with previous research which indicates that more boys than girls initiate sexual activity earlier (Kiragu & Zabin, 1995; Kimani, 2005; Kabiru & Orpinas, 2008; Ochieng et al. 2011). The findings are also reveal that that girls are either less revealing of the sexual behaviours they engage in or that fewer girls than boys engage in the sex behaviours investigated. This is in line with tradition that has double standards that allow boys sexual exploration while virginity in girls is a valued asset. It can also be inferred from the findings that that families provided protective factors since the percentages of males and females who reported having engaged in sexual intercourse is negligible.

3.2. 4 Relationship between parental monitoring and sexual behaviours

This objective required the adolescents to indicate if there were rules that guided if they could go visiting their friends or go for a date and if they were supposed to obtain the guardians permission. Results of this objective are presented in figure 5.

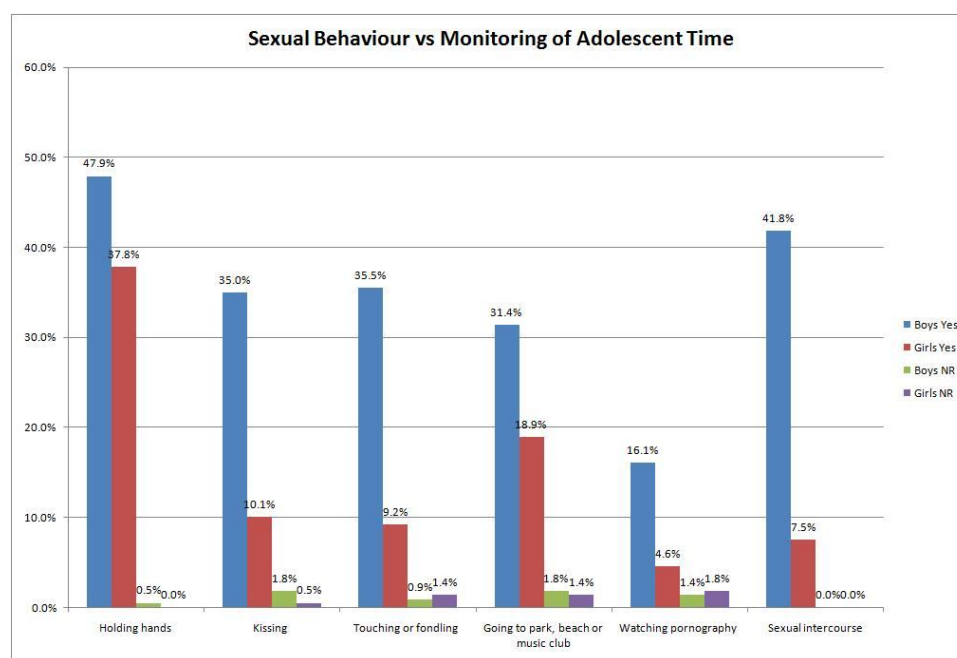


Figure 5: Sexual Behaviours in relation to parental monitoring

The findings reveal that students who reported having been monitored by their parents or guardians engaged in all the sexual behaviours investigated. Adolescents who reported that they held hands were 47.9% of boys and 37.8% of girls. Those who reported that that they had kissed were 35% of boys and 10.1% of girls. Adolescents who reported that they touched and fondled despite parental monitoring were 35.5% of boys and 9.2% of the girls. Those who reported going to the park even with parental monitoring were 31.4% of the male respondents and 18.9% of the females. In addition, 16.1% of the boys against 4.6% of girls reported having watched watching pornography while 41.8% of boys and 7.5% of girls reported having had sexual intercourse.

According to these findings adolescents engaged in sexual behaviours despite monitoring. The fact few students reported having had engaged in sexual intercourse may mean that parental monitoring served as a protective factor. This is in agreement that rule setting, supervision and authoritative

values transmitted to adolescents determine the age and frequency of involvement in adolescence sex initiation (Ngom, Magadi & Owuor, 2003; UNICEF, 2006; Rudatsikira, Muula & Siziya, 2007).

