

**FACTORS INFLUENCING EARLY SEXUAL DEBUT AMONG 15-24 YEAR OLD
FEMALE YOUTH IN COAST PROVINCE, KENYA.**

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DECLARATION

This research paper to the best of my knowledge is my original work and has never been submitted for an examination or academic purposes in any college, University or any other institute of higher learning.

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This project has been submitted for examination with our approval as University Supervisors.

Signature..... Date.....

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Signature..... Date.....

Dr. Wanjiru Gichuhi

DEDICATION

This study is dedicated to God almighty for divine guidance, my beloved mother Monica Ngendo Mwangi for her constant prayers and my father Moses Manene Mwangi for his guidance and faith in me and to my siblings Ruth Wanjiru Mwangi, Samuel Kung'u Mwangi and finally to Timothy Manene Mwangi though you're not with us physically in our spirits you shall always remain.

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I also recognize my siblings who offered needful peer critique and encouragement whenever these were required. Thanks to my friends for their love, support and endurance during the period of study. Above all, I thank the Almighty God for the grace, good health and wisdom He gave me to accomplish this study.

TABLE OF CONTENT

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LLIST OF TABLES	vii
LIST OF FIGURES	viii
ABSTRACT	ix
CHAPTER ONE: INTRODUCTION	1
1.1 Study Background	1
1.2 Statement of the Problem.....	3
1.3 Research Question	4
1.4 Objectives of the Study	4
1.5 Justification of the Study	4
1.6 Scope and Limitation of the Study	6
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Introduction	8
2.2 Theoretical Perspective	8
2.3 Review of Literature	13
2.3.1 Individual Characteristics	13
2.3.2 Exposure Factors	16
2.4 Family Background	18
2.5 Summary of Literature Review	19

2.6 Conceptual Framework.....	19
2.7 Operational Framework	20
2.8 Operational Hypotheses.....	21
CHAPTER THREE: METHODOLOGY	23
3.1 Introduction.....	23
3.2 Data Sources	23
3.3 Methods of Data Analysis	23
3.4 Variable Description and Measurement.....	25
CHAPTER FOUR: FINDINGS OF THE STUDY	27
4.1 Introduction.....	27
4.2 Background Characteristics of Study Population	27
4.3 Results of Bivariate and Multivariate analysis.	29
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	39
5.1 Introduction	39
5.2 Summary of Findings	39
5.3 Conclusions	40
5.4 Recommendations	40
5.5 Further Research.....	41
REFERENCES.....	42

LIST OF TABLES

Table 3.1: Description of Study Variables.....	26
Table 4.1 Basic characteristic of the Study Population	28
Table 4.2: Differentials of Iinitiation of Sexual Debut According to the Selected Characteristics of the Study Population.	31
Table 4.3: Multivariabe Analysis on Background Characteristics used in the Study.....	36

LIST OF FIGURES

Figure 2.1 Conceptual Framework for the Study of Female Sexual Behaviour in Africa as Proposed by Djamba (1997)	20
Figure 2.2 Operational Framework	21
Figure 4.1: Distribution of the 301 Members of the Study Population by Age at First Intercourse.....	30

ABSTRACT

This study set out to investigate the factors associated with age at first sex among female youth in Coast province by using the Kenya Demographic and Health Survey 2008/9. The main objective of the study was to establish factors that were closely associated with sexual debut among female youth aged 15-24 years. The dependent variable was age at first sex and the independent variables included; education, type and place of residence, age, literacy, religion, wealth index, and exposure to mass media i.e. newspapers, magazines, radio.

The study sample was 487 female youth aged 15-24 years obtained from the overall survey sample of 8,444 women aged 15-49 years. The study used descriptive statistics and Cox regression analysis. The results showed that 61.8% of the 487 female youth aged 15-24 were already sexually experienced as at the time of the survey. The age at first sex ranges between age 10 and 23 years among the study population. The average age at sexual debut was 16.14 years.

Bivariate results showed that education, age and readership of newspapers and magazines were significantly associated with age at first sexual debut. However the results of Cox regression analysis indicated that only education and age had statistically significant effects on early sexual debut. Female youths who reported to have no education were at the greatest risk of initiate sexual activity early and those with at least secondary education had the least risk. Adolescents aged 15-19 were significantly more likely to initiate sexual activity than the older adolescents (20-24).

In view of the study findings, there is a need for the government to implement the life skills curriculum targeting female youths in schools and those out of school. Programmes targeting the out of school youth should also be initiated to also facilitate in delaying age at sexual debut among the youth who have no education. More emphasis on youth friendly health services should be encourage to help expose the youth to more reproductive health information that will enable them to make informed decisions. Newspaper pullouts and magazine articles on reproductive health should be made available to the youth and a reading culture be captivating among the youth to increase their awareness on reproductive health matters, captivating puzzles on reproductive health and competitions may be included to capture their interest.

CHAPTER ONE

INTRODUCTION

1.1 Study Background

Unplanned and unwanted pregnancies worldwide are said to be at 7.3 million among youths aged of 15 and 19 years of which two million births of this are by girls under the age of 15, UNFPA (2003) . Kenya contributes to this percentage by having 103 in every 1000 pregnancies being attributed to girls between 15 and 19 years, NCPD (2013) . Ages 15 to 19 are a time of transition from childhood to adulthood, a time of increased responsibility and independence, as well as of increased health risks.

Kenyan youth, especially young women have continued to be at high risk of contracting HIV due to a variety of factors among them being early sexual debut (Onsumu. et.al, 2013). Early marriage and “rites of passage” traditionally have served to educate youth on matters of sexuality and marriage. However, recently youth, enrollment in and graduation from either primary or secondary school and merely becoming sexually active have now defined the transition to adulthood (Mensch. et.al, 1998).

Youths are now at a greater risk of illness and death from reproductive causes such as early pregnancy, unsafe abortions, HIV and other sexually transmitted infections (STIs). The NCAPD (2010) noted that youths are highly vulnerable due to a combination of physiological and behavioral factors. It was further noted by NCAPD (2010), that young girls whose bodies are still growing and developing are more vulnerable to infection during intercourse and are at a greater risk for pregnancy-related complications particularly obstructed labour and associated injury than before. On the behavioral side, youths are less informed about the risks of sexual activity, as well as the means to prevent infection and

pregnancy (UNFPA, 2003) and they are more likely than adults to act in ways that threaten their own health among the factors contributing to the risk associated with sexual behaviour are the age at initiation of sex the number of sexual partners condom use and contraceptive use (NCAPD,2010).

Consequently, youth sexual practices have necessitated high attention in the area of youth development; an investigation into youth sexuality has over the years progressed from the identification of levels and trends to examining factors and contexts that enable early sexual debut occurrence, Laguna (2001). A study done by the National Coordinating Agency for Population and Development in conjunction with the Centre for Adolescence showed that women, who were considered to be poor were said to have initiated sexual activity two years earlier than those who were considered wealthy (NCAPD & CSA,2004).

Many development partners have over time focused their effort on youth programs that focus on reducing sexual debut. Most of this abstinence programs aim at curbing the spread of HIV infection among youth by increasing the age of sexual debut to 18 years of age when the youth would be in a position to make informed decisions about their sexuality. Children between the ages of 5 and 14 have been referred to as a ‘window of hope’ because they have low infection rates and have not yet established patterns of sexual behaviour (Kelly 2000; Bundy, 2002).

