SEXUAL BEHAVIOUR AMONG STUDENTS: THE CASE OF THE TECHNICAL, VOCATIONAL EDUCATION AND TRAINING (TVET) INSTITUTIONS IN NAIROBI COUNTY

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DECLARATION

This Project is my original work and has not been presented for a degree in any other University.

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This Research Project has been submitted for examination with my approval as University Supervisor.

Signature____________________________ Date: ____________________________

Dr. Kiemo
DEDICATION

This research project is dedicated to my parents and my two daughters, Stephanie and Elsa, for their love, care, support and encouragement.
ACKNOWLEDGEMENTS

I am humbled to God for His abundance grace and good health throughout my studies and for bringing me this far. I wish to give special gratitude to my supervisor Dr Kiemo for his guidance and constructive criticism through all the stages of this work.

I also want to thank all the principals, deputy principals staff and students of the TVET institutions, I engaged in data collection for their co-operation during the study. I also appreciate David Wepukhulu and Amwayi Shilisiah for their assistance in data collection.

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ABSTRACT

Sexual behavior and sexuality are very important for adolescents' health and well-being. When adolescents have their first relational and sexual experiences, they have to learn what they like and dislike, how to make sexual experiences mutually rewarding, and how to prevent potentially negative consequences of having sex. Ideally these experiences are safe and pleasurable for both partners. Positive sexual experiences are associated with general well-being, and thereby contribute to public health more generally. The aim of the study was to establish sexual behavior among students in Technical, Vocational Education and Training Institutions in Nairobi County. The study site was Nairobi County, in Technical, Vocational Education and Training institutions, which were Kabete Technical Training Institute, PC Kinyanjui Technical Training Institute, and Nairobi Technical Training Institute. The research methodology of this study was a descriptive survey research as it enabled the researcher to describe the state of affairs as they exist without manipulation of variables which was the aim of the study. Simple random sampling technique was used to select the sample. A sample of 240 students was utilised in this study which constituted of 80 students from each institution, in addition to 3 key informants from each institution, giving a total of 9. Therefore the total sample of the respondents was to be 249. The study made use of primary data. Primary data was obtained from the students using questionnaires. This study employed descriptive statistics to analyze the data obtained. Statistical Package for Social Sciences (SPSS) was used to analyze the data.

This study found out that most of the students had already had sex when they entered the learning institutions. Oral sex was found to have preceded vaginal intercourse although to an inconsiderable extent. The circumstances of the first sexual intercourse, particularly the age of coital debut and the duration of dating prior to the sexual intercourse, was found to positively influence subsequent sexual behavior. The study further found out that despite the students' high level of knowledge concerning STI and HIV/AIDS demonstrated further by the low rate of infection amongst them, they did not wholly believe in efficiency of condom use in preventing STIs and HIV. On the other hand, the study found out that the students acknowledged the need for engaging in safe sexual relations in a long-lasting relationship. Safer initiation of sexual life seems to be associated with safer sexual practices later in life. Interventions focusing on healthy sexual behavior are needed.

Based on the data from this study, interventions are advocated aimed at younger ages, before sexual initiation takes place. Knowledge about sexual behavior in students might help tailor such interventions. To know how adolescents feel and think can results in a dialogue that may encourage children to share their experiences with parents. The study may also provide implications for public health practice among young adults. In contrast to adolescents this period is characterized by lower direct parental supervision; therefore parental processes in this age are less important. The data collected present the clear message that interventions should not only focus on vaginal intercourse, but also on anal and oral intercourse and their consequences. The coincidence of sexual risky behavior with substance use increases the importance of intervention focused not only on one type of risky behavior, but on the whole complex of health-related behaviors.
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CHAPTER ONE: INTRODUCTION

1.1 Background

Doherty, Appel, and Murphy (2004) defined a risky behavior as one that can result in negative consequences for a person's health. There have been many definitions of risky behaviors, but most researchers interested in this field tend to study a number of the same behaviors, such as alcohol consumption, drug use, unsafe sexual practices, illegal behaviors, dangerous driving, and smoking (e.g., Caspi et al., 1997; Wilson & Jorffe, 1995). Risk behaviors such as heavy drinking, illegal drug use, and unsafe sexual behavior can lead to high rates of morbidity and mortality among college students (Wilson and Jorffe, 1995).

Adolescent sexual risk-taking, defined for this study's purpose as a history of sexual intercourse involving either multiple partners and/or no contraceptive/condom use (Rodgers, 1999), and contributes to the staggering number of sexually transmitted diseases and unwanted pregnancies worldwide each year (Rosenthal & Feldman, 1999). Sexual risk for adolescents has changed dramatically in the past 15 years (Hutchison & Cooney, 1998; Rosenthal & Feldman, 1999). It has been estimated that over 12 million teenagers in the United States, seven million young men and five million young women, are sexually active (Aved & Lobdell, 1984).

Among sexually active teenagers, about 1 in 4 acquires a sexually transmitted disease every year (SIECUS, 2000). Additionally, eighty-five percent of teenage pregnancies are unintended, accounting for twenty-five percent of all unintentional pregnancies annually (SIECUS, 2000). Tremendous health and economic burdens are related to the frequent outcomes associated with adolescent sexual risk-taking; as such it seems imperative to evaluate the risk and protective factors contributing to the context of adolescent sexual risk-taking. Adolescence is a transitional
period of growth and change including the development of mature forms of thought, emotion, and behavior (Montemayor, 1983). The transition from childhood to adolescence is also filled with biological, psychological, and social changes that can be quite disruptive. Additionally, adolescents are thought to lack mature skills to cope with these changes and, therefore, they may experience a high degree of what has been referred to as "transitional stress" (Montemayor, 1983). Transitional stress is likely to have an impact on family relationships, but for the most part, it is not likely to cause the development of serious family problems (Walsh & Scheinkman, 1993).

All adolescents experience the biological, cognitive, and social transitions, but the effects of these stages are by no means universal (Walsh & Scheinkman, 1993). Context, particularly the relational context of the family, is quite important in determining the experience of the adolescent during this transitional stage. When adolescents join college they have an increased opportunity to partake in drinking, drugs, and risky sexual behavior, and there is often a significant decrease in parental supervision, especially if the student no longer lives at home. Specific to sexual risk-taking, as aforementioned, Rodgers (1999) found that high levels of parental monitoring were associated with lower sexual risk-taking behaviors, as did Luster and Small (1994) and Jacobson and Crockett (2000). Of interest, Rodgers hypothesized an interaction effect between the closeness of the parent-adolescent relationship and the effectiveness of parental monitoring. Her results showed that the closeness of the relationship did not enhance the effect of monitoring such that parental monitoring "can be a protective process independent of parental support" (p. 106). Rodgers concluded: "Teaching parents about the importance of parental monitoring and how they can monitor without being intrusive is one way to ensure low-risk sexual behavior among sexually active teens" (p. 107). The greatest increase in alcohol
consumption occurs during the first year of college (Friend & Koushki, 1984). Recently, there has been more participation in drug use and risky sexual behavior among college students than in the past (Johnston, O'Malley, & Bachman, 1996; Pluhar, Frongillo, Stycos, & Dempster-McClain, 2003).

There is a global trend towards early onset of sexual activity among students in Technical, Vocational Education and Training institutions with consequences of sexually transmitted infections (STIs) and unwanted pregnancies according to the most recent international study which explored sexual behavior of school age adolescents in 42 European and North American countries (Currie et al., 2012). Approximately three million teenagers contract a sexually transmitted disease (STD) each year (SIECUS, 2000). Some of the most common STDs among adolescents are chlamydia, gonorrhea, herpes, and the human papilloma virus, all of which pose a serious threat to young people because of the link between these diseases and the rates of cancer and infertility (SIECUS, 2000).

Additionally, the risk factors associated with HIV (i.e., drug use, unprotected sex, and multiple sexual partners) are more common among young people than adults which mean that the risk of HIV infection among adolescents is substantial. If these youths do not seek treatment for sexually transmitted diseases early they may suffer long term complications. Echoing similar concerns are Godwin, Taylor, Brown, Winscott, Scanlon, Hodge, Mickey and England (2012) who, pressing a case for college students to be allowed to seek medical treatment for sexually transmitted diseases in Arizona, affirm that untreated gonorrhea and Chlamydia lead to long term complications like scarring of the fallopian tubes, pelvic inflammatory disease, infertility and the risk of HIV/AIDS transmission. Besides the health concerns, college sex may interfere with
academic performance a view expressed by Hindin and Michelle (2009) who found sexual activity to be associated with less involvement in academic activities.

The factors that predispose college students to engage in sexual behaviors have been identified as: having peers who are sexually active and who pressurize others to engage in sex (Didi 2004), experimentation, relationships between them and their parents and engaging in substance use and abuse. In addition, religious beliefs, family values and fear of contracting sexually transmitted diseases, fear of dropping out of school are other factors that contributed to college sex (Ankomah, Mamman-Daura, Omorogie and Anyanti, 2011). In their study of factors contributing to sex initiation they identified push factors where parents pushed their girls into the streets, coercive factors like violence and rape, transactional factors where teenagers engaged in sex for financial or material favours and pull factors such as peer influence and media. Studies conducted in sub-Saharan Africa indicate that the age of sexual initiation has continued to drop over the years (Johnston, O'Malley, & Bachman, 1996; Pluhar, Frongillo, Stycos, & Dempster-McClain, 2003).

The factors associated with initiation have been identified as poverty, exposure to mass media, as well as the changes taking place in the traditional family (Gupta & Mahy, 2001). Research in Uganda further confirms that adolescents between the ages 12-19 are initiated to sex (Neema, Ahmed, Kibombo & Bankole, 2006). Studies conducted in Kenya over time concur that, like in other places, youths are initiated to sex early with the predisposing factors being gender, father presence in the household, family wealth status and peer influence. Parent-daughter communication about sex is more common than parent-son discussions (Nolin & Petersen, 1992; Papini, Farmer, Clark, Micka, & Barnett, 1990). Adolescent sons tend to be monitored less than
daughters, have less communication within the family, less opportunity to discuss sexuality with their same sex parent, and fewer discussions of topics likely to teach family values about sexual behavior (Nolin & Petersen, 1992).

Several models have been developed to describe and schematize the various factors associated with sexual risk behavior among adolescents. Bronfenbrenner's Ecological Systems Theory, emphasizes the reciprocal relation among multiple systems associated with a person's behavior (Bronfenbrenner, 1989). According to this perspective, an accurate and comprehensive understanding of adolescent sexual risk behavior must necessarily include some knowledge of both the personal and the social factors which may contribute to the youth to become sexually active and subsequently, the youth to engage in risk/promoting or risk reducing sexual behavior (Kotchick et al., 2001). It can be assumed that psychological factors (e.g. sociability, well-being, and self-esteem), behavioral factors (e.g. early sexual onset, alcohol and tobacco use) and social factors (e.g. family structure, parental monitoring and support) are significantly linked to adolescents and young adult sexual risk behavior.

One common theme running through the research done in Kenya reveals that father absence or family disruption increased the odds of adolescent sexual activity while the presence of parents was a protective factor against adolescents' adverse sexual health outcomes (Ngom, Magadi & Owuor, 2003; UNICEF, 2006; Kabiru & Orpinas, 2008). Studies by Lema, 1987; Didi, 2004; UNICEF, 2006; KHRC, 2010 have also found out that young adolescents from well-off families may engage in sexual activity in pursuit of disposable income and material possessions. In addition literature on adolescents' sexual health identifies the relationship between parental monitoring as protective factors in adolescent sexual initiation. Issues of concern identified as
rule setting, supervision and authoritative values transmitted to adolescents determine the age and frequency of involvement in adolescence sex initiation (Ngom, Magadi & Owuor, 2003; UNICEF, 2006; Rudatsikira, Muula & Siziya, 2007).

1.2 Problem statement

Sexual behavior among students in TVET institutions is an issue of concern to the administrators and staff of these institutions and should not be wished away. These behaviors sometimes lead to deleterious consequences such as unwanted pregnancies, getting infected with sexually transmitted diseases (STIS), HIV/AIDS infections and even death. Sexual risk taking behaviors have been found to be higher for men than for women (e.g. Laumann, Gagnon, Michael, & Michaels, 1994; Poppen, 1995; Seal & Agostinelli, 1996; Vollrath, Knoch, & Cassano, 1999). A meta-analysis of 177 studies concluded that men were more likely than women to engage in casual sex, have sex at a younger age, and have more sexual partners (Oliver & Hyde, 1993). The meta-analysis did find that sex differences were less pronounced in the more current studies that were analyzed. Sex differences in sexual risk taking have been explained by a number of theories, including adherence to traditional gender roles and gender scripts (Eagly, 1999; McGormick, & Brannigan, 1980), personality differences (Zuckerman, 1991), evolutionary theory (Wilson & Daly, 1993), and even social exchange theory (Baumeister & Vohs, 2004).

