

**INFLUENCE OF FAMILIES MATTER PROGRAMME ON
SEXUAL PERFORMANCE AMONG YOUTH IN BOMET
CENTRAL DIVISION, BOMET COUNTY, KENYA '**

BY

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DECLARATION

This research proposal is my original work and has not been presented for the award of any Degree in any other University.

Sign: _____ Date: ^ \

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REG. NO; L50/62343/2011

This research proposal has been submitted for examination with my approval as the University supervisor. I_

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DEDICATION

This research proposal is dedicated to my beloved wife Eunice Tonui for her encouragements and support she accorded me financially. It is also dedicated to my beloved brothers and sisters; John Tonui, Ann Ngetich, Andrew Bett, Viola Chepkemoi for their tireless support and encouragements they accorded me when I needed.

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Furthermore, I thank my Director, Mr. Jonathan Bii in the organization I work under, for he always encouraged us with colleagues we are serving together in the organization to go for further studies. Furthermore, I thank my colleagues in the organization for they also assisted me, emotionally, physically and spiritually. Much thanks goes to my family. Thanks my wife and children for your support you accorded me when I needed.

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LIST OF ABBREVIATIONS AND ACRONYMS

AB	: Abstinence and Being Faithful
AIDS	: Acquired Immune Deficiency Syndrome
FMP	: Families Matter! Program
HPV	: Human Papillomavirus
HIV	: Human Immune Deficiency Virus
NGO	; National Government Organization
OSP	; Other Sexual Preventions
PEPFAR	; Presidents Emergency Plan For Aids Relieve
SPSS	; Statistical package for social sciences
SRH	; Sexual and Reproductive Health
STD	; Sexually Transmitted Diseases
STI's	; Sexually Transmitted Infections

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ABSTRACT

This study sets to investigate the influence of families matter on sexual performance among youth in Bomet Central Division, Bomet County in Kenya. Today's parents face greater challenges of parenthood but must also determine how best to deal with young children's exposure to sex messages in songs, music, audios, movies, television and magazines. That is why such informative educative interventions are brought ahead for the youth to learn and effectively handle the many messages from other sources like peers and media. The study objectives are to establish the extend to which parenting education influence sexual performance among youth. To determine the extend to which why wait? education influence sexual performance among youth in Bomet Central; to explore the extend to which HIV/AIDs video shows influence sexual performance among youth in Bomet Central Division, to assess the extend to which peer-to-peer education influences sexual performance among youth in Bomet Central Division; to investigate the extend to which Men As Partners training in HIV/AIDS Prevention influence youth sexual performance among youth in Bomet Central Division, in Bomet County. The influence of these factors on sexual performance among youths will be summarized by a conceptual framework. The research design to be employed will be cross-sectional study which sought to obtain information that will describe the sexuality behavior commonly displayed by the young people and the influence brought about by families matter education and its impact. The target population of 3,000 respondents of with 1,400 youths and 1,600 parents will be used. According to Mugenda and Mugenda (2003) 10%, a sample size of 300 is appropriate with 140 youths and 160 parents^ Piloting will be done with 14 youths and 16 parents. The study also used questionnaire. The youths will be interviewed on factors influencing them to involvement in sexual performance. The study will use descriptive analysis and it was accompanied by use of frequencies, percentages and cumulative percentages. It was then edited, organized and analyzed using statistical package for social sciences. The study was be done in Bomet Central Division, Bomet County Kenya.

CHAPTER FIVE

INTRODUCTION

1.1 Background of the study

Families Matter is an Hiv/Aids intervention program, it was first called parents matter by the US Centre for Disease Control and prevention. Families Matter works to improve the Hiv/Aids prevention knowledge, communication and parenting skills of parents and guardians of children between 9-12 years olds and other influential adults.

The United States Centers for Disease Control and prevention (CDC) Division of HIV/AIDS prevention, Epidemiology branch has supported considerable research examining how parenting and familial factors facilitate risk reduction behaviours in children and adolescents. Two areas have been examined; general parenting and parent-child communication about sex. FMP operates under the purposes; Helps parents understand the risks their children face, their unique role in helping their children make decisions about sex and communicating their own values to their children. Families Matter program also enhances positive parenting skills to; strengthen their relationship with their children and protect them from health risks and peer pressure. Gives parents the knowledge, comfort and confidence to talk with their children early, often, comprehensively, and effectively about sex and sexuality. In this way adults become active, effective supporters of healthy sexual choices that guard against unsafe sex, and alcohol use that impairs decision making on sexual matters by young people. This program was developed by Dr. Miller in US with an aim to work with other partners to combat Hiv/Aids (www.fhi360.org/enc/Cc, 2012).

Furthermore, same FMP program is a public education campaign in New Mexico, with the goal of raising visibility of same sex couple about having conversation and sharing stories about their relationship and their families (Kiragu, 2007).

Volunteer or Intern abroad has disseminated the same FMP programs to India, to lend the skills to community members (GoAbroad.com, 2012). Many youth begin experimenting with sexual behaviour before their entry into secondary school (Georgia Department of Human Resources, 1998s).

Regionally, in February 2009, parents and guardians in Botswana continue to shy away from talking to their young adolescent about sex, despite the fact that many were believed to be sexually active as early as age 10 and disproportionately vulnerable to HIV/Aids infection. Program of FMP was brought forward after carrying a needs assessment survey. Same was done in South Africa. US experts carried a study in South Africa under PEPFAR program partners. Some of the things attributed to the demigration and crime was noted to be breakdown of family .Thus youth were reached and given education and compelled to be part of the family and community development (www.yfc.org.za)

Originally Families matter program was developed as parents matter by the US Centers for Disease Control and Prevention and then adopted for use in Uganda, Tanzania and Kenya, FMP works to improve the HIV-prevention knowledge and the communication and the parenting skills of parents and guardians of 9 to 12 year olds. FMP has got long and short term aims; Short term aim is to improve positive parenting, parent monitoring and effective communication between parents, guardians, care givers and children about sexual performance reduction. Whereas long term aim is directed towards delayance of sexual debut initiation, reduce sexual risk behaviour, prevent HIV, STIs and unplanned pregnancy (WHO, 2007)

Families Matter has also taken place in Kenya in the following areas, Nandi, Kericho, and Kisumu County. The main objectives of FMP are; To strengthen parents ability as healthy teachers for their children, increasing the parents awareness about health risks their children face, encouraging parents to take an active role in educating their children about sexuality issues, support parents to promote their values with their approaches to

parenting (www.yfc.org.za). In Kenya, an estimated 6% of the adult population is infected with the human immunodeficiency virus (HIV). However, wide variations exist between regions. The Families Matter program (FMP) begun as part of comprehensive youth HIV. The intervention package was part of an organized response to the needs of youth identified during a rapid youth needs assessment in 2001 in Nyanza province. Youth considered poor communication between adults and children, and parents and children in particular, and lack of adult role models to be greater obstacles to HIV prevention. Youth proposed that they would be willing to work with parents and help them become better communicators and better role models. (Kenya Demographic and Health Survey, 2003).

More detailed data on the epidemiology of HIV infection have been provided by the multicentre study on factors determining the differential spread of HIV in four African cities (Buve, 2001). A population based, cross sectional survey among adults aged 15-19 years was carried out in Kisumu during 1998-1999 and repeated in 2006 (Cohen, personal communication)

In Bomet County, youth sexual performance is common and many youths have missed to further their education thus not being able to realize their dreams and ambitions in the near future, likewise to the youths in Bomet Central Division. Many youths have been influenced to involvement in sexual performance without knowledge of upcoming health risks. Thus, the study seeks to find out the influence brought about by Families Matter Program influencing these young people following their involvement in sexual performance.

1.2 Statement of the problem

Sexual performance amongst the youth has resulted in many problems which includes; social, economic, psychological and health problems. According to Program for Appropriate Technology in Health (PATH), the social and economic of a healthy and

productive youth population is particularly important for developing countries, where young people ages 10 to 24 represent up to 30 percent of the population. Although youth is generally a healthy period of life many young lives are lost or compromised due to reproductive health problems including HIV/AIDS and other sexually transmitted infections and unplanned pregnancies often resulting from youth sexual performance complications, yet young people are less informed, and less comfortable accessing reproductive health services than adults (Bamet, 2002).

Bomet Central Division one of the rural areas is not an exception, sexual performance among youth has caused many of the youth to contract HIV/AIDS and other sexually transmitted infections (STIs), and unplanned pregnancies. This has caused a lot of concern to the parents and service providers. This has triggered parents and other service providers to seek knowledge on reproductive health issues and knowledge on how to reach the young people with sex messages to enable them face courageously the sex challenges coming their way and being able to make informed decisions as they head towards realizing their dreams and ambitions. This has caused the researcher to study on the influence brought about by the Families Matter program influencing sexual performance among youth in the area of study. Thus the study sought to investigate some of the influences brought about by the Families Matter program reaching the youths in Bomet Central Division, in Bomet County through Tenwek Community Health and Development through the researcher (www.tenwekchd.com, 2012).

1.3 Purpose of the Study

The purpose of this study was to establish the influence of the Families Matter program on sexual performance among youth in Bomet Central Division, Bomet County.

1.4 Objectives of the study

This study was guided by the following objectives;

1. To establish how parenting education influence sexual performance among youth in Bomet Central Division, Bomet County.
2. To determine the influence of Why Wait? Education program on sexual performance among youth in Bomet Central Division, Bomet County.
3. To explore the extent to which HIV/AIDs video shows influence sexual performance among youth in Bomet Central Division, Bomet County.
4. To assess how peer-to-peer Education influence sexual performance among youth in Bomet Central Division, Bomet County.
5. To investigate the extent to which Men As Partners training in HIV/AID's influence sexual performance among youth in Bomet Central Division, Bomet County.