An increase in urbanization, modernization and exposure to western media are said to have largely contributed to the decline in traditional values and an increase in sexual activities among the youth (Ikamari and Towett. 2008). Traditional systems that were aimed at preparing and initiating young people into adult hood have been disintegrated and traditional values that once regulated sexual behaviour among youth have been broken

(Gueye et al., 2001). There is therefore great need to determine factors that are associated with early sexual debut in the Coastal region of Kenya, as an early sexual debut will increase the likelihood of exposure to pregnancy and increase in the fertility rate of Kenya (NCAPD 2010).

1.2 Statement of the Problem

In the Coast Province, early sexual onset is not only a health concern but also a moral issue, Birungi et al.,(2009) identify early sexual debut as undesirable among cultures in East Africa, particularly to unmarried partners. The Coast Province is dominated by Muslims, especially in Malindi, Mombasa and Lamu (Miller, 2010). Little is known about the factors in the region that can facilitate the onset of sexual activity among 15-24 year-old females.

Despite religion as well as the prevailing Swahili culture advocating for virginity till marriage, the severity of casual sex is recorded at 30% of all girls between 12 and 18 years by UNICEF (2006), implying exceptionally high levels of early sexual debut in the region. Evidently, early sexual debut has undesirable consequences, and therefore a menace that prompts a deeper analysis on the predominant factors that trigger its occurrence. There is a dire need to extend age at sexual debut to an optimal and morally acceptable more mature age. Currently little is know about the factors that influence early sexual debut among young females in Coast province. Establishing the factors will subsequently facilitate an intuition of the practical recommendations to reduce incidences of sexual debut before the given age, (Arthur et al.,2013).

With this in mind, the current study seeks to provide an insight to sexual debut among females in the region, with particular objective of identifying the factors that influence sexual debut among 15-24 year-old females. It aims at addressing the research gap early sexual

debut among female youth in this region, despite the prevailing Muslim and Swahili culture of virginity until marriage answering the question: what are the factors influencing sexual debut among female youth in Coast Province?

1.3 Research Question

The study seeks to answer the following question:

1. What factors are associated with sexual debut in Coast Province among female youths aged 15-24.

1.4 Objectives of the Study

The general objective of this study was to investigate the factors associated with sexual debut among 15-24 year old female youth in Coast Province.

The specific objectives will be;

1. To determine the individual factors associated with sexual debut among 15-24 year old youth in Coast Province.
2. To establish the family socio economic background factors associated with sexual debut among 15-24 year old female youth in Coast Province.
3. To determine exposure factors associated with sexual debut among 15-24 year female old youth in Coast Province.

1.5 Justification of the Study

Youths who engage in sexual intercourse early in their life are predisposed to sexually transmitted infections, unplanned pregnancies, poor reproductive health decision making and unsafe abortions. Early sexual debut is also a key factor in contributing to

infection and spread of HIV/AIDS that leads to increase in both morbidity and maternal and neonatal mortality, hence undermining the Kenyan government's efforts to meeting Millennium Development Goal 4: reduce the under-five mortality rate by two-thirds, and Millennium Development Goal 5: reduce the maternal mortality ratio by three-quarters and Millennium Development Goal 6: combat HIV/AIDS, malaria and other diseases by 2015. The government will be more informed as it makes resource allocations towards attainment of the goals.

Various studies have conceptualized the initiation of early sexual activity among youths as risky given that it predisposes them to the risk of HIV and other Sexually Transmitted Infections (Akwaru et al. 2003; Desgrees du Lou 1999; Tenkorang and Maticka-Tyndale 2008). Early sexual debut poses special risks for young people not only because they often lack knowledge of how to prevent STI's, including HIV/AIDS, but also because at this stage of their life they are often unable to successfully negotiate for safer sex (Hulton et al. 2000; Zulu et al. 2002).

Early sexual activity has been linked to other risky sexual behaviors including lack of condom use and multiple sexual partnerships. Most studies have concentrated on females, mostly due to the fact that most national fertility studies interview only females and because of the historical interest in teenage pregnancy (Santelli et al. 2000).

This study is important for policy makers and development partners and will assist them in developing strategies that can effectively reach the youth with the aim of delaying the sexual debut. There is need to understand factors associated with sexual debut among

youth in the Coastal region so as to ensure that proper strategies to mitigate this causes are put in place.

The society is bound to benefit by being more knowledgeable in sexual debut. As a result, a more comprehensive solution to the problems identified as resulting from early sexual debut can be sought. Creating awareness among adults will influence them towards subjecting children and youths to an environment that minimally exposes them to sexual debut. Youths will also be more conscious of the dire consequences, which will most probably make them avoid sexual activities at an early age.

The study is additionally relevant to humanitarian organizations, NGOs and organizations that are concerned with children's rights and other issues, such as UNICEF. Since early sexual debut is identified to sometimes result into long-term effects on the victim, the mentioned organizations would aim to assist towards an optimal age at sexual debut by establishing programs that sensitize the society on the consequences as well as reduce the magnitude of predisposing factors as analyzed by this study. Health organizations could be interested in the study as it provides an insight on sexual behaviors and trends in sexually transmitted infections.

1.6 Scope and Limitation of the Study

The study will focus on 487 youths aged 15-24 years of age, out of the 1149 females aged 15-49 years who were interviewed during the Kenya Demographic Health Survey 2008/9. There are several limitations on available data on sexual debut among youth as measured by KDHS. Information collected depended highly in retrospective historical biases and is likely to be introduced into the study due to problems associated with memory lapses.

Background variables used in this study were drawn from the KDHS 2008/9 survey but could have changed overtime, thereby may not fully reflect the actual status of the respondent at the time of sexual debut. For instance, religion status and place of residence may be different at the time of sexual debut from what was reported at the time of the survey. Despite errors associated with raga misreporting and recall problems, KDHS data has been found to be fairly accurate by most researches (Nahar and Min 2008; Gyimah 2003).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This Chapter discusses theoretical perspectives, individual characteristics, exposure factors, family background and knowledge factors that have been studied elsewhere to influence the age at sexual debut age of female youth. In this chapter we review the global literature on studies which have been undertaken on these explanatory variables. Different theories will be discussed in this study based on available literature on youths' sexual behavior in Kenya and other countries.

2.2 Theoretical Perspective

Researchers have employed a number of theoretical frameworks in their attempts to explain youth behavior in relation early sexual debut. Theories such as the theory of planned action social learning theory and the problem behavior theory have been used by various scholars to explain sexual behavior among the adolescence.(Ajzen 1991; Rotter 1954)

a. Social Learning Theory

Locus of Control as a principle was originated by Julian Rotter in 1954 as part of the social learning theory (Rotter,1990). It considers the tendency of people to believe that control resides internally within them, or externally, with others or the situation. In this spectrum, some people have a wholly internal or external locus of control, but many will have some balance both views, perhaps varying with situation.

People with a high internal locus of control believe in their own ability to control themselves and influence the world around them. They see their future as being in their own hands and that their own choices lead to success or failure. Rotter (1990) describes the

internal locus of control as: 'the degree to which persons expect that reinforcement or an outcome of their behavior is contingent on their own behavior or personal characteristics'. Their belief in their ability to change things may well make them more confident and they will hence seek information that will help them influence people and situations. They will also likely be more motivated and success-oriented. These beliefs may even lead them to be more politically active. A downside of an internal locus of control is that, in accepting responsibility, the person has to also accept blame for failures.

