

Perceived parenting behaviour and its relationship to early
sexual initiation among adolescents in urban secondary
schools in Nairobi County

By

Ezekiel Rerimoi Kombech

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Clinical Psychology.*

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DECLARATION

I declare that this thesis dissertation is my own original work carried out in fulfilment of the requirement for the award of the degree of Master of Science in Clinical Psychology at the University of Nairobi and has not been presented for the award of any degree at any other University.

Signature: Date:

Author: Ezekiel Rerimoi Kombech
Department of Psychiatry
University of Nairobi

Supervisor's approval

This dissertation has been submitted for the degree of Master of Science in Clinical Psychology with our approval as University supervisors:

Dr. Mathai Muthoni, Senior Lecturer
Department of Psychiatry
University of Nairobi

Signature.....

Date: -----

Dr. Lincoln Khasakhala, Senior Lecturer
Department of Psychiatry
University of Nairobi

Signature.....

Date.....

DEDICATION

I dedicate this work to my lecturers/supervisors Dr Mathai M. and Dr Khasakhala L. and my nuclear family my wife Benedine, children James, (Felix), Austin, Yvonne and Lewis, my extended family members and adolescents who are the subjects in this study.

Their participation in one way or the other in the all research process brought to the success of this study.

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OPERATIONAL DEFINITION OF TERMS

“Parental acceptance” Is to convey a parent’s contribution to the quality of the affectional relationship between parent and child and the physical, verbal, and symbolic behaviours parents use, or is perceived to use, to express these feelings. Acceptance is marked by the expression of warmth, affection, care, comfort, concern, nurturance, support, or, simply, love toward a child (Crowley, 2014).

“parental control” as the amount of supervision parents exercise, the decisions parents make about their children’s activities and friends, and the rules parents hold for their children (Mercer, 2010).

Parental “demandingness” Characterizes the use of direct confrontation and monitoring, patterns of firm and consistent discipline, and high maturity demands (Levine & Munsch, 2011).

Parental “involvement” is the means by which parents promote their children’s relatedness. Specifically, children’s competence is thought to be promoted when parents provide structure and guidelines for behaviour, communicate behavioural expectations, explain why expectations are important, and delineate consequences of meeting or not meeting expectations (Nelson, 2010).

Parental rejection: Continual denial of acceptance, affection, or care by one or both parents, at times, hidden beneath a cover of over-indulgence or over-protection.

Parental responsiveness: Is encompassing affective warmth, cognitive responsiveness, attachment and bonding, unconditional acceptance, sensitive atonement, involvement, and reciprocity.

Parental warmth: Is the expression of interest in children’s activities and friends, involvement in children’s activities, expression of enthusiasm and praise for children’s accomplishments, and demonstration of affection and love

Adolescent: A person aged 12- 19 years old

Authoritarian parent: Parent displays low responsiveness and high demandingness. They are often cold, unsupportive, and insensitive to the child’s needs and demanding in their control

Authoritative parent: Parent displays high levels of both responsiveness and demandingness. They are warm, nurturing and sensitive to their child’s age and maturity when forming behavioural expectations.

Effective parenting: refers to carrying out the responsibilities of raising and relating to children in such a manner that the child is well prepared to realize his or her full potential as a human being. It is a style of raising children that increases the chances of a child becoming the most capable person and adult he or she can be (Carlson, 2011).

Gender expression: Refers to the “way in which a person acts to communicate gender within a given culture; for example, in terms of clothing, communication patterns and interests.

Gender identity: Refers to “one’s sense of oneself as male, female, or transgender”

Gender: Refers to the attitudes, feelings, and behaviours that a given culture associates with a person’s biological sex

Neglectful parent: Parent displays low levels of both responsiveness and demandingness. They are emotionally detached and withdrawn and have few rules and expectations

Permissive parent: Parent is low demanding and often uses high responsiveness. Believe in few rules and expectations for appropriate behaviour benefit children’s development

Secondary schools: Secondary schools and high schools in this context will be used interchangeably and holds the same meaning; post primary school education in Kenya 8-4-4 system

Sex: Refers to a person’s biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female)

Sexual intercourse: Refers to the act of having sex, especially between a man and a woman in which the man puts his penis into the woman’s vagina

Sexual orientation: Refers to the sex of those to whom one is sexually and romantically attracted.

Sexuality “A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a)

LIST OF ABBREVIATIONS

- AIDS:** Acquired immunodeficiency syndrome
- EMBU-C:** Egna Minnen Beträffande Uppfostran questionnaire for children (Swedish acronym for “My memories of Upbringing)
- HIV:** HIV stands for human immunodeficiency virus, the virus that can lead to AIDS.
- KNH:** Kenyatta National Hospital
- SES:** Social economic status
- SPSS:** Statistical Package for the social sciences
- STI's:** Sexually transmitted infections (STIs) are passed from one person to another through unprotected sex or genital contact
- WHO:** World health organization

ABSTRACT

Introduction: Parents play an important role in shaping their children's character and are considered an important determinant in several aspects of their children's outcome including initiation of sex. Adolescents in Kenya are reported to engage in early sexual behaviour increasing the risks to HIV/AIDS/STIs, unwanted pregnancies, abortions, deaths, psychological traumas, school dropout among many other problems, Yeboah-Tenkorang and Maticka-Tyndale (2003)

Objective: the objective of this study was to examine the association between perceived parenting behaviour and early initiation of sexual behaviour among adolescents in urban public secondary schools in Nairobi County.

Hypothesis: There is no significant association between adolescent's early sexual initiation and perceived parenting behaviour

Method: Cross-sectional descriptive quantitative design. A multistage cluster sampling technique was used; the first stage was the random selection of one district out of the 9 districts in Nairobi County. All the schools in the selected district formed the sampling frame. The second stage was the random selection of 5 schools within the district. The third stage was the random selection of 1 stream within a class in each school. For each approached school, one stream per class (Form 1 – 4) was randomly selected and all students in that stream were recruited.

The target group was school going students aged between 13 -19 years in urban public secondary schools in Nairobi County. Self-administered questionnaires was used to assess the perceived parenting behaviour using Eгна Minnen Beträffande Uppfostran questionnaire for children (EMBU-C) (Muris, Meesters, & Brake, 2003) and sexual behaviour was assessed using a modified WHO Illustrative Questionnaire for interview survey with young people (Piedmont & Village, 2009). The sample size was 620 students. The variables of the study are parenting behaviour and early sexual initiation.

Data Analysis: Analysis was done using statistical program for social sciences SPSS version 21. Data was collected using standardized quantitative tools and entered into a password protected Microsoft Access Database. Data entry was done and once it was complete, the raw soft copy data was compared with the hard copy data to ensure correctness. Exploratory data analysis was then conducted to determine outliers and inconsistencies. Once data quality issues were resolved, continuous variables were summarized using measures of central tendency and dispersion

(Mean, Median, Min, Max, Range, IQR) while nominal variables were summarized using frequencies and percentages.

In the EMBU-C tool, principal components analysis were carried out to determine what contribution of each aspect were; towards anxious rearing, overprotection, rejection and emotional warmth. This shall help to determine the validity and reliability of the tool.

During bivariate analysis, where the predictor and outcome variables are both nominal, chi-squared tests was utilized while Analysis of Variance (ANOVA) tests was conducted to determine association between a nominal and a continuous variable. Where both the predictor and outcome variable are continuous, linear regression was used to determine the statistical significance of the association. In each case, a p value less or equal to 0.05 shall represent a significant association. To determine independent predictors of sexual activity in students, a backward logistic regression method was employed with sexual activity as the outcome variable.

The results were summarized in tables, charts, graphs, figures and narratives. After data analysis and results are out; those that need psychological and counseling services will be attended to or referred for specialized care at Kenyatta National Hospital (KNH).

RESULTS:

Perceived parenting behavior was positively associated with sexual initiations; Maternal overprotective behavior, maternal no emotional attachment and maternal rejecting behavior were all associated with early sexual initiation with $p=0.038$, $p=0.037$, $p=0.31$ respectively. However, Paternal rejecting behavior and anxious rearing behavior were also associated with early sexual initiation $p=0.005$ and $p=0.050$ respectively.

CONCLUSIONS:

Parents should embrace the importance of upbringing their children, observe family values and provide sex education programs aimed at reducing early sexual initiations. Parents/caregivers should be knowledgeable of the whereabouts of their children at any given time and know whom they are associating with. Monitor drug taking at any age and encourage health talk messages on the effects of drug use. Mothers should employ emotional warmth for their children, avoid overly strictness and embrace parent-child communication.

Father's should not reject their children, but rather, show love, acceptance and support.

CHAPTER ONE:

Introduction

This chapter presents information on the background to the study, statement of the problem, research questions, research objectives and research assumptions, rationale of the study and finally limitations.

1.1 Background to the Study

The role of parents within the family appears to be particularly important during the adolescent years, particularly concerning reproductive issues. Perceived parenting behaviour influences adolescent identity formation and role taking ability (Middleton, Scott, & Renk, 2009). Bonell, et al., (2006) suggest that adolescents who experience support from their families may feel freer to explore identity issues. According to Furman (2002), enhanced communication between parents and children significantly facilitated the development of higher levels of moral reasoning among adolescents. Hale, Engels, & Meeus (2006) studied the role of parents and parenting styles in the process of individuation from the family, where data shows that 42 percent of Latino adolescents reported learning “a lot” about their sexual health from their parents compared to white adolescents and African American adolescents.

Risky sexual behaviour such as early sexual initiation, inconsistent condom use and sexual intercourse with multiple partners are relatively prevalent among youths in Sub-Saharan Africa Elona T 2017 (South Africa). Early sexual initiation increases the risk of unplanned pregnancies and the infection of sexually transmitted diseases and particularly HIV/AIDS (Kalmuss et.al, 2003). Many of the physical and biological changes that occur during adolescence tend to have a great level of interference on the effectiveness and amount of interaction between parents and children. This occurs regardless of common understanding that parents have more experience in life than the adolescents. Nevertheless, the adolescents are usually not aware of this fact or do not entirely believe it; therefore, parental advice, wisdom and directions are often ignored and to a large extent not valued.

A major study by Bonell, et al., (2006) showed that adolescents who were more connected to parents and families were more likely than other teens to delay initiation into sexual intercourse.

Adolescents who reported that their families were caring and supportive expressed less marijuana use and less emotional distress as compared to their peers. Early sexual initiation increases young peoples' risk for infection with Human Immune Deficiency Syndrome (HIV) and other Sexually Transmitted Infections (STIs). Adolescents who begin early sexual activity are more likely to have high-risk sex or multiple partners and are less likely to use condoms. Early childbearing has been linked to higher rates of maternal and child morbidity and mortality, cut off their educational opportunities, and lower future family income, larger family sizes, which in turn may lead to greater population growth (Kalmuss et.al, 2003; WHO, 2006).

Available literature on sexuality in Kenya indicates that adolescents experience early sexual initiation. A study by (Tenkorang & Maticka-Tyndale, 2008) targeting adolescents in Nyanza aged between 11-17 years concluded that a majority of them had been initiated into sexual intercourse from an early age. The study further indicated that early sexual experience predisposes adolescents to risks like; infections of HIV/AIDS, Sexually Transmitted Infections, unwanted pregnancies, abortions, deaths, psychological traumas, school dropout among other problems.