Sexually transmitted infections (STIs), including HIV/AIDS, have emerged as a worldwide threat in the medical, socio-cultural, and psychosocial spheres. Except for HIV/AIDS, STIs receive remarkably little attention, especially in developing countries. According to the UNAIDS (2004) estimation, 4.8 million people (range: 4.2-6.3 million) became newly infected with HIV
in 2004, which was more than in any previous year. Today, about 37.8 million people (range: 34.6-42.3 million) are living with HIV, which killed 2.9 million people (range: 2.6-3.3 million) in 2003, and over 20 million since the first cases of AIDS were identified in 1981 (Baumeister & Vohs, 2004). The epidemic remains extremely dynamic, growing and changing in character as the virus exploits new opportunities for transmission. There is no room for complacency anywhere. Virtually no country in the world remains unaffected. Some countries that have let down their guard are seeing a renewed rise in numbers of people infected HIV. In most Kenyan learning institutions, the overall percentage of young adults with HIV infections has remained stable in recent years (Brannigan, 1980). However, despite the fact that the higher institutions of learning (TVET) have well established counseling departments with qualified staff (teachers), who sensitize and awareness on sexual behaviors; risky sexual behaviors among the students still persists.

1.3 objectives of the study

General objective

To establish the factors that influence sexual behaviors among students in Technical, Vocational Education and Training Institutions in Nairobi County.

Specific objectives

The specific objectives of this study are:

1. To examine the behavioral factors influencing sexual behavior of young students in Technical Vocational Education and Training institutions in Nairobi County.

2. To investigate the psychological factors persuading sexual behavior of young students in Technical, vocational Education and Training institutions in Nairobi County.
3. To explore the social factors manipulating sexual behavior of young students in Technical Vocational Education and Training institutions in Nairobi County

1.4 Research questions

1. How do behavioral factors influence sexual behavior of young students in Technical Vocational Education and Training institutions in Nairobi County?

2. What is the influence of psychological factors on sexual behavior of young students in Technical, vocational Education and Training institutions in Nairobi County?

3. How do social factors influence sexual behavior of young students in Technical Vocational Education and Training institutions in Nairobi County?

1.5 Justification of the study

If one takes into account the importance placed on establishing and monitoring high-risky sexual behaviors that contribute substantially to leading causes of death, and social problems of the youth in the USA, it is relevant to extend this form of inquiry to Kenyan youths. Most studies on sexual risk-taking behaviors are concerned with school-going youth while less emphasis has been placed on college students.

This study is aimed at adding more information to the relatively small pool of knowledge regarding risky behavioral patterns of college students.

It would be useful to be aware of correlations that might exist among the various risky behaviors of the students in order to ascertain possible risk behavior profiles, which could inform prevention programmers. It would also be useful to know whether risk behaviors differ according to gender
The present study highlights some of the issues that need to be tackled in HIV prevention programs at the individual, institutional, and community level. It also identifies areas that should be addressed by policy makers and policy implementers especially those in education and health. This study will help students and the management of the TVET institutions understands sexual behaviors among their students and how to manage and control these behaviors.

1.6 Scope and Limitations

The scope of this study focused on the relationship between sexual risk behavior of young students in TVET institutions in Nairobi County, social factors (family structure, parental education, parental support, parental monitoring, social support from friends), psychological factors (self-esteem, well-being, values,), and behavioral factors (alcohol use, tobacco use, sexual behavior).

The main limitation of this study, in addition to the self-reported nature of the data, was its cross-sectional design which limits the potential for inferences on causality. It should also be noted that our sample included only adolescent students and youth from one region (Nairobi County); our findings therefore may not apply to students in rural public TVET institutions.

1.7 Definitions of Terms

Adolescent: A young person who is developing into adulthood

Social-cultural context refers to college-area facilities which influence respondents to participate in unsafe sexual behavior such as living conditions, nightclubs, beer shops, x-rated magazines, peer pressure, Cyber cafes, and guesthouses.

Sexual partnership refers to numbers of partners (current and past), timing and duration of sexual partners, identity of partners (type of relationship, socio-economic characteristics),
conditions of choice (imposed, selected, coercive), and the conditions of changes in sexual partners (type of relationship, socio-economic characteristics, etc.).

**Sexual meanings** refer to the process of the social construction of sexuality by which sexual thought, sexual behavior, and sexual condition are interpreted. Socialization to be masculine is part of the social construction of sexual meaning, and the perceptions of partnership. Examples of these are beliefs in the myths about the nature of women's bodies such as the desirability of virginity and that beautiful white skin make a person safe from contracting STIs/HIV. On the other hand, sex is used for experimenting, for marital pairing, and for developing patience.

**Sexual drive and enjoyment** refers to the physiological and socio-psychological aspects of sexuality, which interact to produce varying levels of arousability and orgasmic capacity. This includes the formulation of sexual identities, social conditioning, sex drives, perceptions of pleasure and the level of enjoyment, which differ among individuals and change over the course of life. Two fundamental elements of this are the perception of pleasure from sexual relations and the level of enjoyment in sexual relations.

**Socio-economic factors** refer to the knowledge of STIs/HIV routes of transmission, prevention, income, and belief in the efficiency of condoms in preventing STIs/HIV and attitudes toward condom use.

**Safe sexual behavior** refers to abstinence, masturbation, correct condom usage when having sexual intercourse, petting behavior, and frequency of sexual practice.

**Unsafe sexual behavior** refers to sexual intercourse without a condom, oral sex, anal sex, homosexual intercourse without a condom, and frequency of sexual practice.
CHAPTER TWO: LITERATURE REVIEW AND THEORITICAL FRAMEWORK

2.1 Introduction

This chapter presents literature review as well as the empirical review on sexual behavior among the youths. It further reviews the factors that influence these behaviors. It also has the theoretical framework, peer, lifestyle and sexuality, Cultural, sexuality and STIs, Attitudes towards condom use, Belief in the efficiency of condoms in preventing STIs/HIV, Sexuality and sexual behaviors, Living condition of students, Social-cultural environmental factors. It ends with a presentation of a conceptual framework.

2.2 Sexual Behavior Among Students

The study sought to establish sexual behaviors among the students. This was analyzed as shown in the subsequent subsections

2.2.1 Peer, Lifestyle and Sexuality

Young people are influenced by friends and have a great curiosity about sexuality. They fear rejection if they do not conform to their peer group’s behavioral patterns. Young people have changed their attitudes and norms due to changes in social life in which people rely on material opportunities. Young people are so embedded in economic opportunities and find themselves drawn in the economic market and challenge themselves to be heros. Some young men may be sexually active because they think that if they have many partners, it means they are economically strong and they have more power. Young people engage in sexual activities at a different ages and the development of their understanding in sexual involvement are influenced by prescribed scripts which are learned or acquired from a variety of sources including peers, parents, and the media.
The lifestyle behaviors of young people vary according to their motivation such as; to be free from parental control, curiosity about everything, joining groups, dressing in a sexy way, drinking, smoking, and experimenting with extreme acts such as trying drugs and trying sexual activities. The young students living in hostels come from many different places and they have more freedom to go and do things without being controlled by their parents. During the weekends or at night, they gather in groups to drink, smoke, and go out to visit bars or look for commercial sex, all of which are valued youth behaviors.

Youths who are sexually active tend to believe that most of their friends are sexually active as well; that rewards outweigh the costs of sexual involvement; that sex overall is rewarding; and that it is all right for unmarried adolescents older than age 16 to engage in intercourse (DiBlasio & Benda, 1990). Late in their teen years, college men report feeling most pressure from friends to be sexually active, while women report feeling the more pressure from partners (Guggino & Ponzetti, 1997). Cindy (2002), in a study with 6,000 adolescent’s ages 14 to 19 in Singapore concluded that young people develop their own culture as part of establishing independence from their parents, and that American media has influenced that process. However, local culture plays a strong role in shaping the next generation of youth as well. This survey was conducted in the context of market research and consumerism.

2.2.2 Culture, sexuality and STIs/ HIV
A culture, in a specific sense, is a particular way of life. But in a broad sense, culture is the intricate process engaged by humans consisting of sharing language, utilizing symbols, organizing and giving meaning to behaviors. Culture includes family, organization, policies, law, religion, art, music, language, health care, magic, sexual behavior, and any other capability acquired by humans within a social setting (Douglas A. Feldman, 1990). In addition, Feldman
has pointed out a cultural understanding focus not only upon how we do it, but also upon why we do it.

According to Vance (2001), culture is considered as encouraging or discouraging the express of generic sexual acts, attitudes, and relationships; for instance, oral and anal sex may be a part of normal heterosexual expression in one group but taboo in another. Culture is also thought to shape sexual expression and traditions. In summary, sexual behavior has its roots in biology but is shaped by culture as a result of the learning process. Cultural values are the mediums through which sexuality, drug use, and diseases are interpreted and acted upon. They determine how a woman and man will conceptualize, define, and label the behavioral choice they will make (Vance, 2001). Cultural background has an important influence on many aspects of peoples' lives, including their beliefs, behaviors, perceptions, emotions, language, religion, family structure, diet, dressing, and body image etc. In some societies, sexuality is a taboo subject, and people are prohibited from talking about it.

As a result, these barriers may force young people to confront their sexuality, which may put them at risk of contracting STIs and HIV/AIDS. However, HIV/AIDS is a preventable disease and culture-specific interventions can substantially reduce the future spread of HIV/AIDS. A traditional concept of male and female sexuality assumes that male sexuality is aggressive and female is passive. Young girls in the Buddhist religion have been raised to be mother role substitutes. They have been given more domestic responsibilities than boys (Muecke, 2003). However, males behave in different ways from females. Males were socialized to be more active and aggressive in many activities. They were trained to be “real men or heroes” and to behave as gentlemen who take care of their women. They learn to protect and to possess women as their
property. Women were viewed as being weaker and able to control their sexual desires more than men. Women were expected and socialized to control their sexual feelings and to leave them unexpressed. Men’s sexual desires were widely accepted as a natural or basic physiological need. One of the popular strategies used by the man is making fake commitments or promises to marry a woman who provides her love through sex. Therefore, it is clear that these social constructions make young people more vulnerable to having sex which may expose them to the risks of contracting STIs, HIV and other consequences.

2.2.3 Attitudes towards condom use
Attitudes toward condom use reflect the people’s subjective perception of condoms which might lead to condom use to prevent HIV. Abraham (1992) reported that 86 percent of the respondents regarded condoms as effective in terms of HIV/AIDS prevention, but 42 percent of the people found it awkward to use condoms, and 32 percent thought they would spoil sexual pleasure. Via multiple regressions, perceived effectiveness of condom use and perceived barriers to using a condom were shown to be important predictors of carrying and using condoms (Charles Abraham 1992). A study conducted in a STI clinic in Seattle (Baker, et al., 1996) showed that 75 percent of the respondents had not used condoms regularly with steady or casual partners in the preceding month. The subjects who had more positive attitudes towards condom use, perceived strong social norms of condom use, and had stronger intentions towards condom use were more likely to use condoms, but it was with casual partners rather than with steady partners. Women who required their partner to use condoms were most influenced by social norms. A study conducted in the United States measured perceived advantages of condom use, perceived cost of condom use, and evaluation of outcome of condom use. The study found that the level of confidence in using condoms was closely associated with a number of behaviors, such as using
them for contraception, using them with regular partners, and using them with other partners (Lauby, et al., 1996). Based on a health belief model, David Wilson (1992) reported that perceived barriers of condom use was one determinant of condom use intention among Zimbabwean adolescents.

Bengel (1996) also reported that attitudes towards condom use could predicate the behavior of condom use among heterosexual German men. A similar study conducted among Australian adolescents found that perceptions of the disadvantages together with the perception of the advantages of condom use had indirect effects on condom use via prior intention (Boldero, et al., 1992). Yang Ping (1997) analyzed the data of a STI/HIV hotline in China and found that 67.2 percent of the clients performed high-risk behavior such as engaging in prostitution and having multiple sexual partners. The average rate of condom use was 11 percent in this group. In addition, 72.2 percent of the women undertook prostitution without condom use. The reasons for non-use of condoms were “it is not necessary,” “don’t know that condom use can prevent protect people from STIs/HIV,” “reduces sexual pleasure,” “believe that condom can prevent STIs/HIV,” “know how to use a condom” and “the price of condoms is too high.” These results indicated that the perception of the effectiveness of condom use and evaluation of the outcomes of condom use were related to the people’s behavior of regarding condom use.

The reasons for voluntary non-use of condoms and limitations on capacity to negotiate condom use with male sex partners were expressed in some qualitative studies. The main reasons for non-use of condoms explored in focus group discussions in Asthana’s (1996) study fell into three categories: discomfort and pain, perception of the clients as not HIV infected, and clients’ refusal of condom use. Other reasons for non-condom use included the clients believed condoms
affected their enjoyment of sex â€“ female sex workers expressed the fear that condoms would be lost in the vagina (Lori 1995), and unhappy about the thought of condoms prolonging the sexual encounter (Lori 1995; Daily highlights, 1997).

2.2.4 Belief in the efficiency of condoms in preventing STIs/HIV

Personal perceptions of the benefits of taking the recommended action refers to the individual’s beliefs regarding the potential positive consequences of undertaking the recommended behavior such as willingness to take prevention measures involving the use of condoms. The perception of benefits applies to the respective aggregate of all gains and the cost benefit of actually engaging in the preventive sexual behavior. In addition, it is assumed that sexual behaviors are influenced by personal perceptions of the benefits of safe sexual behavior weighed against perceptions of the barriers to performing safe sexual behavior. Perceived benefits of safe sexual behaviors refer to the youth’s belief that using a condom when having sexual intercourse can protect both partners from HIV/AIDS.

