

**FACTORS INFLUENCING SEXUAL BEHAVIOUR AMONG SLUM
DWELLERS IN KENYA: A CASE OF BEHAVIOUR CHANGE AND
COMMUNICATION PROJECT IN NYERI TOWN**

BY

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
DECLARATION

This research project is my original work and has not been presented in any other university or institution of higher learning for an award of a degree.

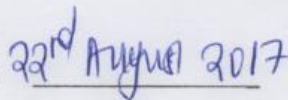
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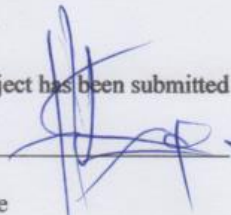
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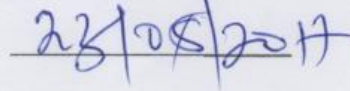
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DEDICATION

This study is dedicated to my husband, Francis and Children Bernadette, Gabriel and Raphael as an appreciation towards the support and encouragement they provided to me throughout the research work.

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Special thanks and acknowledgement goes to my supervisor, Mr.Mumo Mueke for the incredible guidance and unremitting support throughout the study process and all the lectures who steered me during the course work, the reason why I made it this far.

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ABBREVIATIONS AND ACRONYMS

APHRC	: African Population and Health Research Center
BCC	: Behavior Change and Communication
HIV/AIDS	: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HWs	: Health Workers
KNBS	: Kenya National Bureau of Statistics
NACADA	: National Agency for the Campaign against Drug Abuse
NPC	: National Population Commission
TACAIDS	: Tanzania Commission for AIDS
UNICEF	: United Nations International Children's Emergency Fund

ABSTRACT

The research study sought to examine factors influencing sexual behaviour among slum dwellers a case of sexual behaviour and communication project in Nyeri town. The study had four objectives which were; establishing poverty influences on BCC, examining cultural behaviour influences on BCC, establishing if availability of sexual reproductive health facilities influences BCC, and assessing how literacy level influences BCC. Despite many behaviour change and communication programs in Kenya, sexual behaviour has remained a key concern in urban population of developing countries. Among other things, poor economic conditions make it difficult to adequately manage the increasing number of people leading to economic and social inequality and acute health problems due to over-stretched healthcare infrastructure. Low socio-economic status and gender inequality explain the involvement of women in unsafe sexual behaviour. The study's objective was to establish factors influencing sexual behaviour among slum dwellers in Majengo in Nyeri Town, Kenya. The study was based on Problem Behavior Theory that was developed by Jessor *et al* in 2008. The relationship between study variables was demonstrated by a conceptual framework which illustrates the relationship between variables. The study adopted cross-sectional survey research design that embraced both quantitative and qualitative approaches in collecting data using questionnaires with a 5-point Likert scale to collect the required data. The target population was 1860 and the sample size was determined using Fisher *et al* to arrive to the 360 respondents. Data was analyzed using Statistical packages for Social Science (version 20) so as to present findings in descriptive statistics. Instrument's validity was enhanced through construct validity, internal and external validation which involved piloting while reliability was enhanced through Cronbach-Alpha Coefficient and triangulation with a representative sample. It was hoped that the study would generate vital information and add to the pool of knowledge to the expansive BCC projects implementation and evaluation. From the study it was established that poverty level impacts highly on sexual behaviour based on 81% of the respondents. The findings also indicated that there was a significant relationship between cultural behaviour and sexual behaviour whereby 57.2% were for the opinion that sex dialogue be initiated both at home and school. The sexual reproductive health facilities were availed and accessed at the health facilities as was expressed by 60.7% of the respondents but the same was not availed at the community drop in centres as was established by 53.5% of the respondents. The literacy levels influenced sexual behaviour as was realized from respondents whom 91.6% were for the sex education to be offered in schools. In conclusion, the researcher observed that there was high relationship between poverty, cultural practices, sexual reproductive health facilities availability and literacy level and sex behaviour among the slum dwellers. On this basis the researcher recommends for a comprehensive study to establish the influence of sexual reproductive health facilities availability at the community to slum dwellers as well as the influence of cultural behaviour towards sexual behaviour elsewhere in Kenya as a form of comparative study of the findings elsewhere in Kenya.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

For decades, there has been an enormous increase in urban population in developing countries (UN, 1998). Among other things, poor economic conditions make it difficult to adequately manage this increasing number of people, thus leading to economic and social inequality and acute health problems because of an over-stretched healthcare infrastructure (Zulu, 2002). Young people constitute a huge proportion of the urban population and the need to focus on their sexual behaviour is informed by deteriorating living conditions, pervasive poverty (Whiteside, 2001), and the urban character of the HIV/AIDS epidemic (DesGrees, 1999). Low socioeconomic status and gender inequality explain the involvement of women in risky sexual behaviour, such as commercial sex work (Odutolu, 2003). Therefore, extreme conditions of poverty in urban slum communities may compel residents, especially adolescents, to engage in risky sexual behaviours. Despite the established link between economic deprivation and risk behaviours, no systematic investigation has yet been conducted to know how conditions of deprivation in urban slums influence HIV risk perception and sexual behaviour among adolescents in Nigeria.

As the United Nations has observed, poverty increases vulnerability to high-risk sexual behaviour (UNAIDS 2005). This is concentrated in the poorest regions of the world, and HIV prevalence among people living in slums is high compared with that of people in other formal urban settlements. Although poorer people are at higher risk of HIV/AIDS, the ways in which poverty influences poorer people to engage in higher-risk sexual behaviour, which exposes them to the risk of HIV infection, are not well understood. Empirical studies have been

conducted to explain the relationship between poverty and sexual risk-taking behaviour. Fenton (2004), who studied how to prevent HIV/AIDS by reducing poverty, argues that lack of knowledge, which results from poor access to relevant information, is the major obstacle to practice of safer sexual behaviour. Lack of knowledge due to limited access to information is more common among the poor than among people of higher socioeconomic status.

Cohen (1997) argues that the poor are more vulnerable to sexual risk-taking behaviour because they lack access to methods for practicing safer sex, which might be more costly for them than for people of higher socioeconomic status. He also argues that poverty influences women to engage in early sexual relationships and informal prostitution. Moreover, women are less empowered economically, legally, culturally, and socially compared with men, particularly in Africa, which is a key factor in high-risk sexual behaviour. Many women depend on their male partners for income, food, clothing, and so forth, which can reduce their power to negotiate for safer sex. In general, women may engage in risky sexual behaviour out of economic need. People with higher socioeconomic status may initially engage in higher-risk sex, but once they become informed about the risk of contracting HIV/AIDS, they start to practice safer sex, including condom use, having fewer sexual partners, and being less involved in higher-risk behavior, such as having sex with commercial sex workers. Thus over time HIV/AIDS prevalence among the wealthier population starts to decline, and the distribution of the HIV/AIDS epidemic shifts to the poorer population, most of whom have little or no education (and thus may be less informed about HIV/AIDS) and also lack the resources to protect themselves against HIV infection (Lagarde *et al*, 2001).

There is growing evidence that the HIV/AIDS epidemic spreads quickly in conditions of persistent poverty, income inequalities, gender inequities, and social disorders (Barnett and Whiteside 2002). Booyesen *et al.* (2002) analyzed the relationship between poverty, risky sexual behaviour, and vulnerability to HIV/AIDS, using DHS data from South Africa. Their

findings showed that women from poorer households were less knowledgeable about HIV/AIDS than wealthier women. They concluded that, because women in general had similar HIV vulnerability, more needed to be done to determine which factors apart from HIV/AIDS knowledge and socioeconomic status influence women's vulnerability to HIV/AIDS. According to Booyesen and Summerton (2002) in study conducted in Tanzania, it was evident that people who are less informed about HIV/AIDS are more likely to engage in higher-risk sexual behaviour than individuals of higher socioeconomic status that includes; education, age, marital status, mobility, employment status, urban-rural residence, media exposure, and age at first sexual intercourse at the individual level.

In Sub-Saharan Africa, the onset of sexual activity typically occurs by age 20 and often earlier (Lloyd *et al*, 2005). Sexual debut exposes young adolescents to myriad negative sexual and reproductive health outcomes. Adolescents who initiate sex at young ages are more likely than those who do not to have multiple and concurrent partners, engage in unprotected sexual intercourse and acquire STIs, including HIV (Patton *et al*, 2009).

Kenya has one of the highest rates of urbanization in the world; in 1990, 24 percent of Kenyans lived in urban areas, but by 2000 that figure had risen to 33 percent. Nairobi alone had grown by more than 7 percent per year (Garenne 2003). Most of these people was live in low-income and “informal settlements,” or slum areas (Zulu *et al*, 2000). The term “informal settlements” underscores their impermanence and implicitly justifies their lack of government infrastructure and services, including water, electricity, health services and law enforcement. Living conditions here are deplorable; toilets are in short supply and garbage collection virtually nonexistent. Many residents live in one-room houses made of semi-permanent materials such as mud, wooden planks, or metal sheets. There is no drainage system, so that during the rainy season, water seeps into one-room dwellings, and people have no alternative but to stay in houses that are flooded ankle-deep with rainwater. More than 50% of the

population lives below the poverty line (APHRC 2002). Residents eke out their sustenance in whatever way they can, mostly by informal-sector work such as petty trade or casual labor. Not surprisingly, these areas are ridden with crime.

Majengo slum is notoriously infamous for vices like alcoholism (NACADA, 2010). High-risk sexual behavior increases the risk of unwanted pregnancies, which are associated with poor health outcomes for both mother and child (Conde, 2005). Young people often terminate unwanted pregnancies through clandestine induced abortions, which can lead to maternal complications, including death (Mensch, 2005). Also, children born to adolescent mothers are more likely than those born to older women to be underweight and premature, and to die during their first month (Gipson, 2008). Further evidence associates early unintended pregnancy with poor educational and employment opportunities (Gupta, 2003). Therefore, there is a need to better improve the understanding of the various social, psychosocial and behavioral factors associated with sexual activity among young adolescents in various settings in Sub-Saharan Africa, to inform the design of appropriate sexual and reproductive health programs and interventions.