The role of parents in adolescent development can be viewed from the attachment theory perspective. In the attachment theory, Brown & Wright (2011) argue that supportive relationships with parents enable teenagers to develop interpersonal skills and shape attitudes and beliefs that influence their choices and views of relationships. In addition to the attachment theory, Furman (2002) observes that there exist various themes associated with insecure parent–child attachment include rejection, role reversal and fear/unresolved trauma is frequently found in the dynamics of families characterized by sexual abuse. Parent-child attachment becomes critical during development, considering that the stage is an important sexual decision-making period, characterised by immense exploration and development. During adolescence, individuals become perceptive of their surroundings, develop a new sense of sexual behaviour as being enjoyable, moral and appropriate for their age group (Levpuscek, 2006).

According to Siffert, Schwarz, & Stutz (2012), there are three potential theoretical mechanisms related to family structure and age at first sexual intercourse; sexual behaviour socialization process by the parent, parental supervision and adolescence control and overall effects of family challenges accompanying frequent change in family membership and circumstance like socialization under certain family circumstances, may affect effective parental supervision,

whereas family challenges can disorganize parental supervision. Adolescent boys perceive as being a form of power, a display of masculinity whilst the urban poor use it as a way of freedom and liberation to express themselves. The liberation can only be achieved through sexual interactions with women, that, “the vagina has to be conquered as a demonstrable way of mastering sex and sexual knowledge and power in the wider society” (Kulkarni, 2006, p. 186). Such statements clearly demonstrate that masculinity is determined by sexual exploits and the conquering of the female.

Sexual intercourse is an important event in one’s life trajectory and the contributory factors are: proximate and distal environments. The proximate environment includes micro systemic influences such as one's attitudes and beliefs, and extends to one's family. The distal environment includes one's community and culture. However, there are core forces which influence personal choices and behaviours like the self, family and community, and networks and cultural influences (Mturi, 2004). The “Deviant behaviour theory” postulates that adolescents’ sexual activities have often been associated with deviant behaviour. That teen takes risk-taking behaviours such as alcohol and marijuana use as they relate to early-teen sexual activity. This constitute a "problem behaviour syndrome" that is more characteristic of some youngsters than others (Allen et.al, 2005).

On the other hand, "Control" and "differential association" theories, particularly when applied to delinquency elicit differences responses among adolescents. The control theory predicts a greater likelihood of deviance when youngster's bonds to the conventional order are weak, conforming behaviours are to be found in the bonds the individual establishes with the conventional order, including parents and their values. Differential association theorists, focus on the role of peer influences-both those favourable to delinquent activity and those that inhibit it as the primary variables to explain the youthful deviance probability. A person, who closely associates with peers whose behaviour and beliefs are deviant, is likely to learn to be delinquent from those peers. Parental and peer variables shed some light on the relative contributions of parental, "control theory" variables and peer, "differential association" variables to the explanation of why early teens engage in consensual sexual activity (Hoffmann, 2003).

Adolescents often engage in various risks sexual behaviours that can result in adverse health, social and economic consequences. Although there exist several factors that contribute to early sexual initiation among adolescents, parenting roles have been identified as a key strategy for

reducing youth risk-taking sexual behaviours (Hale, Engels, & Meeus, 2006). As parenting behaviours have great influence on adolescents' reproductive health, most parents do not want their children to do anything about sexual, and they avoid confronting their children on what they are doing concerning sexuality and this is mostly common among African countries. Hence this study will assess perceived parenting behaviour and its relationship to early sexual initiation among adolescents.

In the study, the modified version of "Egna Minnen Betröffande Uppfostran" Questionnaire for Children (EMBU- C) will be used. The modified EMBU-C is a 40-item questionnaire measuring youths' perceptions of three main types of parental rearing (i.e., emotional warmth, rejection (care), and overprotection (control) as well as anxious rearing behaviours (Dekovic, Have, & Vollebergh, 2007). It is derived from the original EMBU, which is an 81-item inventory for assessing adults' recollections of their parents' rearing behaviours (Young, et al. 2013).

1.2 Statement of the Problem

Effective parenting behaviour pertaining sexuality or reproductive health is more likely to mitigate early sexual initiation when combined with effective parent-adolescent communication regarding sexuality issues (Finkenauer, Engels, & Baumeister, 2005). Early sexual initiation among adolescents is at the core of problems facing youths today, with widespread consequences on the adolescents lives and well-being. The ability to develop in a supportive environment and grow into sexually responsible adults; the ability to enjoy one's sexuality without harming or infecting oneself or one's partner, are some of the unique attributes that define us as human beings.

Previous research has established that sexual health problems such as HIV/AIDS and unplanned or unwanted pregnancies are prevalent among Kenyan adolescents, and this warrants urgent attention. To enhance the effectiveness of preventive programs for adolescents, it is important that adolescents receive adequate knowledge and well-informed perceptions about sex, aspects in which the parent-adolescent relationship and the parenting behaviour play indispensable roles. However, the impact of parenting behaviour on adolescents' initiation into sexual activity is unclear. In some studies, it was established that effective parenting behaviour in terms of communication about sex was highly associate with delayed onset of sexual activity and less risky behaviour (Reitz, Deković, & Meijer, 2006).

While there are a variety of factors that contribute to early sexual initiation, proper parenting behaviour has been identified as a key strategy for reducing adolescents' risky sexual behaviours (Pearson, et al. 2010). While there has been some research done on the relationship between parent-adolescent communication to the cognitive development and reproductive health issues (Furman, 2002; Hoffmann, 2003), still results indicate that the process is subject to a number of barriers and nothing has been done to focus parenting behaviour and its relationship with early sexual initiation among adolescents. Hence this study attempts to describe parenting behaviours and adolescents concerning reproductive health issues, with specific emphasis on early sexual initiation.

1.3 Research Question

Do parenting behaviours influence the initiation of early sexual intercourse among youth in urban Kenya?

1.4. Study Objectives

1.4.1 Broad Objectives

The main objective of this study was to examine the association between early sexual initiation and perceived parenting behavior among adolescents in public secondary schools in Nairobi County.

1.4.2 Specific Objectives

- i. To determine the age at first sexual initiation among the adolescents
- ii. To determine sexual risk taking practices among the adolescents
- iii. To determine the prevailing perceived parenting behaviors among the adolescents
- iv. To determine the relationship between perceived parenting behavior and early sexual initiation

1.5. Study Hypothesis

Null hypothesis (Ho) – there is no significant association between adolescent's early sexual initiation and perceived parenting behavior

Alternative hypothesis (Ho) – there is a significant association between adolescent’s early sexual initiation and perception of parenting behavior

1.6 Significance of the study

The findings of this study will benefit the Kenya society considering that effective parenting behaviour pertaining sexuality or reproductive health plays an important role in mitigating early sexual initiation when combined with effective parent-adolescent communication regarding sexuality issues. Modification of negative parenting styles and promoting positive parenting styles improves parenting approach in handling adolescent’s sexual issues, thus adolescents consequently will demonstrate delayed onset of sex, responsible sex and increased level of education in the society as the adolescent will be able to avoid sexual issues and concentrate with their school activities. The researcher will benefit from the study as he will uncover critical issues that make adolescents initiate sex early and possible ways of preventing them.

1.7 Justification of the Study

The purpose of this study was to establish the effect of parenting on adolescents’ engagement in sexual activities at an early age, as studies indicate that they do engage in early sexual initiations. Early sexual initiation affects the future life of the adolescent mother and the baby (World Health Organization 2006; Yeboah-Tenkorang and Maticka-Tyndale 2003).

The outcome of the study will be used in modifying negative parenting styles and promoting positive parenting styles thus initiating change in adolescent sexual behavior in Kenya. This will help the youth demonstrate delayed onset of sex, responsible sex and increased level of education. The study also intends to establish other factors contributing to early sexual initiations which will be used in further research to identify ways of avoiding early sexual initiation among the adolescents.

1.8 Limitation of the study

This study was confined to getting information from the immediate respondents who are adolescent students in public secondary schools in the diverse geographical area of Nairobi County; the results may not apply to others. The study mainly focused on perceived parenting behaviour and its relationship to early sexual initiation among adolescents in urban secondary schools hence setting a boundary for the study.

However, it is also important to mention that adolescents' reproductive health is quite diverse and broad: It covers issues of parenting, communication, peer pressure, environment among others. This study focused on these components in the category of perceived parenting behaviour and adolescent sexual initiation. Given that adolescent reproductive health is broad and involves diverse fields, disciplines and area specific, not all issues related to it were fully explored with the limited time, and resources scheduled for this study.

CHAPTER TWO:

LITERATURE REVIEW

2.1 Introduction

This chapter will put the present study into perspective in relation to other works. In this chapter, research done on parenting and adolescent sexual activities will be reviewed, first from a global perspective then regional (Sub Saharan Africa) and finally studies done in Kenya. The literature review will discuss briefly parent-adolescent sexuality communication, parenting monitoring, and parenting styles. Lastly, the theoretical framework of the study is discussed.

2.2 Parent-adolescent sexuality communication

Parent-adolescent communication pertaining sexual and reproductive health issues are more likely to reduce adolescent risk-taking sexual behaviours. Studies examining the relationship between parent-adolescent communication and risk-taking behaviours such as early sexual initiation have reported inconclusive results (DiClemente, et al. 2001). A study by Kuhar (2010) involving adolescents in the Slovakia and United States of America supported the following conclusions: 1) parents were relatively not involved in directly educating their children, 2) when a parent was involved in providing the education, it was usually the mother, 3) when it actually did occur, “the impact of parental sex instruction in the home was characterised by delayed and/or later age of onset of sexual activity and the only effective method was the use of contraception” (p.185).

Kuhar (2010) concluded that while some studies have established a positive relationship between parental communication and less risky sexual behaviour, others have found negative results. “One reason for the lack of clear findings about parental communication is that, in many studies, parental communication has been conceptualized relatively simply: either parents have talked to their teens about sex or they have not” (Kuhar (2010), p. 253). In a study targeting youths in Nigeria (Musa, et al. 2008) concluded that the influence of culture as well as aspects of communication process greatly affect the type of communication that parents can have with their adolescent family members. The most common barriers identified in the study included the

timing of the communication, the breadth of the communication, parental responsiveness during the discussion, and whether permissive or conservative messages are conveyed.

Despite the inconclusive results of the literature when reviewed as a whole, a few particular literatures that utilized similar methods, instruments, and definitions provide an important rationale for the proposed study's hypothesis. For example, Toroitich-Ruto (2003) conducted a study to assess parenting styles and their relationship to adolescent deviant behaviours as well as risk-taking sexual activity in Kenya. Toroitich-Ruto (2003) hypothesised that sexually active teens with good communication channels towards their parents would be less likely to demonstrate sexual risk-taking behaviours compared to those with strained communication with their parents. The study sample was drawn from 2, 457 high school students who were surveyed for a larger study.

The sample included students who reported voluntarily that they had engaged in sexual intercourse and that they resided with their parents. The findings were supportive of the concept that high levels of parental monitoring (more so than high levels of communication) were highly related with reduced sexual risk-taking. These findings are related to those done in USA by (Allen, et al. 2005), in a study targeting adolescents, whereby the findings emphasized the personal and environmental factors influencing sexual-risk taking. The study specifically examined the sexual behaviour of adolescents in single-parent families.