The study of Chistiana (1995) indicated that condom benefits beliefs, condom barrier beliefs, cues to action, knowledge and male gender were significant predictors of past condom use. Perceived benefits of condom use and male gender were significant predictors of intention to use condoms. Perceived benefits of condom use were positively associated with intention and actual condom use. Here in her study, the benefits of condom use include prevention of pregnancy as well as protection against the transmission of STIs and HIV/AIDS, and risky sexual behavior. Rosenthal (1992) did a study to investigate the validity of the health belief model as applied to the adolescentsâ€™ responses to the threat of AIDS and their sexual risk taking behavior. The results indicated that there were gender differences in health beliefs, with young women perceiving AIDS as more serious than males and perceiving more benefits of condom use.
2.2.5 Sexuality and sexual behaviours
The broad concept of sexuality not only covers sexual behaviors but also encompasses a multitude of elements. Attitudes and behaviors surrounding sexuality and gender roles carry profound meanings for men and women in every society and can affect the quality of life in fundamental ways (Dixon-Mueller, 1992). Sex has been perceived as too "private" and gender roles as "impossible to change" socially and politically "sensitive." Sexuality is recognized as the central part of human life—it relates strongly to human behavior, their interactions with one other, their decisions, and their social environment (Zeidenstein and Moore, 1995). Beach mentioned that sexuality should be considered from sociological, physiological, developmental, and evolutionary perspectives (Beach, 1997). In fact, human sexuality encompasses a far wider range of behaviors and identities than it sometimes acknowledges (Kahna, 1997).

"Sexuality is a social construction of a biological drive; it is multidimensional and dynamic. An individual's experience of sexuality, therefore, is mediated by biology, gender roles, and power relations, as well as by the factors of age and social and economic conditions" (Zeidenstein and Moore, 1995). Sexuality means "the physical capacity for sexual arousal and pleasure, personalized and shared social meaning attached to both sexual behaviors and formation of sexual and gender identities" (Dixon-Mueller, 1992).

2.2.6 Living conditions of students
A study by Decosas et al (1997) mentioned that the HIV/AIDS education, health services including STIs treatment and condoms are not always available to migrant populations. The lack of access to health care services may be due to cultural, social and language barriers those make communication problematic (Tanrantola, 1999), as well as a lack of money to buy the available services. Moreover, students may have experienced problems living in a new social environment.
This may influence their mental problems, loneliness, isolation, unfamiliarity with their new environment, and physical health. High-risk behavior, such as sex with multiple partners, is not limited to college students. It is also the result of isolation, loneliness, of being separated from family and regular partners, and the breakdown of traditional family units. When women and men leave their familiar environment with traditional norms and values, the anonymity, this can increase unsafe sexual activities (Evian, 1993; Girdler Brown, 1998).

College students have traditional sexual partners as a result of the separation of other regular partners for long periods of time. Niang (1995 cited Welyvis, 1998) notes that college students, who separate from their partners for extended periods, leave the partners; family which suggests that periods of separation of partner, being lonely may facilitate extra-marital sexual relations. They found that in rural southern Senagal, HIV mainly spreads first to men who become infected while they are part of the population or while they live outside of their villages, and then to their regular partner when they return to their hometown. Being part of the migrant population increased the opportunities to have extra-marital sexual partners. Similarly, Enel and Pison (1992) also found this to be true.

Studies in Africa found that adolescents from rural areas, who come to the cities for further studies, often live in crowded rental accommodations without adult supervision and without separation of gender. This results in sexual exploitation of adolescents; especially of girls by “sugar daddies” (Sills, 1994). Also, elderly men take sexual advantage of girls in exchange for money or goods (Contact, 1997).
2.2.7 Social-cultural environmental factors
Paik (2001) stated that adolescents are active consumers of messages broadcast on radio and television, printed in magazines, distributed on the Internet, and presented in video games. As technology has advanced, access to these varying types of media has become common in U.S. households: 98% have at least one television, 70% have more than one television, 70% have cable, and 51% of households with children have a computer (Paik, 2001). Wireless resources such as radio/CD headsets, handheld televisions, portable video game players, and Internet access via cellular phones add to the numerous sources of media access. In addition, VCR (Video Cassette Recording) usage allowing repetitive viewing of movies and access to age-restricted movies must be taken into consideration when studying media access. With each additional source of access, popular media may replace more worthwhile activities (Gerbner, Gross, Morgan, & Signoriello, 1986). Further, adolescents appear to be using media in an isolated manner: more adolescents seem to have media available in their private bedrooms (Larson, 1995).

Both children and adults have been reported to believe the media is a central source of information on sex and sexuality for young people (Malamuth & Impett, 2001). Few programs (from the daily news, to "reality-based" programs, to talk shows, to family-centered programming) appear immune to stories of a sexual nature. Content analysis has been performed on print media, television and movies, music, and computerized media to determine the types of messages delivered through these sources with results showing adolescents being exposed to both implicit and explicit sexual content (Carpenter, 1998; Durham, 1998; Strong & DeVault, 1994; Ward & Wyatt, 1994).
While neither prior research nor the general public appear to dispute the sexual content of the media, the perceived influence on adolescents and their sexuality appears to warrant further examination. Few studies examine whether adolescents themselves find the media influential in determining their sexual attitudes, values, and behaviors (Malamuth & Impett, 2001). The gender of the adolescent has also been shown to be associated with media influence. For example, Baran (1976) examined the influence of perceptions of sexuality on television and satisfaction with sexuality. While no direct influence of television on sexuality was found, Baran did find that males were more likely to report higher levels of satisfaction with their first sexual experience and lower levels of satisfaction with their virginity.

Brown and Newcomer (1991) found that males were less likely to be virgins than were females, and that while females were more likely to watch television, sexual status (virgin or non-virgin) was related to the amount of sexual content viewed on television. In addition, females appear more likely to hold conservative attitudes regarding sexuality (Calfin, Carroll, & Schmidt, 1993). Strouse, Buerkel-Rothfuss, and Long (1995) revealed similar findings regarding males being more likely to engage in premarital intercourse and to have liberal attitudes about premarital sex. Similarly, adolescent females seem to be more likely to watch soap operas and MTV, and to spend more time listening to music (Stouse & Buerke-Rothfuss, 1987).

In a qualitative, multi-method study, Steele (1999) also found that gender differences might be present in the selection of media to be viewed or listened to. Adolescent girls also appear to be affected differently by print media and are more likely than young males to read and have positive attitudes towards magazines. Girls use these magazines as discussion starters and to supplement sex education classes; whereas boys have reported that they consider the seeking and
sharing of advice unmasculine behavior (Kehily, 1999). Girls have also been reported as more likely to seek media showing romance and are therefore more likely to be exposed to sexual content (Donnerstein & Smith, 2001). Based on content analysis research, Durham (1998) concluded that girls are likely to struggle to balance the messages sent by the media in regard to appearance, behavior, and social power dynamics.

Other characteristics of adolescents that have been associated with sexuality and the media include race, class, and family environment. Both verbal and non-verbal messages regarding sexuality have been found to be related to the sexual behavior of European American female adolescents, but not African American females. African American females also appear to be more likely to recall more non-traditional messages on television (Ward & Wyatt, 1994). African American females have been reported as watching more television than do European American adolescents (Brown & Newcomer, 1991), and ethnicity has been noted as a selection factor for types of media sought by both European American and African American teens (Steele, 1999). Based on a qualitative study of adolescent middle-school girls, Durham (1999) concluded that race and class play a part in the sexual socialization of young girls with the dominant culture more likely to pay attention to mass media. In addition to race and class, overall family satisfaction was considered and found to be the most consistent moderator between media variables and sexual permissiveness in a study examining gender, race, and family environment (Strouse et al., 1995). Since not all adolescents are affected by media in the same way, certain moderating variables such as gender and family environment may be significant (Malamuth & Impett, 2001).
2.2.8 Parental factors

Sexual behaviour of adolescents is strongly influenced by parenting practices (Lenciauskiene & Zaborskis, 2008; Scharf & Mayeless, 2008; Coley et al., 2009; De Graaf et al., 2010; Falk et al., 2010; De Graaf et al., 2011; De Graaf et al., 2012). Sexual risk behaviour (SRB) during this stage of life may affect future life through unintended pregnancies and sexually transmitted infections (STIs). Parenting styles concern a system of interrelated practices like monitoring (e.g., attention, tracking and structuring context), behaviour management (e.g., negotiation, problem solving, limit-setting) and influencing social cognitions (e.g., motivation, values, goals and norms) (Borawski et al., 2003). However, studies which explored the link between parenting practices and sexual activity were often limited to only one parenting practice, such as monitoring (Romer et al., 1999; Stanton et al., 2000; DiClemente et al., 2001). Other important parenting dimensions (e.g., parental support, social cognitions, and parental trust) have been explored less frequently despite their potentially important influence (Stattin & Kerr, 2000; Donenberg et al., 2002; De Graaf et al., 2012).

Parental support and parental monitoring are important parenting styles in the model proposed by Maccoby and Martin (1983). Parental support can be characterized by warmth, responsiveness and child-centeredness. Monitoring is usually defined as the parents' knowledge of their child's whereabouts. Knowledge of the child's whereabouts does not necessarily require supervision (De Graaf et al., 2011). Some authors claim that this knowledge comes rather from the child's spontaneous disclosure than from active supervision (Stattin & Kerr, 2000), though there is an assumption that these parental practices and children's disclosure influence one another in a reciprocal manner (Kerr et al., 1999).
Most studies have found stricter parental monitoring to be associated with a delay of first sexual intercourse and with consistent contraceptive and condom use as well (DiClemente et al., 2001; Pedersen et al., 2003; Rose et al., 2005; De Graaf et al., 2010). Studies which explored both maternal and paternal monitoring yielded heterogeneous findings. In one Japanese study, intensive mother monitoring was associated with later first sexual intercourse for girls, but no associations were found between father monitoring and the sexual behaviour of both boys and girls (Nagamatsu et al., 2008). In contrast, one study on nine countries found that boys who reported a low level of maternal monitoring were at a higher risk of engaging in early risk behaviour than girls, while low paternal monitoring was associated with early sexual behaviour only for girls (Lenciauskiene & Zaborskis, 2008).

Studies on the association of parental support with sexual behaviour have mostly found that high parental support (warmth, responsiveness and child centeredness) was associated with a delay of first sexual intercourse (Dittus & Jaccard, 2000; Longmore et al., 2001; Fingerson, 2005; De Graaf et al., 2012). According to one study, these associations seem to be stronger in the youngest age groups (Lammers et al., 2000); while other studies have found that these associations were stronger for girls (Davis & Friel, 2001; McNeely et al., 2002; Nagamatsu et al., 2008). Study of De Graaf et al (2012) shows that low levels of family cohesion precipitates romantic initiation which seems to mediate sexual initiation, but these findings were confirmed only among early adolescent girls. However, results about the associations between parental support and condom use are inconsistent. Talking to the mother about important things in life was positively associated with more consistent condom use for girls before age 18 (Hutchinson, 2002). Other studies have found that young people are more likely to use contraception if they are more satisfied with their maternal relationship or have a positive communication style with
both parents. It has also been found that more satisfaction with the relationship with the mother might delay sexual onset of adolescents (Jaccard et al., 1998). Furthermore, a better quality of relationship with the mother was associated with a later entrance into a sexually romantic relationship among girls. Some other studies have confirmed these associations only for steady partners (Miller et al., 1999), casual partners (Crosby et al., 2002), girls only (De Graaf et al., 2005) or did not find any statistically significant associations at all (Werner-Wilson, 1998).

According to Vanphanom Sychaleun (2002) studies about sexual attitudes and behaviors among the urban unmarried population in Vientiane have shown that sexual behavior is a major risk factor associated with the spread of HIV/AIDS and sexually transmitted infections (STIs). Young people are uninformed regarding their high-risk sexual behavior, including premarital sex, unsafe sex, multiple sex partners, and their negative consequences. As the age of marriage is increasingly delayed and the age of reaching puberty decreases, the period between physical maturation and age of marriage is prolonged. This can lead to an increased likelihood of premarital sex. Vanphanom conducted the study in 2002 among 1200 (700 males and 500 females) young people in urban areas of Vientiane City to ascertain the level and patterns of sexual attitudes and behaviors among unmarried youth (18-24 years).

The findings indicated that discussing sexual matters was more acceptable for males than for females. In addition males had a higher frequency of sexual behavior compared to females (44.7 percent of males versus 19.2 percent of females). Another finding is a higher proportion of boys than girls experienced different forms of sexual behavior. Also, slightly over one half of sexually active young people reported condom use during their most recent sexual encounter. It appears that lack of condom use among the youths is related to a lack of negotiation between their
partners. There is a significant gender difference (P<.000) in reported peer encouragement to have sex, with 53.4 percent of males compared to 13.2 percent of females reporting encouragement.

The study above also mentioned that sexual attitudes and behaviors of young people in Lao society have been significantly changing due to the change in the socioeconomic condition of the country, resulting from other countries investing in the Lao economy. The sexual norms and values of young people in the current situation are influenced by socio-cultural and gender norms that pose different standards of sexual behaviors on males and females. However, a double standard still influences Lao society. Males having sex before marriage and multiple sex partners are considered socially acceptable. In contrast, females who have premarital sex were perceived as loose girls. Therefore, young males are more likely to take the risk of contracting sexually transmitted infections (STIs).

Many studies in Asia and other parts of the world also suggested similar findings about the gender-based double standard, which is viewed as justifiable in a social context. In Lao society, there is a gender difference in terms of the main source of information related to sexuality. The main source of sex information for males is mainly from their experience, peers, and mass media, while girls rely only on peers and mass media. Teachers, health staffs, and parents are rarely mentioned as the sources of information on sexuality.