1.2 Statement of the Problem

Despite many behaviour change and communication programs in Kenya, sexual behaviour has remained a key concern in urban population of developing countries. Among other things, poor economic conditions make it difficult to adequately manage the increasing number of people leading to economic and social inequality and acute health problems due to over-stretched healthcare infrastructure. Among other things, low socioeconomic status and gender inequality explain the involvement of women in unsafe sexual behaviour, such as commercial sex work. Therefore, extreme conditions of poverty in urban slum communities may compel residents, especially adolescents, to engage in sexual behaviours which are not socially acceptable. Lack of knowledge due to limited access to information is more common

among the poor than among people of higher socioeconomic status. This poses a major obstacle in practicing safer sexual behaviour. The poor are more vulnerable to sexual risk-taking behaviour because they lack access to methods for practicing safer sex, which might be more costly for them. Women are less empowered economically, legally, culturally, and socially compared with men, particularly in Africa, which is a key factor in for any sexual behaviour. This increases the risk of unwanted pregnancies, further associated with poor health outcomes for mother and child as well as engaging in secret induced abortions, which can lead to maternal complications and including death. Despite efforts by the government and non-governmental organizations in advocating for adequate living conditions, much is not achieved in curbing irresponsible sexual behaviours especially for slum dwellers thus exposing them to high risks for instance HIV/AIDS as well as complications associated with unwanted pregnancies. It was therefore important to conduct a study addressing factors influencing the indulgence of the communities dwelling in the informal settlements in peculiar sexual behavior so as to establish alternative measure that can be adopted in addressing the vice.

1.3 Purpose of the Study

The study sought to investigate factors influencing sexual behaviour among slum dwellers in Nyeri town, Kenya.

1.4 Research Objectives

The study was based on the following set of objectives:

- 1) To establish the extent to which poverty levels influences sexual behaviour among slum dwellers.
- 2) To examine how cultural behaviour influences sexual behaviour among slum dwellers.

- 3) To establish the extent to which availability of sexual reproductive health facilities influences the sexual behaviour among slum dwellers.
- 4) To assess the extent to which literacy levels influences sexual behaviour among slum dwellers.

1.5 Research Questions

The study was guided by the following research questions:

- 1) To what extent does poverty influence sexual behaviour among slum dwellers?
- 2) To what level does cultural behaviour influence sexual behaviour among slum dwellers?
- 3) To what extent does availability of sexual reproductive health facilities influence sexual behaviour among slum dwellers?
- 4) How do literacy levels influence sexual behaviour among slum dwellers?

1.6 Significance of the Study

It is hoped that this study findings will play a key role in informing and designing of future behaviour change projects for the best project performance and sustainable positive behaviour change process. Thus the researcher committed into comprehensive examination of the relevant factors that are vital in future impactful projects implementation within the slums communities which can also be replicated in other programmatic areas.

For the country to achieve its Vision 2030 which is its development blue print, it is necessary to consider all citizens by ensuring that they have a quality life in terms of poverty eradication, adequate and accessible health facilities as well as national cohesion and integration.

1.7 Limitations of the Study

Since the targeted respondents from the slum were casuals, getting them posed a challenge as they were engaged in casual jobs. Time and finances were major constraint as well. However, the researcher targeted to work longer hours up to late in the evening and source for extra funds. Where the targeted respondents could not be available, the researcher made prior arrangements that favored the respondent.

1.8 Delimitation of the Study

The study was limited to Majengo Slum in Nyeri town which is an informal settlement that exists in Rware Ward, Nyeri Central Constituency that is in Nyeri County, Kenya. The study focus was to investigate the factors influencing sexual behaviour among slum dwellers. Following the dissolution of the former provinces by Kenya's new constitution on 26 August 2010, Nyeri is now the largest town in the newly created Nyeri County. The town population according to the 2009 Kenya Population and Housing Census was 225,357. The town is situated about 150 km (a two-hour drive) north of Kenya's capital Nairobi, in the country's densely populated and fertile Central Highlands, lying between the Eastern base of the Aberdare (*Nyandarua*) Range, which forms part of the eastern end of the Great Rift Valley, and the western slopes of Mount Kenya. Majengo slum which is part of Nyeri town is inhabited by a total of 1,862 residents (KNBS, 2010). The Slum being a densely populated informal settlement with extreme conditions of poverty in urban slum communities may compel residents, especially adolescents, to engage in unsafe sexual behaviours making it an ideal place for the study

1.9 Basic Assumptions of the Study

The study assumed that the household heads would be honest considering the sensitivity of the information sought by the researcher. The researcher also assumed that the respondents would be accessible and appreciative of the research process.

1.10 Definition of Significant Terms

Sexual behaviour: It is a way of living that involves sexual engagements influenced by cultural and structural factors, interpersonal relationships and physical and organizational environment. The sexual practices lies within abroad spectrum of behaviours in which humans display their sexuality which can result into adverse sexual and reproductive health outcomes.

Gender: The term is related to an imposed or adopted social and psychological condition. Gender also refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular social setting at a particular point in time.

Slum: An informal settlement scheme mushrooming near an urban Centre that hosts people of low economic status and its dense population overloads the scarcely available facilities for instance sanitation.

Slum dweller: A person who lives in the slum.

Project: Is a temporary and unique undertaking witdefined beginning and end in time, defined scope and resources and is designed to accomplish certain objectives.

Poverty: Refers to the general scarcity or the state of one who lacks material and money possession. The term has a multiple faceted concept which includes social, economic and political elements.

Cultural behaviour: Defines the behaviours exhibited by humans that which is learned.

Social Values These are norms that explain the criteria and ways that people in a given society use in assessing their daily lives, arranging their priorities, measuring their pleasures and pains, choosing between alternative courses of action.

Reproduction health information: This is the knowledge on sexual health that encompasses information related to sexuality, reproductive and sexual health care problems and services available, autonomy over choice of partner and decision regarding family planning.

Sexual Reproductive health facilities: Reproductive health is a state of complete physical. Mental and social well-being in all matters relating to reproductive system and the ability to have satisfying and safe sex life, the freedom to decide if, when and how often to do so. Facilities refer to the place used for a specific purpose. Thus to maintain one's sexual and reproductive health, people need access to accurate information, effective, affordable and acceptable reproductive health services from the facilities.

1.11 Organization of the Study

This research project is organized in five chapters.

Chapter one discusses the background of the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study, delimitation, limitations of the study, assumptions of the study, definitions of the significant terms as well as the organization of the study.

Chapter two covers the literature review that comprises of sexual behavior among slum dwellers, social economic factors, level of knowledge, sexual reproduction health information sources, structural facilities, theoretical framework, and conceptual framework as well chapter summary and research gap.

Chapter three deals with research methodology used that comprises of research design, target population, research instruments, validity and reliability of research instrument, data analysis techniques and ethical considerations.

Chapter four comprises of data analysis, interpretation and discussion of the research findings. Chapter Five provides summary of the findings, conclusion, recommendations and possible solutions to the problems being studied as well suggested areas for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter comprises the reviewed literature so as to expound more on the concept under investigation. The chapter tries to identify knowledge gaps and discuss on recommendations. It comprises of socio-economic factors (family and parenting, occupation as well as social values), level of knowledge, sexual reproduction health information sources and structural facilities influence high risk sexual behavior that is also featured in the chapter. There are also the theoretical and conceptual frameworks adopted by the study.

2.2 The influence of Poverty Levels on sexual behaviour among slum dwellers

While in developed nations poverty is often seen as personal or a structural defect, in developing nations the issue of poverty is more profound due to lack of governmental funds. Poverty being a broad term encompasses Socio-economic factors such as family size, income, type of housing and housing environment, social value, and nature of job affect the sexual behaviour of individuals and more so adolescents. Lack of parental monitoring and parents working long hours push the adolescents especially the out-of-school ones into unnecessary sexual relationships (A Moran, 2008). Children from poor homes are likely to be street children, hawkers and more likely to live in a neighborhood that was influence them negatively. The non-student adolescents are most often found in such conditions and therefore more vulnerable to early sexual exposures compared to their student counterparts (Dinkelman, 2008).

Some authors feel that that the national mindset itself plays a role in the ability for a country to develop and to thus reduce poverty. Cultural factors can be indicators as to whether the cultural environment is favourable or resistant to development (Grondona 2000). Other theories focus on social and political aspects that perpetuate poverty. In western countries like USA the belief is that poverty is because of personal traits and personality such as laziness and educational levels. Failure of job market to provide a proper amount of jobs which pay enough to keep families out of poverty (Rank et al 2003).

Restriction of opportunities has also been identified as a major cause of poverty. The environment of poverty is one marked with unstable conditions and a lack of capital both social and economic which together create vulnerability characteristic of poverty. Because a person's daily life is lived within the person's environment, a person's environment determines daily decisions and actions based on what is present and what is not (Rank et al 2003). Modern development literature tends to view poverty as agency filled, and when poverty becomes prescribed agency it becomes something that happens to people and people become absorbed into it and in turn they become a part of poverty (Maia Green 2006).

Effects of poverty could be hunger, illness and thirst among other social effects. The vicious cycle of poverty mean that lifelong barriers and troubles are passed on from one generation to the next. Un employment and low incomes create an environment where children are unable to go to school, poor housing and water and food related diseases. Ultimately poverty is a major cause of social tensions and threaten to divide nation because of income inequality. In the current world poverty has also resulted to terror acts and increased violence (Madise, N., Zulu, E. & Gera, J. 2007). More recently sociologists have focused on other theories of poverty one of them having to do with the flight of the middle class including employers, from cities and into the suburbs. This has limited the opportunities for the inner city poor to find adequate jobs further creating room for poverty.