3. 2. 5 Role played by peers on adolescents' sexual behaviour

For this objective the subjects were expected to indicate whether or not they were pressurized by their peers to engage in the following behaviours: engage in romantic relationships, join them to attend parties, discos and clubs, watch pornographic material, and take drugs to gather courage or engage in sex. The findings are presented in figure 6.

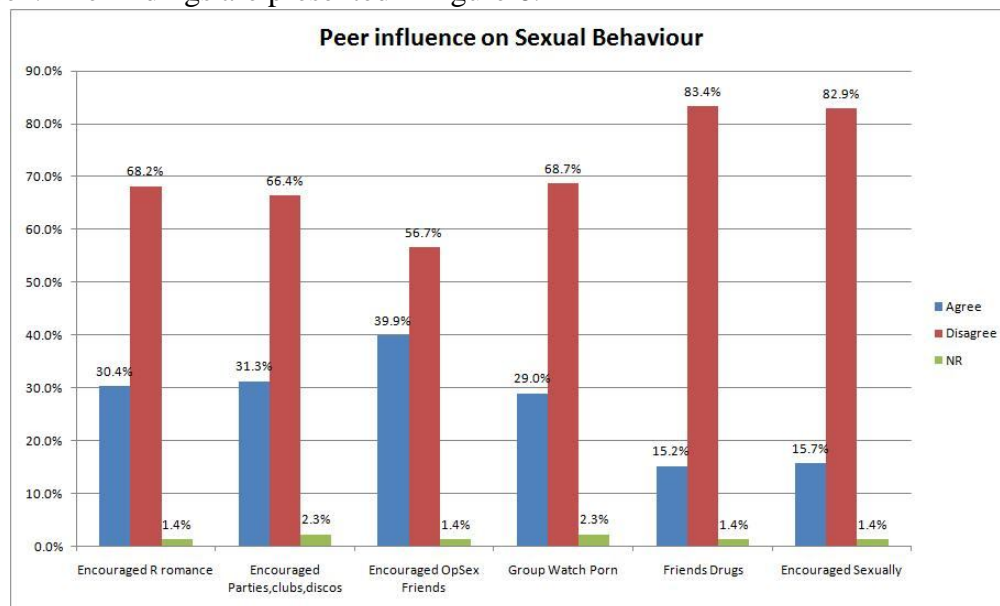


Figure 6: Peer influence on adolescent sexual behaviours

According to the findings 30% reported having been encouraged by peers to engage in romantic relationships against 68.2% who disagreed. Those who reported having been encouraged by friends to attend parties with were 31.3% while those who reported having been encouraged to have friends of the opposite sex by peers were 39.9%. Adolescents who reported that they were encouraged to watch pornographic materials with peers were 29.9% while those encouraged by peers to take drugs in order to have courage were 15.2%. Adolescents who reported having been encouraged by friends to do sexual things were 15.7%.

Although peers provide information about sexual activities (Didi, 2004) and model sexual behaviour as reported by (Lema, 1987; Kimani, 2005; UNICEF, 2006), these findings go contrary to the perception that majority of adolescents are out there engaging in sexual behaviour as a result of peer influence.

3.2.6 Peer and gender

The subjects were asked if their friends encouraged them to have romantic relationships with members of the opposite sex, accompany them to the parties, discos and music clubs. Further to this the subjects were to report if they were encouraged by their friends to have friends of the opposite

sex, watch romantic movies and pornography, take substances to improve their confidence and do sexual things. The findings of this objective are presented in figure 7.