1.5 Research questions

The study was guided by the following research questions;

1. How does parenting education influence sexual performance among youth in Bomet Central Division, Bomet County.
2. To what extent does Why Wait? Education influence sexual performance among youth in Bomet Central Division, Bomet county .
3. In which ways does HIV/AIDs video shows impacts sexual performance among youth in Bomet Central, in Division, Bomet County.

4. How does access to Peer Education influence youth sexual performance in Bomet Central Division, Bomet County.
5. In what ways does Men As Partners Training influence youth in Bomet Central Division, Bomet County.

1.6 Significance of the study

The research findings will add to scholarly research and literature on youth sexual performance.

The findings will provide monitoring and evaluation of information about the project implementation benefiting the Non Governmental Organizations and the community at large.

Finally, the findings will enable the program implementers and the community members- parents, guardians, and other caregivers, to design appropriate strategies that will significantly assist in educating and influencing the youth to fight sexual performance challenges.

1.7 Delimitations of the study

The study was narrowed down to influence of Families Matter program. The study was confined to youths and parents in Bomet Central Division, Bomet County.

1.8 Limitation of the study

There were a number of limitations that were expected in this research study which includes the state of the roads which are poor. Alternative means of transport in the industry including motorcycle, bicycle and even footing were used.

The other was failure or unwillingness by the respondent to respond to the questionnaires. The design of the questionnaire was such that sensitive issues were concealed from direct interpretation. This minimized failure and unwillingness of the respondent to participate.

1.9 Assumption of the study

The assumption was that all parents in Bomet Central Division have attended FMP trainings and were fully implementing FMP practices in their homes and community at large reaching their young children. In addition it was assumed that the respondent was co-operative and honest to give correct information.

The other assumption was that other factors that were not studied and influences sexual performance amongst the youth was minimal.

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1.1.0 Definition of significant terms

Families matter - Is an evidenced based, parent-focused intervention designed to promote positive parenting and effective parent-child communication about sexuality and sexual performance risk reduction for parents and care givers.

Sexual performance - Means any performance or part thereof which includes sexual conduct by a child less than seventeen years of age.

1.1.1 Organization of the study

This study was organized under the following chapters. Chapter one introduction, consist of background of the study, objectives of the study, research questions, significance of the study, basic assumptions of the study, limitation of the study, delimitations of the study and organization of the study. Chapter two, literature review consist of the following thematic topics; Introduction of Families Matter influence on youth sexual

performance. Chapter three, research methodology is organized under introduction, research design, target population, sample size and sampling procedures, research instruments which is under validity and reliability of instruments data collection procedures and data analysis.

CHAPTER FIVE

LITERATURE REVIEW

2.1. Introduction

This chapter reviews literature related to the study. In this chapter the following will be discussed; Concept of Families Matter Program, Parenting education and its influence on youth sexual performance, Why Wait! Education and its influence on sexual performance, Hiv/Aids and its influence on youth sexual performance, Peer-to peer Education and its influence on youth sexual performance, Men As Partners training on Hiv/Aids and its influence on youth sexual performance.

2.2 Concept of Families Matter Program

The families matter program globally advances the concept of family-centre child care advocating an approach to early childhood education that addresses development of the child and family together. The purpose of FMP is to help parents, guardians and other service providers to understand the risks their children face, and letting them come to a point of realizing that they have a unique role in helping their children make decisions about sex and communicating their values to their children. Moreover, it also helps parent enhance positive parenting skills to strengthen their relationship with children (Harvard Family Research Project, 2012).

Families matter is grounded in family support principles, which build on family strengths and work from community's culture and resources, family centered child care training system (CDC, 2011)

Moreover, Families Matter is a nationally renowned child care training program that is based on the beliefs that caring for children requires caring for families and that family support strengthens both parents and community (Long, 2012).Parents and guardians

wished to learn skills to help them communicate with the adolescents as they take care of them (CDC, 2009).

Originally the developed program on families matter by the US Centres for Disease Control and prevention was adopted for use in Kenya, and FMP works to improve the Hiv prevention knowledge and communication and parenting skills of parents and guardians of 10 to 12 year olds and other influential adults become active, effective supporters of healthy sexual choices that guard against unsafe sex, that impairs decision making (Adaptation Workshop, 2008).

23 Influence of parenting education on youth sexual performance

Parent education is helping parents to effectively educate young people about sexuality and to discuss the subject in the context of a free loving family guided by concerted effort. Parent education in itself has a goal to improve adult skills for educating and communicating with youth, especially about sexuality and reproductive health. Unlike programs or classes, parents are a source of information that is always close at hand for teens because they; Answer questions when asked, Provide ongoing information on sexual, build upon past tasks to keep teens informed as they grow up, separate myths and rumors learned from other sources, share their values on sexual health, and lastly setting up of parent education.(Hunter, 2003)

Parent education programs are most effective when they operate holistically within the socio-cultural institutions and neighborhood organizations. While programs vary in their format, many are implemented within an institutional framework to ensure broad impact and a high level of support for staff implementing these efforts. This framework exist both in public and private sectors. (Blum, 2002)

Although every parent would like to educate their children on sexual health, culture has been the biggest hindrance. Although parents have often been trusted in the sexual

education they give to their children, the majority of studies have reported feelings of embarrassment and discomfort among them (ching, 2004).

According to Filimo American families, the parents did not see it necessary to openly discuss sexuality because of parental respect, children believed that open discussion was necessary for this transition to occur. (Focus on Family, 2000)Effective communication plays a vital role when educating young people about sexual matters and related issues. According to the Charry, communication can be defined as the exchange of information for effective communication to be accomplished, messages need to be interpreted and responded to in a befitting manner, verbal and non - verbal communication messages being taken into action.

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2.4 Why Wait? Education and its influence on youth sexual performance

Apart from the risk of pregnancy, those high risk of contracting STD, each year are 15 million in the U.S, and more than 65 percent million people in the U.S. currently have an inferable STD, which is referred to as human papillomavirus (HPV), an incurable virus that can cause genital warts and is present in nearly all (99.7 percent) cervical cancers.

Each year 3 million teens are infected with an STD and two thirds of all new STD infections occur among young people under age 25. Gonorrhea and Chlamydia are two of the most common curable STD's among sexually active young people. But both of these STDs can cause pelvic inflammatory disease which may lead to infertility. (Albert B. 2004)Gonorrhea rates are highest among 15 to 19 ages of old females and 20 to 24 year old males. (Ball J. 2004)

Today, there are over one thousand abstinence - until marriage programs around the United States, and one third of the public middle and high schools say that abstinence is 'the main message in their sex education' and that abstinence is taught as the 'only opinion for young people'. In these programs, abstinence is defined as refraining from all

sexual activity, including mutual masturbation, genital sexual intercourse, and anal and oral sex. Started by non - profit and faith based groups, these program teach young people that abstaining from premarital sex is the expected standard and that "personal happiness, love and intimacy are most likely to occur within the commitment of a faithful marriage. (World Health Organization; 2007)

Also, Why Wait? Curricula, address youth who have already been sexually active, encouraging them to practice secondary virginity, also abstinence curricula teach that human sexuality is, "not primarily physical, but moral, emotional, and psychological in nature". Why Wait? Programs do more than just tell teens to say "No" to unwed sex. It gives young people the encouragement and skills they need to practice abstinence. Classes cover many topics, including self esteem including build up of self esteem, self - control, decision making, goal setting, character education, relationship skills, refusal skills, healthy personal and sexual boundaries, emotional and physical consequences of pre - marital sexual activity, and understanding sexual intimacy and human bonding. (WHO, 2001)

Why Wait? Program has proven to be very effective in reducing sexual activity among young people. Their success in changing young people's views and behaviour is due to the fact that they teach young people that saving sex for marriage is the best choice, one that will benefit them now and in the future. In addition, these programs give students the knowledge and skills they need to abstain until marriage. Thus this study intended to find out how much the Families Matter Program is doing influencing youth sexuality performance through Why Wait? Program in Bomet Central Division, Bomet County.

This surrounds life skills education for youth. Young people need to be helped to identify and acquire the life skills they must develop to overcome the complex problems of the 21st century in order to enjoy their life to the full and avoid the worst disasters.

Here, the goal of this why wait education is to encourage the development of character which results in behavior that will be benefitting not only the individual in his / her own life, but also to the lives of his / her fellow human beings. The objectives are to transfer to the youth's knowledge (what to do and why), skills (how to do it) and desire (to do it). Today in the United States, 35 percent of all births are out of wedlock (2005).

The highest birth rates are among 20-24 years old followed by those between ages 25-29. The children born to teen mothers are more likely than other children to have lower grades, to drop out of school, to be abused or neglected to have a child as unmarried teenagers. Teen child bearing costs U.S taxpayers an estimate of 7 billion each year for increased welfare, food stuffs, medical care, incarceration and foster care costs.

The young people who have learned the life skills they need will contribute positively not only to their own family's and community's development but to the development of the whole nation. Those who learn to avoid risky behaviours such as smoking, alcohol and drug abuse and sex with multiple partners will not be a burden on the social and health services of their nation. (Phelps, 2001)

Today in the United States, 35 percent of all births are not of— wed lock (2005). The highest birth rates are among 20 - 24 years olds, followed by those between ages 25 - 29.