2.3 The influence of Cultural behaviour on sexual behaviour among slum dwellers

Sex education and sex related dialogue has been stigmatized for long across cultures. Interventions with parents and other guardians to increase monitoring and communication about sex and sexual risks seem to be promising health promotion strategies for adolescent high risk setting (Romer, 1999). Even in a liberal society like the United States, parental monitoring and communication appeared able to influence sexual activity positively (Romer *et al*, 1994). Adolescents are less likely to engage in sexual risk-taking behaviour when they reside with a parent especially two parents or when they identify with the views of their parents (Eaton, 2003). A study carried out in Lagos among out-of-school female adolescents reported that more than 60% of those who reside with relatives or friends were sexually active compared to those who lived with both or either parents (38%) (NPC, 2009). There is growing evidence that various parenting dimension-connectedness or love, material support, behavioral control or monitoring and parent child communication are positively associated with reduced levels of risk-taking behaviour among adolescents. A survey based study in a slum in Kenya, found that when a father lived in the same household as his never married daughters, they were much less likely to have had sex than when neither parent nor only the mother lived in the household (Biddlecom, 2009). In Ghana (Alan Guttmacher Institute, 2006) and Cote d' Ivoire (Biddlecom, 2009) they reported that adolescent females who lived with both parents were less likely than females who had other living arrangements to have ever had sex, though, the same was not found for males. Two parents are more likely to provide a best emotional support and life lessons necessary for a child's development and psychosocial adjustment.

Adolescents living in two parent families take advantages of the presence of their parents in the home and can internalize from both father and mother about heterosexual love and commitment (Miller, 2002; Markham *et al*, 2003). Research has also shown that adolescents whose parents are not married have a tendency to believe that premarital sexual intercourse is

socially acceptable and thereafter to initiate sexual intercourse prematurely. Other causes of family instability such as divorce, remarriage, parental death and mother-only families have been reported to increase the likelihood of sexual initiation among adolescents. These conditions are reportedly more prevalent among the out-of-school females compared to their in-school counterparts (Biddlecom, 2009).

2.4 The influence of Sexual Reproduction Health facilities among slum dwellers

Studies had found out that Health Workers had generally good knowledge of voluntary surgical contraception, but their attitude and concerns toward the procedure were not encouraging and were largely biased (Okunlola, 2007). Such beliefs among HWs tend to negatively influence the uptake of sterilization in the general population and may further deplete the low contraceptive use in many developing countries. In Tanzania the primary mechanism for the transmission of HIV is unprotected heterosexual intercourse, which contributes to about 80 percent of all infections (TACAIDS, 2008). Due to this, government policy on HIV/AIDS focuses on sensitization campaigns, raising awareness, and the “A,B,C” safer-sex practices (Abstaining, Be faithful to one partner, use a Condom) as central measures for reducing HIV infections in Tanzania (TACAIDS, 2008).

Sexual behaviour can be analyzed using economic theory if and only if the assumption of rational choice among individuals holds. Economists study sexual activities (as they do other human activities) as markets, with costs and benefits, where individuals who engage in these activities gain mutually in an exchange (Philipson, 1993). In non-market activities, “shadow prices” rather than monetary prices represent costs to individuals of receiving benefits. For example, if a rational individual has two options (safe sex and risky sex) and decides to choose risky sex, a shadow price (expected cost) of being involved in risky sexual activity is the risk of contracting HIV. Despite the risks involved in higher-risk sex, individuals who derive low satisfaction from their lives are more likely to engage in risky sexual activities. A

poor person may resort to prostitution to make a living and is likely to have difficulties in accessing information about safe sex. The absence of social and recreational facilities in the slum communities was further highlighted as responsible for the idleness that characterize young people with little else to do rather than having sex as a means of recreation. The core area is the traditional area of the town, characterized by high levels of poverty, high density of population, and lack of physical planning, dilapidated buildings, poor sanitation, inadequate health facilities, slum settlements, high level of illiteracy, and low level of socioeconomic activities. Hallman (2004) argues that the poor are more likely to engage in higher-risk sexual activities as a result of economic hardships. For instance, due to economic hardship a poor person may migrate from one area to another in search of opportunities and may establish new sexual relations, which might expose them to the risk of HIV infection.

Increases in levels of women's and men's participation in income-generating activities in non-family settings can translate into new freedoms, new aspirations, and new role priorities for men's and women's lives, which is viewed by Cain (1993) as an important dimension of women's empowerment. Women gain some freedom and autonomy when they have access to non-family enterprises and when they are exposed to new ideas and alternative worldviews outside the home (Riley, 1997). It is therefore reasonable to assume that involvement with multiple sex partners can be either discouraged or promoted in high WORK areas. On the one hand, the expansion of men's and women's participation in market economy may encourage the sharing of experiences and life perspectives that can help large numbers of men and women adopt sexual norms and beliefs that are compatible with healthy life. On the other hand, the expansion of market economy may constitute the channel through which types of sexual practice that are socially controversial but individually rewarding are shared and maintained.

2.5 The influence of Literacy levels among slum dwellers

Information concerning sexual reproduction is gotten from various sources. Some youths receive the information mainly from parents and school teachers, while out-of-school girls had received information from youth organization, parents and friends (Nwangwu, 2007). In a study by Aderibigbe (2008), in-school adolescents significantly had more knowledge of sexual health than out-of-school adolescents. Involvement in schools and plans to attend higher education are all related to less sexual risk-taking and lower pregnancy. However, the adolescents' knowledge of many sexual health issues was poor as can be seen from the significant number of both groups who did not know their fertile period and had some misconceptions of HIV/AIDS. From the study, it was revealed that there is a significant relationship between the sources of information and sexual behavior.

Older ethnographic accounts of courtship and marriage indicate that sexual practices we refer to now as age-disparate and intergenerational relationships as well as transactional sex and multiple concurrent partnerships, all have antecedents in older practices that have long played a part in defining the nature of social life and the particular values and norms associated with sexuality in Southern Africa (Leclerc-Madlala, 2009). Many culturally inscribed assumptions and expectations that once legitimized multiple and concurrent partnerships still prevail at present, and continue to influence the meanings that people attach to contemporary sexual relations and the expectations that people have in relationships.

Certain cultural norms and social institutions promote and even institutionalize multiple and concurrent sexual partnerships as socially acceptable forms of sexual conduct. Patriarchy, for example, is deeply entrenched in Africa's social institutions, affording husbands absolute decision-making power and forcing wives to subordinate their interests to theirs (Caldwell and Caldwell, 1987; Frank & McNicoll, 1987).

Many forms of socio cultural changes have occurred and are currently occurring at all levels in societies across sub-Saharan Africa. Traditional norms and values now co-exist and compete with more modern ways of living and thinking. A confluence of old and new is finding expression in many aspects of life, including the particularities of contemporary aspects of courtship and sexual relationships (Nkosana and Rosenthal, 2007). As economic development and social change processes expand so too are people's aspirations and expectations expanding. Young women are developing new needs and new desires consistent with the ideals of a modern lifestyle created by social change and cultural globalization, and by the development of more modern forms of sexual relationships that simulate globalized images of glamour and romance (Leclerc-Madlala, 2008). For many young women relationships with older and more affluent men provide an easy and readily available way to meet a growing list of needs and wants that range from school fees and hair cut to more sophisticated modernity items such as designer handbags, nice dresses and shoes, cars and access into elite social circles. These growing aspirations in societies in which gaps between rich and poor continue to widen and here women have limited options for obtaining financial independence and achieving individual advancement, coupled with cultural allowances for age-disparate relationships and the intertwining of sex and material giving, make young women exceptionally vulnerable to HIV in Southern Africa and elsewhere across the sub-Saharan region (Leclerc-Madlala, 2008; Nkosana and Rosenthal, 2007).

2.6 Sexual Behaviour among Slum Dwellers

Living in a slum is a threat to young people's development, as it increases their risk of HIV infection, unsafe sexual behaviors, early childbearing, and other adverse sexual and reproductive health outcomes (Bankole, 2007). Sexual behaviour is influenced by factors at three levels; within the person, within the proximal context (interpersonal relationships and physical and organizational environment) and within the distal context (cultural and structural

factors). The inescapable effects of poverty and social norms perpetuate women's subordination within sexual relationships (Eaton, 2003).

Luke (2006) studied markets for risky sex in Kisumu, Kenya, focusing on the consistency of condom use by the same man with different sexual partners. Her results showed that sexual relationships that involved largely economic returns were highly associated with higher expectations of risky sex. This finding indicates that there is a market for risky sex, especially for women who anticipate earning higher incomes in exchange for sex.

The lifestyle in many slums facilitates the claim that sexual behaviors are rooted in cultures and that involvement with multiple sex partners is a common practice in cultures that are permissive, where both males and females tend to equally value the pleasure associated with sexual expression, and where children are not sufficiently sheltered from sexual knowledge (Martel et al., 2004). Permissive sexual norms that are associated with early sexual activity are a social reality for both men and women in societies that hold liberal and positive attitudes toward sexuality and view sexual development as essential to social adjustment (Martel et al., 2004). There are usually few social restrictions placed upon sexuality within permissive societies because healthy sexuality is considered necessary for marital happiness.