People with a high external locus of control believe that control over events and what other people do is outside them, and that they personally have little or no control over such things. They may even believe that others have control over them and that they can do nothing but obey. Rotter (1990) describes the external locus of control as, 'the degree to which persons expect that the reinforcement or outcome is a function of chance, luck, or fate, is under the control of powerful others, or is simply unpredictable. With such beliefs, people with an external locus of control tend to be fatalistic, seeing things as happening to them and that there is little they can do about it. This tends to make them more passive and accepting. When they succeed, they are more likely to attribute this to luck than their own efforts. They are less likely to have expectancy shifts, seeing similar events as likely to have similar outcomes; hence they step back from events, assuming they cannot make a difference. Younger and older people tend to have higher external locus of control than people in middle age.

b. Problem Behavior Theory

The Problem Behavior Theory (PBT) is a psychosocial model that attempts to explain behavioral outcomes such as substance use, deviancy and risky sexual behaviors (Jessor

1987). The fundamental premise of this theory was developed from Merton's concept of anomie in the 1940's where he uses biological explanations of deviance explain why certain cultures, groups, and individuals were more prone to engage in antisocial and/or illegal behaviors. Merton asserted that members of society receive messages of what is normal and acceptable behaviors from societal institutions. Normal, according to Murphy and Robinson, (2008) is that which is the 'psychologically expectable or culturally approved, response to determinate social conditions'. Murphy and Robinson (2008) assert that most people, most of the time abide by society's rules of behavior, thereby remaining 'normal'. Yet pressures from social institutions and expectations can lead some 'to engage in non conforming rather than conforming conduct. These pressures should explain not only higher deviance by individuals who experience them, but also higher group deviance by Rotter's social learning theory that posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. Merton's concludes that biology cannot account for variations from one society to the next in the nature and extent of deviance and that sought to explain Murphy and Robinson (2008).

Researchers have shown its applicability with youths and young adults. According to (Jessor 1987), this theory consists of three independent but related systems of psychosocial components. The personality system includes social cognitions, individual values, expectations, beliefs and attitudes. The perceived environmental system consists of proximal and distal social influence factors such as family and peer orientation and expectations regarding problem behaviors. According to Jessor (1987), the third component of PBT of the behavior system consists of problem and conventional behavioral structures that work in

opposition to one another. Examples of the problem behavior structure include illicit drug use; tobacco use, alcohol abuse, and deviant behavior (e.g., delinquency, precocious sexual behavior). Jessor and colleagues postulate that these problem behaviors stem from an individual's affirmation of independence from parents and societal influence (Jessor and Jessor, 1977). In contrast, conventional behavior structures consist of behaviors oriented toward society's traditional standards of appropriate conduct such as church attendance and high academic performance. According to Jessor, proneness to specific problem behaviors entails involvement in other problem behaviors and less participation in conventional behaviors (Jessor and Jessor, 1977).

Problem behavior departs from legal and social norms of society and its institutions of authority hence causes social control responses from external sources. Problem Behavior Theory posits that early initiation of developmental transitions will evoke negative or control reactions from the environment when the transition violates socially defined norms for transition timing. Risk behaviors, including precocious entry into adult behaviors, tend to cluster together and have common psychosocial root causes (Jessor 1987). The common psychosocial root causes include risk and protective factors in five domains: biology/genetics (e.g., family history, intelligence), other behaviors (e.g., problem drinking, church attendance), personality (e.g., low perceived life chances, value placed on achievement), perceived environment (e.g., models for deviant or conventional behavior), and social environment (e.g., poverty, school quality).

A less frequently studied tenant of Problem Behavior Theory is that a specific behavior is only problematic to the extent that the society in which the youth is embedded defines it as such therefore, to the extent that societies differ in their conceptualization of

early sexual debut among youths as problematic, the associations between sexual initiation and other factors may vary (Awusabo 2006). Alternatively, relatively early sexual initiation may be more universally problematic no matter what the cultural context, based on youths' physical and/or emotional immaturity.

c. Theory of Planned Behavior/ Reasoned Action

Developed by Ajzen and Fishbein in 1980 the theory of reasoned action related to voluntary behavior. Later on behavior appeared not to be 100 percent voluntary and under control, this resulted in the addition of perceived behavioral control. With this addition the theory was called the theory of planned behaviour (Ajzen 1991). This theory suggests that a person's behavior is determined by his/her intention to perform the behavior and that this intention is, in turn, a function of his/her attitude toward the behavior and his/her subjective norm. The best predictor of behavior is intention. Intention is the cognitive representation of a person's readiness to perform a given behavior, and it is considered to be the immediate antecedent of behavior. This intention is determined by three things: their attitude toward the specific behavior, their subjective norms and their perceived behavioral control.

An attitude toward the behavior' was defined by Haas (2009) as an individual's judgment towards performing a behavior as good, or bad, thus the person can have different expectations about the products. If a youth values having unprotected sex and getting pregnant equally, and he /she is sure that they will to have a good time and regards the likelihood of getting pregnant to be minimal, and perceives the likelihood of getting pregnant very minimal then she/he will have a positive attitude towards unprotected sex. If the same individual perceives the likelihood to get pregnancy higher than having a good time when

having unprotected sex, and he or she values getting pregnant as more important than having a good time, the person will probably have a negative attitude towards having sex.

A youth's perception that the view of person is important to him/her on sexuality as to whether or not he/she should perform the behavior can be defined as a subjective norm. In the case of having sex, if youth parents do not want him/her to have sex but the chance of them finding out is minimal and his/her friend will look up to him/her if she has sex as they are in contact daily, the motivation to comply with the friends is probably higher than the motivation to comply with the parents, leading to a positive subjective norm towards having sex. This study will therefore use the theory of planned behavior to study the factors related to sexual debut among women aged 15-24 in Coast province.

2.3 Review of Literature

2.3.1 Individual Characteristics

a) Education

Studies from several African countries have shown that school-going or educated youth, particularly females, may be less likely to engage in early sexual behavior than out-of-school youth (Kabiru and Orpinas, 2008). Although existing evidence demonstrates that in-school youths engage in less risky sexual behavior than their out-of-school counterparts, studies conducted within school settings demonstrate that in-school youth are also at risk for negative sexual and reproductive health outcomes stemming from risky sexual behavior, such as multiple sexual partnerships and unprotected sexual intercourse.

The association between level of schooling completed and sexual debut is complex. Although a woman's level of education may be an indicator of socioeconomic status, poor socioeconomic conditions limiting school access or contributing to poor performance may

also correlate with an increase in sexual activity at an early age. Early childbearing is also known to negatively impact on educational and employment prospects, and hence lead to a greater likelihood of poverty (Gupta and Mahy 2003).

Previous studies that examined the role of schooling on youth sexual behaviour argued that out of school youth are less likely to exert autonomy in deciding to engage in sexual relationships as compared to their in school counterparts (Odimegwu, 2005)

b) Religion

The Coast Province is dominated by Muslims, especially in Malindi, Mombasa and Lamu. The religion, as well as the prevailing Swahili culture, advocates for virginity till marriage, a belief that is being challenged by early sexual debut that is intensifying (Hoffert and Hayes 1997) observes commercial sex tourism is on the increase, which exposes females in their lower teenage to sex.

Religious values are the source of moral proscriptions for many individuals. Teachings at the churches or mosques are likely to play a role in the information of an individual's attitudes, values and decisions (Odimegwu,2005). He further states that religious groups have strong oppositions against premarital sex. Individuals attending religious meeting receive more frequently, messages against pre marital sex. According to him, involvement in religious institutions will enhance the chances of young people making friends with peers who have restrictive attitudes towards premarital sex.