Children born to teen mothers are more likely than other children to have lower grades, to drop out of school to be abused or neglected, to have a child as an unmarried teenager.

Each year there are 15 million new cases in the U.S. and more than 65 million people in the U.S. currently have an incurable STD (World Bank, 2001).

2.5 HIV/AIDS Video Shows and its influence on youth sexual performance

The most dangerous aspects of sex is portrayed by the media in pornographic literature. Pornography promotes sexual promiscuity and incestuous sexual relationships. Pornography often becomes addictive and can lead to abusive sexual behaviours such as child abuse.

The internet has become the greatest medium of pornography. It has been reported in 2000 that there were at least 40,000 porn sites on the World Wide Web. Sex is the number one searched for topic on the internet (US News and World Report, 2000) Human mind has a lot to do with sex, because a persons mind is the most powerful sensitive sex organ, since Sex begins in the mind. Research shows that when one do have an intense emotional experience involving five senses and some experts consider sex the peak sensuous experience, a chemical is released which implants that experience in your mind for recall (Aids Care, 2006).

Nothing triggers us biochemically quite like sex, starting with pornography. Not only does pornography lodge in the memory, but also past sexual experiences. Our mind is like a piece of film or a videotape - it will record this peak experiences and then they will play it back. They are reruns in the theater of our mind's we can't control the flashbacks. Consequently the young people to take these 'reruns' or flashbacks of the full focus in his/her life dreams and ambitions and the desire towards a better future life or life partner, young people do take the memories of past sexual desires and experiences with them. Pornography treats men and women as sex objects. It is cheap sex. Even more, it can get a hold in some bodies mind and dominate his/her thoughts so that one is drawn to pornography any time he/she is lovely or sexually stimulated. (Mc Dowell and Jones, 2000,)

Youth need to know the answer to this question on whether they should continue enjoying or not to turn to pornographic literature. This is simply because they will hear

people say, "There is no harm in looking at this magazine or browsing and looking at the pornographic pictures in the phone. 'There is no real proof that pornography is harmful'. That belief is not true to many young people (Health Ed. Research, 2009).

Dr. Victor Dine, professor of psychology noted researcher and counselor in the area of the effects of pornography states; the scientists and professionals are no longer pretending not to know. The new pornography commission is almost redundant (1986). Everybody knows that pornography can cause harm. It can also change people's sexual appetites, values and behaviour. It is a power form education. It can also condition people into deviancy. It can also addict.

Zilman and Boryant found out that exposure to pornography clearly cause people to believe; The greatest sexual joy comes without enduring commitment, Partners expect each other to be faithful, there are health risks in expressing sexual urges, promiscuity is natural, Children are liabilities and handicaps. Study confirms movies with sex scenes do influence ~~te&m~~ sexual behaviour. Exposure to sexual content in movies leads teenagers to have sex earlier and to participate in riskier sexual behaviour.

The study published in psychological science, a journal of the Association for Psychological science, postulates roughly 85 percent of movies released from 1950 to 2006 contained and only 9% of sexual content in movies contained messages promoting sexual health. Evidence suggests that adolescent's sexual attitudes and behaviours are influences more by movies than other forms of media. The study said "Adolescents who are exposed to more sexual content in movies start having sex at younger ages, and have more sexual partners, and are less likely to use condoms with casual sexual partners (Ross O'ttara, 2000)

For years now, the western world has allowed the media to misrepresent casual sex and free love. Sex is presented as a cure - all for emptiness and business, and for lack of significance. The western media are now having a great influence on two thirds world

through music, television, movies and videos. Young people are determining who they are as sexual beings on the basis of their misconceptions and the propaganda being disseminated by the mass media (WHO, 2001).

According to Malewezi (2002), what gives the media such power over young people is the amount of the time they spend listening and watching the messages portrayed within its context. For example in the US, the average pre - schooler spends more time watching television than a university student spends in the classroom earning a degree.

Adolescents who watch a lot of television or movies consistently score lower on academic achievements tests. Adolescents who actively used alcohol, tobacco or other drugs listened to the radio, watched music, videos, cartoons, and soap operas on television more often than teens who did not participate in these behaviors (Klien, 1993). The most dangerous aspect of sex portrayed by media is found in pornography. Pornography often becomes addictive and can lead to abusive sexual behaviors such as child sexual abuse (Gottlieb, 2001).

2.6 Peer-to-Peer Education and its influence on youth sexual performance

The Peer- to-Peer HIV/Aids Peer Educators Trainers Guide for IMPACT implementing Agencies in Nigeria helps in various training guides for peer educators. It was developed to equip volunteers with the skills to help prevent sexually transmitted infections and HIV/AIDS. The Peer-to-Peer guide is intended for trainers who will train peer educators. The trained peer educators will, in turn, be expected to take up the challenge to educate their peers on HIV prevention. The trainers will facilitate a process for peer educators to engage in self-examination, learn the basics of STI's HIV and AIDS, and improve their communication skills and plan for peer education. The trainers will be leading peer educators to think and talk about values, attitudes, beliefs, risks, behaviours, sex, sexuality, and relationships (NIC. US News and World Report, 2000)

According to Petersen, peer educators will learn about their minds and bodies and what they need to do to keep both in a state of readiness and how they can encourage their peers to do the same, peer educators are expected to use the peer education approach to contribute significantly towards lowering the rates of HIV and STI's in their immediate communities and ultimately in the nation.

The aim of this program is to provide accurate information about HIV/AIDS, discuss and re-consider Peer Group norms, and establish support for learners. This program reaches youth in school and out of school. In Tshwane, South Africa, peer educators were identified, trained and supported so as to implement the program in their schools with the assistance of their teacher. Peer educators organize HIV/AIDS awareness activities, facilitate class discussions on risk behaviour and gender relationships and supported learners in solving personal problems. Post assessment was used to evaluate the impact of the program on psychological well-being, personal control, school climate and reported high risk behaviour. (Hunter, 2003). The same program seemed to fit the youths in Bomet central division for they depict same problems as those of other youths outside the world. So the study is set to investigate the workshops plan, the youth ambitions and dreams shown in their lives, what might stumble youth as they pursue their lives, aiming to reach optimum point in enjoying life (www.tenwekchd.com, 2012).

2.7 Men As Partners in HIV/AIDs prevention and its influence on youth sexual performance

The purpose of this training on Men As Partners is to young people (Men) to understand how gender norms and their perceptions of sex and sexuality can impact their health lives in both negative and positive ways. The course also provides skills for young people to develop healthier gender norms and skills to prevent HIV/Aids and STI's. And to be able to relay HIV /AIDS knowledge to their young people provide sexual health education, stay as role models for the young people and to test the impacts realized as they reach the young people within and without their family and community. South Africa has one of the highest levels of sexual and gender based violence and HIV/AIDS epidemic is driven partly by the subordination of women, sexual conquest and risk behaviours that many associate with being a "real man". There is a particular need for culture and health interventions that challenge traditional perceptions of male roles and masculinity with positive alternatives and respond to the needs of the rural men. Among the activities that men were encouraged to participate in were (WHO, 2007); Encouraged other local men at community meetings to voluntarily alter behaviour that leads to high risk sexual activity and to raise awareness of gender equality, contact workshops and training targeting men issues of gender roles, male domination in relationships, sexual equality and individual and family relationship, the trained men were to participate in reaching out to the young people, create awareness on high risk sexual activities and raise awareness of gender equality (WHO,2007).

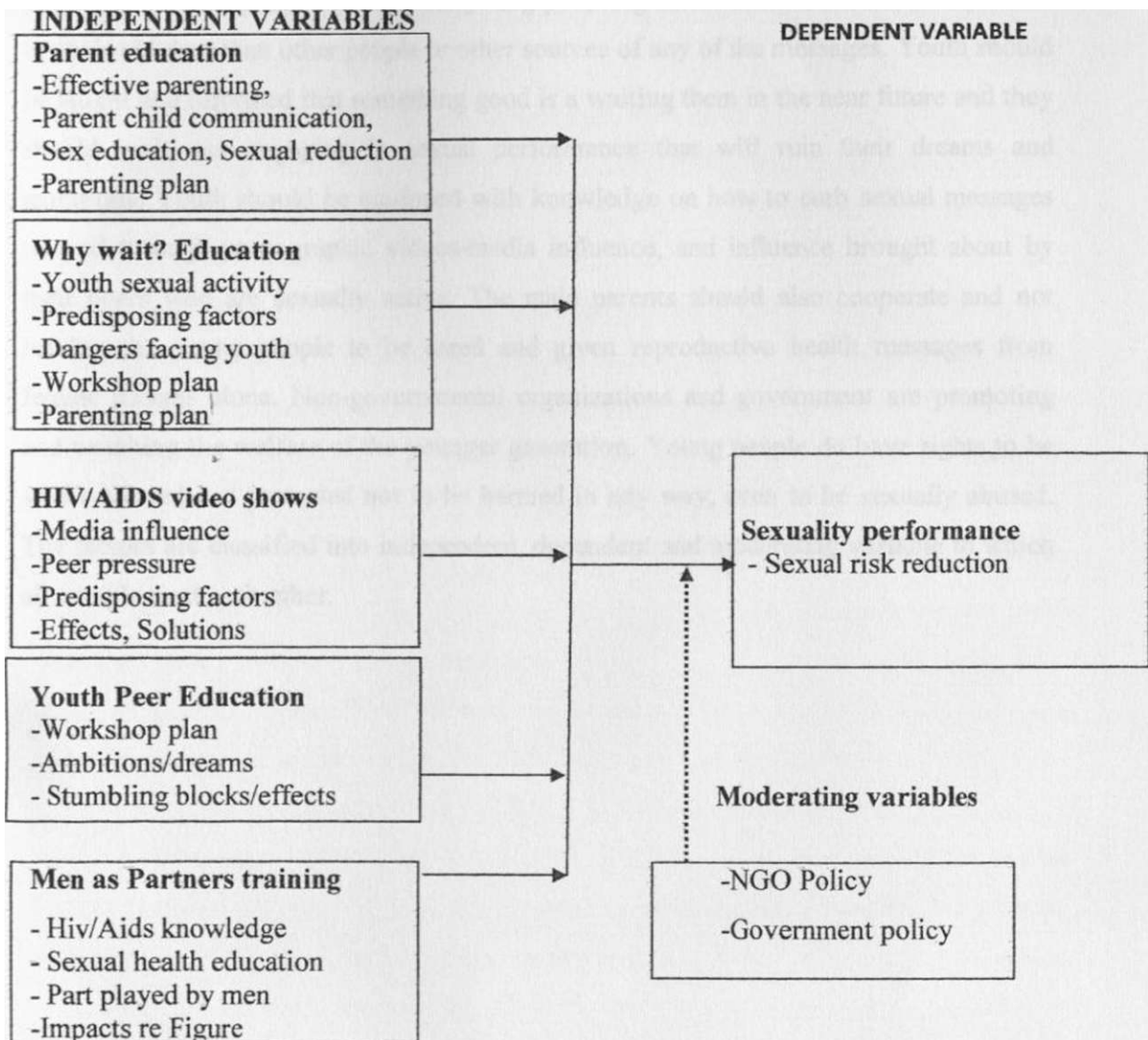
The same program has been implemented after identifying that men seemed reluctant to reach their young people because of cultural norms and believes over here in Bomet like the rest of the world. Much is to be noted as the study is done in the community following the responses from the same men.