2.7 Theoretical Framework

The study is grounded on problem behaviour theory developed by Jessor *et al* (2008) which provides a comprehensive framework to explain behaviors such as drug use, alcohol abuse, delinquency and early sexual debut in the United States (Jessor *et al*, 2008). The theory posits that two groups of common psychosocial root causes drive engagement in problem behaviors. Protective factors are negatively associated with problem behaviors, because they provide models or a supportive environment for conventional behavior and controls against problem

behavior. Generally there are four major theories in psychology relevant to sexuality which are psychoanalytical theory, learning theory, social exchange theory and cognitive theory which originated from Sigmund Freud. Risk factors, on the other hand, increase the chances of engaging in problem behaviors, and include models for unconventional behavior (Jessor *et al*, 2008), opportunities for deviant behavior, and greater personal vulnerability to engaging in unconventional behavior.

In Sub Sahara Africa, HIV is spreading through heterosexual relations (UNAIDS 2005) and young people being the most vulnerable. According to the same author, there is considerable evidence that many young people experience premarital sexual partnerships and do not use condoms consistently.

Many studies asserted that sexual education assists young people in gaining positive view of sexuality, provided them with information and skills about taking care of their sexual health, and help them make sound decisions now and in future (Du plooy and Staden 2009). In the same line, sexual education gives young people the opportunity to explore, and assess attitudes, values, and insights about human sexuality. However, in most societies, parents and many family members do not find easy educating children about sex.

In Nigeria, evidence shows that the school based sexual education programme has contribute significantly on positive knowledge and attitude changes among students (Markham et al 2003). The study concluded that adolescents who received sexual information from school have greater knowledge than those from other sources.

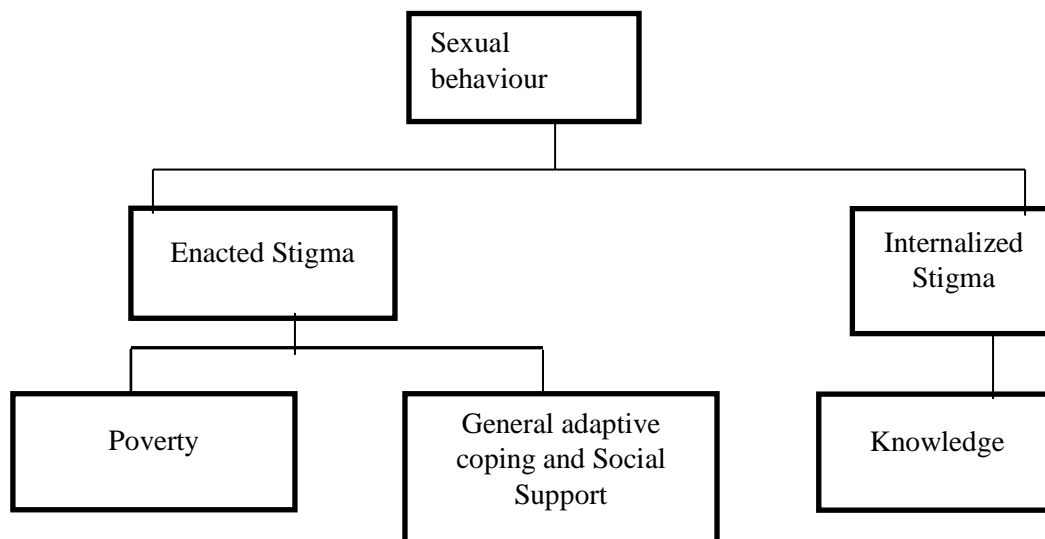


Figure 1: Theoretical sexual behaviour theory frame work

The indicators show how sexual behaviour can be influenced by many other factors both within and without the individual. Such factors include enacted or passed stigma which can be cultural. The stigma could also be inborn within the individual determined by personal perception. Coping mechanisms which are further determined by the social support systems and controlled by individual knowledge levels.

2.8 Conceptual Framework

Independent Variables

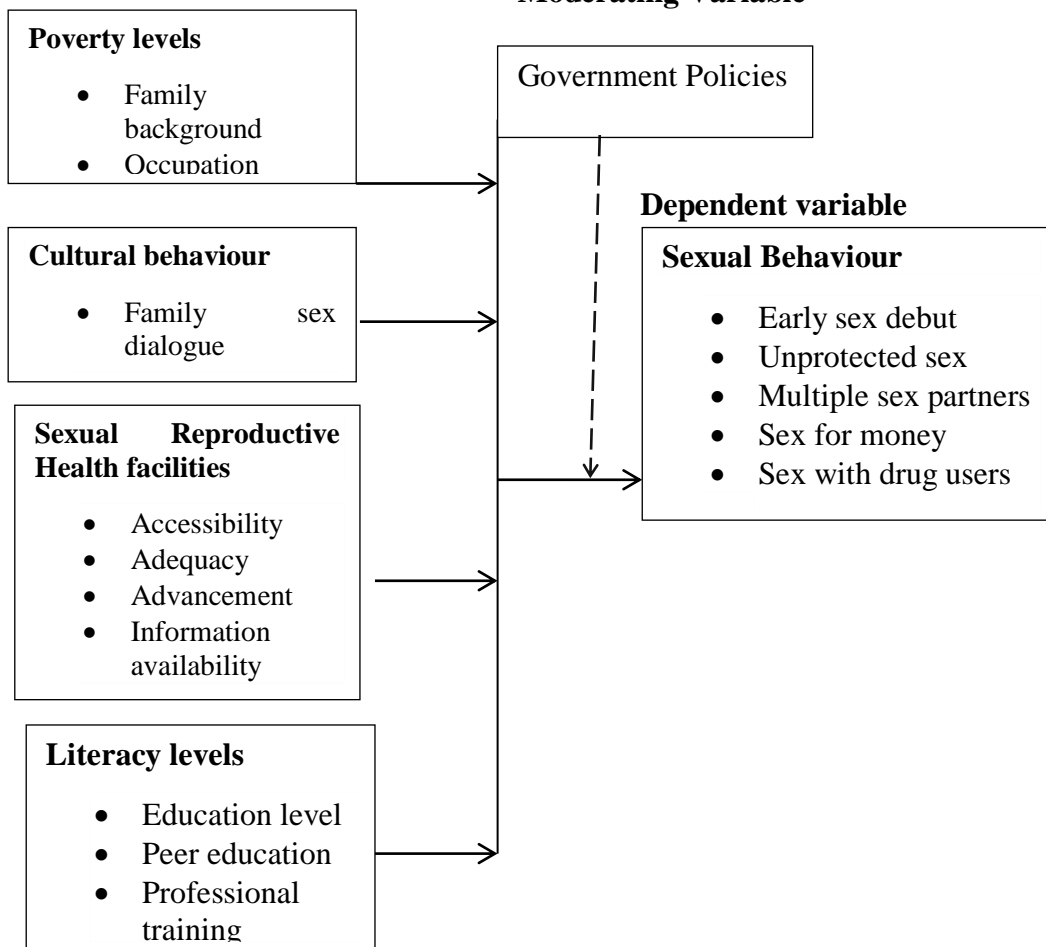


Figure 2: Conceptual Framework

The conceptual framework shows the linkage between the independent and the dependent variables of the study. The independent variables are factors which are likely to impact on the sexual behaviour (dependent factor) among the slum dwellers. Other factors that may affect the behaviour are moderating factors such as the government policy.

2.9 Knowledge Gap

The knowledge gap identified after reviewing relevant literature is shown below in Matrix form;

Table 2.1: Summary of knowledge Gap

Variable	Author and year	Findings	Gap in knowledge
Poverty and sexual behaviour among slum dwellers.	Amoran,2008	Found significant relationships between poverty and sexual behaviour. The study did not examine it in the context of behaviour change BCC.	There is need of examining the findings in the context of BCC.
Cultural behaviour and sexual behaviour among slum dwellers.	Biddlecom,2009	Focused on cultural practice in sexual behaviour among youth with both parents versus those with single or no parent.	The study required to find more about sex communication attitude at the family and school level.
Sexual reproductive health facilities and sexual behaviour among slum dwellers.	Okunlola,2007	Found substantial relationships between health Workers attitude, sexual reproductive health facilities availability and sexual behaviour of the general population.	There was need to undertake a detailed examination to elaborate this findings in the context of slum population.
Literacy levels and sexual behaviour among slum dwellers.	Aderibigbe, 2008	Found positive relationships between having information and education on sexual reproductive health and one's sexual behaviour.	The study tried to seek further and elaborate findings in the context of slum dwellers.

2.10 Summary of the Reviewed Literature

Literature review comprised review of various literatures on the critical factors influencing sexual behaviours among slum dwellers, theoretical framework, and conceptual frame work.

Poverty levels as a factor was examined to establish to which extent it influences the sexual behaviour among the slum dwellers. The researcher also analyzed the cultural behaviours of the target population to establish to what extent it influenced the sexual behaviour. Availability of sexual reproductive health facilities as a factor, were reviewed to find out the level of influence to the sexual behaviour among the slum dwellers. Access, availability and affordability were some of the key indicators considered. The researcher tried to find out whether literacy levels influences the sexual behaviours of the slum dwellers.

The researcher examined literacy works of most noticeable scholars who have published their studies while considering each study variable.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research approach research design, and operationalization of this study. Methodology include, research design, study area, target population, sample size determination and sampling procedures, analysis procedures, research instruments, data collection procedures, data analysis as well as ethical considerations.

3.2 Research Design

The study applied an approach consisting of a combination of both quantitative and qualitative data collection techniques referred to as triangulation (Du Plooy, 2009:40). A quantitative approach was be used to collect numerical data while the qualitative approach was used to gather subjective data such as respondents' perceptions which include opinions, attitudes, beliefs, thoughts, and feelings among others (Wimmer and Dominick, 2006:50).