A religious community may act as a broad base of reinforcement for an individual for values shared within that social structure. Being involved with a religious plausibility structure provides buffering for youths and a basis on which to process the social world. Social support found in these plausibility structures has been found to directly decrease the

likelihood of having had first sexual intercourse; Social bonds can be formed within the plausibility structure with peers, community members, and family; these bonds provide support for the individual. Peers play a major role in youths' lives, as more time is devoted to pursuing activities with friends outside of the home and peers' opinions become increasingly important during this stage of life (Gueye et.al. 2001)

Youths tend to group with similar individuals based on common activities and use these groups as a reference for norms and standards. Religious youth tend to be exclusive with friends and to prefer friendships with religiously similar people, which enforce social ties and contribute to youths making positive choices amid negative peer influence (Gregory 2014). Involvement in religious communities is often measured through attendance, frequent attendees are said to be less likely to have had sex and initiated sexual intercourse at an older age. It has been shown that "religion in the home is a major factor in the social acquisition of youth religious values," including values about sexual intercourse (Gregory,2014).

c) **Residence**

Youth in rural areas tended to initiate sexual debut earlier than those in urban areas (NCAPD & CSA 2004). According to KDHS 2008/9 report, 22 percent of the young men aged 15-24 had their sexual debut before age 15 and were twice as likely to engage in sexual intercourse before age 15 than young women reported that 11percent of them had their sexual debut before age 15. By age 18, about half of women 47percent and slightly more than half of men 58percent have had sexual intercourse. Young men and women in rural areas tend to initiate sexual activity earlier than their urban counterparts. Only 39 percent of urban women had sex before age 18, compared with 50 percent of rural women. Similarly, 51 percent of the young

men in urban areas had their first sexual intercourse before age 18 compared with 60 percent of those in rural areas (KNBS and ICF Macro 2010).

d) **Age**

Studies have found that age as a result of physical development, has a dramatic effect on an adolescents/ youths sexual behavior. As they become older, youth are much more likely to have sex. Moreover, if they mature physically at an early age, begin menarche early, and appear older than their age, they are also more likely to initiate sex early, Djamba (1997). Some effects of getting older are strictly physical, including increased sexual maturity and higher hormonal levels, which may lead to a greater desire for intimacy and sex, greater sexual attractiveness, or both. It is well known, for example, that the frequency of sexual intercourse is strongly associated with age.

In fact, Djamba (1997) highlighted that some factors purported to promote female sexual permissiveness are very age-dependent. For example, an exposure to television viewing at age 10 will probably have less effect on the timing of first sexual intercourse than an exposure to television at age 17. In the same way, he also noted that the influence of urban residence on sexual behaviour can be largely conditioned by age.

2.3.2 Exposure Factors

a) **Mass Media**

The potential for mass media to influence behavior has been supported through a number of different psychosocial theories, hypotheses and models. Although there is considerable variation in theoretical mechanisms by which media might affect youths' sexual attitudes and behaviors, most posit that sexually related message content and behavior act

over time as stimuli to change consumer psychological, physiologic, and behavioral function (Chaves et al., 2005).

A study done by O'Hara et.al (2012) explains the impact of exposure to explicit sexual material on sexual debut, and consequently on sexual risk. The study starts by pointing out on the increased risk of sexually transmitted infections and unplanned pregnancy that is associated with early sexual debut. By conducting a longitudinal survey, the study identified that controlling characteristics of youths alongside their families reveals movie sexual exposure as predictive on the age of sexual debut. The study concludes that movie sexual exposure promotes sexual risk taking both by accelerating normal rise in sensation seeking and modified sexual behavior during adolescence.

b) Literacy Levels

Literacy enables a person to acquire basic cognitive skills, to develop the capacity for critical reflection and social awareness and to use these skills in continuous lifelong learning. Literacy can be instrumental in maintaining good health, making informed reproductive decisions, raising healthy children and educating them (UNESCO, 2005). In a study done by Beguy et al.,(2009), they argued that better educated youth have higher literacy levels and are more likely to provide valid answers related to timing of first sexual intercourse as opposed to those with lower literacy levels.

2.4 Family background

a) Social Economic Status

A study done by Halman (2004) using household survey data collected in 2001, aimed at investigating how relative socioeconomic status influenced the sexual behaviors of young women and men aged 14–24 years in KwaZulu-Natal Province, South Africa. Relative economic disadvantage is found to significantly increase the likelihood of a variety of unsafe sexual behaviors and experiences. Low socioeconomic status not only increases female odds of exchanging sex for money or goods, but also raises female chances of experiencing coerced sex, and male and female odds of having multiple sexual partners in the year before the survey. It lowers female chances of secondary abstinence in the year before the survey, female and male age at sexual debut, condom use at last sex, and communication with most recent sexual partner about sensitive topics.

Additionally, low socioeconomic status has more consistent negative effects on female than on male sexual behaviors; it raises female risk of early pregnancy. Controlling for wealth and other factors as well as orphan hood confer added risk for unsafe sexual behaviors. Poorer young people, especially females, also have access to significantly fewer media sources for family planning information. A study done by Madise, Zulu & Ciera (2007) assess whether poverty contributes towards risky sexual behavior and sexual debut at a comparatively early age. Data is collected from Burkina Faso, Uganda, Malawi and Ghana. It identifies a later sexual debut among wealthiest girls in Ghana, Malawi and Burkina Faso, but this result is not outstanding in Uganda.

It further recognizes that poor females are more vulnerable to infection as compared to wealthier counterparts due to their earlier sexual debut in addition to non-use of condoms.

A comparison facilitating understanding sexual debut in Africa is conducted by Zaba et al. (2004), who identify a more pronounced and unequivocal decline in premarital sexual activity in Uganda, Ghana and Kenya as well as a significant increase in age at first sex. Uganda is exceptionally identified to experience an early marriage onset among people involved in early sexual debut there for the dependency ratio is an economic consequence of early sexual debut in the region, in cases early pregnancy or incapacitating illness associated with early sexual debut occurs.

2.5 Summary of Literature Review

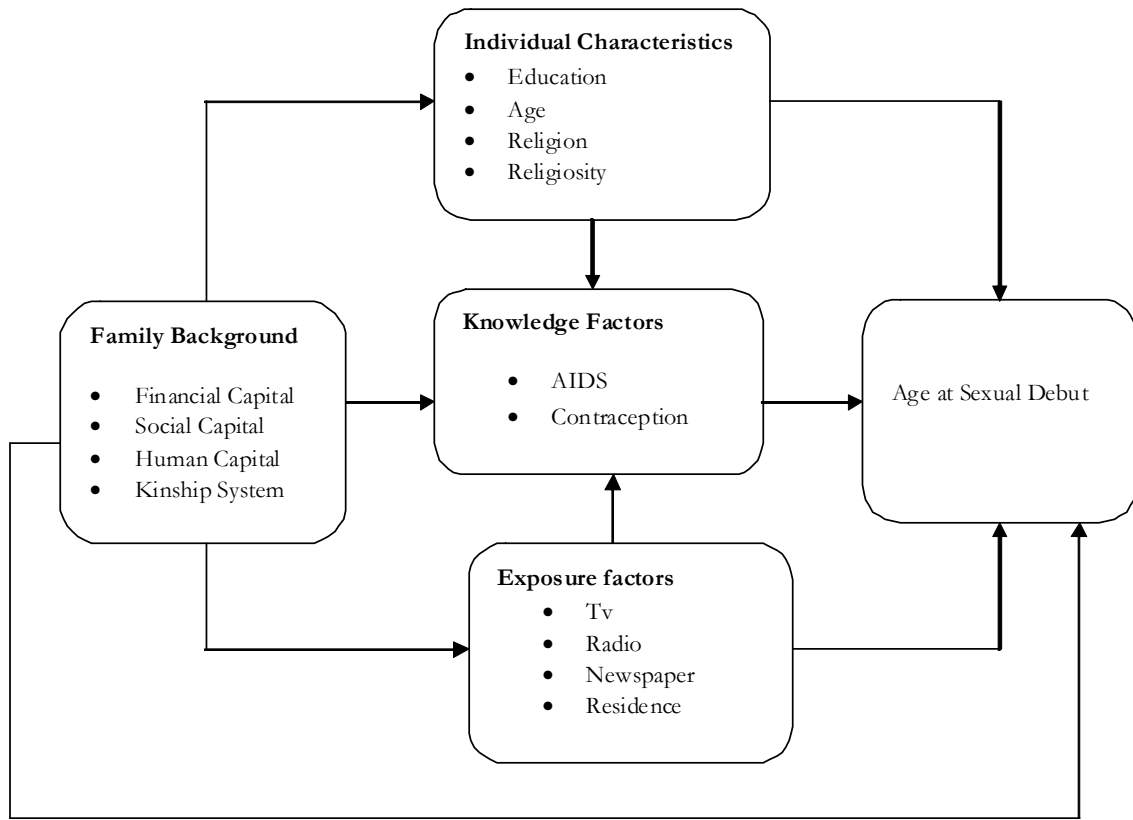
In summary, age at sexual debut among youths is influenced by multiple factors operating at various levels, including the presence of a guardian. Most literature has cited education, wealth status, religion, presence of a guardian, knowledge on protection and mass media to be the most common factors that influence sexual debut. Studies conducted within school settings demonstrate that in-school youth are also likely to engage in early sexual debut.