Nguyen, M. (1997) studied the sexual behavior of young people in Vietnam. Premarital and extra-marital sex was considered to be shameful acts and were severely punished or at least stigmatized strongly by the society. However, influenced by what is referred to as sex liberation in Western countries in the twentieth century, people including youth have gradually changed
their thinking. In 1991, only 31% of urban young males and 23.6% of young females in a survey sample claimed that premarital sex was acceptable (Ngo, 1992 cited in Vu and Ngo, 1996), but up to 60.2% of polled young males and females in a sample in 1997 claimed that premarital sex was acceptable, at least between lovers (Nguyen, 1997). Moreover, more than a quarter of the respondents in the 1997 sample also found that in Thailand, one survey among factory workers and students in Chiangmai reported that almost all the males (98%) and nearly half of the females (44%) felt that premarital sex was acceptable for men (WHO, 1997).

In line with this conception, behaviors also appeared to be freer. Premarital sex which previously was thought to never or seldom occur among unmarried young people now is obvious and appears to be increasing. In a survey of reproductive behavior of students from 17 to 24 years old conducted in Ho Chi Min City and Ha Noi City in 1994 by Vu and Ngo (1996), 14.8% of male students and 2.4% of female students reported to have had sexual intercourse.

### 2.4 Conclusion

Information on sexual behavior in adolescence may help to target preventive interventions on groups at greatest risk. To be effective, interventions must take into account the sexual behavior of the target population. It is important to be informed about sexual initiation, prevalent sexual activities, relationships that precede sexual activities, condom use and the prevalence of STI in the target population.

### 2.5 Theoretical Framework

According to Singleton (1998), all empirical studies should be grounded in a theory, meaning they have to be conducted scientifically and should be empirically testable. A theory aims at finding general explanation of natural events. Kerlinger et al (1964) defines a theory as a set of
interrelated concepts, definitions and prepositions that present a systematic view of phenomena by specifying relations among variables in order to explain and predict the phenomena. The purpose of this section is to discuss briefly the theoretical framework adopted in the study. The study will use three theories to show how they relate to the topic of study. The study is informed by social learning theory of Bandura and Watters, (1963); symbolic interaction theory by George Mead (1971) and reference group theory by Herbert and Singers, (1968).

2.5.1 Reference Group Theory
According to reference group theory by Herbert and Singers (1968), men shape their attitudes to reference groups other than their own. Reference groups are groups which individuals aspire to maintain membership. In reference group theory, individuals conform to the norms of the group meaning that individual attitude formation is influenced by the group. They imitate each others character. The choice of their reference is normally based on simple assumptions about motivation. The theory will enhance this study in that students may engage in drugs in order to identify with the peers. By so doing the students are acquiring a sense of belonging. Unhealthy sexual behaviors have been learned this way and have really affected the lives of many students in the productivity of their work. If the reference group abuse drugs, the interested individuals will join them and abuse drugs like them.

2.5.2 Symbolic Interaction Theory
The proponent of symbolic interaction theory Mead (1971:19) noted that, people consider and even rehearse what they are going to do. According to symbolic interaction theory human behavior is determined by human beings who make meaning out of other people actions, modify meanings and eventually interpret the meanings. The interpretation helps the people to copy each others behavior and therefore a common understanding.
According to symbolic interaction theory, youths may try to fit in certain groups that they hold in high esteem. They may be those who are their role model. In this case, then they end up joining their peer out of school. Their interaction with people who are already in sexual indulgence and substance greatly influence their way of thinking and therefore influence them. As they would always want to copy their own use and also peddling the same, those who are still in school lack concentration. Their learning is interrupted and majority end up getting poor grades while others drop out of school.

2.5.3 Social Learning Theory
In social learning theory, much learning takes place as a result of observation and imitation of other people’s behavior, attitudes and outcomes. Bandura and Walters (1963) in Newman and Newman (1999) say that change in behavior can occur without being linked to a specific pattern of positive or negative reinforcement and without numerous opportunities for trials and error practice. Social learning theory posits that people learn from one another, via observation, imitation, and modeling. The theory emphasizes that young people learn through observing other behaviors, attitudes and outcomes of those behaviors. From observing others, one forms an idea of how new behaviors are performed, and on later stages, this coded information acts as guide for action.

This theory emphasizes imitation as the mental process in resolving the crisis of autonomy versus shame and doubt. Young people tend to imitate the character of the people who are aggressive and prestigious as their role model. Through observation learning a young person becomes acquainted with the general concept of a situation as well as a specific behavior. By watching what others are doing, then young people can choose to imitate or not. Most of the youths are exposed into sexual behaviors at a very tender age and therefore grow up with a
tendency to develop a positive attitude towards them. Self efficacy lies at the center of Bandura’s social cognitive theory which emphasizes on the role of observational learning and social experience in the development of personality. Bandura (1963) defines self efficacy as one’s belief in individual ability to succeed in specific situations. An individual’s sense of self efficacy can play a major role in how one approaches goals, tasks and challenges. The main concept in social cognitive theory is that an individual’s actions and reactions, including social behaviors and cognitive processes are influenced the actions that an individual has observed. Due to peer pressure, young are compelled to indulge in risky sexual behaviors to fulfill their self efficacy and retain their self esteem.

2.5.4 Risky Shift Theory
A study conducted by Hensley (as cited in Gardner and Steinberg, 2005) sought to determine whether developmental differences affected peer influences on risky behavior. In a comparison of young adolescents and college students, the study attempted to determine whether the tendency for individuals to take more risks on groups than when alone—a phenomenon known as risky shift—might differ across age groups. The result of this study revealed that risky shift was greater among adolescents than among college (university) students, which indicates that developmental differences seem to affect peer influences on risky behavior. According to the risky shift theory people tend to make decisions regarding behavior differently when in groups than they would if they were alone. When in a group people are inclined to make riskier decisions because they believe that the risk is shared by the group members therefore exposing themselves to less risk as individuals (Hart, 2001). Young people tend to engage in a risky act, that in one way or another, compromises their sexual activities, as a group instead of individually which are formed in accordance to developmental differences.
2.6 Conceptual framework

Sexual behaviors are theoretically affected by three components, namely, psychological factors, social factors, and behavioral factors. These determinants directly affect sexual behaviors which make young male and female students practice sexual behaviors. If they practice abstinence, masturbation, petting behaviors, and sexual intercourse with condoms, they will be protected from getting STIs/HIV. However, if they practice sexual intercourse without condoms, oral sex without condoms, anal sex without condoms, and homosexual sex without condoms, they might risk getting STIs/HIV.
Figure 2.1: Conceptual framework of socio-economic factors, social-cultural context, sexuality components, and sexual behaviour.

**Social Factors**
- Family structure
- Parental education
- Parental support
- Parental monitoring
- Social support from friends

**Psychological factors**
- Emotions
- Beliefs
- Anxiety
- Personality

**Behavioural factors**
- Alcohol use
- Tobacco use
- Sexual behaviour

**Media influence on social behaviors**

**Modernization**

**Value and place of sexual behaviors in society**

**Independent Variables**

**Intervening variables**

**Dependent Variable**

**Sexual Behaviors**
- Safe Sexual Behaviors
  - Abstinence
  - Masturbation
  - Petting behaviors
  - Sex with condom
- Unsafe Sexual Behaviors
  - Sex without condom
  - Oral sex without condom
  - Anal sex without condom
  - Homosexual sex without condom
CHAPTER THREE: METHODOLOGY

3.1 Introduction
This chapter presents the research methodologies that were used to carry out the study. Also in this chapter are the research Site, research methodology, target population, unit of analysis and observations units research site, sampling design, Techniques of Data Collection, instruments of data collection and data analysis.

3.2 Research Site
The study site was Nairobi. It examined sexual behavior among students in Technical, Vocational Education and Training institutions in Nairobi Kenya, which were Kabete Technical Training Institute, P.C Kinyanjui Technical Training Institute, and Nairobi Technical Training Institute. The institutions were preferred because of their proximity, being located in an urban setting and they have large numbers of adolescent students. An intense and comprehensive study was conducted on students.

3.3 Research Design
The research design requires gathering data from the target research site and compiling databases in order to analyze the material and arrive at a more complete understanding of the study.

The research design of this study was a descriptive survey research. A descriptive survey research seeks to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude, behavior or values (Mugenda and Mugenda 2003). A descriptive study design is deemed the best design to the objectives of the study. A research design is the general plan of how one goes about answering the research question (Saunders, Lewis and Thornhill, 2000). This design was considered appropriate for the type of objective of
this study as it enabled the researcher to describe the factors that influence sexual behaviors among students in TVET institutions in Nairobi County as they exist without manipulation of variables which was the aim of the study.

3.4 Unit of Analysis and Observations Units
Among the participants 10% from each institution should participate. The unit of analysis, also called the unit of statistical analysis, refers to those units that we initially describe for the purpose of aggregating their characteristics in order to describe some larger group or abstract phenomenon (Mugenda and Mugenda, 2003).

A unit of observation is the subject, object, item or entity from which we obtain the data required in the research study (Mugenda and Mugenda, 2003). In this study, the unit of observation was student and institution.

3.5 Target Population
The target number of participants to be interviewed was 2400. Ngechu (2004) defined a population as a well defined or set of people, services, elements, events, group of things or households that are being investigated. In this study the population of interest was students in Technical, Vocational Education and Training Institutions in Nairobi County.
<table>
<thead>
<tr>
<th>Institutions</th>
<th>Target population</th>
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<tr>
<td>P.C Kinyanjui Technical Training Institute</td>
<td>760</td>
</tr>
<tr>
<td>Kabete Technical Training Institute</td>
<td>960</td>
</tr>
<tr>
<td>Nairobi Technical Training Institute</td>
<td>680</td>
</tr>
<tr>
<td>Total</td>
<td>2400</td>
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**3.6 Sampling Design and Sample Size**

Sampling is the process of selecting a number of individuals for a study in such a way that the individual represents a larger group from which they are selected. Sampling procedures provide a valid alternative to a census where it is impossible to survey the whole population.

Simple random sampling technique was used to select the sample. The technique produced estimates of overall population parameters with greater precision. Cooper and Schindler (2000) state that the sample size is the selected element or subset of the population that is to be studied.

To ensure that the sample accurately represents the population, Cooper and Schindler (2000) further recommend that the researcher must clearly define the characteristic of the population, determine the required sample size and choose the best method for selecting members of the sample from the larger population. A sample of 240 students was utilised in this study. Mugenda and Mugenda (2003) stated that, a sample of 10-30% is adequate representation for data collection. In addition, Kotler et al. (2001) argues that if well chosen, samples of about 10-30%
of a population can often give good reliability findings. In addition, 3 key informants from each institution were sampled through purposive sampling technique, giving a total of 9. Therefore, the total sample of the respondents was to be 249.

<table>
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<th>Target population</th>
<th>Sample ratio</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
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<td>0.1</td>
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</tr>
<tr>
<td>Kabete Technical Training Institute</td>
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<td>0.1</td>
<td>96</td>
</tr>
<tr>
<td>Nairobi Technical Training Institute</td>
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<td>Key informants</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>2400</td>
<td></td>
<td>249</td>
</tr>
</tbody>
</table>

Given that the institutions are composed of six academic departments with diversity in gender distribution, the researcher distributed the questionnaire equally to departments in order to observe gender equality. The simple random sampling was used to pick the respondents from the academic departments. All students from each of these blocks were put in a hall and each asked to pick a paper which had earlier been written "NO" apart from only which had a "YES." Those who picked the yes administered the questionnaire.

### 3.7 Data Collection Procedures

The research was done in such a way that the researcher prepared a questionnaire and the interview schedule which was used to collect data from the respondents who comprised of the students and key informants. The researcher sought permission from the principals of the
institutions concerned. The researcher’s next step was to get a letter from the University of Nairobi as a confirmation of the purpose of the research.

The researcher personally administered both the questionnaires and interview schedule in order to increase the response rates and validity of the research results. In this way the researcher got the opportunity to explain the purpose of the study and clear any misgivings which could have arisen from the respondents this enabled the researcher to eliminate any barriers of non-response and increased the quality of data collection. The respondents were expected to fill all the parts of the questionnaire.

3.8 Ethical Consideration

In order to protect the identity of the respondents the questionnaires did not require the respondent’s names or details that may reveal their identity (for confidentiality purposes). Sexuality is still a sensitive topic in Kenya as it involves people’s privacy and secrets. Therefore the researcher took into account ethical consideration to protect the respondents. During the questionnaire survey, the respondents were allowed to refuse to answer questions they did not like and could drop out any time. The researcher explained the purpose of the study to all the respondents and explained that the data was being collected only under the informed consent of the respondents

3.9 Instruments of Data Collection

The researcher collected data using open ended and closed ended questions. The questionnaire was designed to collect qualitative and quantitative data. This instrument was designed for completion by the respondents, providing for both closed and open-ended questions. The
researcher trained five research assistants on all issues pertaining to the data collection procedures and techniques before carrying out the study. A set of questionnaires were issued to the respondents. The five research assistant helped the respondents to understand the questions and answer them correctly. Data collection took four days.

The preference for a questionnaire for them is based on the fact that they are able to complete it without help, anonymously, and it is cheaper and quicker than other methods while reaching out to larger sample (Bryman, 2008; Cohen et al., 2007). A request to answer all questions was made then completed questionnaires were collected immediately. An interview guide was used for discussions with the key informants.