2.8 Theoretical framework

According to Kristin, young children are totally dependent on nurturance from their parents and or other care givers. Youth involvement in sexual performance is simply because the service providers are not up to date role modeling and not knowledgeable on reproductive health issues to be able to relay sex messages to their young people. According to Kaiser Family Foundation (2002) showed that young people of between 10 to 24 year olds get most of their information about sex from other sources like their friends apart from their parents and or guardians. It was reported that parents are ranked number three among those who relay sex messages to these young people.

2.9 Conceptual Framework

The conceptual framework shows the four independent variables; parenting education; Hiv/Aids video shows; Peer-to-peer education; and Men As Partners training on HIV/Aids prevention. NGO policy and government policy are the moderating variables.



2.1 Conceptual framework

2.1.0 Definition of operational variables

The conceptual framework for this study was based on Families Matters Programme influence on youth sexual performance. The framework introduces five factors that enable youth access information that influences them towards better sexual decision making as youth perceive and enters the dreamed future. Parents stand the first ground, rearing and keeping and watching the young people grow. Parents are trusted very much by their children than other people or other sources of any of the messages. Youth should be taught and informed that something good is waiting them in the near future and they should wait, not engaging in sexual performance that will ruin their dreams and ambitions. Youth should be equipped with knowledge on how to curb sexual messages relayed through pornographic videos-media influence, and influence brought about by their peers who are sexually active. The male parents should also cooperate and not leaving the young people to be cared and given reproductive health messages from female parents alone. Non-governmental organizations and government are promoting and watching the welfare of the younger generation. Young people do have rights to be well educated and protected not to be harmed in any way, even to be sexually abused. The factors are classified into independent, dependent and moderating variable to which all complement each other.

2.1.1 Summary of Literature Review

Youth lack of access to sexual orientation and other factors influencing youth to involvement in sexual performance, such factors are like; lack of parent sex education, lack of know how to curb the challenges brought about through media influence predisposing youth to involvement in unplanned sexual performance, lack of peer-to-peer education - being able to have self confidence and to be able to convince their friends to make sound decisions when faced with sexual challenges, lack of male parent involvement education on HIV/Aids prevention messages. This study addressed the influence of youth sexual performance globally, regionally, and in Kenya. It will also deduce ways that will enable youth to face life sexual challenges confidently and courageously.

In developing countries, FMP is committed to strengthening families through life's many transitions. Some of the things attributed to the notable lose of values, evidenced by the Hiv/Aids challenge and crime is a breakdown in families and values.

In Kenya, a number of FMP initiatives by Non-governmental organization are ongoing. The program is designed to improve parent-child communication about sexual risk reduction and parenting skills. The FMP program is aimed at to assess community acceptability and FMP's effect on parenting practices and effective parent child communication (www.ncbi.nlm.gov/pubmed, 2011).

In Bomet Central Division FMP has been done for the last 4 years and parents, guardians and care-givers are motivated on the FMP practices and the lesson study integration improvisation of teaching aids and children participation in the lessons during the teaching and learning of FMP parenting skills. FMP has also been extended to Bomet Central Division with and the influence of sexual performance amongst the youth lesson is done through five modules to work on family practices implementation evaluation and improving parental skills. Most studies show that there is significant relationship between improvisation of teaching aids care-givers participation and children in lessons promotes leaning of new life skills.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter the following was discussed; research design, target population, sample size, and sampling procedures, research instruments, piloting of the study, data analysis and presentation.

3.2 Research design

This study used descriptive research design. Descriptive survey designs are used when the objectives is systematic or description of facts and characteristics of a given population or sample of the population or area of interest is factual and accurate (Kothari, 2007). It gathers data at a particular point in time with the intention of describing the nature of the existing conditions, identify the standards against which the existing conditions can be compared and determining the relationship that exists between the specific events (Orodho, 2005).

Descriptive survey seeks to uncover the nature of factors involved in a given situation, the degree in which it exists and the relationship between them (Travers, 1969).

3.3 Target population

The research targeted 1,400 youths and 1,600 parents giving a total target population of 3,000 respondents in Bomet Central Division, Bomet County. The study used primary data through questionnaires to solicit information in line with the objectives of the study. Target population for a survey is the entire set of units for which the survey data are to be used to make inferences; it defines those units for which the findings of the survey are meant to generalize (Population Census, 2009, returns).

3.4 Sample size and sampling procedure

This section described the sample size and sampling procedures.

3.4.1 Sample size

The sample which was used in this study was made up of 140 youths and 160 parents.

3.4.2 Sampling procedures

The study targeted youths and parents. The target population was 3,000 people, 1,400 youths and 1,600 parents. Mugenda and Mugenda (2003) suggest that for descriptive studies 10% or above of the accessible population is enough for the study. A sample of 300 is appropriate for a target population of 3,000. Stratified sampling identifies sub-groups in the population and their proportions and select from each group to form a sample as follows;

$$\frac{\text{Target population}}{\text{Total population}} \times \text{sample size} \quad \gg$$

A sample size of 140 use and 160 parents was obtained. The number of the respondents will then be randomly selected.

3.5 Data collection instruments

Structured questionnaires were used to collect information from the respondents. Both primary and secondary data was collected by use of questionnaire composed of open ended and closed ended questions because it was easy to administer, cheaper and less time consuming.

3.5.1 Piloting

Pilot testing means pre-testing the instruments with a few respondents to test their accuracy; of data collection instrument (questionnaire). Here, pilot test of the instrument is done with 14 youths and 16 parents selected randomly. Test-retest technique was used. Data collected and analyzed from the pilot study, gave the researcher the insight of nature of expected results after the study was completed. The researcher identified the gaps in the instrument in relation to the research objective and how to address them prior to the study. Those sampled for pilot studies were not involved in the actual survey.

3.5.2 Instruments validity

Mugenda and Mugenda (1999) defined validity as the accuracy and meaningfulness of inferences which are based on the research results. In other words validity is the degree to which results obtained from the analysis of the data actually represents the phenomenon under study. The items of the questions should reflect five objective and the five research questions based on the terms enumerated under literature review. It should relate accurately to the research questions.

3.5.3 Instrument reliability

Mugenda and Mugenda (1999) defined reliability as a measure of degree to which a research instruments yields consistent result after repeated trials. Reliability in research is influenced by random error. As a random error increases reliability decreases. Random error is the deviation from a true measurement being addressed by the researcher. Test-retest technique will be used to determine the reliability of the instruments. The same questionnaire was administered twice at an interval of two weeks from the first test. The sample was collected every evening and analyzed through statistical package for social and sciences, (SPSS) which allowed the presentation in frequencies and percentages.

3.6 Data collection procedures

Data collection began immediately as the research proposal was endorsed by the supervisor. Secondly, the researcher sought for a permit from the National Council for Science and Technology-ministry of higher education, prepared permit relevant to my area of study, and then began collecting data by distributing questionnaires. The questionnaires were coded and reception of all data collection instruments. Data collected were presented in form of frequency tables for easier understanding and interpretation.

3.7 Data analysis techniques

Data was analyzed, coded and keyed into computer for analysis to make interpretation possible. Data analysis deals with the statistics to be used to analyze data organization, interpretation, and presentation of data collected.

Data in this study was collected by use of Likert scale, since it is the most widely used approach to scaling responses in survey research that uses questionnaire. Data was presented by use of frequency tables and analyzed by use of percentages in consideration of the research questions.

3.8 Ethical consideration

First the researcher identified himself to the respondents. He briefed the respondents on the study and why he is carrying out the study. To ensure confidentiality, names of respondents were not used in the study and that they were not forced to fill the questionnaire.