2.6 Conceptual Framework

The conceptual framework below aimed at showing the how family background, knowledge factors, exposure and individual characteristics factors associated with sexual debut in Coastal Province among 15-24 year old. The study aims at exploring the influence the independent variables: Individual characteristics, knowledge, exposure and family background factors are associated with the dependent variable sexual debut among youth in the coastal province of Kenya. The conceptual framework borrows from (Djamba 1997) resulting from the discussed theories. Family factors are crucial factors of socialization

It illustrates how individual characteristics of a 15-24 year old girl, knowledge about condoms and contraceptive, exposure to mass media and family background influence the age at first sexual encounter

Figure 2.1 Conceptual Framework for the Study of Female Sexual Behaviour in Africa.

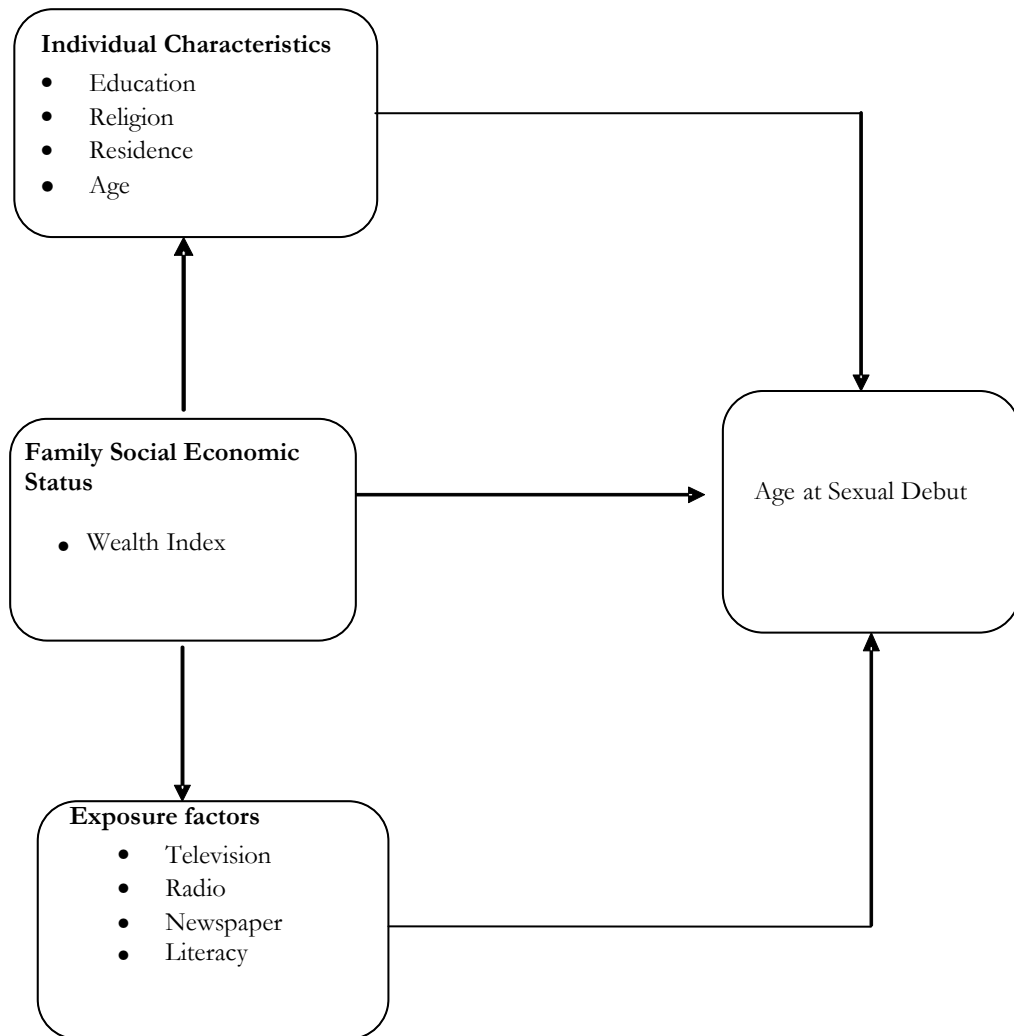


Source: Theoretical Perspectives on Female Sexual Behaviour in Africa: A Review and Conceptual Model. African Journal of Reproductive Health Vol. 1, No. 2 Djamba (1997),figure 2.4 pp. 24

2.7 Operational Framework

For the purposes of this study, Djamba model was modified as shown below. This study conceptually hypothesized that Individual characteristics, family socioeconomic background, knowledge and exposure factors influence age at sexual debut.

Figure 2.2 Operational Framework



Adopted from Djamba (1997) framework for female sexual behaviour in Africa.

2.8 Operational Hypotheses

This study tested the following hypotheses,

- a) An increase in education level has a positive influence on delaying sexual debut among female youth in coast province.
- b) Islam has a positive influence on delaying sexual debut among female youth in coast province.
- c) Exposure to media (television, Newspapers, magazines and radio) has a positive influence on delaying sexual debut among female youth in coast province.
- d) Members of the study population living in urban areas are likely to initiate early sexual intercourse.
- e) Wealth has a positive influence early sexual debut among among female youth in coast province.
- f) Older youths(20-24) are more likely to initiate early sexual intercourse as compared to the younger ones (15-19).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section represents data and methods that were used for the analysis of the study, description and measurement of the independent and dependent variables used in the study. The first part describes data while the second part describes the methods of data analysis and finally description of variables and their measurements.

3.2 Data Sources

The study will obtain data from Kenya Demographic Health Survey 2008/9, a national representative study that covered a national representative sample of 8,444 women aged 15-49 years and 3511 young women aged 15-24. The study collected data on fertility, marriage, sexual activity, malaria, HIV&STIs, use of mosquito nets, domestic violence, fertility preference, family planning, maternal child health and marriage among others. The survey was carried out as part of the world wide Demographic Health survey program that uses a cross section of nationally representative sample of households. The study focuses on 487 female aged youth aged 15-24 years of age including both single and unmarried women. The unit of analysis was individual female youth.