This finding can be reinforced by (Noller & Bagi 2005), parenting model which proposes that, over-controlling parenting represent excessive protection of children from negative consequences and encourage children's unnecessary dependence on the parents. When mothers protect their children during events or continue to display high level of protection during later developmental periods, children's thoughts about their abilities or their control over their environment may be affected. In this case, the child may develop an external locus of control or feeling of helplessness.

In fostering a teenager's development of optimal capabilities, parents are likely to promote both positive and safe early sexual relationships. Sex-focused parenting (parental values and communication that are directly concerned with sexual matters) and generic parenting processes (day-to-day parent-teenager relationship and parental supervision) may both be associated with a teenager's sexual behaviour. There are consistent associations between parental values and

reduced sexual risk-taking according to sex-focused studies on parenting; although there are mixed findings on possible associations with parental communication about sex.

The mixed findings for communication on sexual risk reflect methodological limitations through communication; parents might influence a teenager's sexual norms and beliefs, as well as shape skills for negotiating sexual situations. Parental sexual values also may be conveyed less directly, and teenager's perceptions of these values may rely more on implicit and nonverbal transmission than on direct parental communication. Parental values promoting abstinence would be expected to endorse sex within an established relationship (Kwok & Shek, 2010)

Parent-child relationship is important in shaping the context, style and meaning of a teenager's relationships with individuals outside the family. Attachment theory model, suggests that supportive relationships with parents enable teenagers to develop interpersonal skills and shape attitudes and beliefs that influence their choices and views of relationships (Walsh & Cameron, 2005). Parental supports are positively associated with adolescent skill in interactions with a sexual partner. However, the sexual component of teenage romantic relationships is poorly understood (Feldman & Rosenthal, 2002).

Indirect control involves the level of emotional attachment of the parent-child relations. Effective attachments between parents and children facilitate socialization to value orientations that support delaying sexual activity and raise the psychological costs of engaging in risk behaviours such as early sex. Close parent-child relations also promote adolescent disclosure, aiding parental control efforts. Studies on parenting show that parent-child relationships characterized a warm and supportive association with a lower risk of adolescent problem (Turner & West, 2006).

In summary, parent-adolescent communication, conceptualized as a research variable in the current study, has been linked to mixed results. Several research disparities pertaining to conceptualization of parent-adolescent shed light on the inconclusive results.

2.3 Parental Monitoring

Parental monitoring is generally described as “the parents’ knowledge of their child’s whereabouts, activities, and friends” (Guilamo-Ramos, Jaccard, & Dittus, 2010). Research has established a relationship between the parental monitoring and adolescents’ involvement in sexual intercourse (Shapiro & Kratochwil, 2000; Ramig & Dodge, 2005), though few have

focused on sexual initiation. Specific to risk-taking as aforementioned, Li, Feigelman, & Stanton, (2000)'s study concluded that high levels of parental monitoring were associated with reduced sexual-risk taking behaviours, as did Hoffmann (2003). Of interest, Li, Feigelman, & Stanton (2000) drew a hypothesis that there exist an interaction effect between the closeness of the parent-adolescent relationship and the positive outcomes of parental monitoring.

The results showed that 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). As such, Li, Feigelman, & Stanton (2000) 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 behaviour among sexually active teens" (p.107).

In 2008, a study researched the social context of risky sexual tendencies among adolescents. In addition to conclusive findings related to negative peer influence, the investigators also established that lack of adequate parental monitoring was related to risky sexual behaviour. In addition, researchers identified that "failures in parental monitoring were related to an indirect influence permitting the adolescent to associate with deviant peers" (p. 432). Another influential variable contributing to parental monitoring levels was identified as parent availability. Family structure, the number of parent figures, and the number of parents who are at home during significant hours all contribute to parental monitoring levels which influence risky sexual behavior of adolescents.

Parental absence and large family size compromise the capacity for both direct and indirect parental control. Parental control includes place and peer monitoring, Place monitoring pertains management of the whereabouts of the child. Time spent in unsupervised out-of-home care has been linked with a greater likelihood of problem behaviour and higher-risk affiliations. This also regulates the amount of unsupervised exposure to neighbourhood environments experienced by youth. Peer monitoring involves familiarity with the friends of their children. Contact fosters involvement with the parents of children's friends which is promoting intergenerational closure among the network contacts of youth. Youths benefit from having parents who become familiar with their friends and their friend's parents (Dawlett, Auslander, & Rosenthal, 2010).

In a trial study targeting development and evaluation of an intervention to increase monitoring by parents and guardians of African youths, researchers emphasized that parental monitoring can function as both a preventive measure and as an intervention measure for youth already involved

in risky sexual behaviours. The findings of this study indicated a vast amount of parental underestimating of adolescent risk behavior indicative of a greater need for parents to learn interventions for increasing monitoring of their adolescents. A similar longitudinal study with the same data concluded with evidence of an inverse relationship between parental monitoring and unprotected sex. The study drew conclusions that long-term effects of perceived parental monitoring provided remarkable protection from adolescent risk behavior (Kabiru, et al. 2010).

In a recent publication by Swedish researchers, a new prescription for parental monitoring. The researchers defined parental monitoring as "a set of correlated parental behaviors involving attention to and tracking of the child's whereabouts" (p. 1072). In the study, 703 adolescents and their parents were included, through which the investigators concluded that parental knowledge of whereabouts entirely came from adolescent disclosure. In other words, while the parents may have tracked and obtained surveillance of their teen's activities, they could not have done so without the free disclosure of information from their children. Finkenauer, Engels, & Baumeister (2005) urges researchers to consider desisting from use of previous accounts of adolescents' contribution to what was previously considered as parental action rather than as a collaborative process.

In a study focused on female adolescents and birth control, researchers found that direct parental monitoring of adolescent females was associated with more reports of hormonal methods of contraception (the pill) as well as double contraception (the pill & condoms) (Mason-Jones, et al. 2011).

To a larger extent, young women are more likely to seek physical closeness to men as a form of attention and physical seeking behaviour if they have no father figure at home. Social learning occur when the adolescent with one parent (the mother) observes dating and possible sexual activity by the mother; the child may model such behaviour as the single parent develops new relationship. Another possibility is that the stresses of family structural changes during the divorce and remarriage processes promote early sexual behaviour (Cluver, Operario, & Gardner, 2009).

Thus, effective parental monitoring of teens requires a delicate balance. In other words, too many rules and too much supervision have been related to a greater likelihood of adolescent sexual risk-taking while a permissive lack of supervision appears to also contribute to adolescent sexual risk-taking (Fulkerson, et al. 2008). It is important to note that "although only a few studies have

compared the impact of monitoring and supervision for boys versus girls, several that have done so suggest that parental monitoring could have a stronger association with behavioral adjustment for girls than for boys" ((Reitz, Deković, & Meijer, 2006), p. 68).

In summary, a balanced perspective of parental monitoring of adolescents has been shown to reduce risk-taking behaviors, more especially for girls.

2.4 Parenting Styles

Parenting styles are critical underlying factors when examining perceived parental behaviours and their relationship with adolescent sexual activities. In studies, it has been concluded that in both authoritarian and permissive/neglectful parenting styles there exist negative effects on family relations. A study by Holsboer-Trachsler, Hatzinger, & Beck (2009) concluded that authoritative parent style combined with flexibility and encouragement of adolescent self-expression are most likely yielded a collaborative environment that boosts communication between parents and their adolescents. Authoritative parenting requires adolescents to be responsive to parental rules and requests while also assuming the parental responsibility of responsiveness to adolescents' needs and points of view (Carlson, 2011).

Wang and Davidson (2006) state that in some cases parents tacitly approve and actively encouraged, or "push" young couples together by either overtly inviting dating partners to stay overnight or by discreetly turning a "blind eye" away from sexual activity in the home. This view is shared by Brown & Wright (2011) who observe that some neglectful parents allow their children to view pornographic videos with their boyfriends and in the process encourage early sex as these results in them wanting to "try out" what they have observed. They mostly either view pornographic videos or read pornographic magazines with classmates, friends, or boyfriends.

In an unpublished study on perceived parenting behaviour in Kenya by Mwhaki and Khasakhala (2013) using EMBU questionnaire measured four different parenting styles which included authoritative parenting style (open communication), uninvolved parenting style (absent emotionally), permissive (indulgent) parenting (staying away from) and authoritarian parenting style (strict and rigid). The results indicated that fathers were physically neglectful at 18.5% and the mothers none. Majority of the mothers were reported as being emotionally neglectful 38.7% compared to fathers 2.9%. (68)15.3% of the mothers were perceived emotionally abusive to

adolescents compared to fathers 1.3%. Fathers were reported to be more physically abusive 33.9% (128) compared to mothers who were perceived as physically abusive at 4.0% (18).

Akinpelu & Ige (2004) state, "Families that provide close, supportive environments for adolescents, while at the same time encouraging independence seem to produce adolescents who can cope with the transition to adulthood" (p. 77). Akinpelu & Ige (2004) also noted: "...children whose parents encourage autonomous thinking and self-discovery are more likely to develop psychological and social competence" (p. 101). On the other hand excessive control and lack of autonomy "may stifle the processes of social and psychological maturation that are necessary for adolescents to make responsible choices about their behaviors" (p. 101), Vera, Granero, & Ezpeleta (2012) argued:

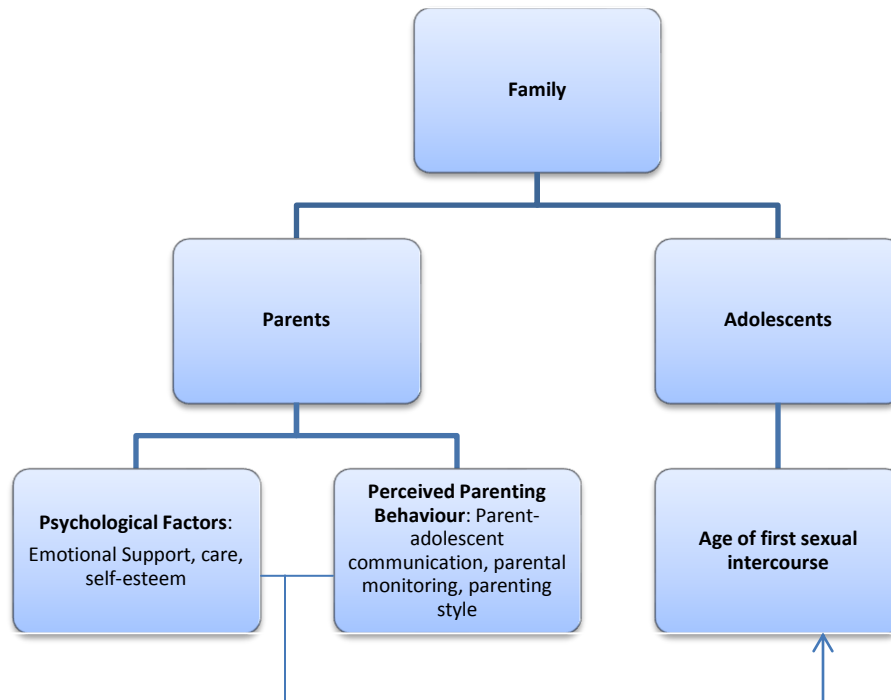
Teens who are allowed psychological autonomy develop psychological maturity and moral internalization necessary to make mature sexual decisions and to demonstrate low-risk sexual behavior...this argument suggests that parents' psychological control may be a factor equal to, if not stronger than, behavioral control in predicting sexual risk-taking behavior among adolescents (p. 102).