Table 3.1; **OPERATIONAL DEFINITION OF VARIABLES**

DEPENDENT VARIABLE

OBJECTIVE	VARIABLE	INDICATOR	MEASURE	SCALE
Influence of Sexual families matter on sexual performance among youth	Sexual performance	Sexual risk reduction.	If parents are giving sex education to their children,	Nominal

INDEPENDENT VARIABLES

OBJECTIVE	VARIABLE	INDICATOR	MEASURE	SCALE
To establish how parenting education influence sexual performance among youth in Bomet Central Division	Parenting education.	Effective parenting	If there is effective parenting	Nominal
		Parent child communication	If there is parent child communication	Nominal
		Sex education	If sex education is taught by parents	Nominal
		Sexual reduction	How sex risks can be reduced	Ordinal
		Parenting plan	How parents participate in youth sexual performance risks reduction.	Ordinal

OBJECTIVE	VARIABLE	INDICATOR	MEASURE	SCALE
To determine the contribution of Why Wait? Education	Why Wait? Education	-Youth sexuality	How youth sexual activity be dealt with	Ordinal
		- predisposing factors	If there are predisposing factors to sexual performance	Nominal
		- Dangers facing youth	If there are dangers facing youth	Nominal
		- Workshop plan	If youths are educated on sexual performance risks	Nominal
		- Parenting plan	How parents do plan to give sex education their children	Ordinal

OBJECTIVE	VARIABLE	INDICATOR	MEASURE	SCALE
To explore the influence of Hiv/ Aids on youth sexual performance	Hiv/Aids video shows	- Media influence	How media influences youths	Ordinal
		- Peer pressure	How peer pressure influence youth	Ordinal
		Predisposing factors	How youths are predisposed to sexual involvement	Ordinal
		!		
		- Effects	If there are sexual performance risks	Nominal
		Solutions	If there are solutions to curbing youth sexual performance	Nominal

OBJECTIVE	VARIABLE	INDICATOR	MEASURE	SCALE
To assess how peer-to-peer education influence youth sexual performance in Bomet Central Division	Peer-to-peer education	- Workshop plan	If youths do as they are trained	Nominal
		- Ambitions	If youths do know that they have ambitions	Nominal
		- Stumbling blocks	How are youths stumbled not to realized their ambitions	Ordinal
		Solutions	If there are solutions	Nominal

OBJECTIVE	VARIABLE	INDICATOR	MEASURE	SCALE
To investigate the influence of Men As Partners Training in sexual performance among youths in Bomet Central Division	Men As Partners Training	-Hiv/ Aids	If youths are educated by their male parents	Nominal
		-Sexual health education	How do male parents convey sex messages to their children	Ordinal
		-Part played by men	If male parents do play their part in educating their children on sexual performance risks	Nominal
		-Impacts realized	If there are impact realized	Nominal

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The presentation in this chapter is guided by the questionnaire and focused group discussion findings from the parent's attached in the appendix section.

The data collected has been analyzed by use of percentages, frequencies and cumulative percentages.

This analysis shows Questionnaire Return Rate and the demographic characteristics of the respondent. It also shows influence of Families Matter Program on sexual performance amongst the youth in Bomet Central Division.

4.2 Questionnaire return rate

The researcher issued by hand delivery 300 questionnaires. The researcher was able to administer to all the respondents in the sample of 160 parents and 140 youths. The return rate for each instrument is indicate in the table 4.1

Table 4.1, Questionnaire return rate

Item	Number of questionnaires administered	Number of questionnaires received	Return rate percentage (%)
i. Parent questionnaires	160	156	98~
ii. Youth questionnaires	140	135	96
Total	300	291	194

Parent's questionnaires had 98% return rate, whereas youth questionnaires had 96% return rate. 4 questionnaires were not returned on the side of parents, and 5 questionnaires amongst the youth all the 9 questionnaires were considered non- response. To ensure high return rate of parents and youth the researcher was assisted by the community village elders and youth representatives. Debriefing the community leaders and community members on the purpose of the research, issuing questionnaires to them and follow up thereafter enabled the researcher to attain 98% for parents questionnaire return rate and 96% questionnaire return rate for youth. The study proceeded because shut (1999) argues that 60% and above return rate of questionnaires is adequate since it is a representative of the sample.

4.3 Demographic characteristics of the respondent.

This subsection presents the demographic characteristics of the respondents which include age, gender, level of education and marital status among others were sought to ascertain their influence on sexual performance among youth in Bomet central Division.

4.3.1 Parent demographic characteristics

Parent age, gender, level of education and marital status were considered in the study.

Parent gender and age was important to ascertain if it has any influence on sexual performance among youth. The level of education was equally important to determine if it has any influence on sexual performance among youth. Their marital status was equally important to ascertain if it has any influence on youth sexual performance. The parent's demographic characteristics are shown in table 4.2

Table 4.2, Demographic characteristics of parents

RESPONDENTS CHARACTERS TICS	CATEGORY	FREQUENCY	PERCENTAGE	CUMULAT- IVE PERCENTA -GE (%)
i. Age	18-24	2	1.3	1.3
	25-35	75	48.1	49.4
	36-45	54	34.6	84
	50 and above	25	16	100
ii. Gender	Male	36	23	23
	Female	120	77	100
iii. Level of education	-Never attended school	26	17	17
	-Primary	126	80	97
	-Secondary	4	3	100
	-College or University			
iv. Marital status	-Single	24	15	15
	-Married	115	74	89

-Divorced	7	5	94
-Widowed	10	6	100

N=156

Both genders were represented in the study. Male parents were 36 (23%) as female were 120 (77) of the parents were under study, 2 (1.3 %) were under age bracket of 18 - 24 years as 75 (48.1%) were under bracket of 25 -35 years, whereas 54 (34.6 %) were under age bracket of 36 -45 years 25 of them (16%) were under age bracket of 50 and above.

A bigger number of parents who were under study have undertaken primary school education, that is 26 (17 %,) and 126 (80%) underwent primary school education, only 4(3%) have gone through secondary school training.

None of the parents who were under study reached college or university level.

4.3.2 Demographic characteristics of youth

For youth, their gender, age, level of education and marital status, were taken into consideration as part of their demographic characteristics. This was important to ascertain if it has any influence of sexual performance among youth. Sexual performance among youth demographic characteristics are shown on table 4.3

4.3 Demographic characteristics of youth

Respondent	Category	frequency	Percentage %	Cumulative percentage %
i. Gender	Male	56	42	42
	Female	79	58	100
ii. Age	9-12 years	117	87	87
	13-17 years	16	12	99
	18 -24 years	2	1	100
	25 -35 years			
iii. Level of education	Never attended school	8	6	6
	Primary level	120	89	95
	Secondary level	7	5	100
	College or university			
iv. Marital status	Never married	135	100	100
	Married			
	Divorced			
	Widowed			

N = 135

Boy and girl youth were represented in the study. 79 (58%) were female and the rest 56 (42%) were boys. 117 (87%) of the youths were of under age bracket of (9-12 years, 16 (12%) were under age bracket of (13-17) years, 2 (12%) were under (18 -24 years whereas age bracket (25-35) were not represented. 8(6%) of the youth never attended school, 120 (87%) were on primary school level, 7(5%) were under secondary school level education. None were represented under college or university.

135 (100%) represented never married, that represented the youth who were under the study. There were no youth to be married, divorced or widowed.

4.4 The influence of Parenting Education on sexual performance among youth in Bomet central division.

The Families Matter Program (FMP) is done in communities to equip parents, guardians and primary caregivers of 9 to 12 years olds. The program promotes positive parenting and effective parent - child communication on values, topics of sex reduction (who 2012). The FMP empowers parents to convey positive values and expectations about sexual behaviour enabling the children curb sexual behaviours that might lead youths to engagement on unplanned sexual performance. It also helps provide their children with important messages related to HIV, sexually transmitted infections, and unplanned pregnancy prevention among youths (www.yfc.org.29, 2012). In Kenya, an estimated 6% of adult population is infected with the human immunodeficiency virus (HIV) (Kenya Demographic and Health Survey, 2003). In light of such findings, parents, guardians and other care givers plus other family members are in a unique position to protect adolescents from the negative health outcomes associated with sexual risk-taking and related risky behaviours. Parents can provide adolescents with accurate information about sex and its potential risks and consequences and foster responsible sexual decision-making skills. Family communication about sex and its potential risks is related to greater knowledge about sexuality, Hiv/Aids and sexually transmitted infections among adolescents (Carabasi, 2000).

All the sampled parents had attended the review and follow up meetings in the area of study. Therefore the researcher sought for opinions from various groups on how the

Families Mailer Program is practiced and its effects in their homes. Table 4.4 gives parents opinions on FMP practice.

Table 4.4 Frequency table for parents' opinion on FMP practice.