3.3 Methods of Data Analysis

Analysis of data was at three levels: Univariate analysis using frequencies, bivariate analysis using cross tabulations and multivariate analysis using Cox proportional hazards regression model to determine risk factors associated with age at first sexual debut. All statistical calculations were performed using Statistical Package for Social Scientists (SPSS version 20.0).

The unit of analysis in this study is a representative sample of 487 female youth. A descriptive distribution of the adolescent population provided the opportunity for comparisons of individual and background determining factors. Various statistical tools have moreover been employed to interpret associations and test statistical significance. Such tools include frequency distributions, which show values and distributions of background variables and cross tabulation. Frequencies were used to indicate distribution of background factors. Cross tabulations provided relationships and distributions of variables. Cross tabulation was used to establish the nature of associations while chi-square was used to establish the nature of the relationships.

Cox proportional hazards regression model a multivariate technique for analyzing the effect of two or more metric and/or non-metric variables on survival. It was the most general of the regression models because it is not based on any assumptions concerning the nature or shape of the underlying survival distribution. The model assumes that the underlying hazard rate (rather than survival time) is a function of the independent variables (otherwise called the covariates or risk factors); no assumptions are made about the nature or shape of the hazard function (Fox, 2002) Cox regression model is a common technique used for comparing the survival time among treatment levels and taking into account the covariate effects with the presence of censored cases. This is also known as a proportional hazard model. Proportional hazard model assumes that the covariate effect on a hazard function is the same for different factor levels for all time points. That is, the ratio of the hazard functions for two individuals with values of covariate vectors x_1 and x_2 does not vary with time t . This implies that the hazard function of T given covariates x can be written as $h(t) =$

$h_0(t)g(x)$. $h_0(t)e^{\beta^1x}$ is the baseline hazard function and $g(x) = 1$. Cox regression model takes $g(x) = e^x$ where $x = x_1\beta_1 + x_2\beta_2 + \dots + x_p\beta_p$ and p is the number of covariates.

3.4 Variable Description and Measurement.

The dependent variable measure in this study is; Age at sexual debut that refers to the age at which a female youth engages in sexual intercourse for the first time and was classified as either rural or urban. The term youth will refer to an individual aged 15-24 years in this study. The independent variables are as described in the table below;

Table 3.1: Description of Study variables

Variable	Description
Level of Education	This variable measure the education level attained by a female youth. Categories considered were; None, Primary and Secondary and Higher
Wealth Index	Refers to the house hold economic status of the female youth and was measured using three categories Rich, Poor and Middle
Type and place of residence	This variable refers to the type of residence of a female youth. It was categorized as either Rural or Urban
Religion	This is the religious affiliation of a female youth and was measured using three categories, Roman Catholics, Muslims and Protestants/others. Categories considered were Muslims and non muslims
Exposure to mass media	This variable was used to measure the number of female youths who had listened to a radio, newspapers and Television watched, Categories considered were Not at all, less than once/at least once a week and almost daily
Age in 5 year groups	This variable will be used to measure the number of female youth aged 15-19 and 20-24 and will be categorized. Categories considered were 15-19 and 20-24 years old.
Literacy	This variable was measured by the number of female youth aged 15-24 who were able to read. Categories considered were; Can read and cannot read.

CHAPTER FOUR

STUDY FINDINGS

4.1 Introduction

This chapter presents the distribution of study population by various background characteristics. It give an in depth discussion of the bivariate and multivariate analysis results. In cases where the sample size is small but holds, cross tabulation is used to show the relationship between variables of interest hence justifying the use of a particular variable. Results discussed here are based on all the 15-24 year old female youths in Coast province.

4.2 Background Characteristics of Study Population

This study restricts itself to female youth aged 15-24 years old both sexually active and not sexually active as at the time of the survey. Table 4.1, presents the basic characteristic of the study population and show that the 487 of the youth in coast province were equally distributed among the two age groups on interest with 48.7 percent being in the 15-19 year old category and 51.7 percent being in the 20-24 year old category.

Table 4.1 Basic characteristic of the study population

Study Variables	Percent	Frequency (N=487)
Education		
Non	14.8	72
Primary	58.9	287
At least secondary education	26.3	128
Religion		
Muslim	42.5	207
Non Muslims	57.5	280
Residence		
Rural	47	229
Urban	53	258
Age in 5year Groups		
15-19	48.7	237
20-24	51.3	250
Wealth Index		
Poor	38.6	188
Middle	29.8	145
Rich	31.6	154
Read newspapers or magazine		
Not at all	57.1	278
Less than and once a week	38.4	187
Almost Every day	4.5	22
Listern to radio		
Not at all	20.7	101
Less than and once a week	32.0	156
Almost Every day	47.2	230
Watch Television		
Not at all	53.8	262
Less than and once a week	21.4	104
Almost Every day	24.8	121
Literacy		
Can read	67.6	329
Cannot read	32.4	158
Age at first sexual intercourse		
Initiated	61.8	301
Not Initiated	38.2	186

In table 4.1, we can see that majority of the study population, 61.8 percent, had already initiated sexual intercourse at the time of the survey. Distribution by type and place of residence was evenly distributed with 53 percent of the study population coming from the rural area of coast province and 47 percent being from urban areas. Majority of the study population interviewed in coast province, 58.9 percent had only achieved primary school education with only 14.8 percent reporting to having no education.

Those indicating to be from rich households were reported to be 31.6 percent with 38.6 percent of the respondents reporting to be from poor households. Among those who reported to be reading the newspapers and magazines, 4.5 percent of the study population read almost daily, with majority of the study population, 57.1 percent reporting to not reading newspapers and magazines at all.

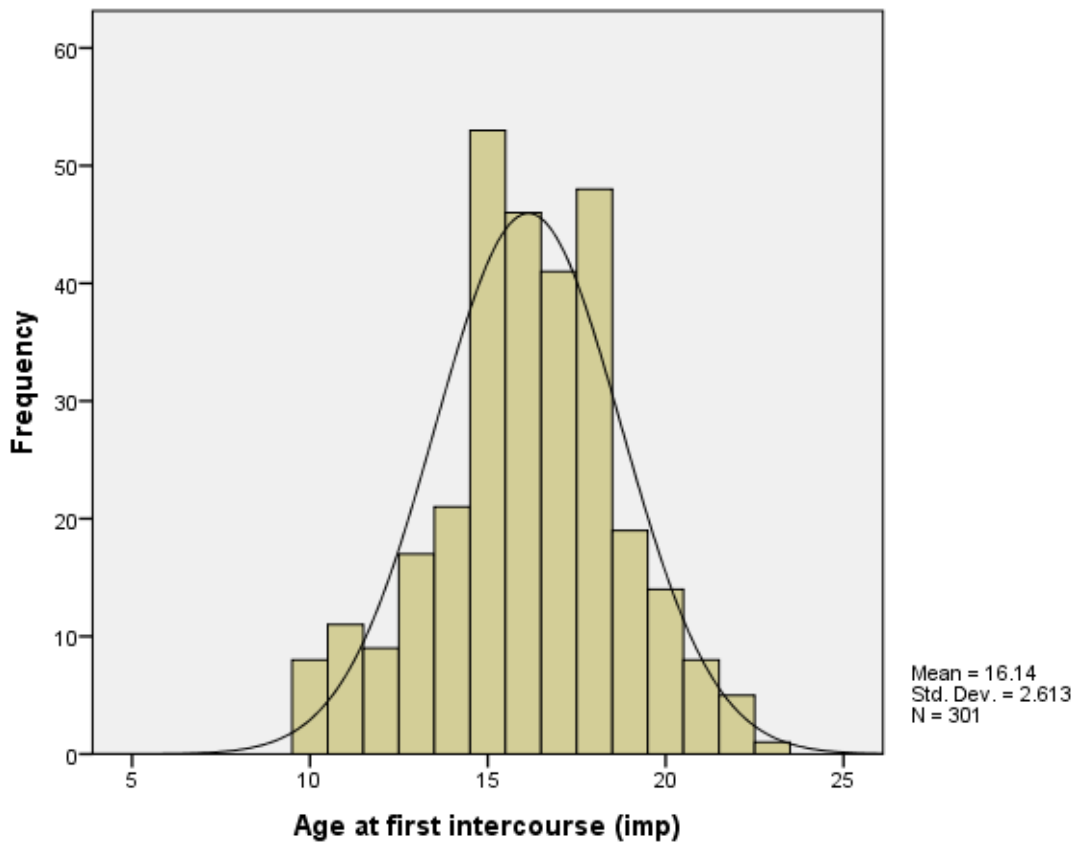
4.3 Results of Bivariate analysis.