According to Alegre (2011), boys are particularly in need of authoritative parenting balance manifested in nurturing and freedom; with research indicating that authoritarian parenting is likely to have immense negative effects on adolescent males (Carlson, 2011). In many cases, parenting styles have been subject to socioeconomic factors that are seen as significant determinants of sexual initiation. For instance, adolescents living in a single-parent household without the father are at increased risk of early initiation of sexual intercourse and adolescent women who do not live with their biological mothers are at greater risk of early sexual initiation and early parenthood than those who lived with their parents (Feldman & Rosenthal, 2002).

Delayed age of adolescent sexual intercourse is associated with increased maternal education and socioeconomic status (SES) has been shown to be a key in adolescent female's timing of first intercourse. As socioeconomic status drifts down, the rates of sexual activity tend to increase. Just like parental monitoring, parenting styles are dependent on delicate balance that allows the adolescent to experience supported independence without a sense of permissive nonchalance or authoritarian control.

2.5 Theoretical Framework

Family system theory



The proposed study is guided by the framework of family systems theory “which focuses on interactional processes of family life rather than viewing adolescents or parents in isolation” (Bregman & White, 2011, p. 34). The family systems theory is rooted in sociology and biology, whereby it was proposed by popular scientists who observed that “a system is more than the sum of its parts” (Regina, 2011, p.113). Applied in the family process, the theory is very important to clinicians and psychologists to understand that a family system should be appreciated as more than just a collection of people, but rather as individual people who have influence on others in one way or the other.

The application of systems theory to the family has led to the conclusion that “the family is an example of an open, ongoing, goal seeking, self-regulating, social system, and that it shares the features of all such systems” (Bregman & White, 2011, p. 37); and yet the family system is also set apart from other social systems by its unique nature and characteristics.

Support, care and communication are central components of the family system's capability to change. For the purpose of the proposed study, the family systems will guide the researcher examine the influence of perceived behaviors of subsystems (i.e., the parents, their communication, monitoring, and parenting styles) on the behaviors of other separate, but conjoint parts (the adolescents' initiation to sexual activity) of the system.

CHAPTER THREE:

METHODOLOGY

3.0 Introduction

This chapter presents information on the research design, study area, target population, sampling and sample size, data collection, data analysis and presentation.

3.1 Research Design

This study used a cross-sectional descriptive design; approach was quantitative data collection and quantitative data analysis.

3.2 Study area

The study was done in urban secondary schools in Nairobi County (city) which is culturally diverse with all the major ethnic groups being represented. Nairobi County is the capital and the largest city of Kenya.

The current population estimate of the city is 3million. According to the 2009 census, in the administrative area of Nairobi, 3,138,295 inhabitants live in about 700 km² (269 sq. m).

The population growth is 4.8 up from 4.7 in the 1989 population census (Central Bureau of Statistics, 2002). Nairobi County is divided into nine (9) districts with 74 public secondary schools in total as indicated below:

1. Kasarani district -7 schools
2. Westlands district - 10 schools
3. Langata district – 5 schools
4. Starehe district - 11 schools
5. Kamukunji district - 7 schools
6. Dagoretti district – 10 schools
7. Makadara district – 10 schools
8. Embakasi district – 6 schools
9. Njiru district – 8 schools

3.3 Study population

The study population was adolescent students in urban public secondary schools in Nairobi County. The Kenyan population is characterized by a big portion of its population falling in the youth age group margins. Majority of this population is aged between ages 13- 19 years with a sizable portion being below 20 years of age. It is this population that is in secondary schools and still dependent on their parents that the study targets.

3.4 Inclusion criteria

- Adolescents (students) aged 13-19 years in public secondary school in the sampled schools
- Those 18 and above who will give consent to participate in the study
- Those under 18 who will give assent to participate in the study
- Those under 18 years consented by the headmaster/deputy headmaster

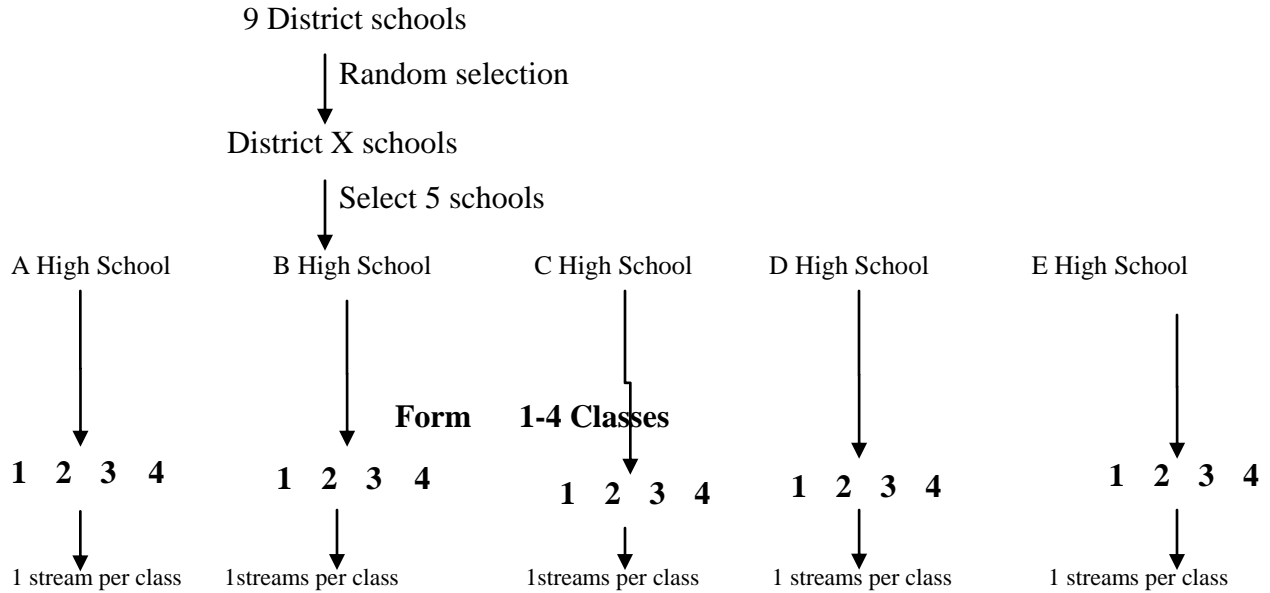
3.4.1 Exclusion criteria

- Students who are ill or who are identified by teachers as having learning disabilities so that they can't understand or fill the questionnaires
- Those that did not assent
- Those not consented by the headmaster

3.4.2 Sampling size and sampling techniques

The target population was drawn from one (1) district randomly sampled to represent the nine (9) districts in Nairobi County. A three-stage cluster sampling technique was adopted. From the sample size, the first stage was random selection of one district out of the 9 districts in Nairobi County. All the schools in the selected district formed the sampling frame. The second stage was random selection of 5 schools within the district. With the selected schools, there was equal representation of boys and girls as there were three mixed schools and two schools of purely boys and girls only. In the third stage, random selection of 1 stream within a class (Form 1 – 4) was done in each school and all the students in that stream were recruited.

Summary of sampling technique:



NB: One stream will be randomly selected in each class

3.5 Sample size determination

Multistage cluster sampling technique was used to estimate sample size. The clusters were the classes (Forms 1 to 4). Each stream had an average of 40 students, therefore assuming an intra-cluster correlation of 0.35, assuming that the proportion of those who are sexually active is 14.9% (Muula & Rudatsikira, 2011), at 80% and 95% confidence level, this requires recruitment of 775 students based on the sample size formula below.

Formula: Hayes RJ & Bennett J (1998)

$$c = 1 + (z_{\alpha/2} + z_{\beta})^2 * [\pi_0(1 - \pi_0)/n + \pi_1(1 - \pi_1)/n + k^2(\pi_0^2 + \pi_1^2)] / (\pi_0 - \pi_1)^2$$

Where

$$n = \left(\frac{r+1}{r}\right) \frac{(\bar{p})(1-\bar{p})(Z_{\beta} + Z_{\alpha/2})^2}{(p_1 - p_2)^2}$$

| | |
|--|-------|
| Estimated prevalence of sexual initiation | 14.9% |
| ratio of [sexually active : sexually inactive (r)] | 0.18 |
| Expected Poor parenting in adolescents who are sexually active π_0 | 45% |
| Expected Poor parenting in adolescents who are sexually inactive π_1 | 30% |
| Risk ratio | 1.5 |
| Average of proportions $(\pi_0 + \pi_1)/2$ | 0.375 |
| $z_{\alpha/2}$ – z score at 95% confidence = 1.96 | 95% |
| z_{β} – z score at 80% power = 0.84 | 80% |
| N | 775 |
| k – Coefficient of variation between clusters | 0.35 |

Computation

| | |
|--|---------|
| Number of streams required per class per school | 1 |
| Estimated average number of students per class | 40 |
| Average number of students per school (form 1 – 4) | 160 |
| No. of schools required to give a sample size of 775 | 4.8 (5) |
| | |

3.6. Study procedures

Recruitment

The researcher used the headmaster/deputy headmaster to inform the students about the research. The students were informed one stream in every class (1-4) will be randomly recruited. This was done after approval by KNH/UON Ethics Review Board, permission from The Commission of Science Technology and Innovation and consent from the school headmasters

Enrolment

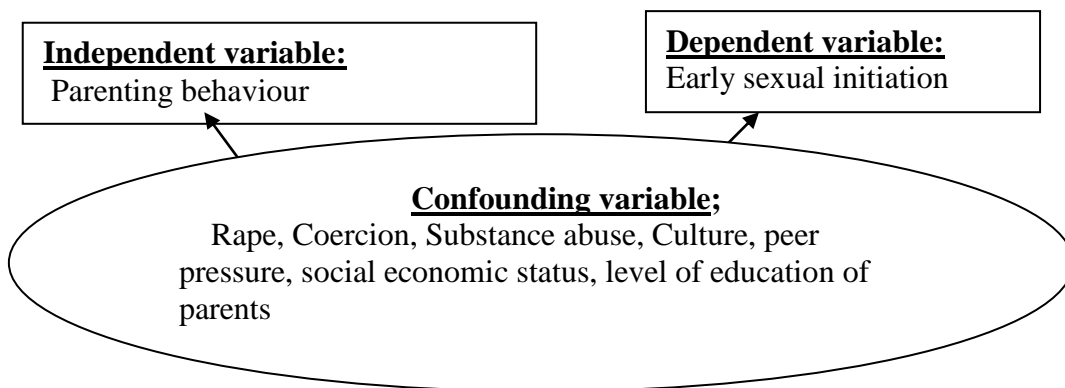
All the students who were 18 years and above voluntarily consented to participate in the study and those below 18 years of age whose parents/headmaster/deputy headmaster consented on their behalf and have agreed (assented) to participate in the study were enrolled for the study. The participants met the inclusion and exclusion criteria of the study. The researcher gave all the necessary information about the study including the purpose, procedure, benefits, risks, voluntariness and freedom to withdraw from the study at any time without giving reasons. Students who were ill or intoxicated were not recruited.