3.10 Data Analysis

Data analysis is the process of bringing order, structure and meaning to the mass of information collected. It involves examining what has been collected and making deductions and inferences. This study employed descriptive statistics to analyze the data obtained. Descriptive statistics involves the collection, organization and analysis of all data relating to some population or sample under study. For quantitative data analysis and processing prescribes the following steps:

Data editing to ensure that the data is free from inconsistencies and any incompleteness. After cleaning, the data was coded. Coding of data follows the following steps: developing a code book, pre-testing code book, coding the data and verifying the coded data. Once the data is coded, select a few instruments and record the responses to identify any discrepancies in coding and finally, content analysis which is the process used for analyzing qualitative data. It follows the following steps: identify the main themes, assign codes to the main themes, and classify responses under the main themes.
Descriptive research design is commonly represented by use of frequency charts, graphs, and pie charts to tabulate the information gathered appropriately. Statistical Package for Social Sciences (SPSS) was used to analyze the data. This package is known for its efficiency and ability to handle large amounts of data. Given its wide spectrum for statistical procedures purposefully designed for social science, it developed appropriate holding frame to come up with reliable results according to the responses in the questionnaires.
CHAPTER FOUR: DATA PRESENTATION AND FINDINGS.

4.1 Introduction

This chapter explains how data was analyzed and presented in conformity with the study objectives. The analyzed data is interpreted and the findings are presented using frequency table and frequency charts, graphs, and pie charts.

4.2 Response Rate

This study targeted 249 respondents; comprising of 240 students and 9 key informants, questionnaires were distributed to all targeted respondents. However, out of 240 questionnaires distributed only 200 respondents fully filled and returned the questionnaires. This contributed to 80.3% response rate; the findings which are contained in this chapter are based on this response rate.

4.2 Demographic Information of the respondents

The overall sample of the study included students/youth from P.C Kinyanjui Technical Training Institute, Kabete Technical Training Institute and Nairobi Technical Training Institute. These are public technical institutions in Nairobi County.

4.2.1 Age of the respondents

The respondents were requested to indicate their ages. Table 4.1 summarizes the findings.
Table 4.1: Age of the respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-21</td>
<td>40</td>
<td>20.0</td>
</tr>
<tr>
<td>22-24</td>
<td>85</td>
<td>42.5</td>
</tr>
<tr>
<td>25-27</td>
<td>65</td>
<td>32.5</td>
</tr>
<tr>
<td>Above 27</td>
<td>10</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As per the findings, all the respondents were above 18 years of age, with 20.0% being 19-21 years and 42.5% being between 22-24 years, 32.5% being 25-27 years, and 5.0% being above 27 years. This implies that the respondents are adolescents and young adults as targeted.

4.2.2 Gender of the respondents

The respondents were also requested to indicate their gender; the findings are summarized in the figure below.

Figure 4.2: Gender of the respondents

The results indicate that majority of the respondents (55%) were males while females comprised of 45% of the respondents. This indicates that the respondents’ gender was evenly distributed.
4.2.3 Years in the institution

The respondents were requested to indicate the period they had been studying in the institution. Figure 4.3 illustrates the results of the findings.

**Figure 4.3: Years in the institution**

![Years in the institution bar chart]

From the findings, most of the respondents had been in the institution for more than 1 year, 36.4% having been there for 3 years, 31.8% had been there for 1 year and 22.7% had been there for 2 years. The remaining respondents (4.5%) had been there for 2 and 3 months each. This implies that the respondents had been in the institution for a reasonable period and their responses could therefore be relied upon.

4.3: Behavioral factors influencing sexual behavior of young students in TVET institutions in Nairobi County

The first objective of the study aimed at assessing the behavioral factors of students that influence sexual behaviors among students in TVET institutions. Early sexual activity has been linked to a greater number of sexual partners, inconsistent condom use and increased risk of both teen pregnancy and STI when compared to later starting sexual activity. Lawrence and Scott (1996) found that youths who used a condom from the onset of sexual activity were more likely
to have used a condom during their most recent sexual intercourse. The impact of later sexual initiation, longer-lasting relationships and the use of a condom during first sexual intercourse, on sexual risk behavior (multiple sexual partners, sex under alcohol or drug influence and inconsistent condom use) were explored.

4.3.1 Respondents sexual activeness
It is assumed that most youths are sexually active. Actually, recent studies have shown that adolescents are becoming sexually active at a later age than in the past years. The respondents were asked to indicate their sexual active status and the results are elaborated below.

Table 4.2: Respondents sexual activeness

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>127</td>
<td>28.3</td>
</tr>
<tr>
<td>No</td>
<td>73</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>45</td>
</tr>
</tbody>
</table>

Out of the 200 respondents, 70 males acknowledged that they were sexually active and 57 females stated they were not sexually active. With this in mind, the study went further to find out the age of first coitus of the respondents who said they were sexually active.

4.3.2 Respondents age of first coitus
An early age of sexual initiation is considered as a main pattern of sexual risk behavior that is particularly important in adolescence. It seems also to be correlated with other aspects of sexual risk behavior such as a high number of sexual partners, inconsistent contraception use, unintended pregnancies, high rates of STIs and further gynecological problems. The findings obtained are as shown in figure 4.4 below.
As per the findings, 80% of the respondents who were sexually active had their first coitus at the ages of 17 or older whereas 20% had it at the ages of 16 or younger. This implies that most respondents had already had sex when they entered the learning institutions (TVET).

4.3.3 Respondents oral sex experience before first coitus

Table 4.3: Respondents oral sex experience before first coitus

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>55</td>
<td>12.30</td>
</tr>
<tr>
<td>No</td>
<td>145</td>
<td>32.7</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>45</td>
</tr>
</tbody>
</table>

Results on table 4.3 indicate that (72.7%) of the respondents reported oral sex not preceding vaginal intercourse (40% male) and (32.7% female). The remaining 27.3% did (15% male) and (12.3% female). This indicates that to an inconsiderable extent, oral sex was reported to have preceded vaginal intercourse.
4.3.4 Period relationship lasted before the first sexual intercourse took place

The respondents were asked through the questionnaire to indicate the period of time their relationship lasted before their first sexual intercourse took place. Figure 4.5 below illustrates the results of the findings.

Figure 4.5: Period relationship lasted before the first sexual intercourse took place

![Bar Chart](chart.png)

The findings depict that most (55%) of the respondents relationship lasted for 1-3 years before the first sexual intercourse debut (30% male) and (25% female), 36% of the respondents relationship lasted for less than 1 year and 9% of the respondents relationship lasted for 4-6 years. This indicates that the circumstances of the first sexual intercourse, particularly the age of coital debut and the duration of dating prior to the sexual intercourse, could positively influence subsequent sexual behavior.
4.3.5 Respondents sexual activity under the influence of alcohol or drugs
The respondents were requested to indicate their involvement in sexual activity under the influence of alcohol or drugs. The figure below summarizes the results of the findings.

**Figure 4.6: Respondents sexual activity under the influence of alcohol or drugs**

![Bar chart showing sexual activity under the influence of alcohol or drugs]

From the findings, 72.7% of the respondents reported to have engaged in sexual activity under the influence of alcohol or drugs 39.7% being men while the other 33% were females. 27.3% had not engaged in sexual activity under the influence of alcohol or drugs. This depicts that alcohol or drugs are a stimulant towards sexual behaviour among students.

4.3.6 Number of sexual partners in the respondents’ lifetime
The key markers and indicators of sexual risk behavior (SRB) include an early age of sexual initiation, inadequate contraception use, promiscuous behavior and sexual contact with an unknown partner (Kirby et al., 2010). The respondents were requested to indicate the no of sexual partners in their lifetime, the results are tabulated below.
Table 4.4: Number of sexual partners in the respondents’ lifetime

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>male</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Three or fewer</td>
<td>69</td>
<td>15.6</td>
<td>19.1</td>
<td>34.7</td>
<td></td>
</tr>
<tr>
<td>Four or more</td>
<td>131</td>
<td>29.4</td>
<td>35.9</td>
<td>65.3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>45</td>
<td>55</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

According to the findings, 65.3% of the respondents stated that they had four or more partner in their life 19.1% being men while 15.6% were women, and 34.7% stated they had three or fewer partners. This implies that adolescents and youth are engaged in risky sexual behavior.

From the informal discussion about having one partner or multiple partners, it was clear that most key informants prefer to have multiple sexual partners because they want to show their masculinity to their friends. In male social groups, if someone has more than one girlfriend, he will be well-known and popular in the group.

4.3.7 Use of a condom during first sexual intercourse

Condoms are considered the most appropriate methods of protection from STIs. The respondents were requested to indicate the use of condom during their first sexual intercourse.

Table 4.5: Use of a condom during first sexual intercourse

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>male</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>69</td>
<td>34.7</td>
<td>42.6</td>
<td>77.3</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>131</td>
<td>10.3</td>
<td>12.4</td>
<td>22.7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>45</td>
<td>55</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

46
More than half of the respondents reported condom use during their coital debut; 77.3% did (42.6% men; 34.7% women) and 22.7% did not (12.4% men; 10.3% women). In general there was no big difference between male (34.3%) and female (33%) condom use during vaginal intercourse.

4.3.8 Rate of condom use by respondents
In relation to condom use the respondents were further asked to state the rate of condom use currently. Figure 4.7 below illustrates the findings established.

Figure 4.7: Rate of condom use by respondents

Out of the 200 respondents, 50% stated that they always use condoms, 32% stated that they occasionally used condoms, and 9% said they never or frequently used a condom each. This depicts that the prevalence of current condom use was much lower.

4.3.9 Students’ Knowledge on sexual transmitted infections and HIV/AIDS
Adolescents and young adults in particular have been found to be the group at the highest risk for negative health consequences related to sexual risk taking behavior, including sexual transmitted infections like Chlamydia, gonorrhea, syphilis, human immunodeficiency virus (HIV), and the
occurrence of unintended pregnancies (Aggleton, 1995). The study sought to establish the respondents' knowledge on sexual transmitted infections and HIV/AIDS, the table 4.6 below gives a summary of the findings.

**Table 4.6: Knowledge on sexual transmitted infections and HIV/AIDS**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>191</td>
<td>43</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>45</td>
</tr>
</tbody>
</table>

Askerd if they had heard of sexual transmitted infections and HIV/AIDS, 95.5% (52.5% men; 43% women) of the respondents said they had while 4.5% (2.5% men; 2% women) said they had not. This shows that majority of the students were aware of sexual transmitted infections and HIV/AIDS.

**4.3.10 Knowledge on sexual transmitted infections and HIV/AIDS transmission**

Askerd if they knew the mode of transmission of HIV/AIDS, all the respondents agreed that they did.

**4.3.10.1 Sexual transmitted infections and HIV/AIDS modes of transmission**

The respondents were then asked to state the mode of transmission of sexual transmitted infections and HIV/AIDS. Engaging in unprotected sexual intercourse with an infected partner for both cases was pointed out, sharing of sharp/contaminated objects with an infected person, blood transfusion of an infected person and mother to child transmission during pregnancy, birth
or breastfeeding if necessary precautions are not taken up were also mentioned in relation to HIV/AIDS.

4.3.11 Knowledge on prevention of STIs and HIV/AIDS

Still on sexual transmitted infections and HIV/AIDS, the respondents were asked if they were aware of how one could prevent themselves against infection. From the findings, all the respondents agreed that they did.

4.3.11.1 The preventive measures

The researcher then sought to establish the preventive measures known to the students against sexual transmitted infections and HIV/AIDS. Use of condoms, abstinence and use of family planning methods e.g. pills were mentioned as the preventive measures by the respondents. In both samples (sexually experienced and inexperienced) the respondents were found to be knowledgeable on sexual transmitted infections and HIV/AIDS, their transmission and prevention.

4.3.12 Respondents suffering from sexual transmitted infections

The respondents were also asked to state if they had ever suffered an sexual transmitted infections. The figure below illustrates the findings.
From these findings, 96% (52.8% men; 43.2% women) of the respondents said they had never suffered from an sexual transmitted infections and 4% (2.2% men; 1.8% women) said they had. This finding could be attributed to the high level of knowledge on sexual transmitted infections amongst the respondents.

More over those who reported to have suffered from an sexual transmitted infections were asked how many times that had happened and they cited once and twice each. These findings indicate that in general, students' knowledge concerning sexual transmitted infections and HIV/AIDS is high, which was clearly demonstrated by the low rate of infection amongst them.

**4.3.13 Respondents belief in efficiency of condoms in preventing STIs/HIV**

Condom use has been acknowledged to be the next best preventive measure against sexual transmitted infections and HIV after abstinence. The respondents were therefore asked if they believed in its efficiency in doing so.
As shown in table 4.7, 52.5% (29% men; 23.5% women) of the respondents stated that condoms were efficient in preventing STIs and HIV/AIDS while 47.5% (26% men; 21.5% women) of the respondents said that they did not.

4.3.14 Respondents requirement of partner to undergo an examination for the presence of the most common venereal diseases before marriage or a long-lasting relationship

Testing has been found to facilitate in protecting one from sexually transmitted infections. The respondents were asked if they would require a partner to undergo an examination for the presence of the most common venereal diseases before marriage or a long-lasting relationship, Table 4.8 elaborates the findings drawn.

As per the findings, 90.9% (50% men; 41% women) of the respondents stated that they would require a partner to undergo testing, 4.5% (2.5% men; 2% women) each said that they would not or were unsure if they would do so. This indicates that the students acknowledged the need for engaging in safe sexual relations in marriage or a long-lasting relationship.
4.3.14 Respondents sexual orientation

The respondents were asked to state their sexual orientation and figure 4.9 illustrates the findings.