As indicated in table 4.1 in the previous section, of the 487 female members of the study population, 301 reported to have already initiated sexual intercourse at the time of the survey.

i. Initiation of sexual debut

In figure one as seen below, the average age of sexual debut is 16.14 years of age with majority of the study population members reporting to have initiated sexual intercourse at age 15. The median age at sexual debut was reported to be age 16. The youngest age at sexual debut was reported to be age 8.

Figure 4.1: distribution of the 301 members of the study population by age at first intercourse



ii) Differentials in initiation of Sexual Activity

Table 4.2 summarizes results of differentials in sexual debut initiation according to the selected characteristics of the study population. Education level of afemale youth is seen to be very significant as the results showed that 97.2 percent of those with no education had already initiated sexual debut at the time of the study with only 46 percent of those with atleast secondary education having initiated sexual debut. Education was found to be highly significant in influencing sexual debut.

Table 4.2: Differentials of initiation of sexual debut according to the selected characteristics of the study population.

Study Variable	Initiated %	Not initiated %	Total %
Education Level			
No Education	97.2	2.8	100
Primary	62.9	37.1	100
At least secondary	46.0	54.0	100
$\chi^2 = 50.171, df = 2, sign. = 0.000^*$			
Literacy			
Can read	62.0	38.0	100
Cannot Read	66.4	33.6	100
$\chi^2 = 0.806, df = 1, sign. = 0.369$			
Reads newspapers and magazines			
Not at all	70.6	29.4	100
Less than and at least once a week	55.2	44.8	100
Almost daily	40.5	59.5	100
$\chi^2 = 16.084, df = 2, sign. = 0.000^*$			
Listens to Radio			
Not at all	69.0	31.0	100
Less than and at least once a week	61.5	38.5	100
Almost daily	62.2	37.8	100
$\chi^2 = 1.751, df = 2, sign. = 0.417$			
Watches Television			
Not at all	65.9	34.1	100
Less than and at least once a week	62.2	37.8	100
Almost daily	58.9	41.1	100
$\chi^2 = 1.735, df = 2, sign. = 0.420$			
Wealth Index			
Poor	62.2	37.8	100
Middle	63.4	36.6	100
Rich	65.0	35.0	100
$\chi^2 = 0.259, df = 2, sign. = 0.879$			
Religion			
Muslims	66.5	33.5	100
Non Muslims	61.0	39.0	100
$\chi^2 = 1.500, df = 1, sign. = 0.221$			
Age			
15-19	40.6	59.4	100
20-24	85.7	14.3	100
$\chi^2 = 104.032, df = 1, sign. = 0.000^*$			
Type and place of residence			
Urban	67.4	32.6	100
Rural	59.6	40.4	100
$\chi^2 = 1.293, df = 1, sign. = 0.255$			

Source, KDHS, 2008-09

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

This was consistent with literature as previous studies that examined the role of schooling on youth sexual behaviour argued that out of school youth were less likely to exert autonomy in deciding to engage in sexual relationships as compared to their in school counterparts (Hoffert and Hay, 1987; Odimegwu,2005).

The ability to read among the respondents indicated that most of those who could read 62 percent had initiated early sexual debut and only 66.4 of those who couldn't read had initiated sexual debut. However literacy was not significant at a 1 degree of freedom and a 95% confidence interval.

Exposure to media was seen to be a contributing factor to early initiation of sexual debut. In table 4.2, initiation of sexual debut has seen to decline as the frequency of exposure to newspapers increases, 70.6 percent of all those who reported not to read at all had already initiated with only 40.5 percent of those who read newspapers frequently having reported to have initiated sexual intercourse at the time of the survey. Among those who did not listen to the radio at all, 69 percent were reported to have initiated with 62.2 percent of those who listened to the radio frequently having initiated. There was a notable decline in the initiation of sexual debut as the frequency of exposure to television increases. 58.9 percent of the youths who reported to have access daily had initiated with 65.9 percent of those who had no access at all having initiated sexual debut.

The implication could be that reproductive health information is passed through the newspapers and the television while very little information on reproductive health is passed through the radio. With some FM stations broadcasting a lot of sexual vulgar materials, this could be a contributing factor to the high initiation of early sexual debut among those who listen to the radio, another reason could be that they only listen to music and not the

reproductive health messages passed through the radio. Exposure mass media was somewhat significant with reading newspapers and magazines being highly significant.

A study done by L'engle, Brown and Kenneavy (2006), stated that adolescents reported more sexual activity and greater intentions in sex when they were exposed to sexual content through media. Media users were likely to adopt the behaviors of characters they perceive to be attractive. Hence media content influences the age at sexual debut, if more reproductive health messages are displayed, they may act to delay early sexual debut. This was not consistent with other studies and could mean that the study population was exposed to reproductive health information through mass media and those who could not read could hear and understand the content that was on television and the radio.

Asked whether the respondents were from poor, middle or rich households, a majority of those who had initiated sexual intercourse 65 percent indicated that they were from rich households with 62.2 percent reporting to be from the poor households as at the time of survey. There was an increase in initiation of sexual debut among the study population as the wealth index increased. However, wealth was found to be insignificant in influencing sexual debut.

The respondents were asked their religious backgrounds and the distribution of respondents by religion showed that most of the respondents who had initiated sexual intercourse 61 percent of the non muslims had already initiated, while 66.5 percent muslims having initiated. This was contrary to expectation as the muslim culture and doctrine advocates for virginity until marriage . Thus the hypothesis that Islam has a positive influence on delaying sexual debut among female youth in coast province had not significant influence on early sexual debut.

Although this findings did not support finding by Twa-Twa (1997), Singh (1998) and Hofferth(1987) lack of religion and rural residence had were closely associated with early sexual debut, Ikamari and Towett (2007) did confirm that rural adolescents were less likely than the urban once to initiate sexual intercourse.

From able 4.2, it is evident that as one progresses in age they were predisposed to have initiated sexual intercourse. Initiation of sex among older youth was reported to be at 85.7 percent while younger youth who had initiated sexual intercourse were 40.6 percent at the time of the survey. Age was found to be highly significant and the hypothesis that older youths(20-24) are more likely to initiate early sexual intercourse as compared to the younger ones (15-19) was accepted.

There was a decline in initiation of sexual debut as one moved from urban to rural. Those who initiated early sexual debut in the rural areas of coast province were reported to 59.6 percent while those in the urban areas of Coast province were 67.4 percent. The hypothesis that members of the study population living in urban areas are likely to initiate early sexual intercourse did not hold.