The study orientation being a social sciences background, adopted both the positivist and interpretivist research paradigms to enable better understanding of the phenomena (Wahyuni, 2012:71). Positivist paradigm emphasises for objectivity and causality in which the sample is generalised to the population as well as the breaking down of the phenomena into simple elements which are measurable numerically (Caesar 2012:622) On the other hand, interpretivist focuses on social interactions within their natural setting so as to obtain subjective meanings from the participants.

The study adopted a cross-sectional survey targeting different categories of citizens in Majengo slums in Nyeri Town. Survey is preferred for this study due to their suitability in collecting original data, cheap to administer, allowing subjective human variables to be

measured, allowing researchers to study very large population within a short time, allowing researchers to measure problems or issues in realist setting, allowing numerous variables to be measured together as well as applicable in both quantitative and qualitative studies (Check and Schutt, 2012).

3.3 Target population

The town population according to the 2009 Kenya Population and Housing Census was 225,357. Majengo slum is inhabited by a total of 1,862 residents (KNBS, 2010). The study targeted Majengo Slum of Nyeri town.

3.4 Sample Size Determination and Sampling Procedure

Fishers *et al* (1998) formula as described by and Mugenda and Mugenda (2003), is expressed as

$$n = \frac{N}{1 + Ne^2}$$

Where

n - Sample size

N - Targeted population

e - Statistical significant level = 0.05

For the study population was considered to be the total population of 1,862 and the level of significance was taken to be 5%. The calculations for the sample size are displayed as follows;

$$n = \frac{1,862}{1 + 1,862(0.05)^2} = 329.26 \approx 330$$

As recommended by Eng (2003) it is important to increase the size of the sample to cater for the non-response of the respondent. To cater for non-response among the sampled respondents, the study was expanded the sample by 10% to arrive at a sample size of 360 respondents.

The researcher used multi stage sampling techniques, to select respondent from every household. The households were selected using stratified random sampling with regard to sections in the slum. Convenient sampling was used to select respondents that were found in the every sampled household. This method gave all the members an equal chance to participate. Purposive sampling was used to select key informant from the registered community based organization operating in the area.

3.5 Research Instruments

Data was collected from the selected respondents using questionnaires. The questions were mainly marked on a five-point Likert Scale format. In the Likert Scale, 5 was the high end while 1 was the low end. The questionnaires were used because they assure the participants of anonymity hence encouraging them to be more truthful in their response. Further the questionnaire has the advantage of eliminating the researcher's interference which may be more prevalent in interviewing. Besides, they are cheaper to administer and analyze the data (Babbie & Mouton 2001:239).

The interview entailed an interactive process in which the respondents were given an opportunity to deeply express themselves orally in response to the researcher's questions (Babbie and Mouton 2001:289; Nair 2010).

3.6 Validity of Research Instruments

According to Terre Blanche et al (2006:147), validity is "the degree to which a measure does what it is intended to do" and is concerned with the accuracy and meaningfulness of the

study's findings based on the variables under observation. Validity was enhanced through construct validity, internal validity, external validity, face validity and translation validity (Terre Blanche et al 2006 and Scotland 2012:11). The questionnaires were piloted so as to identify those questions that are vague in eliciting relevant information with regard to the study objectives. The questions were then amended with the help of the supervisor before the collection of the actual data.

3.7 Reliability of Research Instruments

Reliability in research refers to the degree to which a research instrument is able to produce consistent results or data after repeated trials (Terre Blanche et al 2006:152). The instruments reliability was tested using pilot study to be conducted. The test-retest, a two weeks interval, results were verified through split-half correlation coefficient. Triangulation also increased the study's reliability and validity (Hussein, 2009). A coefficient of above of 0.94 which is 0.7 was obtained and this indicated that the data collection instruments were valid (Kothari, 2005).

3.8 Data Collection Procedures

The researcher sought an introduction letter from University of Nairobi and a research permit from the National Council for Science and Technology (NACOSTI). The researcher visited each of the selected household and administered questionnaires to the respondents herself. The selected respondents were given relevant instructions verbally and assured of confidentiality after which they were given enough time to fill in the questionnaires, and then the researcher collected the filled in questionnaires for data review, interpretation and analysis.

3.9 Data Analysis Techniques

The study yielded both qualitative and quantitative data. Data cleaning and editing was done to eliminate sampling and non-sampling errors (non-response, coverage errors, measurement errors and processing errors) so as to avoid biased estimations. Qualitative data was analyzed using content analysis techniques. Quantitative data was classified and coded with the help of a code book prepared in accordance to the research variables. Data was analyzed with the help of Statistical Packages for Social Sciences (SPSS) version 22. Descriptive statistics in terms of measures of central tendencies (frequencies, mean, median, mode and percentages) and measures of dispersion (range and standard deviations) were used to summarize the research findings.

3.10 Ethical Considerations

Relevant authorization from the university and research regulatory bodies was sought prior to the commencement of the study. For the sampled respondents, an informed consent and room to voluntary participation was established before engaging in the study. The researcher avoided any action that may cause physical or emotional harm to the subjects. This was done by carefully wording sensitive or difficult questions in the questionnaire. The researcher avoided subjectivity in the research as much as possible keeping personal biases and opinions at bay. The researcher objectively and accurately represented the responses. The highest level of confidentiality and privacy was observed by ensuring that the information obtained from the respondents was only used for academic purpose.

3.11 Operational definition of variables

The operational definition of variables is as shown on table 2.

Table 3.1: Operationalization of variables

Research objectives	Type of variable	Indicator	Measure	Data collection	Level of scale	Approach of analysis	Level of analysis
To establish the extent to which poverty levels influences sexual behaviours among slum dwellers.	Independent: Poverty	Family background	parents Material support	Questionnaire Interview	Nominal ordinal	Qualitative and quantitative	Descriptive
		Occupation	Employment status Sources of income	Questionnaire Interview	Nominal Ordinal	Qualitative and quantitative	Descriptive
To examine how cultural behaviour influences sexual behaviour among slum dwellers.	Independent: Cultural behaviour	Family sex dialogues	Parental guidance	Questionnaire Interview	Nominal Ordinal	Qualitative and quantitative	Descriptive Descriptive
To establish the extent to which availability of sexual reproductive health facilities influences the sexual behaviour among slum dwellers.	Independent: Sexual reproduction health facilities	- source - type Accessibility	Access to and forms of sexual reproduction health information	Questionnaire Interview Questionnaire	Nominal Ordinal	Qualitative and quantitative	Descriptive Descriptive
		Adequacy	Frequency and consistency	Questionnaire	Nominal Ordinal		
		Advancement	Technology compliance	Questionnaire	Nominal Ordinal		
		Information availability	Sharing sources and methods	Questionnaire	Nominal Ordinal		
To assess the extent to which literacy levels influences sexual behaviour among slum dwellers.	Independent: Literacy level	Education level	Making informed decisions	Questionnaire Interview	Nominal	Qualitative and quantitative	Descriptive
		Peer education	Self-directed action	Questionnaire Interview			
		Professional training	Decision making skills	Questionnaire Interview			
	Dependent : Sexual behaviour	Early sex debut	Current age	Questionnaire Interview			
		Unprotected sex	Number of health facility visits for care	Questionnaire Interview			
		Multiple sex partners	Social circle	Questionnaire Interview			
		Sex for money	Economic status	Questionnaire Interview			
		Sex with drug users	Social circle				

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, DISCUSSION, AND INTEPRETATION

4.1 Introduction

This chapter entails the presentation and interpretations of the research findings and it comprises of the response rate, background information of the respondents, influence of poverty, cultural behaviour, sexual reproductive health facilities and level of literacy on the sexual behaviour among slum dwellers.

4.2 Questionnaire Response Rate

The researcher sought to establish the response rate of the sampled respondents. The results are presented in Table 4.1 in percentage form.

Table 4.1: Response Rate by the respondents

Category	Frequency	Percent
Response	336	93.3%
Non-response	24	6.7%
Total	360	100%

Out of the 360 questionnaires issued to the respondents, a total of 336 were collected. This implies that the study attained a 93.3% response rate. This study was considered to be a success as data was found to be sufficient for according to Babbie (1995) who considers 70% response rate and above to be very good.

4.3 Background Information of Respondents

The researcher sought to describe the distribution of the respondents by age, gender, marital status, number of children, and level of education, number of dependents as well as source and amount of income.

4.3.1 Distribution of Respondents by Age

The study categorized the age (years) of respondents into 18-30, 31-40, 41-50 and above 50.

The response is presented in Table 4.2 in percentage form.

Table 4.2: Age of the respondents

Years	Frequency	Percent
18-30	165	48.8%
31-40	107	32.1%
41-50	32	9.5%
> 50	32	9.55
Total	336	100%

According to Table 4.2 above, the age of the respondents was relatively low as majority (48.8%) indicated being between 18 and 30 years and 32.8% having 31 to 40 years. Only 19% were more than 40 years old.

4.3.2 Distribution of Respondents by Gender

The researcher categorized the gender of respondents into male and female. The response is presented in Table 4.3 in percentage form.

Table 4.3: Gender of the respondents

Category	Frequency	Percent
Male	164	48.8%
Female	172	51.2%
Total	336	100%

It was established that majority (51.2%) of the respondents were female with only 48.8% being male. This was attained since the study was conducted during the working hours of the day and it is assumed that most men were out at work or running their daily errands.

4.3.3 Distribution of Respondents by Marital Status

The marital status of the respondents was categorized into single, married, separated, divorced and widowed. The response is presented in Table 4.4 in percentage form.