**Figure 4.9: Respondents sexual orientation**

Out of the 200 respondents, 81.5% (44.7% men; 36.8% women) said they were heterosexuals, 6% (3.3% men; 2.7% women) said they were homosexuals, 9% said they were bisexuals and 3.5% said they were not sure yet. According to the key informants, homosexuality had infiltrated amongst the students due to peer pressure and a liberal attitude amongst the students who engaged in it.

4.3.15 Respondents sexual behaviours

The respondents were asked to rate their level of involvement with the following sexual behaviors.
Table 4.9: Respondents sexual behaviours

<table>
<thead>
<tr>
<th>Sexual Behaviour</th>
<th>Frequency Level</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal sex</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Masturbation</td>
<td>79</td>
<td>39</td>
</tr>
<tr>
<td>Petting behaviours</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Abstinence</td>
<td>103</td>
<td>52</td>
</tr>
<tr>
<td>Sex with an unknown partner</td>
<td>130</td>
<td>65</td>
</tr>
<tr>
<td>Oral sex</td>
<td>154</td>
<td>77</td>
</tr>
</tbody>
</table>

According to the findings in Table 4.9 above, the respondents strongly agreed that they were involved in oral sex, at a percentage level of 77%; they also agreed to have sex with an unknown partner at a percentage level of 65%. Abstinence was lowly agreed to at a percentage level of 52%, as well masturbation and petting behaviors at percentage levels of 39% & 50% respectively. Finally, anal sex was the least agreed to at a percentage level of 19%. These findings depict that the young adults undervalued practicing safe sex as factors that enhance less sexual risky behavior.

4.3.15.1 Reasons for choices on sexual behaviors

Asked to give their reasons for their sexual behavior mentioned above, those who said they had sex with an unknown partner cited love to meet new people as their driving factor and sexual urges as well, those who said they were not involved in anal sex cited being morally upright as their driving factor as well as they were in a stable relationship.

4.3.16 Respondents visits to nightclubs

When students want to dance, sing a song, drink beer, and chat with friends, they will visit nightclubs. The respondents were asked to state whether they visit night clubs, the table below illustrates the findings.
As per the findings, 50% of the respondents did visit the night clubs and the remaining 50% did not. This indicates that a considerable number of students visit night clubs.

4.3.17 Number of times respondents visit nightclubs

The respondents were further asked to state the number of times they visit nightclubs. The results are illustrated below.

Table 4.10: Number of times respondents visit nightclubs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>9</td>
<td>9.2</td>
</tr>
<tr>
<td>weekly</td>
<td>28</td>
<td>28.2</td>
</tr>
<tr>
<td>monthly</td>
<td>63</td>
<td>62.6</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of the respondents who visit night clubs, 62.6% said they visited on a monthly basis, 28.2% said they visited on a weekly basis and 9.2% said they visited on a daily basis. According to the key informants the nightclub environment facilitates young people to have sexual intercourse at
younger ages because in nightclubs, the workers don’t care who you are, but only if you have money. Some key informants also mentioned that if they have a lot of money, they can visit nightclubs every night and change their sex partners every day. Students who take alcohol have no self control and will sometimes engage in risky sexual behaviors. Alcohol therefore influences young people to have multiple sexual partners.

4.3.18 Respondents alcohol consumption (in bottles)
The belief that alcohol causally disinherits sexual behavior is firmly ingrained. Consistent with such belief, empirical research has generally supported this idea, with alcohol consumption being positively related to engaging in high-risk sexual behaviors (Leigh & Stall, 1993) including deciding not to use condoms (Conner et al., 1999) and engaging in casual sex (Conner & Flesch, 2001). The respondents were requested to state the quantity of alcohol (in bottles) they consume.

Figure 4.11: Respondents’ alcohol consumption (in bottles in a week)
As per the findings, 38% of the respondents consume 4-6 bottles, 24% consume 7-9 bottles, 22% consume 0-3 bottles and 16% consume 10 & above bottles. This indicates that the level of alcohol consumption among the students is high.

According to the information by the key informants, bars directly influence young people to have multiple sexual partnerships. This places them at a risk of contracting STDs and HIV/AIDS.

4.3.19 Respondents cigarettes smoking during the previous week
The use of marijuana, cocaine or other illicit drugs by the youth has been shown to be associated with increased rates of sexual intercourse in general, having multiple sexual partners and lower rates of condom use, particularly for users of illicit stimulant drugs (Lowry et al.,1994). The respondents were asked to state the number of cigarette they had smoked in the previous week. The table below elaborates the findings.

**Table 4.11: Respondents cigarettes smoking during the previous week**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>0</td>
<td>182</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
</tr>
</tbody>
</table>

Out of the 200 respondents, majority (90.9%) said they had not smoked cigarettes, 4.5% said they had smoked 1 cigarette and 4.5% said they had smoked 9 cigarettes. This indicates that the students are to a great extent not involved in cigarette smoking.

4.3.20 Location of men and women hostels
The location of male and female hostels together with ease of its accessibility has been found to facilitate sexual relations amongst students. The study therefore sought to establish whether this
was the case in the study area. The respondents were requested to indicate if the men and women hostels were separate, figure 4.12 below shows the findings established.

**Figure 4.12: Separation of men and women hostels**

As per the findings, 86% of the respondents agreed that the hostels were located separately while 14% said they were not.

**4.3.21 Restrictions in access to these hostels**

The respondents were further asked to state whether or not there were restrictions in accessing the hostels by the students.

**Table 4.12: Restrictions in access to these hostels**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>155</td>
<td>77.3</td>
</tr>
<tr>
<td>no</td>
<td>45</td>
<td>22.7</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Out of the 200 respondents, 77.3% said there were restrictions in accessing the hostels while 22.7% said there were no restrictions. The findings imply that separation of the male and female hostels compounded with restrictions in accessing the hostels lead to decreased sexual relations amongst the students.

4.4 Psychological factors influencing sexual behavior of young students in TVET institutions in Nairobi County

Psychological factors may refer to patterns of thought, behaviour, personality traits, self esteem, anxiety, coping skills among others (Swadi 1999)

4.4.1 Respondents psychological values

The second objective of the study sought to find out the psychological factors that influence sexual behaviors of students in TVET institutions. The respondents were asked to rate their level of agreement with the following psychological values. The findings for each statement are summarized below.
### Table 4.13: Respondents psychological values

<table>
<thead>
<tr>
<th></th>
<th>Frequency Level</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadminded</td>
<td>142</td>
<td>71%</td>
</tr>
<tr>
<td>Good Health</td>
<td>146</td>
<td>73%</td>
</tr>
<tr>
<td>Comfortable life</td>
<td>150</td>
<td>75%</td>
</tr>
<tr>
<td>Freedom</td>
<td>150</td>
<td>75%</td>
</tr>
<tr>
<td>Happiness</td>
<td>153</td>
<td>76%</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>154</td>
<td>77%</td>
</tr>
<tr>
<td>Mature love</td>
<td>155</td>
<td>77%</td>
</tr>
<tr>
<td>Spirituality</td>
<td>155</td>
<td>77%</td>
</tr>
<tr>
<td>Pleasure</td>
<td>158</td>
<td>79%</td>
</tr>
<tr>
<td>Exciting life</td>
<td>158</td>
<td>79%</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>160</td>
<td>80%</td>
</tr>
<tr>
<td>Sense of accomplishment</td>
<td>161</td>
<td>80%</td>
</tr>
<tr>
<td>Self-respect</td>
<td>161</td>
<td>80%</td>
</tr>
<tr>
<td>Family security</td>
<td>167</td>
<td>83%</td>
</tr>
<tr>
<td>Social recognition</td>
<td>168</td>
<td>84%</td>
</tr>
<tr>
<td>True friendship</td>
<td>170</td>
<td>85%</td>
</tr>
<tr>
<td>Responsible</td>
<td>170</td>
<td>85%</td>
</tr>
<tr>
<td>Honest</td>
<td>174</td>
<td>87%</td>
</tr>
</tbody>
</table>

The findings indicate that the respondents strongly agreed that they valued; honesty and wisdom with a percentage level of 87% for each, responsibility and true friendship at a percentage level of 85% for each, politeness and social recognition at a percentage level of 84% for each, Social family security at a percentage level of 83%, Self-respect at a percentage level of 81%, obedience, sense of accomplishment and cleanliness at a percentage level of 80% for each, the y also agreed that they valued; exciting life and pleasure at a percentage level of 79%, spirituality, mature love and self-esteem at a percentage level of 77% each, happiness at a percentage level of 76%, freedom and comfortable life at a percentage level of 75%, good health at a percentage level of 73% and broad mindedness at a percentage level of 71%. This information implies that
the young adults valued psychological-oriented values as factors that enhance less sexual risky behavior.

4.4.2 Respondents reading X-rated magazines
X-rated magazines are common among young students and they encourage them to become involved with sexual intercourse. The respondents were asked if they read x-rated magazines, the findings are illustrated in figure 4.13 below.

Figure 4.13: Respondents reading X-rated magazines

Most (54.5%) of the respondents said they do not read x-rated magazines while 45.5% said they did.

The respondents were further asked how often they read x-rated magazines. The table below elaborates the results of the findings.
Table 4.14: Frequency of use of X-rated magazines by the respondents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>27</td>
</tr>
<tr>
<td>Weekly</td>
<td>37</td>
</tr>
<tr>
<td>monthly</td>
<td>64</td>
</tr>
<tr>
<td>Never</td>
<td>72</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
</tr>
</tbody>
</table>

Out of the 200 respondents, 36.4% said they never read x-rated magazines, 31.8% said they did so monthly, 18.2% said they did so on a weekly basis and 13.6% said they read the magazines on a daily basis. From the information it can be deduced that X-rated magazines are important source of young students to learning and practicing risky sexual behaviors.

4.4.3 Respondents’ visits to cyber cafes

Cyber cafes have become quite popular places for the youth today, in accessing information. The respondents were asked to state if they visit cyber cafes, below is a summary of the findings.

Figure 4.14: Respondents visits to cyber cafes

Majority of the respondents (82%) said they go cyber cafes while 18% said they did not.
4.4.4 Respondents’ frequency of visiting cyber cafes
The respondents were further asked to state how often they visit the cyber cafes. The table below gives a summary of the findings.

Table 4.15: Respondents’ frequency of visiting cyber cafes

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>39</td>
<td>23.5</td>
</tr>
<tr>
<td>Weekly</td>
<td>87</td>
<td>52.9</td>
</tr>
<tr>
<td>monthly</td>
<td>39</td>
<td>23.5</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>100.0</td>
</tr>
</tbody>
</table>

According to the findings illustrated above, out of the respondents who said they visited cyber cafes, 52.9% said they go to the internet on a weekly basis, 23.5% cited on daily basis and a similar percentage said on monthly basis. Therefore, cyber cafes are popularly used among young students.

4.4.5 Information accessed from cyber cafes
In light of the above, the respondents stated that the information they access from the cyber cafes is educational, entertainment in terms of music, movies and social media. Sexual content was widely mentioned by the respondents as well as current affairs. This implies that cyber cafes were sought for all kinds of information including sex by students.

4.5 Social factors influencing sexual behavior of young students in TVET institutions in Nairobi County
The final objective of this study was to investigate the social factors that influence sexual behavior among students at TVET institutions.
4.5.1 Respondents close friends in the institution
During adolescence, peers become a crucial source of modeling, reinforcement, and support concerning their own behavior, value and beliefs system (Forehand & Wierson, 1993). Asked whether they had close friends in the institution, all the respondents agreed that they did.

4.5.2 How friends encourage to engage in sex
Peers during adolescence are the preferential sources of information about sexuality. Peers' behaviors and attitudes are related to adolescent sexual risk behavior especially those adolescents whose peers are sexually active are more likely to be sexually active themselves (Miller et al., 2000). The respondents were asked to indicate if their friends encouraged them to engage in sex.

Figure 4.15: Friends encouragement to engage in sex

Figure 4.15 shows that 61.3% of the respondents agreed that friends do encourage them to engage in sex and 38.7% said their friends did not. This indicates that students are under pressure by friends (peer pressure) to engage in sexual relations. Peers influence them greatly sometimes
when they are together they discuss sexual matters, encourage one another in viewing pornographic materials and engage in sex acts.

4.5.2.1 How friends encourage to engage in sex
Asked the forms of peer pressure they experience that encourage them to engage in sex, the respondents mostly cited conversations and showing off by the friends.

4.5.3 Respondents parents relationship
According to the family structure several studies have shown that living with parents is protective against SRB (Metzler et al., 1994). While these results show that living with at least one parent serves a protective role, other findings suggest that living with two parents can further protect adolescents from engaging in SRB.

Table 4.16: Respondents parents’ relationship

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>married</td>
<td>173</td>
<td>86.4</td>
</tr>
<tr>
<td>separated</td>
<td>9</td>
<td>4.5</td>
</tr>
<tr>
<td>widowed</td>
<td>18</td>
<td>9.1</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In relation to the status of the respondents’ parents’ relationship, 86.4% said that their parents were married, 9.1% said their parents were widowed, and 4.5% said their parents were separated. This could attribute to the high rate of non-risky sexual behavior among the respondents.