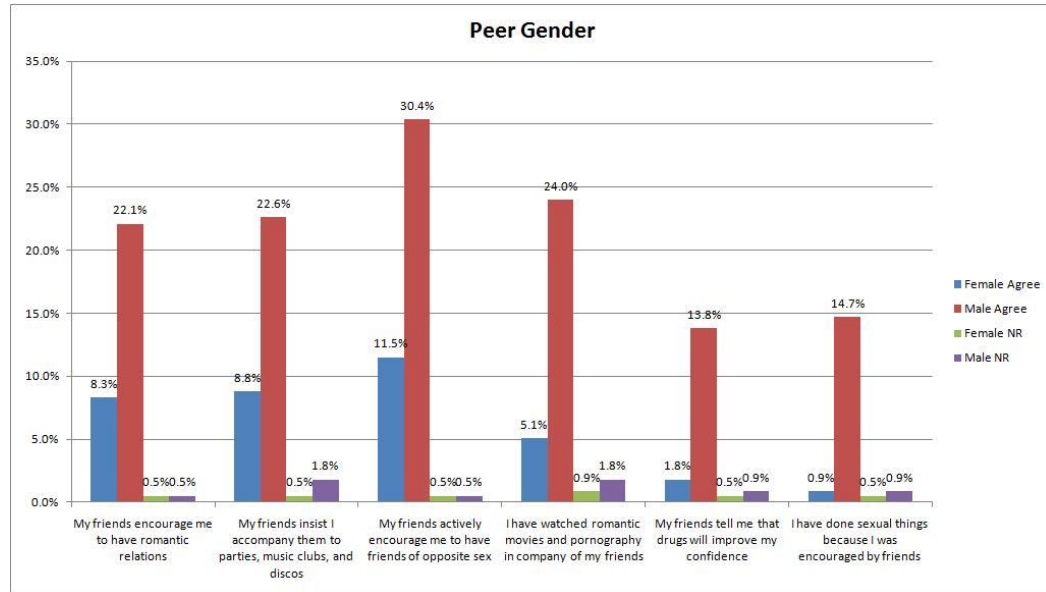


Figure 7: Peer and gender in relation to sex behaviours

The findings indicate more boys than girls were influenced by peers to engage in all the behaviours investigated. Girls who reported having been encouraged by friend to engage in romantic relationships were (8.3%) while the boys who reported the same were 22.1%. while those who reported having been influenced by friends to attend parties, music clubs and discos were 8.8% of the girls and 22.6% of the boys. In addition 11.5% of the girls and 30.4% of the boys reported having been actively encouraged to have friends of the opposite sex. Girls who reported having been influenced by friend to watch pornography were 5.1% against 24% of their male counterparts. Adolescents who reported having been influenced by friends to use drugs to gain courage in sexual matters were 1.8% of the girls and 19.8% of the boys while those pressurized to do sexual things were 0.9% of girls and 14.7% of boys.

These findings seem to concur with the Twa-Twa (1997) and Kimani (2005) that adolescent males experience more peer pressure than the females with regard to engaging in sexual behaviours. However, the low percentages of adolescents who reported being pressured by peers seem to contradict the view that adolescents are under great pressure from their peers to engage in sexual intercourse.

3.2.7 Role played by health guidance in adolescents' sexual behaviour

The study sought to find out whether students who were exposed to sex education in issues like discussion in sex matters, teenage pregnancy, sexually transmitted diseases and HIV/AIDS, drugs, relationships and handling peer pressure in school engaged in sexual behaviours under investigation. Results for this objective are presented in figure 8