Items	Response	Frequency	Percentage	Cumulative frequency (%)
i. Parents attending FMP program.	Yes	147	93	93
	Undecided	4	3	96
	No	6	4	100
ii. Parent child communication	Hard	4	3	3
	Fairly good	17	11	14
	Excellent	136	86	100
iii. Parenting education	Once	17	.11	11
	Many times	136	86	97
	It depends	4	3	100
iv. Giving Sex education to children	Yes	156	100	100
	No			
v. Sexual performance reduction	Possible	153	98	98
	Doubting	3	• 2	100
	Not possible			
vi. Parents plan to further give	Yes	156	100	100
	Doubting			

their children sex No
education

N=T56

From table 4.5, 147 (93%) of the parents who were sampled for the study noted that they had attended FMP training, 10(4%) showed that they had not attended FMP training. Furthermore, 4 (3%) noted that parent child communication to them be seemed hard. Whereas 17 (11%) noted parent child communication to be fair. Whereas 136(87%) of the parents noted that they do take many times talking and educating their children on reproductive sexual health issues. 17 (11%) noted that they do have time with their children only once, and they just let their children decide on their own. 4(3%) of the parents noted that it depends. They saw it that having time and talking with once child then there must be a need to settle. To these parents teaching once child goes with what the child is in need of not what the parent feels or desires to let the child learn. But when it come to parent educating their children on sex education, 157(100%) noted that it is the responsibility of the parent to teach his/her children on sexual health topics. That alone showed that parents do need FMP training. Parents before training do assume that they know everything but those who took training 147(93%) noted that they know very little on and how to give sexual reproductive health to their children. 153(98%) of the parents noted that it is possible to reduce sexual performance amongst youth, that included

parents who had participated in FMP trainings. The trained parents had taken time to make an action plan to go and share the insights got from FMP trainings with their children and mobilize other parents to plan to attend other planned FMP trainings. All 156 (100%) parents noted that they have a plan to go and give their children sexual health education. Only 10 who had not attended FMP training seemed doubting and claiming that there is no much need for children to be given sex education for that can make them curious and would want to practice it not knowing that creating awareness, that is giving sex education to these young people, monitoring, supervising and allowing them to open their mouths is of greater help to both the parent and the nurture children.

4.7 Influence of Peer-to-Peer Education on sexual performance among youth.

To address the second objective of the study, the researcher sought for opinions from parents and youth on Why Wait? Education. Why Wait is an Hiv/Aids intervention training geared towards the youth. The teenagers are brought together and given sexual health education which includes; knowledge in spread and control of Hiv/Aids, STI's and unplanned sex and pregnancy amongst the young children. The same package is relayed for the parents to be able to pass the same sex messages to their teenagers in their homes, (www.tenwekch.org,2006).

Why Wait? (2005), baseline survey related sexual abstinence attitude amongst the youth found out that there is need to create awareness among the young people for they do have little knowledge on the spread and control of Hiv/Aids.

Here the youth were to note if they have life dreams and ambitions. Much consideration was given to parent's sex education. This is simply because much was suppose to be done by their parents. Therefore the study sought to assess whether Why Wait? Education by parents and the trainers has brought influence on sexual performance among youth.

Table 4.5 gives the parents opinion on Why Wait? Education.

Table 4.5, Frequency table for parents opinion on Why Wait ? Education.

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	CUMULATIVE CY (%)
i. Parents educating their children on sexual health issues	Yes	150	96	96
	Undecided	6	4	100
	No			
ii. Children are open to talk on sex topics	Yes	146	94	94
	undecided	6	4	98
	No "	4	2	100
iii. Youths are predisposed to sexual performance involvement	Yes	150	96	96
	Undecided	4	3	99
	No	2	1	100
iv. There are sexual dangers facing youth	Yes	152	98	98
	Undecided	2	1	99
	No	2	1	100
	Yes	154	99	99
v. Parents do have a further plan to educating their children on sexual health matters	Undecided	2	1	100
	No			

N-156

From table 4.6, it was discovered that parents do know that they are suppose to be educating their children on sexual health challenges. 150(96%) of the parents noted that parents give their children sex messages. Whereas 6(4%) of the parents noted undecided, they discussed that children can deal alone on sexual health challenges facing them without the need of any of the parents. 146(94%) of the parents noted that their children have begun talking with them on sex messages openly when they begun teaching them and allowing them to share their views and ask any question relating to sex for their parents seemed ready to answer and have a friendly talk with their children. Whereas 10(4%) of the parents noted that their children were not courageous to talk with them openly on sex topics. That showed that not all parents have undergone FMP training, more of it is needed-very much by parents. However 152(97%) of the parents noted that youth are predisposed to involvement on sexual performance. 4(3%) of the parents showed that youth are faced with sexual health dangers. And, 4(3%) doubted if youth are faced with sexual health dangers. But 154(99%) of the parents noted that youth sexual challenges can be reduced by educating youth on the spread and control of Hiv/Aids.

Table 4.6, Frequency table for youth opinion on Why Wait? Education

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	CUMULATIVE CY (%)
i. Youth are trained on Why Wait? by their parents, guardians or other caregivers	Yes	130	96	96
	Undecided	3	2	96
	No	2	2	100
ii. Youth are willing to talk Openly on sex topics	Yes	130	96	96
	No	5	4	100
iii. There are factors predisposing youth to sexual performance	Yes	128	95	95
	Undecided	4	3	98
	No	3	2	100
iv. There are sexual health dangers facing youth	Yes	135	100	100
	No			
v. Parents do have a plan to instill abstinence on their children	Yes	130	96	96
	Undecided	3	2	98
	No	2	2	100

N =135

From the study it was discovered from the discussion that parents do play a part in educating their children on Why Wait? Education after attending the Why wait? Training. 130(96%) of the youth indicated that their parents do give them education on Why Wait? - Hiv/Aids prevention plan, 130(96%) of the youth noted that they are willing to talk openly with their parents on sexual health topics .However, 128(as %) observed that there are factors predisposing youth to involvement on sexual performance .

All 135 (100%) noted that youth do have sexual health dangers 130(96%) of the youth accepted that parents do have a plan of instilling abstinence message for their children to make sound decisions when faced with sexual performance challenges.

4.6 Influence of Hiv/Aids video shows in youth sexual performance

Young people are faced with a challenge of assessing the good and the bad messages from the media - saturated culture of the 21st century. They need to acquire sexual health knowledge so that they can sift the messages that promote or that influences them on involvement on unplanned sexual activities that damages someone's life dreams and ambitions. For years now, the western world has allowed the media to misrepresent casual sex and free love .Sex is presented as a cure - all for emptiness and loneliness, and ' for a lack of significance . (www ,tenwekch.org,2006).The western media is now having a great influence on the two - thirds world through music , television, movies and videos. Young people are determining who they are as sexual beings on the basis of their misconceptions of the propaganda being disseminated by the mass media. To gather enough information on this objectives, parents opinion about Hiv/Aids video shows impact in life of the youth was shown in table 4.7 as shown in the following page.

Table 4.7 Frequency table for parents views on Hiv/video shows

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	CUMULATIVE PERCENTAGE
				<i>fOj</i>
i. Are youth watching different videos?	No	154	99	99
	Yes	2	1	100
ii. Are youth influenced?	Yes	148	95	95
	No	8	5	100
iii. Youth talking openly on the videos they watch?	Yes	145	93	93
	No	11	7	100
iv. Are there predisposing factors?	Yes	142	91	91
	No	14	9	100
v. Are there problems?	Yes	156	100	100
	No			

vi. Are there solutions?	Yes	150	96	97
	No	6	4	100

N=156 •

From table 4.7, parents discussed and admitted that youth do watch different videos, and are influenced to watching these videos by their friends among other factors. 145 (95%) of the youth have begun talking openly about the videos they do watch after interacting with their parents on the need to open up and share with their parents in case they watch a video in any of the video cafe's in a nearby town centres or anywhere else. 142 of the parents (91%) reported that there are a number of factors that pre-disposes youth to watching different videos, but 14 (9%) were undecided simply because they concluded that a number of youth decides alone to go and watch videos. However, 152 (97%) reported that risks do arise following young children watching pornographic videos. This agrees with what was reported in Aids Care journal, that human mind has got a lot to do with sex, starting with pornography. After much discussion all parents reported that for sure there are sexual health problems facing the younger uneducated generation. 150(96%) of the parents reported that there are solutions to curb youth sexual involvement, and a big solution was reported that it comes from parents. Whereas 6 (4%) of the parents reported that children are also suppose to be left to learn alone from other sources like; from their friends or the media. Lastly, the 10(6%) other parents who had missed to attend the FMP training felt that they should seek for that family centered training.

Table 4.9, Frequency table for youth's opinion on Hiv/video shows

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	CUMMULATIVE FREQUENCY (%)
Youth do have hobbies	Yes	135	100	100
	Undecided			
	No			
Youth do watch different videos?	Yes	133	99	99
	Undecided	2	1	100
	No			
Youth are influenced to watching	Yes	129	96	96
	Undecided	6	4	100
	No			
Youth do talk openly of the videos they watch	Yes	128	95	95
	Undecided	6	4	99
	No	1	1	100
Youth are predisposed to watching different videos	Yes	125	93	93
	Undecided	10	7	100
	No			

Problems do in watching pornographic videos	Yes	131	97	97
	Undecided	4	3	100
	No			
Solutions are there	Yes	135	100	100
	Undecided			
	No			

N=135

From table 4.8, 135 (100%) youth noted that they do have hobbies .The same 135 ()100 % youth noted that they do watch different videos. 2 (1%) of the youth were left undecided.

However 129(96 %) do agree that youths are influenced to watching different videos. Following the Families Matter Program, different parents influenced their teenagers to talking openly with them about the videos they do happen to watch when the happen to reach a video cafe.

128(95%) of the youth noted that they do talk openly with their parents on sexual health topics. 125 (93%) noted that youth are predisposed by other factors like media and their friends to involvement in watching different pornographic videos, 131 (97%) noted that there are problems arising when youth do watch pornographic videos 135, (100%) showed that there is solution.

4.7 Influence of Peer-to-Peer Education on sexual performance among youth.

Peer-to-pecr Education refers to educating a young person who in turn goes to educate his or her peers, who accepts him or her to share the knowledge on 111 V/Aids with them. And then commissions his peers to go and educate others following the knowledge they attained on HIV/Aids and sexual health (Mc Dowel, 1987). The study sought to assess how peer -to-peer education influence sexual performance among youth. To gather information on this objective, parents and youth were sought for their views and opinions. Table 4-9 gives the parents opinion about Peer-to-Peer Education.