4.5.4 Respondents parental monitoring and support
Parental monitoring and parental support are the two most studied aspects of parental processes associated with sexual risk behavior of adolescents. Parental support can be characterized by warmth, responsiveness and child-centeredness. Monitoring is usually defined as the parents'
knowledge of their child's whereabouts. According to previous studies there are indications that both a high level of parental monitoring and support are associated with a later age of first sexual intercourse (Bersamin et al., 2008); with a more consistent contraceptive use (De Graaf et al., 2010); with a more consistent condom use (Huebner & Howell, 2003); and with lower levels of STIs (Crosby et al., 2002). The respondents were asked to state their level of agreement with the following parental monitoring statements.

**Table 4.17: Respondents’ parental monitoring**

<table>
<thead>
<tr>
<th>Parental monitoring</th>
<th>Frequency Level</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How mothers are concerned</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>who their friends are</td>
<td>165</td>
<td>85</td>
</tr>
<tr>
<td>Who they spend their money with</td>
<td>155</td>
<td>77</td>
</tr>
<tr>
<td>where their sons/daughters are after school</td>
<td>173</td>
<td>86</td>
</tr>
<tr>
<td>where they go at night</td>
<td>143</td>
<td>73</td>
</tr>
<tr>
<td>what they do with free time</td>
<td>156</td>
<td>78</td>
</tr>
<tr>
<td><strong>How father are concerned</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>who their friends are</td>
<td>167</td>
<td>83</td>
</tr>
<tr>
<td>Who they spend their money with</td>
<td>161</td>
<td>80</td>
</tr>
<tr>
<td>where their sons/daughters are after school</td>
<td>144</td>
<td>72</td>
</tr>
<tr>
<td>where they go at night</td>
<td>150</td>
<td>75</td>
</tr>
<tr>
<td>what they do with free time</td>
<td>166</td>
<td>83</td>
</tr>
</tbody>
</table>

The findings demonstrate that the respondents strongly agreed that; parents know who their friends are at a percentage level of 85% for the mother and 83% for the father, parents know how they spend their money at a percentage level of 77% for the mother and 80% for the father, parents know where they are after school at a percentage level of 86% for the mother and 72%
for the father, parents know where they go at night with a mean score of 73% for the mother and 75% for the father, parents know what they do with their free time at a percentage level of 78% for the mother and 83% for the father. This confirms that the level of parental monitoring positively influences sexual relations amongst students. indicated a consensus on statements regarding parental monitoring.

Table 4.18: Parental support

<table>
<thead>
<tr>
<th>Parental support</th>
<th>Frequency Level</th>
<th>Percent(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My mother</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>helps me as much as I need</td>
<td>175</td>
<td>87</td>
</tr>
<tr>
<td>lets me do the things I like doing</td>
<td>158</td>
<td>79</td>
</tr>
<tr>
<td>is loving</td>
<td>182</td>
<td>91</td>
</tr>
<tr>
<td>understands my problems and worries</td>
<td>166</td>
<td>83</td>
</tr>
<tr>
<td>likes me to make my own decisions</td>
<td>151</td>
<td>75</td>
</tr>
<tr>
<td>makes me feel better when I am upset</td>
<td>154</td>
<td>77</td>
</tr>
<tr>
<td><strong>My father</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>helps me as much as I need</td>
<td>170</td>
<td>85</td>
</tr>
<tr>
<td>lets me do the things I like doing</td>
<td>156</td>
<td>76</td>
</tr>
<tr>
<td>is loving</td>
<td>175</td>
<td>88</td>
</tr>
<tr>
<td>understands my problems and worries</td>
<td>161</td>
<td>80</td>
</tr>
<tr>
<td>likes me to make my own decisions</td>
<td>144</td>
<td>72</td>
</tr>
<tr>
<td>makes me feel better when I am upset</td>
<td>144</td>
<td>72</td>
</tr>
</tbody>
</table>

The findings in table 4.17 show that the respondents agree that; parents help them as much as they need at a percentage level of 87% for the mother and 85% for the father, parents let them do the things they like doing at a percentage level of 79% for the mother and 76% for the father, parents are loving at a percentage level of 91% for the mother and 88% for the father, parents
understands their problems and worries at a percentage level of 83% for the mother and 80% for the father, parents likes them to make their own decisions at a percentage level of 75% for the mother and 72% for the father, parents makes them feel better when they are upset at a percentage level of 77% for the mother and 72% for the father. This confirms that the level of parental support positively influences sexual relations amongst students.

4.6 Discussion of Key Findings

i. The study revealed that young adults, both males and females, engaged in sex very early in life. One of the key findings of this study concerns the strong associations between early sexual intercourse (16 years and less) reported by young adult male and female students and their sexual risky behavior (having sex in risky condition and multiple sexual partners). These findings are in line with those of several previous studies which showed early sexual initiation to be one of the most significant predictors of future sexual behavior among adolescents and young adults (Greenberg et al., 1992; Santelli et al., 1998; Miller et al., 1999; Schubotz, 2004; Ryan et al., 2008; Cavazos-Rehg et al., 2010).

ii. Alcohol was cited as a major factor that influences SRB. In line with several other studies (Fullilove et al., 1993; Cooper et al., 1994; Millstein & Moscicki, 1995; Brown et al., 2001). The study shows that alcohol use is one of the most consistent predictors of SRB. This finding supports the explanations that less self-control leads to risk behavior and that certain people have a psychological predisposition to seek sensation and are thus more likely than others to engage in a variety of risk behaviours (Zuckerman, 1988). There is ample evidence in the literature that alcohol use has a strong link to sexual risky behaviour among adolescents and young adults (Stueve & O'Donnell, 2005; Brookmeyer
Several theories explain such a link. From a traditional point of view, alcohol acts as a general disinhibitor, causing people to let go of the inhibitors that would normally constrain their behaviour (MacDonald et al., 2000).

iii. The study also revealed that students with low self esteem (more depressive symptoms) more likely report sexual risky behavior also after adjustment for other psychological and social factors, in line with other studies (Harris et al., 2002; Longmore et al., 2004; Zimmerman et al., 2008; Schwartz et al., 2011). Previous research on depressive symptoms and sexual activity (Whitbeck et al., 1992) reported a higher significance of such associations for girls than for boys. However, the study by Harris et al. (2002) revealed that depressive symptoms are related to the sexual onset of young boys as well. It has been also reported that depressive symptoms play a greater role for younger adolescents (Longmore et al., 2004).

iv One of the most important and straightforward result of this study concerns the associations between family structure, family processes and adolescents' SRB. According to many studies the family environment in terms of family structure and family processes may provide one of the most significant conditions regarding sexual risk behavior of adolescents (Borawski et al., 2003; Fisher et al., 2009). Several studies have confirmed that a complete family, higher SES of the family, more support and monitoring from family may serve as protective factors regarding sexual risk (Roosa et al., 1997; Lenciauskiene & Zaborskis, 2008; De Graaf et al., 2011). In line with the mentioned studies, family completeness, higher parental education, high parental support and higher monitoring were found in this study as strong protective factors regarding SRB.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings on the sexual behavior among students in TVET Institutions in Nairobi County, the conclusions, recommendations, areas for further research and limitations.

5.2 Summary of findings

This study found out that most of the students had already had sex when they entered the learning institutions, 80% of the respondents who were sexually active had their first coitus at the ages of 17 or older whereas 20% had it at the ages of 16 or younger. Oral sex was found to have preceded vaginal intercourse although to an inconsiderable extent. The circumstances of the first sexual intercourse, particularly the age of coital debut and the duration of dating prior to the sexual intercourse, was found to positively influence subsequent sexual behavior.

The results also showed that alcohol or drugs is a stimulant towards sexual behaviour among the youth and adolescents, and those adolescents and youth are engaged in risky sexual behavior by engaging in multiple partners. From the informal discussion about having one partner or multiple partners, it was clear from the key informants that students prefer to have multiple sexual partners because they want to show their masculinity to their friends. In male social groups, if someone has more than one girlfriend, he will be well-known and popular in the group. In general the study found out that there was not a big difference between male and female condom use during vaginal intercourse, and the students' belief that their partners
were uninfected with STI strongly influenced their decision to use a condom during vaginal or anal sex. The prevalence of current condom use by students was found to be much lower.

Majority (95.5%) of the students were aware of STIs and HIV/AIDS, its mode of transmission of HIV/AIDS which included; engaging in unprotected sexual intercourse with an infected partner for both cases, sharing of sharp/contaminated objects with an infected person, blood transfusion of an infected person and mother to child transmission during pregnancy, birth or breastfeeding if necessary precautions are not taken up in relation to HIV/AIDS. The study additionally found out that on STIs and HIV/AIDS the respondents (youth) were aware of the preventive measures they could take up, they included; use of condoms, abstinence and use of family planning methods e.g. pills. In both samples (sexually experienced and inexperienced) the respondents were found to be knowledgeable on STIs and HIV/AIDS, their transmission and prevention.

The study further revealed that despite the students' high level of knowledge concerning STI and HIV/AIDS demonstrated by the low rate of infection amongst them, they did not wholly believe in the efficiency of condom use in preventing STIs and HIV/AIDS. On the other hand, the study found out that the students acknowledged the need for engaging in safe sexual relations in a long-lasting relationship. According to the key informants, homosexuality was found to have infiltrated amongst the students due to peer pressure and a liberal attitude amongst the students engaged in it. The study discovered that the students were to a moderate extent practicing safe sex.

A considerable number of students were found to visit night clubs. According to the key informants the nightclub environment facilitates young people to have sexual intercourse at
younger ages. In nightclubs, the attendants' responsibility is to serve the customers despite their ages so long as they can afford. Some key informants also mentioned that if students have a lot of money, they can visit nightclubs every night and change their sex partners every day. The level of alcohol consumption among the students was also found to be high. According to the information from the key informants, bars directly influence young people to have multiple sexual partners. This places them at a risk of contracting STDs and HIV/AIDS.

However, the study also found out that the students are to a great extent not involved in cigarette smoking. Separation of the male and female hostels compounded with restrictions in accessing the hostels was found to minimize sexual relations amongst the students. X-rated magazines were found to be an important source for young students to learn and to practice sexual behaviors.

The study found out that the likelihood of having had unsafe sex was associated with a high level of positive self-esteem or a high level of anxiety/depression. With regards to social factors, it was found that a higher likelihood of having had unsafe sex was associated with a higher level of social support from friends. The study moreover found out that students are under pressure by friends to engage in sexual relations, through conversations and showing off by these friends. In relation to the status of the respondents' parents' relationship, the low rate of separation or divorce was found to contribute to the high rate of non-risky sexual behavior among the respondents.
5.3 Conclusion

This study focused on the relationship between sexual risk behavior of young students in Technical, Vocational Education and Training institutions in Nairobi County and social factors (family structure, parental education, parental support, parental monitoring, social support from friends), psychological factors (self-esteem, well-being, aspiration, values,), and behavioral factors (alcohol use, tobacco use, sexual behavior).

Behavioral factors like being drunk and alcohol use were strongly associated with SRB (multiple sexual partners and sex in risky conditions) of young adult males and females. Therefore alcohol use prior to and during sexual intercourse has to be considered as a consistently and potential trigger of unintended pregnancies and higher level of STIs risk among young adults.

Moreover sexual behavioral factors, like early sexual onset and inconsistent condom use during first sexual intercourse were strongly associated with SRB (multiple sexual partners, sex in risky conditions and inconsistent condom use) of young adult males and females. Similarly, those who reported a longer-lasting relationship prior to their first sexual intercourse were significantly less likely to report sex under the influence of alcohol or drugs and multiple sexual partners.

X-rated magazines are popular among students. They read these magazines and get access to pornographic materials. They therefore learn and practice risky sexual behaviors.

Participants with socially oriented values show less sexual risky behavior compared with those with less social oriented values. The most robust associations were found in the Social Orientation factor (Clean, Capable, Obedient, Polite, Responsible, and Honest) and the Sense of Fellowship factor (Broadminded, Helpful, and Forgiving). In all significant associations, the higher the importance of a particular factor was, the less frequent SRB was found. It was crystal
clear that SRB was inversely related to the factors Social orientation and Sense of fellowship which reflect values focused on the wellbeing of others. Participants taking a higher risk (number of partners, sex with an unknown person and all cumulative indicators) consistently gave a lower priority to such values, both those reflecting social orientation on a personal level, e.g. Responsible, Loving and Honest, and social orientation on a societal level, e.g. Equality, Justice and a World of peace.

The study also underlined the importance of family especially among adolescents. The structure of a family, the close relationship between child and parents, and balanced parental monitoring and support may provide a crucial background for a healthy development of adolescent's sexuality

The study findings showed that peer pressure in TVET institutions played a big role in the student's sexual behaviors. A big number (61%) agreed that friends encourage them to engage in risky sexual behaviors. Peers have a lot of influence over each other's lives, particularly sexual live. Peers discuss about sex with the new students joining TVET institutions. Such students will want to practice the experiences they get from their peers

5.4 Recommendations

1. Safer initiation of sexual life seems to be associated with safer sexual practices later in life. Interventions focusing on healthy sexual behavior are needed. Based on the data from this study, the study advocates interventions aimed at younger ages, before sexual initiation takes place. Educators should include sex education in their curriculum as the study indicates that students engage in sex at an early
age. Knowledge about sexual behavior in students might help tailor such interventions.

2. To know how adolescents feel and think can result in a dialogue that may encourage students to share their feelings with their lecturers. Guidance and counseling departments should be strengthened in TVET institutions to enable the counselors (teachers) deal with the many emotional/psychological challenges faced by the youth today.