Table 4.4: Marital Status of the respondents

Status	Frequency	Percent
Single	76	22.6%
Married	148	44%
Separated	60	17.9%
Divorced	16	4.8%
Widowed	36	10.7%
Total	336	100%

The study established that only 44% of the respondents were married, while the rest stated that they are not due to various reasons namely, single (22.6%), separated (17.9%), widowed (10.7%) and divorced (4.8%). The high proportion of unmarried slum dwellers could be associated with scarce resources necessary to run a family, for instance government infrastructure and services, including water, electricity, health services and law enforcement as well as deplorable living conditions toilets are in short supply and garbage collection virtually nonexistent as pointed out by (Zulu *et al*, 2000). Similarly the proportion of divorced and separated slum dwellers could be as a result of failed marriages attributed to drugs abuse and alcoholism that characterizes the slums as pointed out by NACADA (2010).

4.3.4 Distribution of Respondents by Number of Children

The number of children in the sampled households was categorized into 1-2, 3-4, 6-7 and over 7. The response is presented in Table 4.5 in percentage form.

Table 4.5: Number of Children of the target population respondents

Number	Frequency	Percent
1-2	76	26.8%
3-4	127	45.1%
5-7	57	19.7%
>7	24	8.4%
Total	284	100%

From the study, it was established that the number of children in the households dwelling in the slum was relatively small as majority have less than 4 as indicated by 26.8% who have 1 to 2 and 45.1% having between 3 and 4. Only 28.1% reported have more than 5. With harsh living conditions in the slums, most women especially the young people often terminate pregnancies through secret induced abortions (Mensch, 2005).

4.3.5 Distribution of Respondents by Level of Education

The highest level of education attained by the sampled respondents was categorized into post-doctorate, doctorate, masters, bachelors, higher diploma, certificate, secondary, primary and those who did not attend. The response is presented in Table 4.6 in percentage form.

Table 4.6: Education Level of the respondents

Level	Frequency	Percent
Post doctorate	0	0%
Doctorate	4	1.2%
Masters	8	2.4%
Bachelors	64	19%
Higher Diploma	12	3.6%
Diploma	108	32.1%
Certificate	56	16.7%
Secondary	56	16.7%
Primary	24	7.1%
Not attended	4	1.2%
Total	336	100%

From the study, it was established that slums dwellers education level is relatively low as majority of the respondents (41.7%) had only attained a maximum of a certificate; 16.7% certificate, 16.7% secondary, 7.1% primary and 1.2% having not attended school. Only 32.1% had Diploma with only a handful 19%, 2.4% and 1.2 % having Bachelors, Masters and Doctorate degrees respectively. This is in line with Lagarde *et al*, (2001) who postulates that slums dwellers have little or no education.

4.3.6 Number of Dependents in the Households

The number of dependents in the sampled households was categorized into 1-2, 3-4, 6-7 and over 7. The response is presented in Table 4.7 in percentage form.

Table 4.7: Number of Dependents

Number	Frequency	Percent
1-2	56	16.9%
3-4	137	41.6%
5-7	77	23.4%
>7	60	18.2%
Total	330	100%

The study revealed that most of the households dwelling in the slum have more than 3 dependents; 18.2% have more than 7, 23.4% have between 5 and while 41.6% have between 3 and 4 dependents. Only 16.9% have 1 or 2 dependents. This implies that most of members

of the households are either too young to be independent or are not employed there becoming a burden those shouldering the responsibilities of providing to the households. This concurs with Madise *et al*, (2007) who postulate that unemployment and low incomes as witnessed in the slums create an environment where children are unable to go to school, poor housing and water and food related diseases.

4.3.7 Source of Income for the Household Head

The researcher sought to establish the source of income for the household heads. The response was categorized into employed, unemployed, farming and business. The response is presented in Table 4.8 in percentage form.

Table 4.8: Source of Income of the respondents

Source	Frequency	Percent
Employed	95	28.6%
Unemployed	107	32.1%
Farming	47	14.3%
Business	83	25%
Total	332	100%

From the study findings as indicated in Table 4.8 above, it is evident that the levels of unemployment in slums are rampant as only 28.6% of the respondents indicated to be employed. However, among the unemployed, a good proportion indicated to be engaged in economic activities namely farming (14.3%) and business (25%). It was also established that a considerable proportion, 32.1%, considered themselves totally unemployed. This is in line with Madise,et al, (2007) among other sociologists who focus on theories of poverty having to do with the limited the opportunities for the inner city poor to find adequate jobs further creating room for poverty in the cities and into the suburbs.

4.3.8 Amount of Income

The researcher sought to establish the amount of income (shillings) for the respondents. The response was categorized into less than 5,000, 5,000-10,000, 11,000-20,000, 21,000-30,000, 31,000-50,000 and above 50,000. The response is presented in Table 4.9 in percentage form.

Table 4.9: Amount of Income of the respondents

Amount (KSh)	Frequency	Percent
<5,000	157	47.6%
5,000-10,000	137	41.7%
11,000-20,000	27	8.3%
21,000-30,000	4	1.2%
31,000-50,000	4	1.2%
Total	329	100%

The researcher established that most of the slum dwellers earning are low income earners as the majority 47.6% stated that they earn less than 5,000 shillings per month and 41.7% between 5,000 and 10,000 shillings. Only 1.2% of the respondents are middle income earners getting between 31,000 to 50,000 shillings a month. This according to Lagarde *et al*, (2001) limits their ability to afford decent lifestyle with adequate food and clothing.

The slum occupants are people of reproductive age as was signified by the study majority being between the ages of 18 to 30 years followed by 31 to 40 years. The finding is in line with previous other findings that established that majority of urban population is young people (Zulu 2002). Research confirms that majority of the slum dwellers are also unmarried which echoes the outcomes of low socio-economic status, functionality and sustainability of families. As the United Nations observed, poverty increases vulnerability to risky sexual behaviour thus dysfunctional families (UNAIDS 2005).

4.4 Influence of Poverty on Sexual Behaviour among Slum Dwellers

The researcher sought to establish the level of agreement of the respondents on statements regarding to the influence of poverty on sexual behaviour among slum dwellers. The response

was categorized into 5 Likert Scale; strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly disagree (5). The response is indicated in Table 4.10 in percentage form.

Table 4.10: Influence of Poverty among slum dwellers

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Poverty levels impacts on peoples' sexual behaviour	0%	2.4%	7.1%	9.5%	81%
Lack of stable employment contributes to poverty	0%	1.2%	6%	13.1%	79.8%
Considering the roles of the government and employers, people can be helped to progress out of low paid employment	0%	1.2%	4.8%	19%	75%
Poverty has something to do with personalities and environment	0%	2.4%	21.4%	10.7%	65.5%
Local authorities and other stakeholders support reduce poverty through integrated approaches towards economic development	0%	0%	7.1%	10.7%	82.1%
A lot of money has been spent to alleviate poverty without positive effects	9.5%	6%	7.1%	19%	58.3%
Children from poor families lack access to good education which further limits their access to other resources	0%	3.6%	8.3%	9.5%	78.6%
Barriers to political participation like voting enhances poverty as the antipoverty policies may not be implemented well	0%	0%	7.2%	21.7%	71.1%

The researcher established that poverty levels impacts on peoples' sexual behaviour as pointed out by 88.1% of the respondents. Majority of the respondents (92.9%) also agreed that lack of stable employment contributes to poverty. Similarly 94% of the respondents agreed that with the government and employers playing their roles well, people can be helped to progress out of low paid employment. Poverty was associated with personalities and environment by 76.2% of the respondents. It was also stated by 92.8% of the respondents that

with the local authorities and other stakeholders support, it is possible to reduce poverty through integrated approaches towards economic development. In the same light, 67.3% stated that a lot of money has been spent to alleviate poverty without positive effects. Majority of the respondents (88.1%) were of the opinion that children from poor families lack access to good education which further limits their access to other resources. As viewed by 98.8% of the respondents, barriers to political participation like voting enhances poverty as the antipoverty policies may not be implemented well.

The study findings in away confirmed the relationship among poverty levels, economic status and sexual behaviour in slums which was also highlighted in previous studies by UNAIDS (2005). The Research has confirmed that integrated approaches towards economic development to reduce poverty by both government and other stakeholders shall have a ripple effect on positive sexual behaviour.

4.5 Influence of Cultural Behaviour on Sexual Behaviour among Slum Dwellers

The researcher sought to establish the level of agreement of the respondents on statements regarding to the influence of cultural behaviour on sexual behaviour among slum dwellers. The response was categorized into 5 Likert Scale; strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly disagree (5). The response is indicated in Table 4.11 in percentage form.

Table 4.11: Influence of Cultural Behaviour among the slum dwellers

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Parental initiated Sex related dialogue should be encouraged at the household level	19	10.7	20.2	15.5	34.5
Youths from single families engage in early sexual practices	15.5	20.2	21.4	13.1	29.8
Cultural and religious beliefs impacts on sexual behaviour in the community	0	6	9.5	21.4	63.1
Environment and peers influences the sexual behaviour in a given set up	0	4.8	8.3	21.4	65.5
Sex education should be part of school syllabus	11.9	11.9	19	17.9	39.3
Peer sessions on sexual relationships needs to be advocated in schools	8.3	9.5	23.8	15.5	42.9
Teachers to encourage sex dialogue among students in schools	8.3	16.7	19	20.2	35.7

The researcher established that majority of the respondents (50%) were of the opinion that parental initiated sex related dialogue should be encouraged at the household level. According to 42.9% Of the respondents, youths from single families engage in early sexual practices. Cultural and religious beliefs impact on sexual behaviour in the community according to 84.5% of the respondents. As opined by 86.9% of the respondents, environment and peers influence the sexual behaviour in a given set up. Majority of the respondents (57.2%) suggested the incorporation sex education as part of school syllabus. Peer sessions on sexual relationships in schools were advocated for by 58.4% of the respondents. Similarly, 55.9% of the respondents were of the opinion that teachers are supposed to encourage sex dialogue among students in schools.