Table 4.9; Frequency table for parent's views on Peer-to-Peer Education

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	FREQUENCY
i.Do youth attend peer-to-peer education?	Yes	142	93	93
	No	11	7	100
ii.Do youth share their dreams and ambitions with you parents?	Yes	138	90	90
	Undecided	9	6	96
	No	6	4	100
iii.Can a youth having a dream and not be able to realize it?	Yes	138	90	90
	Undecided	8	5	95
	No	7	5	100
iv.Is Sexual performance stand a stumbling block for youth not to realizing their dreams?	Yes	150	98	98
	Undecided	3	2	100
	No			

v.Are Parents
are standing to
bring solution
on sexual
performance
issues facing
youth?

Yes	153	100	100
Undecided			
No			

N=156

4.8 Influence of Men As Partners training on Hiv/Aids in influence of youth sexual performance

MAPP training is training for men only on the spread of and control of Hiv/Aids. Therefore the study sought views of men sampled on their views about being able to reach and influence the young people to make sound decisions when faced with sexual challenges. Male parent's participation in MAPP training allowed them to go and share the insights they learnt during the training with their family members. To exhaust the objective well the parents opinion were sought for through discussion as shown below in table 4.1.0,

Table 4.1.0 Frequency table on parents opinion on MAPP training

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	CUMULATIVE FREQUENCY (%)
i. Are men willing to be trained on Hiv/Aids prevention?	Yes	146	94	94
	No	10	6	100
ii. Do male parents have knowledge on sexual reproductive health?	Yes	136	87	87
	No	20	13	100
iii. Do male parents spend time conversing with their children on sex topics?	Yes	142	91	91
	No	14	9	100

N=156

From table 4.1.0, the study sought through parents discussion that men who underwent MAPP training are taking their part imparting Hiv/Aids knowledge to their family members including their children. 146 (94%) of the parents including men who attended were sampled for the discussion reported the men are willing to be trained or to gain more knowledge on Hiv/Aids prevention. However, 10 (6%) of the parents claimed that men are knowledgeable, they do not need any kind training. But rather they get exposed, and do know what they are doing. 136 (87%) of the parents reported that male parents do have knowledge on reproductive health, whereas, 20(13%) of the parents reported that many men do need to be taken through MAPP training. Furthermore 142(91%) of the parents reported that male parents do spend time with their children not only discussing on how to curb sexual challenges but even having casual talks. Whereas, 14(9%) of the parents did report that male parents are trying their best to meet the children's needs but not having time to converse on sexual health knowledge. That was simply because the same male parents have not undergone MAPP training.

Table 4.1.1 Frequency table for youth opinion on MAPP training

ITEM	RESPONSE	FREQUENCY	PERCENTAGE	CUMULATIVE FREQUENCY (%)
i. Male parents are trained on Hiv/Aids prevention	Yes	132	98	98~
	No	3	2	100
ii. Male parents do have knowledge on reproductive health	Yes	132	98	98
	No	3	2	100
iii. Male parents do spend time giving their children knowledge on Hi/Aids	Yes	132	96	96
	No	3	4	100
iv. Male parents do have a part to play	Yes	134	99	99
	No	1	1	100

N=135

From tabic 4.1.1, the youth noted that male parents do have a part to play in prevention of Hiv/Aids. 132(98%) of the youth noted that male parents do have Hiv/Aids knowledge. Whereas, 3(2%) of the youth noted that their male parents do not have Hiv/Aids knowledge. 132(96%) of the youth noted that their male parents do spend time with them talking on sexual health. Whereas 3(4%) of the youth noted that their parents have not given them sexual health knowledge. But 134 (99%) Of the youth noted that male parents for sure should participate training their children on how to curb sexual health challenges. And 1(1%), noted that male parents do not have a part to play. Same youth, 132(98%) noted that their male parents have given the knowledge in Hiv/Aids prevention.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the study, discusses the findings, concludes the study, gives recommendations and indicates the areas that need further research.

5.2 Summary and discussion of the findings

This research was based on the topic; influence of Families Matter on sexual performance among youth in Bomet Central Division, Bomet County, Kenya.

On the first research question; How does parenting education influence youth sexual performance in Bomet Central Division? The study indicated that 96% of the parents attended FMP training and are educating their children on Hiv/Aids spreading and control. Whereas 4% discussed that they are taking time giving sexual health knowledge to their children for children do learn from other sources like media, friends and other experts. 97% of the parents are finding parent child communication enjoyable following the training they got during FMP training. But 3% of the parents find it hard communicating with their parents. Furthermore, 96 percent of the parents do take time to give sex education to their children, but 4% of the parents noted a doubt. They saw it that sex education is a private issue that should be left for children to learn through other experts, books, media and friends. Moreover, 99% do agree that sexual performance amongst the youth can be reduced.

On the second research question: To what extent does Why Wait? Education influence youth sexual performance in Bomet Central Division? The findings show that 96% of the parent discussed and accepted that they have taken time educating their children and they still do take time giving their children sex education. 6% of the parents reported that they are doubting the need for parents to educate their children on sexual health. To these parents children to take time to learn on their own from other experts and their friends not knowing that parents do have a role to play in giving sexual health education to their children. 97% of the parents discussed and reported that youth are predisposed to sexual performance involvement. 4% disagreed and reported that youth do consciously do engage in sexual performance by personal choice not that it is pressure from other spheres of influence. Same 97% of the parents reported that there are dangers facing

young people. And, 99% of the parents reported that should have a plan of giving their children sexual health education. 2% of the parents reported that they are doubting the need for a parent to plan to giving his/her children sexual health education. Why Wait? Education gave youth time to learn a lot on abstinence. That is, reasons for saying yes to sex and reasons for saying no to sex. 96% of the youth noted that they do take time with their parents discussing on youth sexual health challenges and ways to curb the same challenges. 95% of the youth noted that there are factors predisposing them to involvement in sexual performance. 3% noted undecided, that showed that same youth do desire to be trained on Why Wait? Likewise to the 2% who noted that there are no factors predisposing them to involvement in sexual performance. Whereas 100% of the youth noted that there are sexual health dangers facing the young people as they pursue life. Furthermore, 96% of the youth did note that parents do have a part to play educating them on sexual health challenges. The same youth do appreciate what FMP trainers did educationg and challenging their parents to give them sex education. 2% of the youth noted that undecided. To them it depends, someone's parent could open up educating one on sexual health following may be following what has happened, but otherwise each and every child is left to learn on his/her own.

The third research question was; In which ways does Pliv/Aids video shows influence youth sexual performance amongst youth Bomet Central Division? The findings showed that 96% of the parents discussed and reported that youth do watch different videos on their own pleasurable times. 8% reported undecided, and 1% reported that youth are not influenced to involvement on sexual performance. 93% of the parents reported that they have begun and are going on discussing with their youth on the videos they do watch on their own. 5% reported undecided if their children do talk with them on sexual health. 2% reported to be totally not taking time to discuss or teach his her children on sexual health issues.

On the fourth research question; How does access to peer-to-peer education influences youth on sexual performance involvement? The study showed that male parents have underwent MAPP training and do appreciate the learning. 146 (94%) of the parents reported that male parents have undergone the Men As Partners training and their training and participation is felt by the youth.

The fifth research question; In what ways does Men As Partners in Hiv/Aids (raining do influence youth sexual performance? Both parents and youth shared their views. 146(94%) of the parents reported that they have found male parents taking their time with

their children giving them sexual health knowledge. Whereas 3(4%) of the youth noted that their parents have not given them sexual health knowledge. But 134 (99%) Of the youth noted that male parents for sure should participate training their children on how to curb sexual health challenges. And 1(1%), noted that male parents do not have a part to play. Same youth, 132(98%) noted that their male parents have given the knowledge in Hiv/Aids prevention.

5.3 Conclusion

The study concludes that youth have been influenced to reducing the involvement O11 sexual performance through a number of factors employed in Bomet Central Division. The following factors were found out among other factors, that youth in the division are influenced to reducing the sexual performance initiation and practice through parenting education. Why Wait? Education, Hiv/Aids video shows, Peer-to-Peer Education and Men As Partners training participation.

The study discovered that majority of the respondents 97% appreciated what is presented through FMP trainings which brings parents, guardians and care givers to realization that there is need to impart sexual health education to the younger people to be able to face sexual challenges coming their way courageously and confidently.

Parents reported that FMP training are not time consuming for they enjoy a lot learning new insights on family enrichment. Parents, guardians and care givers are to design a strategy to reaching and impacting the lives of the young people under their care.

Parents acknowledged and appreciated a lot the integrated lessons seeking to improve the quality of parenthood and relationship building between the children and the care-givers. Most of the parents are not literate enough though they seem excited to learn a lot on how to educate and impact the lives of their children.

Improvisations of teaching aids are used when training parents. This allowed parents to participate and share their views on what was discussed during learning times. Parents are expected that they will go and impart the same knowledge to the peer educators who will

in turn use the same knowledge to impart to their friends. That would otherwise be abstract to explain the findings promoted by Moira Chimombo (2005).

Most of the parents accepted that they do stand the first ground in giving their children sexual health education.

Furthermore, the study reveals that although parents attend lessons on FMP, accepts to go and train their children, much should be done on media influence and its consequences.

Moreover, the study revealed that male parents have accepted to take their part in training their children on how to curb sexual challenges coming their way.