3. The institutions should also come up with a drug and substance abuse unit and train some teachers on the same. This is aimed at creating awareness amongst the students on substance and drug abuse. The institutions to work in collaboration with NACADA to reach more vulnerable students. TVET institutions to come together and establish rehabilitations centers for those affected with drugs and substance abuse.

4. Training of peer educators (peer counselors) should be encouraged by the administration in TVET institutions to assist the guidance and counseling department. The peers will assist in passing the appropriate messages quickly to the total target groups. In line with the peer education, administrators in TVET should liaise with NACADA to form clubs which will be charged with the responsibility of sensitizing and creating awareness on drugs and substance abuse and sexuality Students will feel safe with their peers and will confide in them as they are assured of confidentiality.
5. Media programmers should be learner (youth) friendly and relevant to the needs of the students. The media should also come with campaigns in order to raise awareness and sensitization among the young people and the general population about risky sexual behaviors and the consequences. Media houses to also censure movies that could be pornographic in nature.

6. The findings present a clear message that interventions should not only focus on vaginal intercourse, but also on anal and oral intercourse and their consequences. The coincidence of sexual risky behavior with substance use increases the importance of intervention focused not only on one type of risky behavior, but on the whole complex of health-related behaviors.

7. Moreover, health promotion programmers should not only focus on smoking, alcohol and drugs, for example, but sexual risk behavior should also be integrated into such prevention programmers. Due to the accumulation of risk behaviors among young people, focusing on prevention in a related set of unhealthy behaviors instead of a single type of unhealthy behavior will be very important particularly in early adolescence. Moreover results show a high need for health promotion in early adolescence that target SRB in conjunction with other health-related risk behaviors such as alcohol. Such programs should be promoted on televising and radio channels to give information about STIs and HIV/AIDS in schools and public. Reproductive and sexual health should be discussed openly.

8. Recreational facilities and games to be promoted and encouraged in TVET institutions. This reduces the number of students going out of the institutions
which influences them to engage in risky sexual behaviors. The students can
direct their energies to sports and games, drama and music instead of sexuality

5.5 Strengths and limitations of the study

The study has several strengths and some limitations. One of the most important strengths is the students' anonymity and absence of the teachers during completion of the questionnaire. This may have increased the validity of self reports approaches and decreased the probability of under or over reporting health behavior (Del Boca & Noll, 2000; Brener et al., 2003). Moreover due to a rather high response rate in all samples, selection bias was unlikely occur.

However this study also has some limitations. A main one is its cross-sectional design, which can limit our understanding of the relevant pathways. A longitudinal study design, especially on SRB, may provide deeper insight into this issue. Also we did not obtain information from family members. These lacking sources could increase the understanding of some inconsistencies in the field of sexual risk behavior research. Finally our results are strongly dependent on the assumption that what participants say is what they did. Therefore self-reported sexual behavior data may be vulnerable to various types of information biases, like memory effects and social desirability bias (McCallum & Peterson, 2012).

However, some studies showed no type of data collection mode-dependent differences (Bates & Cox, 2008; Hines et al., 2010). Therefore, existing research suggests that the mode of data collection may have some degree of impact on participants' responding, but results are not specific enough to isolate which mode is best suited for which situation (McCallum & Peterson, 2012).
5.6 Further research

This study showed the significant role of several behavioural, psychological and social factors on sexual risk behaviour of adolescents and young adults. However some of our findings are in contrast to previous studies that highlight the inconsistency concerning some predictors of SRB. Such inconsistencies can by partially explained by the study design. Our research which used a cross-sectional design should thus be repeated by studies with a longitudinal approach to specify causal relationship between behavioural, psychological and social determinants and SRB. From a longitudinal perspective more attention should be paid to comprehensive models that take into account factors from multiple systems of influence. Examples of such models may include pathways in which individual, family and environmental factors influence sexual behaviour.

More research attention should be paid to social predictors of SRB such as family and peer environment. We found a strong protective influence of parental monitoring and support on SRB when explored separately. However in the adjusted model only parental monitoring especially from fathers plays a dominant role, but the mechanism of this association is not fully explained yet. Future studies should explore the possible mediating or moderating effect of these variables.

More research can be carried out in other areas (TVET institutions) across the country, and the findings compared, as the current study was only carried out in TVET institutions in Nairobi County.

Scholars should research further on how to deal with the emotions of the youth and come up with mitigation measures to control the risky sexual behaviors of the young people.
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Tanrantola, 1999. The effects of pregnancy loss on women's health. Social Science and Medicine, 38, 1193-1200.


LIST OF APPENDICES

APPENDIX 1: INTRODUCTION LETTER

University of Nairobi,

P.O Box 30197,

Nairobi.

Dateé é é é é é é .

Dear Sir/Madam/

RE: LETTER OF INTRODUCTION

I am a student at University of Nairobi taking a Masters of Arts degree course in counselling. As a requirement for the fulfillment of the Masters degree, I intend to carry out research on sexual behaviour among adolescents: a case of Technical, and Vocational Education and Training Institutions in Nairobi county. Kindly spare some of your time to complete the questionnaire attached herein. The information given will be handled with utmost confidentiality.

Yours faithfully

Njeri Wanjohi
APPENDIX 2: STUDENTS’ QUESTIONNAIRE

A questionnaire to conduct interview on sexual behavior among students in public Technical, Vocational Education and Training Institutions in Nairobi County. This questionnaire has four sections; Background information, Behavioural factors, psychological factors and Social factors. Please fill in the blank space and tick (✔) against the most word or sentence applicable to you. You are not required to indicate your names or details (for confidentiality purposes). The questionnaire contains sensitive information; and thus you may choose to answer or not.

Section A: Background information.

1. Your age? (Yrs)…………………
2. Gender
   a) Male [ ]
   b) Female [ ]
3. Name of the institution
   ……………………………………………………………
4. How many years have you been in the institution?.................................

Section B: Behavioural factors influencing sexual behavior of young students in technical vocational education and training institutions in Nairobi County

5. Are you sexually active?
   a) Yes [ ]
   b) No [ ]
6. If yes, at what age was your first indulge in a sexual relationship?
   a) 16 or younger
   b) 17 or older
c) Not yet

7. Have you ever given or received oral sex (cunnilingus or fellatio) before your first coitus,
   a) Yes
   b) No

8. How long did your relationship last before the first sexual intercourse took place
   é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é é .

9. Have you ever had sex under the influence of alcohol or drugs
   a) yes
   b) No

10. How many sexual partners have you had in your lifetime
    a) three or fewer
    b) four or more

11. Did you or your partner use a condom during their first sexual intercourse
    a) yes
    b) No

12. How often do you use condoms
    a) always
    b) almost always
    c) occasionally
    d) never

13. Have you ever heard about STIs and HIV/AIDS?
1. Yes [   ]

2. No [   ]

14. Do you know how STIs and HIV/AIDS are transmitted?
   1. Yes [   ]
   2. No [   ]

   If so, briefly explain
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

15. Do you know of STIs and HIV/AIDS prevention?
   1. Yes [   ]
   2. No [   ]

16. If so, name some of the preventive measures
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

17. Have you ever suffered from STIs?
   1. Yes [   ]
   2. No [   ]

   If yes how many times have you been infected with STIs?
   1. Once
   2. Twice
   3. Thrice and above
   4. Never
18. Do you believe in efficiency of condoms in preventing STIs/HIV?
   1. Yes [   ]
   2. No [   ]

19. Would prefer your partner to undergo an examination for the presence of the most common venereal diseases before marriage or a long-lasting relationship
   a) Yes
   b) No
   c) I do not know

20. What is your sexual orientation?
   a) Heterosexual
   b) Homosexual
   c) Bisexual
   d) not sure yet

21. To what extent are you involved in the following sexual behaviors? Use 1-5, where 1 is to a no extent and 5 is to a very great extent Safe sex

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<th>3</th>
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</thead>
<tbody>
<tr>
<td>Abstinence</td>
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<tr>
<td>Masturbation</td>
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<td>Petting behaviors</td>
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<tr>
<td>Oral sex</td>
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<tr>
<td>Anal sex</td>
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<tr>
<td>Sex with an unknown partner</td>
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</tbody>
</table>

22. Provide reasons for your choice in question 21 above
23. Do you ever visit nightclubs?
   1. Yes [ ]
   2. No [ ]

24. How often do you go to nightclubs?
   1. Daily [ ]
   2. Weekly [ ]
   3. Monthly [ ]
   4. Never [ ]

25. How much alcohol (in bottles) do you consume in a week?

26. How many cigarettes have you smoked during the previous week?

27. Are the men and women hostels separate?
   1. Yes [ ]
   2. No [ ]

28. Are there restrictions in access to these hostels?
   1. Yes [ ]
   2. No [ ]

Section C: psychological factors influencing sexual behavior of young students in Technical, Vocational Education and Training institutions in Nairobi County

29. Rate the importance of each value on a 5-point scale, from Not at all important (1) to extremely important (5). Higher scores indicate higher importance.
## Social Values orientation and sexual behaviour of young adults

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<tbody>
<tr>
<td>Comfortable life</td>
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<tr>
<td>Exciting life</td>
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<tr>
<td>Sense of accomplishment</td>
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<tr>
<td>Family security</td>
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<tr>
<td>Freedom</td>
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<td>Happiness</td>
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<td>Self-esteem</td>
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<td>Mature love</td>
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<td>Pleasure</td>
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<td>Self-respect</td>
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<td>Social recognition</td>
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<td>True friendship</td>
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<td>Health</td>
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<td>Cleanliness</td>
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<td>Responsible</td>
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<td>Honest</td>
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<tr>
<td>Broadminded</td>
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<tr>
<td>Spirituality</td>
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</tbody>
</table>

30. Have you ever read X-rated magazines?
   1. Yes [ ]
   2. No [ ]

31. How often do you read the magazine?
   1. Daily [ ]
   2. Weekly [ ]
   3. Monthly [ ]
   4. Never [ ]

32. Do you ever go to cyber cafes?
   1. Yes [ ]
   2. No [ ]

33. How often do you go to cyber cafes?
   1. Daily [ ]
   2. Weekly [ ]
   3. Monthly [ ]
   4. Never [ ]
34. What kind of information do you get from cyber cafes?

35. Do you have close friends in the institution?
   1. Yes [   ]
   2. No [   ]

36. Do those friends encourage you to engage in sex?
   1. Yes [   ]
   2. No [   ]

37. If so, how?

38. To what extent do the following social factors contribute to risky sexual behaviour of young college students in technical vocational education and training institutions in Nairobi County? Use 1-5, where 1 is to a no extent and 5 is to a very great extent

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<tbody>
<tr>
<td>Hostel</td>
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<tr>
<td>Peer pressure</td>
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<tr>
<td>X-rated magazines</td>
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<tr>
<td>Cyber cafes</td>
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<tr>
<td>Nightclubs</td>
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<tr>
<td>Beer shops</td>
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<tr>
<td>Guesthouses</td>
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</tbody>
</table>
39. What is the status of your parents’ relationship?

a) Married [ ]

b) Separated [ ]

c) Divorced [ ]

d) Widowed [ ]

40. To what extent do the following statement on Parental monitoring apply to you (1 = no extent; 2= low extent, 3=moderate, 4=large extent, 5 = very large extent).

<table>
<thead>
<tr>
<th>Parental monitoring</th>
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<th>2</th>
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</thead>
<tbody>
<tr>
<td><strong>How much does your mother really know about…?</strong></td>
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<tr>
<td>who your friends are</td>
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<tr>
<td>how you spend your money</td>
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<td>where you are after school</td>
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<td>where you go at night</td>
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<td>what you do with your free time</td>
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<tr>
<td><strong>How much does your father really know about…?</strong></td>
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<tr>
<td>who your friends are</td>
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<td>how you spend your money</td>
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<td>where you are after school</td>
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<td>what you do with your free time</td>
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41. To what extent do the following statement on Parental support apply to you (1 = strongly disagree; 2= disagree, 3=neutral, 4=agree, 5 = strongly agree).

<table>
<thead>
<tr>
<th>Parental support</th>
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</thead>
<tbody>
<tr>
<td><strong>My mother…</strong></td>
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<tr>
<td>Help</td>
<td>My father</td>
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<tr>
<td>helps me as much as I need</td>
<td>helps me as much as I need</td>
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<tr>
<td>lets me do the things I like doing</td>
<td>lets me do the things I like doing</td>
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<tr>
<td>is loving</td>
<td>is loving</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>understands my problems and worries</td>
<td>understands my problems and worries</td>
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<td></td>
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<tr>
<td>likes me to make my own decisions</td>
<td>likes me to make my own decisions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>makes me feel better when I am upset</td>
<td>makes me feel better when I am upset</td>
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APPENDIX 3: INFORMANT INTERVIEW GUIDE

1. Position

2. Name of institution

3. Explain the extent to which adolescents in this institute are engaged in unsafe sexual behavior as well as safe sexual behavior and the information they seek in regard to sexual behavior?

4. Do psychosocial factors defined as self-esteem, well-being, educational aspiration, family structure, parental education and social support contribute to sexual risk behavior of adolescents?

5. Do behavioural factors (alcohol use, tobacco use and early sexual initiation) contribute to sexual risk behaviour of young adults?

6. Does late sexual initiation, longer-lasting relationships and the use of a condom during first sexual intercourse promote more healthy sexual behaviour later on among young adults?
7. Are different types of value orientation associated with different types of sexual behaviour among the young adults?

8. Does the parental monitoring and support play a different role in sexual risk behaviour among adolescents?