3.7 Consenting and Assenting

The study recruited 620 respondents. The headmaster/deputy headmaster consent for the child participant and the child assented by signing the assent form as attached below (appendix E, pg 50). Those that declined to participate were appreciated for their time and excluded from the study without being denied any service. The participants who were 18 years and above were allowed to make their own decisions on whether to participate or not in the study

3.8 Variables

- I. Dependent variables: Early sexual initiation
- II. The independent variables: Parenting behaviour



3. 9 Data Collection

Dattalo (2008) asserts that methods used in needs analysis are varied but the most widely used are case studies, interview and questionnaires. This study used modified version of EMBU (Swedish acronym for my memories of upbringing) for children (EMBU-C) and a modified WHO Illustrative Questionnaire for interview survey with young people questionnaires to elicit data from the respondents.

3.9.1 Modified EMBU-C

The modified version of the EMBU (Swedish acronym for my memories of upbringing) for children (EMBU-C) is derived from the original EMBU (Arrindell, Perris, J, Gaszner, Eisemann, & Perris, 1986), which is an 81-item inventory for assessing adults' recollections of their parents' rearing behaviour. The modified version EMBU-C is a 40-item questionnaire measuring youths' perceptions of three main types of parental rearing (i.e., emotional warmth, rejection (care), and overprotection (control) as well as anxious rearing behaviours (see appendix A). It is a scale that measures children's current perceptions of their parents' rearing behaviour (King, 2008)

A number of studies have employed the modified EMBU-C to assess relationships between children and adolescents' perceptions of parental rearing, and in particular anxious rearing, and symptoms of anxiety (Penelo, Viladrich, & Domènech, 2012). They further assert that the EMBU-C has been found to be a reliable and valid questionnaire for assessing the main dimensions of parental rearing. The EMBU shows strong factorial stability across samples both within and across nations (King, 2008).

For each EMBU-C item, children first assess father's rearing behaviour and then mother's rearing behaviour, using 4-point Likert-scales (1= *No, never*, 2= *Yes, but seldom*, 3= *Yes, often*, 4= *Yes, most of the time*).

3.9.2 Sexual activity survey questionnaire

A questionnaire is one of the most popular ways of gathering primary data on questions about attitude, opinion and motivations (McNabb, 2004). Respondents are more often than not willing to share information because they can remain anonymous, they can be designed for different groups and respondents' answers are relatively easy to code and tabulate (Nthiga, 2010). On the other hand, questionnaires can be misleading to the respondents particularly when the questions are ambiguous. Nonetheless, the instrument was used in the present study (see appendix B).

The WHO questionnaire, an instrument designed to be suitable for teenagers and young people who have reached puberty but have not yet married or entered stable cohabiting relationships (Smith, McNaughton, Cleland, Crawford, & Ball, 2013), was used. It is equally appropriate for males and females attending school and those who have left school and for individuals with experience of sexual intercourse and those without.

The instrument was designed to document knowledge, beliefs, behavior and outcomes in the domain of sexual and reproductive health. The questionnaire yielded information on the following;

Socioeconomic and family characteristics; this section addressed key characteristics of the respondent's life (age, school, work, family composition and communication, recreation), that may shape sexual conduct and their sexual health. Further, establishment of the types of

relationships that young people form, their degree of sexual intimacy and communication and the possible attendant risks related to sexual practices.

Experiences of penetrative sex; the questions in the questionnaire required mostly the respondent to indicate whether YES or NO, the questionnaire was designed to be used as a verbatim instrument, where the interviewer reads out each question exactly as it appears in print.

3.10 Data Analysis and Presentation

Data was collected using standardized quantitative tools and entered into a password protected Microsoft Access Database. Data entry continued to be carried out as data collection was ongoing to identify any systemic data issues arising during data collection. Once data entry was complete, the raw soft copy data was compared with the hard copy data to ensure correctness. Exploratory data analysis was conducted to determine outliers and inconsistencies. Once data quality issues are resolved, continuous variables were summarized using measures of central tendency and dispersion (Mean, Median, Min, Max, Range, IQR) while nominal variables were summarized using frequencies and percentages.

In the EMBU-C tool, principal components analysis was carried out to determine what contribution of each aspect towards anxious rearing, overprotection, rejection and emotional warmth. This helped to determine the validity and reliability of the tool.

During bivariate analysis, where the predictor and outcome variables are both nominal, chi-squared tests were utilized while Analysis of Variance (ANOVA) tests were conducted to determine association between a nominal and a continuous variable. Where both the predictor and outcome variable are continuous, linear regression was used to determine the statistical significance of the association. In each case, a p value less or equal to 0.05 represented a

significant association. To determine independent predictors of sexual activity in students, backward logistic regression methods were employed with sexual activity as the outcome variable.

The results were summarized in tables, charts, graphs, figures and narratives. After data analysis and results are out; those that need psychological and counseling services will be attended to or referred for specialized care at Kenyatta National Hospital (KNH).

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter focuses on data presentation and analysis that determined: the age at first sexual initiation; sexual risk taking practices; the prevailing perceived parenting behaviour, the relationship between perceived parenting behaviour and sexual initiation and risk taking practices among adolescents. The findings are presented using tables, bar charts, pie charts and narratives.

The study recruited 620 respondents with an age range of 11 years, the youngest was 13 years while oldest 24 years old. Data was analyzed objective by objective.

4.1 Socio-Demographic Characteristics and perceived parenting behaviour

As tabulated in table 4.1, results showed the mean age and standard deviation for respondents was 16.5 years and 1.431. Most respondents 85% (527) were above 14 years; categorized into ages 15-16 (45.3%) and 17-18 (39.7%) years old in form two and three classes respectively. Slightly more boys 55.0% (341) than girls 45.0% (279) were recruited. Respondents being high school students; a small percentage 2.7% (17) were married with almost half recruited from form three. All respondents who indicated were married were males aged 17 old or above. A small percentage, 8.7% were above 18 years.

Table 4.1: Social demographic characteristics

| Characteristics | Frequency | Percentage |
|------------------------|-----------|------------|
| Age (N=620) | | |
| 13 – 14 | 39 | 6.3 |
| 15 – 16 | 281 | 45.3 |
| 17 – 18 | 246 | 39.7 |
| >18 | 54 | 8.7 |
| Total | 620 | 100 |
| Gender(n=620) | | |
| Female | 279 | 45.0 |
| Male | 341 | 55.0 |
| Total | 620 | 100 |
| Marital status (n=620) | | |
| Married | 17 | 2.7 |
| Not married | 603 | 97.3 |
| Total | 620 | 100 |
| Grade/form (n=620) | | |
| Form 1 | 106 | 17.1 |
| Form 11 | 225 | 36.3 |
| Form 111 | 258 | 41.6 |
| Form 1V | 31 | 5.0 |
| Total | 620 | 100 |

The living arrangements, religion of affiliation and status of parents are presented in table 4.2. Majority of the respondents 84.8% (526) lived with their parents since birth. A significant number of respondents 35.3% (219) were Catholic by religion of affiliation while 24.4% (151) who were of protestant religion. Further, most of the respondents 81.1% (503) their father was alive, of these 73.8% (371) were living in the same household. Most 90.8% (563) their mothers were alive and of these 82.4% (464) were living in the same household.

Table 4:2 Social characteristics of respondent's families

| Characteristics | Frequency | Percent |
|--|-----------|---------|
| Who live with you most of the childhood (n=620) | | |
| Parent | 526 | 84.8 |
| Aunt | 32 | 5.2 |
| Uncle | 15 | 2.4 |
| Sibling | 17 | 2.7 |
| Others | 30 | 4.8 |
| Total | 620 | 100 |
| What is your religion (n=620) | | |
| None | 41 | 6.6 |
| Catholic | 219 | 35.3 |
| Protestant | 151 | 24.4 |
| Muslim | 62 | 10 |
| Hindu | 4 | 0.6 |
| Jew | 19 | 3.1 |
| Others | 124 | 20 |
| Total | 620 | 100 |
| Father to respondent alive (n=620) | | |
| Yes | 503 | 81.1 |
| No | 117 | 18.9 |
| Total | 620 | 100 |
| Father to respondent living in the same household (n=503) | | |
| Yes | 371 | 73.8 |
| No | 132 | 26.2 |
| Total | 503 | 100 |
| Mother to the respondent alive (n=620) | | |
| Yes | 563 | 90.8 |
| No | 57 | 9.2 |
| Total | 620 | 100 |
| Mother to the respondent lives in the same household (n=563) | | |
| Yes | 464 | 82.4 |
| No | 99 | 17.6 |
| Total | 563 | 100 |

Table 4.3 presents perceived parenting behaviour as indicated by the respondents. Nearly half of the respondents perceived their fathers to portray overprotective parenting behaviour 48.4% (300) compared to mothers 38.7% (240). No emotional attachments perceived parenting behaviour, more respondents indicated to have perceived their fathers to have no emotional attachment 36.3% (225) compared to mothers with no emotional attachment 18.4% (114). Results of perceived rejecting parenting behaviour, 17.6% (109) and 15.6 (97) indicated both their mothers and fathers portrayed a rejecting parenting behavioural styles respectively. More respondents 42.9% (266) indicated to have perceived their fathers to portray an anxious parenting behaviour compared to mothers 25.8% (160).

Table 4.3: Perceived Parenting behaviour (n=620)

| Perceived Parenting Behaviour | Frequency | Percent |
|---|-----------|---------|
| Perceived maternal overprotection | | |
| Yes | 240 | 38.7 |
| No | 380 | 61.3 |
| Perceived maternal emotional attachment | | |
| Yes | 506 | 81.6 |
| No | 114 | 18.4 |
| Perceived maternal rejecting | | |
| Yes | 109 | 17.6 |
| No | 511 | 82.4 |
| Perceived maternal anxious rearing | | |
| Yes | 160 | 25.8 |
| No | 460 | 74.2 |
| Perceived Paternal overprotection | | |
| Yes | 300 | 48.4 |
| No | 320 | 51.6 |
| Perceived Paternal emotional attachment | | |
| Yes | 395 | 63.7 |
| No | 225 | 36.3 |
| Perceived Paternal rejecting | | |
| Yes | 97 | 15.6 |
| No | 523 | 84.4 |
| Perceived Paternal anxious rearing | | |
| Yes | 266 | 42.9 |
| No | 354 | 57.1 |

4.2: Age at first sexual initiation and perceived parenting behaviour.

More than half respondents 55.3% (343) had not initiated sexual activity, while 46.7% (277) had initiated into sexual activity. The result findings onwards present the 277 respondents which had initiated sexual activity.

The table 4.4: presents socio-demographic characteristics of the respondents who had initiated sexual activity (n=277). The results showed that slightly more boys 56.7% (158) than girls

43.3% (119) had initiated sexual activity. Majority of the respondents 95.3% (264) were 18 years and below and above 18 years were 4.7% (31). Most respondents 45.8% (127) and 32.5% (90) were recruited from Form 111 and Form 11 respectively.