5.4 Recommendations

From the findings of the study the following recommendations are suggested;

- 1) Younger generation need to be educated and informed of the sexual health risks and consequences facing them by their parents and other service providers
- 2) Both parents, that is father and mother should undergo FMP training so as for both of them to show cooperation giving their children knowledge on sexual health.
- 3) Youth should also be allowed to attend trainings on sexual reproduction, and should be allowed to share their views and feelings on the same. Thus, youth will be on a better position to fight HIV/AIDS, STI's and unplanned pregnancy.
- 4) All the stakeholders within and outside the community should also be trained and should demonstrate cooperation in the fight of HIV/AIDS.

5.5 Suggestions for further research

The following gaps may form basis for the future research;

- 1) Challenges facing single parents and their children on the fight of HIV/Aids.
- 2) The relationship between the family structure and youth style of living and the fight of HIV/Aids.
- 3) Replication of the study on those other communities participating in FMP trainings.
- 5) Factors influencing parents attitude towards giving their children sexual health education in Bomet Central Division.

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APPENDICES

APPENDIX 1: BUDGET

No	Item	Total cost (Kshs)
1.	Stationary	
	Photocopy papers	1500.00
	Note book(s)	150.00
	Pens	100.00
	Full-scarps	500.00
	Calling card(s)	1,000.00
	Internet browsing expenses	2,000.00
2.	Traveling expenses	4,500.00
3.	Report preparation	5,500.00
	Typing	
	Data analysis	3,000.00
	Printing	3,000.00
	Binding	600.00
	Total	21,850.00

APPENDIX II: TIME FRAME

Activity	Time month(s)	Date(s)
Development of proposal	2	October 2012
Developing and piloting instruments	1	November 2012
Data collection	2	November 2012
Data organization analysis and interpretation	1	November 2012
Typing / editing / writing / 1 submission	1	November 2012

APPENDIX I: GROUP DISCUSSION QUESTIONS FOR PARENTS

Section A: Parenting Education

1. Have you ever attended training any training on reproductive health education and Hiv/Aids prevention? (Discuss)
2. What did you learnt in the training?
2. How do you find parent child communication?
3. Parents stand the first ground teaching their children on sexual health issues?
4. How many times have you taken to teach your children on sexual issues?
5. (a) Do you belief as a parent that children do have sexual problems?
b) If yes in question 5(a), is the problem of youth sexual performance possible to be reduced?
6. What is your plan as a parent on teaching your children about sexual performance risks?

Section B: Why Wait? Education

1(a) Do you take time talking with your children on sexual health matters?

(b) Do your children talk to you openly on issues of boy or girl friend relationship?

(c.) What is your plan as a parent on assisting your children to make sound decisions
t

when faced with sexual challenges?

d). Do you talk with your children on ways of preventing STI's/HIV/AIDS?

2. (a) Do you know of any factor that predisposes young people to engagement

(b) Is there a solution to curb sexual challenges facing youth in your area of living?

3. Is there any danger facing the young people following their sexual performance they
might be engaging in?

4 (a) Have you attended any training on Why Wait? Training in HIV/AIDS prevention?

(b) What is your plan as a parent on assisting your children to make sound decisions
when faced with sexual challenges?

5. Are parents playing a role teaching young people to curb problems following youth
sexual performance?

SECTION C; Hiv/Aids video shon(s)

1. Do your children go and watch videos on nearby town centre?

i

2. Do they go alone or persuaded with their friends?

3 (a) Do children talk openly with you parents openly of the videos they are watching?

(b) Have you taken time to assess the videos that your children do watch on the video cafes.

(c) If yes, in the question (3 b) above, are their problems arising if young people watch pornographic videos?

4. Is there a solution to let youth not engage watching pornographic videos?

SECTION D: Peer-To-Peer-Education

1. Have you attended a workshop on peer educators training?

(Discuss)

2. Do your children share with your parents about their life dreams and ambitions?

(Discuss)

3. (a) Can a young person have a dream and not realize it in life time?

(Discuss)

(b) Is youth involvement in sexual performance stand one of the stumbling blocks?

(Discuss)

(c) If yes in question 3 (b) above, can youth sexual performance be a hindrance factor to youth? (Discuss)

4 (a) Can parents bring any solution following the problems that might make their children not to realize their future dreams?

(b) If yes for question 4 (a) then how can parents give a solution? (Discuss)

SECTION E; MEN AS PARTNERS TRAINING.

I (a) Is there an need to train men on HIV /AIDS prevention?

(Discuss)

(b) If yes on question I (a) above you learnt anything to do with youth sexual challenges?

(Discuss)

2. Do you spend time teaching your children on youth sexual health?

(Discuss)

3. Do male parents and all men in general seem to be playing a part on teaching sexual health education to their children?

4 (a) Do children value and appreciate what their male parents do, teaching them on sexual health issues?

(b) If yes on question 4 a) above what are further plans on sexual health do male parents have. (Discuss)

APPENDIX II: QUESTIONNAIRE FOR YOUTH

INTRODUCTION

This questionnaire is aimed at gathering information to determine factors influencing sexual performance among youths in Bomet central Division, in Bomet County. The study is being conducted by a postgraduate student in the department of extra- moral studies at the University of Nairobi. All information gathered will be treated with high confidentiality. Your cooperation is highly appreciated.

Thank you

Demographic Characteristics for Youth.

I. What is your age?

9-12 years

19-24 years

25-35 years

2 Please indicate your gender

Male

Female

3. What is your current level of education?

Never went to school

Primary level

Secondary level.

College or university

4. What is your marital status?

Single £

Married

Divorced

Widowed

SECTION A; Parenting education

(Tick where applicable or write a sentence following the question)

1. Do any of your parents have knowledge on HIV/AIDS prevention?

Yes Undecided No

2. If yes on question one above how did you come to know that your parent is having knowledge on Hiv/'Aids?

3. (a) Do your parent(s) talk to you on sexual health issues openly?

Yes Undecided No

tb) If yes in question 3 (a) above, how do you find the talk on sexual health issues with your parent? Dislurtj j Enjoy a

(c) As a young person, are you getting knowledge from your parents on how to curb sexual risks coming your? Yes Undecided I No

Do you trust the sex messages that your parent is relaying to you?

Yes Undecided No

5(a) is the problem of youth sexual performance possible to be reduced?

Yes Undecided No

SECTION B; Why Wait? Education

(Tick where applicable or write a sentence following the question)

Is it possible for young person to abstain from sex until marriage?

Yes 1 Undecided No

2. If yes or on question one above give a reason for your stand

: What predisposes young people to involvement in sexual performance?

Yes 1 Undecided No 1

4. Give a reason for your answer your answer in question 3 above.

»

5. Have you attended a workshop on peer education training?

Yes Undecided No

6. What insights did you learnt in the training that impacted your life?

⁷- Do parents play a role in teaching their children on HIV/AIDS prevention and sexual performance issues? YesI Undecided No

SECTION C: Hiv/video show(s)

(Tick where applicable or write a sentence following the question)

1. What are your hobbies?

- a. Listening to radio
- b. Reading novels
- c. Watching television
- d. Listening to music
 Watching videos

2ia) Do media influence the life style of a young people?

Yes _____ Undecided No

lb) Which area in the media influences youth a lot?

3. Do young people find moved by their peer in doing things in life?

Yes _____ Undecided No _____ **1**

4 (a) Have you heard or seen your friends watching pornographic pictures?

Yes **1** _____ Undecided No

lb) What prompts young people to watching pornographic videos?

Curiosity Following what they watch in a video cafe

Do not know

5. Is there any risk following watching of pornographic videos?

Undecided No

6. If yes on question 5, what risk(s) may arise? Share of any risk you might have heard known.

SECTION D; Peer-to-pecr- Educators training

(Tick where applicable or write a sentence following the question)

1. Have you attended training on peers-to-peer education on Hiv/Aids prevention?

Yes Undecided No

2. If yes in question one, what did you learnt?

3. As a young person, do you have a dream or an ambition in dreams?

Yes Undecided No

4. Do all young people realize their dreams?

Yes Undecided No

5. What prevent them from realizing their dreams or ambitions in their lives?

6. What plan do you have as a young person to curb the risks that may prevent you from realizing your life time dream?

Can young parents play a part in assisting you as a young person towards realizing your dream or ambition in life?

Yes Undecided No

SECTION E: Men As Partners Training

Tick **where applicable** or write a sentence following the question)

1. Do your father (male parent) have knowledge on Hiv/Aids prevention?

Yes Undecided No

2. If yes in question one above or no, give a reason following your answer.

3. Do your male parents teach you on sexual health education?

Yes Undecided No

4. If yes in question 3 do you find what you've learnt assisting you in making sexual decision in life * *fVE*siry*

Yes Undecided No

5. Do you find your male parent (father) playing his part giving you education on
-• Aids and sexual health education?

Yes Undecided No

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

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P.O. Box 30623-00100
NAIROBI - KENYA

Reference: **W2/2/SS-010/905/9**

Website: **July 2012**

OurRef:

Date:

Tonui William Kipkurui
P.O. Box 39
Bomet

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on **"Influence of families Matter program on sexual performance among youth in Bomet central division**. I am pleased to inform you that you have been authorized to undertake research in **Bomet Central, Division, Bomet County, Kenya** for a period ending *November*

You are advised to report to the **District Commissioner & the District Education Officer, Bomet County, Kenya** before embarking on the research project.

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

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v'FOR: SECRETARY/CEO

Copy to:

The District Commissioner
Bomet Central, Division Bomet.

The District Education Officer