We can therefore conclude that there was a significant association between initiation of sexual debut, age and education. However access to newspaper and magazine was found to be significant with a significance level of 0 that was less than the p value 0.05.Hence initiation of sexual debut among members of the study population was dependent on education and age

ii. 4.4 Results of Cox Regression Analysis

In this section, the results of Cox hazard regression are presented. The results were obtained by fitting the Cox regression model and presented in Table 4.3. The odds ratios

shown on the table indicate the relative risk of a given outcome per unit increase in a specified independent variable. The odds of the reference category is one unit.

When Exp (B) is less than one unit, it shows that the female youth is at a lower risk of experiencing early sexual debut compared to the female youth in the reference category. When Exp (B) is greater than one unit , it shows that the female youth is at a higher risk of experiencing early sexual debut compared to the female youth in the reference category.

From the results in table 4.3, female youths from the rural areas, reported to have a 0.742 risk of experiencing early sexual debut as compared to their urban counterparts. Those reporting to have had at least secondary school education had the lowest risk of experiencing early sexual debut at 0.305 as compared to those with no education while those with primary school education having a 0.57.9 risk of initiating early sexual intercourse as compared to those who reported to have no education. But the effect is not statistically significant at the 0.05 per cent level.

In terms of those who read the newspaper and magazines, those reading almost daily had a 1.526 risk of experiencing early sexual debut as compared to those who did not read at all, while those reading less than and at least once a week had a 0.987 risk of experiencing early sexual debut as compared to those who did not read at all. Those listening to the radio almost daily had a 0.984 risk of experiencing early sexual debut as compared to those not listening at all with those who listened atleast once a week or less than once a week had a 1.118 risk of experiencing early sexual debut as compared to those not listening at all. However these results were not statistically significant at the 0.05 per cent level.

Table 4.3: Cox Regress Analysis Results

Variables	Log of Odds (B)	df	Sig	Exp(B)
Type and place of residence				
Urban (RC)				
Rural	-.299	1	.136	.742
Education Level				
None (RC)		2	.000	
Primary	-.547	1	.001	.579**
At least secondary	-1.187	1	.000	.305**
Reads newspapers and magazines				
Not at all- (RC)		2	.529	
Less than and at least once a week	-.013	1	.927	.987
Almost daily	.423	1	.289	1.526
Listens to radio				
Not at all-(RC)		2	.649	
Less than and at least once a week	.111	1	.509	1.118
Almost daily	-.016	1	.921	.984
Watches television				
Not at all- (RC)		2	.041	
Less than and at least once a week	.154	1	.366	1.167
Almost daily	-.357	1	.074	.700
Wealth Index				
Poor- (RC)		2	.423	
Middle	-.247	1	.193	.781
Rich	-.280	1	.309	.756
Religion				
Muslims- (RC)				
Non Muslims	-.076	1	.550	.927
Literacy				
Can read- (RC)				
Cannot Read	-.076	1	.550	.927
Age				
15-19- (RC)				
20-24	-.642	1	.000	.526**
-2 Log Likelihood	2938.696			

Note: RC= Reference category, *P< 0.05, **P<0.01, ***P<0.001

Source, KDHS, 2008-09

Those who listened at least once and less than once a week had a 0.118 risk of experiencing early sexual debut as compared to those who did not listen at all. This could be interpreted that those who accessed less than once a week and at least less than had selected programs that they listened to. Female youths who reported to have watched the television almost daily had a 0.70 risk of experiencing early sexual debut as compared to those who did not watch at all, While those watching at least once a week and less than once a week had a 0.118 percent higher chance of initiating sexual debut as compared to those who did not access at all. However, this result was insignificant.

In terms of wealth index, female youth who reported to be from rich households had a 0.456 risk of experiencing early sexual debut while those form middle had a 0.781 risk of experiencing early sexual debut as compared to those from poor households. Non Muslims has a 0.927 risk of experiencing early sexual debut as compared to the Muslims. But the results were not statistical significant.

Religion was however not found to have any insignificant effect on early sexual debut. Etzkin R, Barnett.R.V, Smith. S, Schwartz. S.E, Baugh. E. J. (2011) argued that religious beliefs, like moral and political beliefs, become more abstract, formatted, and independent during adolescence. Religious adolescents were significantly less likely to engage in premarital sex and somewhat less likely to engage in delinquent behavior. Three aspects of religiosity were highlighted to affect the timing of sexual debut: affiliation, attendance, and community religiosity. Some believed that the type of religious affiliation was less important than actually being affiliated

From the multivariate analysis table 4.4 we can conclude that only age and education significantly influence age at sexual debut. Those with at least secondary school education

had a 0.695 risk of experiencing early sexual debut as compared to those with primary school only education who had a 0.421 risk of experiencing early sexual debut. This was very consistent with previous studies that showed adolescents with at least secondary education begin sexual debut at least three times later than those with none (CSA, NCAPD,2004)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study investigated factors that are associated with early sexual debut among female youth in Coast province. The present section summarises findings, provides conclusions and makes recommendations. The recommendations are relevant for policy formulation and further research in adolescence reproductive health. The major objective of the study was to investigate the factors associated with sexual debut among 15-24 year old youth in Coast Province.

The study was based on 487 female youth aged 15-24 years old both sexually active and not sexually active as at the time of the survey. The dependent variable was age at sexual debut and the independent variables being, age, residence, education, mass media (television, newspapers, radio and literacy), wealth index and religion. The study found that age, education and reading newspapers and magazines to have significant associations on age at sexual debut using chi-square test. The mean age at sexual debut was 16.14 with and the median age was reported to be age 16.

5.2 Summary of Findings

The results showed that 61.8% of the 487 female youth aged 15-24 were already sexually experienced as at the time of the survey. The age at first sex ranged between age 10 and 23 years among the study population. Bivariate results showed that 97.2 percent of those who initiated early sexual intercourse had no education and 46 percent had at least secondary education. Female youths aged 20-24, 85.7 percent of them had already initiated at the time of the study as compared to only 40.6 percent among the 15-19 who had initiated. The study

found that only age and education had significant influence on age at first sexual debut among female youths aged 15-24 in Coast province.

5.3 Conclusions

From the study results, it was notable that age and education significantly influence age at sexual debut. The risk of initiating sexual debut, marginally, but consistently reduces with higher education levels and among those with at least secondary school education. Study findings underscore the importance of school attendance and age in driving age at sexual debut among the study population. Further studies are warranted to elucidate how these factors can be addressed in prevention programs for young adolescents.

5.4 Recommendations

Based on the study finding, the following recommendations were given for policy and programmes and further studies.

Policy

Coast province was reported to begin sexual debut at age 8, in view of this there is a need for development partners to harmonize all the life skill programmes in the country and work hand in hand with the government to implement the life skills curriculum in all primary and secondary schools. Programmes targeting the out of school youth should also be initiated to also facilitate in delayed age at sexual debut. More emphasis on youth friendly health services should be encourage to help expose the youth to more reproductive health information that will enable them to make informed decisions. Findings showed that television and radio programs do not influence sexual debut. Programmes targeting youth

sexuality may be aired through the television and radio to ensure that media has a positive influence on sexual debut.

More efforts need to be made to achieve consistent reductions age at sexual debut so ensure that the 15-24 year old women from coast province delay sexual debut to a later date when they are mature enough to make sound decisions on their sexuality. The Government and other stakeholders should also focus on programs that encourage and sponsor youth for higher education as education was seen to significantly reduce the risk of initiating early sexual debut.

5.5 Further Research

There is need for further comparative research on age at sexual debut. Qualitative research on the influence of peer pressure, religiosity and mass media should be undertaken taking into consideration the amount of sexual content available in the internet. This will be key in helping identify effective interventions and highlighting likely policy adjustment areas relevant to the adolescent population.

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