Table 4.4: Social demographic characteristics

| Characteristics | Frequency | Percent |
|------------------------|-----------|---------|
| Age (n=277) | | |
| • 13-14 | 14 | 5.1 |
| ▪ 15-16 | 103 | 37.2 |
| ▪ 17-18 | 129 | 46.6 |
| ▪ >18 | 31 | 11.2 |
| Total | 277 | 100.0 |
| Gender (n=277) | | |
| ▪ Female | 119 | 43.3 |
| ▪ Male | 158 | 56.7 |
| ▪ Total | 277 | 100 |
| Marital status (n=277) | | |
| ▪ Married | 6 | 2.2 |
| ▪ Not married | 266 | 97.8 |
| ▪ Total | 272 | 100 |
| Grade/Form (n=277) | | |
| ▪ Form I | 43 | 15.5 |
| ▪ Form II | 90 | 32.5 |
| ▪ Form III | 127 | 45.8 |
| ▪ Form IV | 17 | 6.1 |
| ▪ Total | 277 | 100 |

Other social characteristics of respondents' are presented in table 4.5. Most of the respondents 85.3% (232) lived with their parents. 39.2% (103) are Catholics by religion of affiliation, followed by Protestants 26.6% (70) and Muslims 11.4% (30).

Table 4.5: Social characteristics of respondents' families

| Characteristics | Frequency | Percent |
|--|-----------|---------|
| Who live with you for most of the childhood (n=277) | | |
| ▪ Parents | 232 | 85.3 |
| ▪ Aunt | 11 | 4.0 |
| ▪ Uncle | 5 | 1.8 |
| ▪ Sibling | 11 | 4.0 |
| ▪ Other | 21 | 7.7 |
| What is your religion (n=277) | | |
| ▪ None | 16 | 6.1 |
| ▪ Catholic | 103 | 39.2 |
| ▪ Protestant | 70 | 26.6 |
| ▪ Muslim | 30 | 11.4 |
| ▪ Hindu | 2 | 0.8 |
| ▪ Jew | 12 | 4.6 |
| ▪ Other | 30 | 11.4 |
| Total | 263 | 100 |
| Father to respondent alive | | |
| ▪ Yes | 230 | 84.2 |
| Father to respondent livings in the same household | | |
| ▪ Yes | 170 | 74.2 |
| Mother to the respondent alive | | |
| ▪ Yes | 207 | 92.4 |
| Mother to the respondent lives in the same household | | |
| • Yes | 175 | 85.0 |

Table 4.6: presents age at first sexual initiation of the respondents. Majority 95.3% (264) initiated sexual activity before or at 18years while 4.7% (13) initiated after 18 years.

Table 4.6: Age at first sexual initiation

| Age group (years) | Frequency | Percent |
|-------------------|-----------|---------|
| < =18 | 264 | 95.3 |
| > 18 | 13 | 4.7 |
| Total | 277 | 100 |

Table 4.7: presents relationship between perceived parenting behaviour, sexual abstinence and sexual initiation. Respondents 354(57.1%) who perceived their fathers as having anxious rearing behaviour indicated that; 58.8% (208) abstained from sexual activity while 41.2% (146) initiated sexual activity with a significant value of $p=0.050$.

Table.4.7: Relationship between perceived parenting behaviour, sexual abstinence and sexual initiation

| Covariate | Sexual initiation(n=620) | | | p-value |
|---------------------------------|--------------------------|---------------|------------|---------|
| | Abstinenences | Initiated sex | Total | |
| Mothers | | | | |
| overprotection | | | | |
| Yes | 211(55.5%) | 169(44.5%) | 240(38.7%) | p=0.934 |
| No | 132(55.0%) | 108(45.0%) | 380(61.3%) | |
| Mothers emotional warmth | | | | |
| Yes | 276(54.5%) | 230(45.5%) | 506(81.1%) | p=0.466 |
| No | 67(58.8%) | 47(41.2%) | 114(18.4%) | |
| Mothers rejection | | | | |
| Yes | 54(49.5%) | 55(50.9%) | 109(17.6%) | p=0.203 |
| No | 289(56.6%) | 222(43.4%) | 511(82.4%) | |
| Mothers anxious rearing | | | | |
| Yes | 251(54.6%) | 209(45.4%) | 460(74.2%) | p=0.580 |
| No | 92(57.5%) | 68(42.5%) | 160(25.8%) | |
| Fathers | | | | |
| overprotection | | | | |
| Yes | 182(56.9%) | 138(43.1%) | 320(51.6%) | p=0.467 |
| No | 161(53.7%) | 139(46.3%) | 300(48.4%) | |
| Fathers emotional warmth | | | | |
| Yes | 223(56.5%) | 172(43.5%) | 395(63.7%) | p=0.502 |
| No | 120(53.3%) | 105(46.7%) | 225(36.3%) | |
| Fathers rejection | | | | |
| Yes | 53(54.6%) | 44(44.4%) | 97(15.6%) | p=0.912 |
| No | 290(55.4%) | 233(44.6%) | 23(84.4%) | |
| Fathers anxious rearing | | | | |
| Yes | 208(58.8%) | 146(41.2%) | 354(57.1%) | p=0.050 |
| No | 135(50.8%) | 131(49.2%) | 266(42.9%) | |

4.3: Violation of family rules for growing children

Majority of respondents initiated sexual activity answered three questions that assessed common family rules, these were befriending strangers using substance and reporting home late hours of the night.

Table 4.8: Presents number of respondents who befriended strangers. Slightly more female respondents 13.3% (15) befriended strangers compared to male respondents 10.6% (15), with no statistical significant difference, $p=0.560$.

Table 4.8: Association between Gender and befriending strangers

| Covariate | Befriending strangers | | | Chi square test |
|-----------|-----------------------|------------|------------|-----------------|
| | Yes | No | Total | |
| Female | 15(13.3%) | 98(86.7%) | 113(44.3%) | p=0.560 |
| Male | 15(10.6%) | 127(89.4%) | 142(55.7%) | |
| Total | 30(11.8%) | 225(88.2%) | 255(100%) | |

Table 4.9: presents the relationship between gender and substance abuse. More male respondents 14.1% (20) abused drugs compared to female respondents 2.7% (3), indicating a statistical significance difference of $p=0.002$.

Table 4.9: Association between Gender and Substance abuse

| Covariate | Substance use | | | Chi square test |
|-----------|---------------|------------|------------|-----------------|
| | Yes | No | Total | |
| Female | 3(2.7%) | 110(97.3%) | 113(44.3%) | p=0.002 |
| Male | 20(14.1%) | 122(85.9%) | 142(55.7%) | |
| Total | 23(9.0%) | 232(91.0%) | 255(100%) | |

Table 4.10: indicates that a slightly higher proportion of male respondents 32.3% (46) reported home late hours in the night compared to female respondents 29.2% (33) but there was no significant statistical difference, $P=0.683$.

Table 4.10: Association between reporting back home late hours in the night and gender

| Covariate | Reporting back home late | | | Chi square test |
|-----------|--------------------------|------------|------------|-----------------|
| | Yes | No | Total | |
| Female | 33(29.2%) | 80(70.8%) | 113(44.3%) | p=0.683 |
| Male | 46(32.3%) | 96(69.0%) | 142(55.7%) | |
| Total | 79(31.0%) | 176(69.0%) | 255(100%) | |

4.4 Sexual Behaviour of the respondents who had initiated sexual activity

Two hundred and sixty one 261 out of 277 who had initiated sexual activity could recall their first sexual intercourse indicated the following findings; majority 72.2% (200) indicated that they both agreed. 7.6% (21) were persuaded by the partner, 20 (7.2%) were forced, 12 (4.3%) persuaded their sexual partners into sexual intercourse. The remaining 8.7% (24) could not recall.

One hundred and forty 140 (50.4%) of the respondents indicated that their sexual intercourse was planned while one hundred and thirty five 135 (48.7%) indicated it was unexpected, only 0.7% (2) did not indicate.

One hundred and seventy two 62.1% (172) of the respondents indicated that they did not regret having had sexual intercourse while 37.5% (104) reported having regrets for having had their first sexual intercourse.

Two hundred and seventeen 78.3% (217) of the respondents indicated that they used something to avoid pregnancy and only 21.7% (60) did not use something to prevent pregnancy. More than half of the respondents 73.2% (161) indicated that they used condoms, 11.8% (26) used pills, 4.5% (10) used withdrawal method, 2.7% (6) used injectables and 7.7% (17) used other methods.

One hundred and twenty nine 49.0% (129) of the respondents reported that they discussed with their sexual partners on contraceptives before their first sexual intercourse while 9.5% (25) discussed after their first sexual intercourse and 41.4% (109) never discussed.

One hundred and forty seven 57.6% (147) of the respondents indicated that it was their joint decision with the sexual partner to use a contraceptive method. 23.9% (61) reported it was the partner's decision and 18.4% (47) reported it was his/her own decision.

Two hundred and forty four (244) respondents who associated their first sexual initiation with something; 54.1% (132) associated their first sexual initiation with peer pressure, 14.3% (35) culture, 13.1% (32) social economic status, 11.5% (28) associated with parenting behaviour and substance abuse, 15.3% (13) rape, 4.9% (12) level of education and 2.9% (7) associated with coercion.

4.5 Sexual risk taking practices among the adolescents

Among the respondents who had initiated active sexual activity (277); Most of these respondents 83.8% (232) had engaged in male/female sexual practices, 16.2% (45) had initiated sexual relationship but never indicated type of relationship. 11.7% (30) befriending strangers, 9.0% (23) using substances of abuse, 30.9% (79) ever reported back home late.

Table 4.11: Risk taking practice

| Risk taking practice | Frequency | Percent |
|---|-----------|---------|
| Male/female sexual relationships (n=277) | 232 | 83.8 |
| Never indicated type of sexual relationship (n=277) | 45 | 16.2 |
| Be-friend strangers (n=277) | 30 | 11.9 |
| Take substance of abuse (n=277) | 23 | 9.0 |
| Reporting back home late hours in the night (n=277) | 79 | 30.9 |

Table 4.12: Age by gender at first sexual initiation

The age group with first sexual initiation was between 15 and 16 years, with more female respondents 54.8% (69) compared to male respondents 45.2% (57). However, more than third 35.4% (98) had initiated before age 15 years; this is tabulated in table below.

Table 4.12: Age by gender at first sexual initiation

| Age group (years) | Male Frequency | Percentage | Female frequency | Percentage | Total frequency | Percent |
|-------------------|----------------|------------|------------------|------------|-----------------|---------|
| <= 14 | 37 | 37.8 | 61 | 62.2 | 98 | 35.4 |
| 15-16 | 57 | 45.2 | 69 | 54.8 | 126 | 45.5 |
| 17-18 | 16 | 42.1 | 22 | 57.9 | 38 | 13.7 |
| > 18 | 10 | 66.7 | 5 | 33.3 | 15 | 5.4 |
| Total | 120 | 43.3 | 157 | 56.7 | 277 | 100 |

Table 4.13: below presents association between first age of sexual initiation and befriending strangers: Befriending strangers was most common among respondents whose age at first sexual initiation was between 15-16 years, however there was no statistical significant difference between age at first sexual initiation and befriending strangers, $p=0.291$.

Table 4.13: Association between first age of sexual initiation and befriending strangers

| Covariate | Age group (years) at first sexual initiation | | | | | | | | | | P value |
|---------------------|--|------|-------|------|-------|------|-----|-----|-------|------|---------|
| | <=14 | | 15-16 | | 17-18 | | >18 | | Total | | |
| Be-friend strangers | n | % | n | % | N | % | N | % | N | % | |
| Yes | 22 | 42.3 | 24 | 46.2 | 5 | 9.6 | 1 | 1.9 | 52 | 18.8 | |
| No | 81 | 36.0 | 103 | 45.8 | 30 | 13.3 | 11 | 4.9 | 225 | 81.2 | |
| Total | 103 | 37.2 | 127 | 45.8 | 35 | 12.6 | 12 | 4.3 | 277 | 100 | |

The results of association between age at first sexual initiation and ever reporting home late hours of the night are presented in table 4.14. Reporting home late hours of the night had statistical significance relationship with age at first sexual initiation $P=0.05$; proportion of respondents who initiated into active sexual activity before age 15 are more than any other respondents in older age groups.