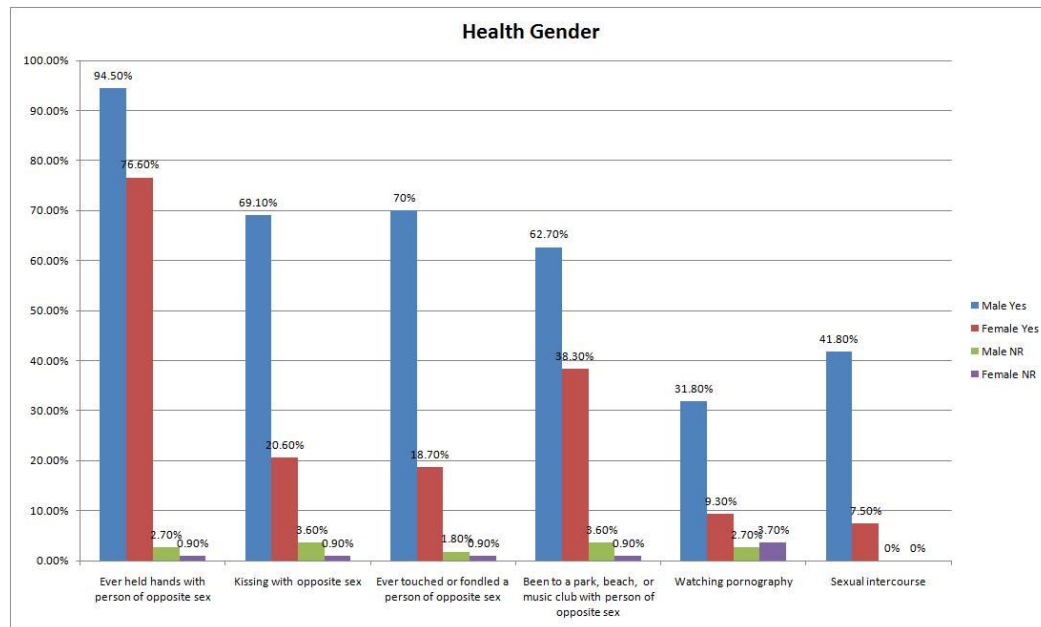


Figure 8: Health guidance and sexual behaviours

The results reveal that despite sex guidance both male and female adolescents still engaged in behaviours likely to culminate in sexual intercourse and some of them did engage in sexual intercourse. According to the results 94.5 of the boys and 76.6 of the girls reported having held hands while 69.1% of the boys and 20.6% of the girls reported having had kissed. In addition, 70% of the boys and 18.7% of the girls reported having had touched and fondled a person of the opposite sex with 62.7% of boys and 38.3% of girls reporting having had visited the beach, park and music club with a person of the opposite sex. Adolescents who reported having had watched pornography were 31% of boys and 9.3% of girls while those who reported having engaged in sexual intercourse were 41.8% of boys and 7.5% of girls.

Given the low percentages of girls who reported to have engaged in sexual intercourse, these finding supports the study by Magnani et al. (2003) which found substantial positive effects of exposure to life skills education on certain areas of HIV/AIDS and STI-related knowledge among adolescents in South Africa.

4.1 Conclusion of the study

In conclusion, the findings of the study reveal that male and female adolescents engaged in all the behaviours investigated. However, contrary to the perception that adolescents are busy engaging in various sexual behaviour and sexual intercourse the results show few adolescents reported engaging in sexual intercourse. Higher percentages of adolescents from business class parents and those whose parents were unemployed reported more engagement in sexual behaviours. With regard to sexual behaviours and family structure, the results consistently show that more males than females reported engaging in the behaviours investigated. Despite parental monitoring the results showed that adolescents still engaged in sexual behaviours. However, also consistent with results few reported engaging in sexual intercourse. As expected both males and females reported that there was peer pressure to engage in the sexual behaviours investigated. Again more males than females reported having pressurized by peers to engage in the sexual behaviours investigated but contrary to expectation those reporting to have been pressurized to engage in sexual intercourse were few. Adolescents exposed to sex guidance reported engaging in the sexual behaviours investigated but again in moderate numbers and fewer males than males reporting having engaged in sexual intercourse.

5.1 Recommendations of the study

Based on the study findings as well as the conclusions drawn, this study recommended that adolescents be exposed to programs that train them how to handle their sexuality and in particular how to engage in safe relationships. They should also learn the benefits of delaying sexual debut so that they can concentrate on the academic programs more. Families from all social economic statuses should be trained how to relate to adolescents so that they provide for their psychological and material needs so they do not have to rely on sexual partners to satisfy these important needs. Further to this, adolescents should be trained the relevant life skills which should allow them to sublimate the sexual need by engaging in physical activities that expend energy. In addition, adolescents should be trained how to be assertive and to say no to sexual advances. Also, adolescents should be trained how to deal with peer pressure, and other social pressures that may lead to sexual intercourse. They must also learn how to select friends, events, places and experiences that are safe in order to avoid being in tricky situations that may lead to sexual intercourse. The study also recommends that, schools enrich health guidance so that adolescents learn everything they need to know as a protective factor.

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