Cultural behaviour including religious beliefs has a substantial impact on sexual behaviour among slum community as was established by the research findings. Due to the slum cyclic effects of children born by single parents, the anti-social sexual behaviour continues resulting to more adolescent mothers worsening the unemployment scenario and low education opportunities as was also highlighted by Gupta (2003). Adolescents from unmarried couples tend to believe that premarital sex is socially acceptable as was further justified by the study by 65.5 % of the respondents who strongly agreed that environment and peers influences sexual behaviour.

4.6 Influence of Sexual Reproduction Health facilities on Sexual Behaviour among Slum Dwellers

The researcher sought to establish the level of agreement of the respondents on statements regarding to the reproductive health facilities among slum dwellers. The response was categorized into 5 Likert Scale; strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). The response is indicated in Table 4.12 in percentage form.

Table 4.12: Sexual Reproductive Health Facilities among slum dwellers

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff knowledge on Sexual Reproductive Health is satisfactorily.	8.3%	23.8%	8.3%	13.1%	46.4%
There is positive Staff attitude.	16.7%	21.4%	17.9%	13.1%	31%
Sexual reproductive health facilities and equipments are adequate.	20.2%	11.9%	4.8%	14.3%	48.8%
Sexual reproductive facilities are availed at the community level through drop in centers	45.2%	8.3%	8.3%	6%	32.1%
Sexual reproductive health facilities are Accessible.	17.9%	15.5%	6%	10.7%	50%
Sexual reproductive health facilities are Adequate.	22.6%	7.1%	9.5%	9.5%	51.2%
Sexual reproductive health facilities are Advanced.	22.6%	13.1%	9.5%	8.3%	46.4%
Sexual reproductive health facilities are informative.	15.5%	14.3%	8.3%	9.5%	52.4%

According to Table 4.12 above, majority of the respondents 59.5% suggested that staff knowledge on sexual reproductive health was high while 44.1% also pointed out that the attitude for the staff was good. According to majority of the respondents (63.1%), the health facility, sexual reproductive health facilities and equipments are available. Sexual reproductive health facilities were considered to be accessible according to 60.7% of the respondents. Sexual reproductive health facilities were stated to be adequate by 60.7% of the

respondents with 54.7% stating that they are advanced. Sexual reproductive health facilities information was cited to be available by 61.9% of the respondents. However, majority of the respondents (53.5%) stated that sexual reproductive facilities through drop in centers are not properly availed at the community level.

The attitude of health workers in the reproductive health facilities were discouraging (Okunlola, 2007). However as per this study, the attitude was better as expressed by 31% of the respondents which is also in tandem with the access of the services as was voiced by 50% of the respondents. The health workers are knowledgeable as was confirmed from the study which resonates with other findings elsewhere (okunlola,2007). Of most importance in the study was the finding that sexual reproductive health facilities in form of drop in centres were not given much importance and in future, this is where other BCC projects should put more efforts in.

4.7 Influence of Literacy Levels on Sexual Behaviour among Slum Dwellers

The researcher sought to establish the level of agreement of the respondents on statements regarding to the influence of literacy levels on sexual behaviour among slum dwellers. The response was categorized into 5 Likert Scale; strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly disagree (5). The response is indicated in Table 4.13 in percentage form.

Table 4.13: Influence of Literacy Levels among slum dwellers

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Use of protection during sexual engagement is important to prevent diseases and unwanted pregnancy	0%	0	4.8	4.8	90.4
Use of family planning is a good practice	0%	1.2	8.4	9.6	80.7
Sexually transmitted diseases including HIV and AIDS are common in people with multiple sex partners	3.6%	1.2	10.8	9.6	74.7
School going children and youth do not engage in sexual practices early compared to their counter parts of the same age who never went to school	1.2%	3.6	4.8	14.5	75.9
Behaviour Change and Communication should be offered in schools as this shapes an individual's sexual behaviour	0%	1.2	7.2	14.5	77.1
Having basic education including reproductive health information shapes individual's sexual behaviour	0%	0	6	15.7	78.3
Financial status influences sexual behaviour of the individual	1.2%	4.8	4.8	9.6	79.5
There is community resource center offering peer education and reproductive health information on sexual behaviour change and communication	19.5%	15.9	4.9	4.9	54.9

According to Table 4.13, the use of protection during sexual engagement is important to prevent diseases and unwanted pregnancy as pointed out by majority of the respondents 95.2%. As indicated by 90.3%, use of family planning is a good practice. Majority of the respondent (84.3%) agreed that Sexually transmitted diseases including HIV and AIDS are

common in people with multiple sex partners. According to 90.4%, school going children and youth do not engage in sexual practices early compared to their counter parts of the same age who never went to school.

The study as well established that behaviour change and communication should be offered in schools as this shapes an individual's sexual behaviour according to 91.6% of the respondents. This was echoed by 94% of the respondents who stated that having basic education including reproductive health information shapes individual's sexual behaviour. It was also pointed out that financial status influences sexual behaviour of the individual by 89.1% of the respondents. Similarly, 59.8% of the respondents indicated that there is community resource center offering peer education and reproductive health information on sexual behaviour change and communication.

The study findings clearly show the importance of information concerning sexual reproduction. This has impact on sexual behaviour positively as was confirmed by the study findings where by 90.4% confirmed the importance of using protection in sex engagements. The study also shows the relationship between information sources and sexual behaviour which overrides the traditional norms giving room for and coexistence with modern ways of living and thinking (Nkosana and Rosenthal 2007).

CHAPTER FIVE

SUMMARY OF STUDY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter comprises of the summary of the study findings and conclusions as per the study objectives. Recommendations are formulated from the study findings as well as suggestion for further studies.

5.2 Summary of Findings

The study was considered to be a success since it attained a commendable response rate of 93.3% and a reliability coefficient of 0.94. Out of the respondents who participated, 48.8% were between 18 and 30 years, 51.2% were female, 64% were unmarried, 26.8% had 1 to 2 children, 41.7% had attained a certificate as the highest level of education, 41.6% had between 3 and 4 dependents, only 28.6% were employed with 47.6% earning less than 5,000 shillings per month.

The findings established that poverty levels impacts on peoples' sexual behaviour to a greater extent (92.9%), poverty reduces access to good education which further limits their access to other resources (88.1%) as well as being a barrier to political participation like voting enhances poverty as the antipoverty policies may not be implemented well (98.8%). Poverty in the slum areas is a result of lack stable employment contributes (92.9%).

From the study findings, it is clear that youths from single families engage in early sexual practices (84.5%), cultural and religious beliefs impacts on sexual behaviour in the community (84.5%) and environment and peers influence the sexual behaviour in a given set up (86.9%). Teachers and community counselors and other mentors play an important role in providing guidance to the youths concerning sexual behaviour (58.4% and 55.9% respectively).

The study established that sexual reproductive health facilities influences sexual behaviour to great extent; staff knowledge on sexual reproductive health (59.5%), the attitude for the staff is good (44.1%). the health facility, sexual reproductive health facilities and equipments are available (63.1%), as well as sexual reproductive health facilities were considered to be available (61.9%), accessible (60.7%), adequate (60.7%) and advanced 954.7%).

The study established that literary levels are essential in determining the sexual behaviours for individuals. The study found out that the use of protection during sexual engagement is important to prevent diseases and unwanted pregnancy (95.2%), use of family planning is a good practice is important (90.3%), sexually transmitted diseases including HIV and AIDS are common in people with multiple sex partners (84.3%) and school going children and youth do not engage in sexual practices early compared to their counter parts of the same age who never went to school (90.4%).

5.3 Conclusions

The study findings facilitate the conclusion that poverty influences the sexual behaviour among slum dwellers as was evidenced by the findings that indicated that lack of stable employment contributes to poverty. Poverty was associated with personalities and environment. It was also established that children from poor families lack access to good education which further limits their access to other resources. Poverty was also found to be a barrier to political participation like voting enhances poverty as the antipoverty policies may not be implemented well. This is in line with (Rank et al 2003) who postulates that a person's daily life is lived within the person's environment, a person's environment determines daily decisions and actions based on what is present and what is not with poverty considered as an agency filled, and when poverty becomes prescribed agency it becomes something that happens to people and people become absorbed into it and in turn they become a part of poverty (Green, 2006).

It was concluded that there is an influence of cultural behaviour on sexual behaviour among slum dwellers. This was facilitated by the fact that youths from single families were found to engage in early sexual practices. Cultural and religious beliefs have impacts on sexual behaviour in the community. Environment and peers influence the sexual behaviour in a given set up. This is in agreement with the findings for survey carried out in a Kenyan slum by Biddlecom (2009) that established that families with single parenthood exposes youths especially girls to early pregnancies that where there are both parents. It also concurs with Alan Guttmacher Institute, (2006) who postulate that adolescent females who lived with both parents were less likely than females who had other living arrangements to have ever had sex, though, the same was not found for males since two parents are more likely to provide a best emotional support and life lessons necessary for a child's development and psychosocial adjustment.

Sexual literacy facilities were found to have influence on sexual behaviour among slum dwellers. Among the sexual literacy facilities include staff knowledge on sexual reproductive health attitude for the staff. This in agreement with Okunlola (2007) who argues that poor attitudes among HWs tend to negatively influence the uptake of sterilization in the general population and may further negate the uptake of sexual literacy facilities and information in many developing countries. The condition of sexual reproductive health facilities and equipments are availability, accessibility, adequacy and advancement. This is in line with Hallman (2004) who argues that communities with inadequate facilities, more so sexual literacy facilities, are likely to engage in higher-risk sexual activities as a result of economic hardships. He further gave an example where due to economic hardship; a poor person may migrate from one area to another in search of opportunities and may establish new sexual relations, which might expose them to the risk of HIV infection

5.4 Recommendations

The findings recommend the government, local authorities and potential employers to chip in to provide employment opportunities for slum dwellers to ensure that they progress out of low paid employment. Resources should be allocated to ensure that the sexual reproduction facilities are adequately provided for so as to ensure that services are accessible, affordable, advanced and free for all including the slum dwellers. Since financial status influences sexual behaviour, the local authorities and other stakeholders should provide support so as to reduce poverty through integrated approaches towards economic development.