Table 4.14: Association between age group at first sexual initiation and reporting home late hours of the night

| Covariate | Age group (years) at first sexual initiation | | | | | | | | | | P value |
|----------------------------------|--|------|-------|------|-------|------|-----|------|-------|------|---------------|
| | <=14 | | 15-16 | | 17-18 | | >18 | | Total | | |
| Reporting back home late (night) | n | % | N | % | n | % | N | % | N | % | |
| Yes | 42 | 35.3 | 38 | 31.9 | 22 | 18.5 | 17 | 14.3 | 119 | 43.0 | |
| No | 54 | 34.2 | 82 | 51.9 | 19 | 12.0 | 3 | 1.9 | 158 | 57.0 | P=0.05 |
| Total | 96 | 34.7 | 120 | 43.3 | 41 | 14.8 | 20 | 7.2 | 277 | 100 | |

4.6: Perceived parenting behaviour among the adolescents

Table 4.15: presents prevailing perceived parenting behaviour as indicated by the respondents. A slightly higher proportion of respondents perceived their mothers to portray overprotective parenting behaviour 61.0% (169) compared to fathers 49.8% (138). On no emotional attachments, more respondents indicated to have perceived their fathers to have no emotional attachment 37.9% (105) compared to mothers with no emotional attachment 17.0% (47). On perceived rejecting parenting behaviour, 19.9% (55) and 15.9 (44) indicated both their mothers and fathers portrayed a rejecting parenting behavioural styles respectively. More respondents 75.5% (209) indicated to have perceived their mothers to portray an anxious parenting behaviour compared to fathers 52.7% (146)

Table.4.15: Perceived parenting behaviour among adolescents who had initiated sexual behaviour

| Perceived Parenting Behaviour | Frequency | Percent |
|--|-----------|---------|
| Perceived maternal overprotection | | |
| YES | 169 | 61.0 |
| NO | 108 | 39.0 |
| Perceived maternal emotional attachment | | |
| YES | 230 | 83.0 |
| NO | 47 | 17.0 |
| Perceived maternal rejection | | |
| YES | 55 | 19.9 |
| NO | 222 | 80.1 |
| Perceived maternal anxious rearing behaviour | | |
| YES | 209 | 75.5 |
| NO | 68 | 24.5 |
| Perceived Paternal overprotection | | |
| YES | 138 | 49.8 |
| NO | 139 | 50.2 |
| Perceived Paternal emotional attachment | | |
| YES | 172 | 62.1 |
| NO | 105 | 37.9 |
| Perceived Paternal rejection | | |
| YES | 44 | 15.9 |
| NO | 233 | 84.1 |
| Perceived Paternal anxious rearing behaviour | | |
| YES | 146 | 52.7 |
| NO | 131 | 47.3 |

4.7: The relationship between perceived parenting behaviour and early sexual initiation

Relationship between perceived parenting behaviours versus early or late sexual initiation in adolescent years are presented in table 4.17: below

Table 4.16: presents association between perceived parenting behaviour and early or late sexual initiation in adolescent years. The results significantly indicate that:

Lower proportion of respondents who perceived their mothers to be overprotective (75.9%) initiated early active sexual relationship compared to 85.2% of those who initiated sexual relationship after 16 year; giving a statistical significant difference of $P=0.038$.

Higher proportion of respondents perceived their mothers to have had no emotional parenting behaviour (91.5%), initiated early active sexual relationship; P=0.037

Higher proportion of respondents perceived their mothers to have rejecting parenting (90.9%), initiated early active sexual relationship; P=0.031.

A lower proportion of respondents perceived their fathers to have rejecting parenting behaviour (79.0%), initiated early active sexual relationship; P=0.005.

Table 4.16: Association between perceived parenting behaviour and age of sexual initiation in adolescents

| Covariate | Early sexual initiation (<16 years) | Late sexual initiation (=> 16 years) | χ^2 statistics | p-value |
|--|-------------------------------------|--------------------------------------|---------------------|----------------|
| Perceived maternal overprotection behavior | | | | |
| Yes | 144(85.2) | 25(14.8%) | 3.77 | 0.038 |
| No | 82(75.9%) | 26(24.1%) | | |
| Perceived Paternal overprotection behavior | | | | |
| Yes | 117(84.8%) | 21(15.2%) | 1.868 | 0.113 |
| No | 109(78.4) | 30(21.6%) | | |
| Perceived maternal no emotional attachment behaviour | | | | |
| Yes | 183(79.6%) | 47(20.4%) | 3.694 | 0.037 |
| No | 43(91.5%) | 4(8.5%) | | |
| Perceived Paternal no emotional attachment behaviour | | | | |
| Yes | 141(82.0%) | 31(18.0%) | 0.460 | 0.475 |
| No | 85(81.0%) | 20(19.0%) | | |
| Perceived maternal rejecting behaviour | | | | |
| Yes | 50(90.9%) | 5(9.1%) | 3.969 | 0.031 |
| No | 176(79.3%) | 46(2.7%) | | |
| Perceived Paternal rejecting behaviour | | | | |
| Yes | 42(95.5%) | 2(4.5%) | 6.695 | 0.005 |
| No | 184(79.0%) | 49(21.0%) | | |
| Perceived maternal anxious behaviour | | | | |
| Yes | 170(81.3%) | 39(18.7%) | 0.35 | 0.505 |
| No | 56(82.4%) | 12(17.6%) | | |
| Perceived paternal anxious behaviour | | | | |
| Yes | 120(82.2%) | 26(17.8%) | 0.909 | 0.452 |
| No | 106(80.9%) | 25(19.1%) | | |

CHAPTER FIVE

DISCUSSION

This study investigated association between perceived parenting behaviour and its relationship to early sexual initiation among adolescents. The study examined the influence of parenting behaviour on initiation of sexual intercourse. Parenting behaviour and early sexual initiation were both independent and dependent variables respectively.

Most adolescents by age 16 years had their first sexual initiation with the common age group being between 15 and 16 years. More female than male respondents engaged in male/female relationships although there was no statistical significant difference $p=0.230$. This finding is consistent with previous longitudinal study on which behavioural, emotional and school problems in middle – childhood was used to predict early sexual behaviour in Avon England. The study found that more girls than boys engaged in sexual behaviours (Parkes A et al 2013). This finding is comparable to a qualitative assessment of adolescents in South Africa ‘motivations for and against substance use and sexual behaviour’ which revealed that age 14 and 16 was the common age in which adolescents initiate sex majorly for fun, experimentation and pleasure (Patrick ME et al 2010)

A significant number of adolescents lived with their parents. However, more mothers lived with their children compared to fathers. This finding is comparable to a cross – sectional study in (Sweden) on differences in sexual behaviour, health and history of child abuse among school students who had not engaged in sexual activity by age of 18 years indicate that, adolescents who delay sexual initiation are more likely to be living with their biological parents (Kastbom AA, et al 2016). Similarly it affirms study findings from Netherlands, data from Rotterdam youth monitor (longitudinal study) on early sexual intercourse: prospective associations with adolescents physical activity and screen time, also reported early sexual intercourse among

adolescents not living with both biological parents to be significantly common than those living with their biological parents, (Silva RN et al 2016)

Study results found that adolescents take risk behaviours which include; engaging in sexual relationships, befriending strangers, using substances of abuse and reporting back home late in the night. These findings are in agreement with study findings of Baldwin P et al 2013 in (USA) on “Age of drug use and sexual initiation may influence subsequent HIV risk behaviour” (Articles review), which reported that early sexual initiation is likely to expose the adolescent to subsequent sexual risk behaviours, have multiple sexual partners, have sex with an unknown person, be involved in pregnancy, get infected with HIV and use drugs in general.

Befriending strangers

The findings revealed that, befriending strangers was most common in the adolescents who had their sexual initiation between 15 and 16 years. However, age and befriending strangers was not statistically associated $p=0.91$. There was slightly more female than male adolescents who befriended strangers although there was no statistical significant difference between gender and befriending strangers $p=0.317$. The results are in line with Vasilenko SA et al 2014 (USA) study findings on patterns of adolescent sexual behaviour predicting young adult sexually transmitted infections which found that, adolescents engage in sexual behaviours with non-relationship partners and even have multiple partners.

More male than female abused drugs with a statistical significant difference between gender and substance use $p=0.001$. Data from Seattle – Washington (USA) in a longitudinal study of youths by Epstein M et al 2014 (USA) found that men take more risky in sex than women. Baldwin P et al 2013 reports that young age of sexual initiation was significantly associated with sexual risk behaviours among men than women

There was a statistical significant difference between reporting back home late in the night and early sexual initiation with majority initiating sex before age 15 $p=0.05$; gender was not significantly associated with coming back home late though there was more male coming back home late than the female $p=0.341$. These results are in agreement with findings in a cross sectional survey by Kastbom A et al 2016 (Sweden) that adolescents who stay away from home at night without parental knowledge are more likely to initiate early sex than those who stay away with parental knowledge.

There was a statistical significant difference between perceived maternal overprotection and sexual initiation with a majority of adolescents who perceived their mothers to be overprotective having initiated sex early $P=0.038$. It is evident from this finding that adolescent overprotection does not protect them from initiating sex early. Therefore, it is possible that adolescents whose mothers are not overprotective (applying strict rules) may be more likely not to initiate sexual activities early. In a longitudinal study on maternal and paternal psychological control as moderators of the link between peer attitudes and adolescents risky sexual behaviour in South eastern United States, Oudekerk BA et al (2014) found that high levels of mothers and fathers psychological control increases the likelihood of adolescents accepting early sex, that teens experiencing overly control by parents then to seek refuge from peers who in-turn influence them. Study on maternal over-control and child anxiety: the mediating role of perceived competence by Affrunti NW and Ginsburg GS 2012 (USA) found that mothers with over controlling behaviours such as watching the child closely, demanding to know what the child is doing, not allowing the child to decide what they want to do, results in the child worrying about her capabilities and lowering her self – perceptions and competencies.

The findings found that, more fathers were perceived to have no emotional attachment than the mothers. However, the adolescents who perceived their mothers to have no emotional parenting behaviour initiated early sexual relationship $P=0.037$. Therefore, the likelihood of adolescent

with a mother without emotional warmth is more likely to initiate sexual activities early compared to adolescent enjoying mother's emotional warmth. This finding is totally in agreement with the finding of Kincaid C et al 2012 (USA) which reported higher levels of parental warmth/support as a predictor of less sexual risk behaviour for both males and females on a study reviewing parenting and adolescent sexual behaviour: the moderating role of gender. Finally, Adolescents who perceived their fathers and mothers to have rejecting parenting behaviors initiated early active sexual relationship $P=0.005$ and $P=0.031$ respectively. Therefore, it is possible that adolescents being accepted by their parents are more likely not to initiate early sexual activities than those rejected by their parents. The findings are in line with that of Kastbom A. et al (2016) in a cross-sectional survey of youths in Sweden, that adolescents whose fathers are caring and enjoying family cohesion are not likely to initiate sex early.