The importance of good sexual behaviours should be sensitized through community outreach, integration to the school curriculum as well as the use of media. Sex education should be incorporated as part of school syllabus. Peer sessions on sexual relationships in schools should also be advocated for. Teachers should encourage sex dialogue among students in schools. All stakeholders should be involved in ensuring that the slum dwellers are empowered with facilities, information and services so as to ensure that they uphold good sexual behaviours.

5.5 Suggestions for Further Research

The study had a limited scope and thus more research needs to be done to around the factors influencing sexual behaviour among slum dwellers which shall inform the government and other stakeholders implementing BCC programs on the best approaches for effective project outcomes.

First, it is important to realize that the study was limited to Nyeri town slum dwellers and a comparative study need to be conducted in any other more urban slum settings such as Nairobi or Mombasa in Kenya.

Secondly, as the study noted that it is important to do a comparative research on the impacts of reproductive health facilities settings at the hospital in relation to the same settings which are

inform of drop in centres within the slum or community setting.

Thirdly, the study was limited to four objectives that influence sexual behaviour among the slum dwellers. It is important to rule out if there could be other factors and dimensions influencing the sexual behaviour among the slum dwellers.

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APPENDIX I: Letter To The Respondents

Naomi Nyambura Ngaruiya
University of Nairobi
Open, Distance & e-Learning Campus
School of open and Distance Learning
Department of Open and Distance Learning
Nakuru Learning Centre

Dear Respondent

RE: RESEARCH PROJECT

I am a post graduate student at the University of Nairobi Nakuru campus. As a requirement in fulfillment of a Master's Degree in Project Planning and Management, I am conducting a survey on factors influencing sexual behaviour among slum dwellers in Kenya with a special focus in Nyeri Town.

In this regard, you have been chosen at random to participate in the study. I would like to assure you that all the information you provide will be treated with confidentiality. You have the right and option to skip the question that you don't want to answer or you may request to stop answering the questionnaire if you wish to.

Your participation is completely voluntary but your experience could be very helpful to other people in every part of this country. The interview will take approximately 20 minutes.

Your assistance and cooperation will be highly appreciated.

Yours Faithfully

Naomi Nyambura Ngaruiya

APPENDIX II: Introduction Letter



UNIVERSITY OF NAIROBI
Open, Distance & e-Learning Campus
SCHOOL OF OPEN AND DISTANCE LEARNING
DEPARTMENT OF OPEN AND DISTANCE LEARNING
NAKURU LEARNING CENTRE

Tel 051 – 2210863
Our Ref: UoN/ODeL/NKRLC/1/12

P. O Box 1120, Nakuru
19 May 2017

To whom it may concern:

RE: NAOMI NYAMBURA NGARUIYA L50/80568/2015

The above named is a student of the University of Nairobi at Nakuru Extra-Mural Centre Pursuing Masters of Arts Project Planning and Management.

Part of the course requirement is that students must undertake a research project during their course of study. She has now been released to undertake the same and has identified your institution for the purpose of data collection on “Factors Influencing Sexual Behavior Among Slum Dwellers In Kenya, A Case Of Behavior Change And Communication Project In Nyeri Town”.

The information obtained will strictly be used for the purpose of the study.

For that reason, I am writing this, requesting you to assist her.

Yours Faithfully,
RESIDENT LECTURER
P.O. Box 1120
NAKURU
UNIVERSITY OF NAIROBI
Centre coordinator
Nakuru Learning Centre

APPENDIX III: Household Heads Questionnaire

Please indicate your answer in the question by placing a tick (√) where necessary in the spaces provided.

Section A: Bio Information

Age:

18-30yrs	()
31- 40 yrs.	()
41-50 yrs.	()
51 and above	()

Gender

Male	()
Female	()

What is your marital status?

Single	()
Married	()
Separated	()
Divorced	()
Windowed	()

If married how many children do you have?

1-2	()
3-4	()
5-7	()
7 and over	()

What is your highest level of education?

Post Doctorate	()
Doctorate	()
Masters	()
Bachelors	()
Higher Diploma	()
Diploma	()
Certificate	()
Secondary	()
Primary	()
Not attended any school	()

How many dependents are in the house hold?

1-2	()
3-4	()
5-7	()
7 and over	()

House hold head source of income

Employed	()
Unemployed	()
Farming	()
Business	()

8 what amount of income in K.shs do you earn per month?

Less than 5,000	()
5,000-10,000	()
11,000-20,000	()
21,000-30,000	()
31,000-50,000	()
51,000 and above	()

Section B: Poverty

Indicate your level of agreement with the statement by ticking (√) against the number in the scale with regard to the statement provided. The options are:

Strongly agree 5

Agree 4

Neutral 3

Disagree 2

Strongly disagree 1

		5	4	3	2	1
1	Poverty levels impacts on peoples' sexual behaviour					
2	Lack of stable employment contributes to poverty					
3	Considering the roles of the government and employers, People can be helped to progress out of low paid employment.					
4	Poverty has something to do with personalities and environment					
5	Local authorities and other stakeholders can support in reducing poverty through integrated approaches towards economic development.					
6	A lot of money has been spent to alleviate poverty without positive effects.					
7	Children from poor families lack access to good education which further limits their access to other resources.					
8	Barriers to political participation like voting enhances poverty as the antipoverty policies may not be implemented well.					

Section C: Cultural behaviour

Indicate your degree of agreement or disagreement with the statement by ticking (√) in the space provided against the statement. Options are:

- Strongly agree 5
- Agree 4
- Neutral 3
- Disagree 2
- Strongly disagree 1

		5	4	3	2	1
1	Parental initiated Sex related dialogue should be encouraged at the household level.					
2	Youths from single families engage in early sexual practices.					
3	Cultural and religious beliefs impacts on sexual behaviour in the community.					
4	Environment and peers influences the sexual behaviour in a given set up.					
5	Sex education should be part of school syllabus.					
6	Peer sessions on sexual relationships needs to be advocated in schools.					
7	Teachers to encourage sex dialogue among students in schools.					

Section D: Sexual Reproduction Health facilities

Indicate your level of agreement with the statement by ticking (√) against the number in the scale with regard to the Sexual Reproductive Health Facilities in your area. The options are:

- Strongly agree 5
- Agree 4
- Neutral 3
- Disagree 2
- Strongly disagree 1

		5	4	3	2	1
1	Staff knowledge on Sexual Reproductive Health is satisfactory.					
2	There is positive staff attitude.					
3	Sexual reproductive health facilities and equipments are adequate.					
4	Sexual reproductive facilities are availed at the community level through drop in centres.					
5	Sexual reproductive health facilities are accessible.					
6	Sexual reproductive health facilities are adequate					
7	Sexual reproductive health facilities are advanced					
8	Sexual Reproductive Health Facilities Information are available.					

Section E: Literacy levels

Indicate your level of agreement with the statement by ticking (√) against the number in the scale with regard to opinion. The options are:

- Strongly agree 5
- Agree 4
- Neutral 3
- Disagree 2
- Strongly disagree 1

		5	4	3	2	1
1	Use of protection during sexual engagement is important to prevent diseases and unwanted pregnancy.					
2	Use of family planning is a good practice.					
3	Sexually transmitted diseases including HIV and AIDS are common in people with multiple sex partners.					
4	School going children and youth do not engage in sexual practices early compared to their counter parts of the same age who never went to school.					
5	Behaviour Change and Communication should be offered in schools as this shapes an individual's sexual behaviour.					
6	Having basic education including reproductive health information shapes individual's sexual behaviour.					
7	Financial status influences sexual behaviour of the individual.					
8	In our village we have community resource center offering peer education and reproductive health information on sexual behaviour change and communication.					

APPENDIX IV: Approval Letter to Conduct Research Nacosti



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/43435/17400**

Date: **14th June, 2017**

Naomi Nyambura Ngaruiya
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Factors influencing sexual behaviour among slum dwellers in Kenya: A case of behaviour change and communication project in Nyeri Town,*" I am pleased to inform you that you have been authorized to undertake research in **Nyeri County** for the period ending **13th June, 2018.**

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

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nyeri County.

The County Director of Education
Nyeri County.


APPENDIX V: Nacosti permit

THIS IS TO CERTIFY THAT: **Permit No : NACOSTI/P/17/43435/17400**
MS. NAOMI NYAMBURA NGARUIYA **Date Of Issue : 14th June,2017**
of UNIVERSITY OF NAIROBI, 3195-20100 **Fee Received :Ksh 1000**
Nakuru,has been permitted to conduct
research in Nyeri County

on the topic: FACTORS INFLUENCING
SEXUAL BEHAVIOUR AMONG SLUM
DWELLERS IN KENYA: A CASE OF
BEHAVIOUR CHANGE AND
COMMUNICATION PROJECT IN NYERI
TOWN.

for the period ending:
13th June,2018

Applicant's
Signature



Director General
National Commission for Science,
Technology & Innovation

APPENDIX VI: Nacosti Permit

CONDITIONS

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officer will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**

REPUBLIC OF KENYA



National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. **A14403**

CONDITIONS: see back page



APPENDIX VI: Turnitin Report

Turnitin Originality Report

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Turnitin Originality Report

FACTORS INFLUENCING SEXUAL BEHAVIOUR AMONG SLUM DWELLERS IN KENYA: A CASE OF BEHAVIOUR CHANGE AND COMMUNICATION PROJECT IN NYERI TOWN by Naomi Ngaruiya

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