Conclusion

The present study showed the association between perceived parenting behaviour and early sexual initiation among adolescents.

First, the results significant predicted early sexual initiation among adolescents not living with their biological parents. This suggests the importance of upbringing children by the biological parents and the observation of family values and sex education programs aimed at reducing early sexual initiations. Secondly, these results found the common period in which adolescents initiate sex and even befriend strangers as age (15-16years). This suggest for parental/caregiver knowledgeable of the whereabouts of the child at any given time and whom they are associating with. Third, the findings have shown that children are capable of initiating drug use at any given period. This suggests for parent-child drug monitoring at any age and encourage health talk messages on the effects of drug use and parents to be knowledgeable of their children

whereabouts most of the time. Fourth, the results strongly predicted overprotective (applying strict rules) and lack of emotional warmth by the mother to be linked to early sexual initiation. This suggests that mothers should employ emotional warmth for her children, avoid overly strictness and embrace parent-child communication. Lastly, parental rejection (father) has strongly predicted linkage between father's rejection and early sexual initiation. This suggests that father's should not reject their children, rather show love, acceptance and support.

The findings therefore reject the first hypothesis (null hypothesis) that, there is no significant association between adolescent's early sexual initiation and perception of parenting behaviour and support the second hypothesis (alternative hypothesis) that there is a significant association between adolescent's early sexual initiation and perception of parenting behaviour.

Limitations

1. At the data collection period, the form four's were engaged in KCSE examinations making it difficult to access them, so this group is poorly represented in the study
2. Study was based on self – reporting questionnaires. Thus, it is possible that some youths may have given socially desirable answers. Others chose not to respond to some questions.
3. A number of respondents were challenged in responding to the questionnaire on perceived parenting as some have been living with their siblings and other people who are not their parents and the questionnaire was about parent-child relationship

Recommendations

The key recommendations for this study are:

1. Parents and caregivers needs to be sensitized on the importance of being role models for their children by living a their children, providing support, building strong relationship, listening to them, providing emotional warmth and to avoid rejecting parenting behaviour
2. Parents, caregivers and children to be sensitized on the consequences of early sexual initiation. This may enable parents scale up sexual education for their children and avoid leaving the responsibility to teachers or any other person; young people may open up and explore their attitudes about their sexual lives, make informed choices and practice decision-making skills.
3. Parents/caregivers to develop early (during childhood) socialization culture of openness with their children. This may enable parents interact freely with them during adolescence period and beyond.

Areas for future research

1. Results showed that more than half respondents 55.3% (343) had not initiated sexual activity. Future researchers should research specifically on what makes adolescents to delay sexual initiation.

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APPENDIX A

EMBU-C QUESTIONNAIRE

(“Egna Minnen Beträffande Uppfostran”)

Participant’s Signature **Date**.....

The questionnaire includes items that are related to the main dimensions of parental rearing, namely emotional warmth, rejection (care), and overprotection (control), but also contains items that assess anxious rearing behaviours.

Here is an example to illustrate how you should fill out the questionnaire.

(1 =No, never, 2= Yes, but seldom, 3=Yes, often, 4=Yes, most of the time).

Did your parents use to beat you?

| | | | |
|---|----|-----|----|
| 1 | 11 | 111 | IV |
| | | X | |

If your response is 111 (for example) then mark inside the box by putting an (X) mark

| | The 40 Items of the Modified EMBU-C on the Four Hypothesized Factors, as Computed for Mothers’ Ratings | | 1 | 11 | 111 | IV |
|----|---|--|---|----|-----|----|
| | Overprotection | | | | | |
| 1 | When you come home, you have to tell your parents what you have been doing. | | | | | |
| 2 | Your parents want you to reveal your secrets to them. | | | | | |
| 3 | Your parents want to decide how you should be dressed or how you should look | | | | | |
| 4 | Your parents tell you what you should do after school hours. | | | | | |
| 5 | Your parents know exactly what you are allowed to do and what not. | | | | | |
| 6 | Your parents allow you to decide what you want to do | | | | | |
| 7 | Your parents take care that you behave by the rules. | | | | | |
| 8 | Your parents watch you very carefully | | | | | |
| 9 | Your parents think that they have to decide everything for you. | | | | | |
| 10 | Your parents keep a check on you. | | | | | |
| | Emotional warmth | | | | | |
| 11 | When you are unhappy, your parents console you and cheer you up. | | | | | |
| 12 | Your parents like you just the way you are. | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| 13 | Your parents play with you and are interested in your hobbies. | | | | | |
| 14 | Your parents listen to you and consider your opinion. | | | | | |
| 15 | Your parents want to be with you. | | | | | |
| 16 | Your parents show that they love you. | | | | | |
| 17 | Your parents and you like each other | | | | | |
| 18 | When you have done something stupid, you can make it up with your parents. | | | | | |
| 19 | Your parents give you compliments. | | | | | |
| 20 | Your parents help you when you have to do something difficult. | | | | | |
| | Rejection | | | | | |
| 21 | Your parents tell you that they don't like your behaviour at home. | | | | | |
| 22 | Your parents treat you unfairly. | | | | | |
| 23 | Your parents wish that you were like somebody else. | | | | | |
| 24 | You are blamed for everything that goes wrong. | | | | | |
| 25 | Your parents punish you for no reason. | | | | | |
| 26 | Your parents criticize you in front of others. | | | | | |
| 27 | You feel disappointed because your parents don't give you what you want. | | | | | |
| 28 | Your parents are mean and grudging towards you. | | | | | |
| 29 | If something happens at home, you are the one who gets blamed for it. | | | | | |
| 30 | Your parents beat you for no reason | | | | | |
| | Anxious rearing | | | | | |
| 31 | Your parents worry about what you are doing after school. | | | | | |
| 32 | Your parents are afraid that something might happen to you. | | | | | |
| 33 | Your parents worry about you getting into trouble. | | | | | |
| 34 | Your parents worry about you doing dangerous things. | | | | | |
| 35 | Your parents worry about you making a mistake. | | | | | |
| 36 | Your parents are afraid when you do something on your own. | | | | | |
| 37 | Your parents are anxious people and therefore you are not allowed to do as many things as other children | | | | | |
| 38 | Your parents warn you of all possible dangers. | | | | | |
| 39 | Your parents are worried when they don't know what you are doing. | | | | | |
| 40 | Your parents want to keep you from all possible dangers. | | | | | |
| | | | | | | |

| The 40 Items of the Modified EMBU-C on the Four Hypothesized Factors, as Computed for Fathers' Ratings | | | | | | |
|---|---|--|--|--|--|--|
| | | | | | | |
| | Overprotection | | | | | |
| 1 | When you come home, you have to tell your parents what you have been doing. | | | | | |
| 2 | Your parents want you to reveal your secrets to them. | | | | | |
| 3 | Your parents want to decide how you should be dressed or how you should look. | | | | | |
| 4 | Your parents tell you what you should do after school hours. | | | | | |
| 5 | Your parents know exactly what you are allowed to do and what not. | | | | | |
| 6 | Your parents allow you to decide what you want to do. | | | | | |
| 7 | Your parents take care that you behave by the rules. | | | | | |
| 8 | Your parents watch you very carefully. | | | | | |
| 9 | Your parents think that they have to decide everything for you. | | | | | |
| 10 | Your parents keep a check on you. | | | | | |
| | Emotional warmth | | | | | |
| 11 | When you are unhappy, your parents console you and cheer you up. | | | | | |
| 12 | Your parents like you just the way you are. | | | | | |
| 13 | Your parents play with you and are interested in your hobbies. | | | | | |
| 14 | Your parents listen to you and consider your opinion. | | | | | |
| 15 | Your parents want to be with you. | | | | | |
| 16 | Your parents show that they love you. | | | | | |
| 17 | Your parents and you like each other. | | | | | |
| 18 | When you have done something stupid, you can make it up with your parents. | | | | | |
| 19 | Your parents give you compliments. | | | | | |
| 20 | Your parents help you when you have to do something difficult. | | | | | |
| | Rejection | | | | | |
| 21 | Your parents tell you that they don't like your behaviour at home. | | | | | |
| 22 | Your parents treat you unfairly. | | | | | |
| 23 | Your parents wish that you were like somebody else. | | | | | |
| 24 | You are blamed for everything that goes wrong. | | | | | |
| 25 | Your parents punish you for no reason. | | | | | |
| 26 | Your parents criticize you in front of others. | | | | | |
| 27 | You feel disappointed because your parents don't give you what you want. | | | | | |

| | | | | | | |
|----|---|--|--|--|--|--|
| 28 | Your parents are mean and grudging towards you. | | | | | |
| 29 | If something happens at home, you are the one who gets blamed for it. | | | | | |
| 30 | Your parents beat you for no reason. | | | | | |
| | Anxious rearing | | | | | |
| 31 | Your parents worry about what you are doing after school. | | | | | |
| 32 | Your parents are afraid that something might happen to you. | | | | | |
| 33 | Your parents worry about you getting into trouble. | | | | | |
| 34 | Your parents worry about you doing dangerous things. | | | | | |
| 35 | Your parents worry about you making a mistake. | | | | | |
| 36 | Your parents are afraid when you do something on your own. | | | | | |
| 37 | Your parents are anxious people and therefore you are not allowed to do as many things as other Children. | | | | | |
| 38 | Your parents warn you of all possible dangers. | | | | | |
| 39 | Your parents are worried when they don't know what you are doing. | | | | | |
| 40 | Your parents want to keep you from all possible dangers | | | | | |
| | | | | | | |

APPENDIX B

SEXUAL ACTIVITY SURVEY QUESTIONNAIRE

Section A. Socio-demographic characteristics

1. Age:
2. Gender: Female..... Male.....
3. Marital status: Married..... Not married.....
4. Form 1..... 11..... 111..... 1V.....
5. Educational level of parents: Primary level..... Secondary level.....
University level.....
6. School: National school.....Provincial school.....
District school.....County school..... Others.....
7. Boarding school Day school..... Mixed school.....Boy's school.....
Girl's school.....

Section B: Socioeconomic and family characteristics

8. Who lived with you for most of childhood: Parents..... Aunt.....
Uncle..... Sibling..... Others.....
9. What day, month and year were you born?
Day..... Month.....Year.....
10. What is your religion?
None () Catholic () Protestant () Muslim () Hindu () Jew () Others ()
11. Now I have some questions about your family. Is your father alive?
Yes..... No.....
12. Does he live in the same household as you?
Yes..... No.....
13. Is your mother alive?
Yes..... No.....
14. Does she live in the same household as you?
Yes..... No.....

15. Have you ever had a girl/ boyfriend? Someone to whom you were sexually or emotionally attracted and whom you 'dated'
Yes..... No.....
16. How many girl / boyfriends have you had?
None..... 1..... 1-2..... 2 and above.....
17. How old is he/she?
Age.....
18. When you started your relationship, was he/she single, married, divorced or separated?
Single..... Married..... Divorce.....Separated.....
19. When you started your relationship with him/her, was he/she a full time student or working?
Full time student..... Working
20. How many months or years ago did you first 'date' him/her?
Months.....Years ago
21. Which risk taking practice do you think you have engaged yourself in
a. Male/Female relationships b. Be-friend strangers;
c. Take substance of abuse; d. Report back home late hours in the night
22. Has the relationship ended?
Yes..... No.....
23. Who decided to end the relationship? You, your partner or both of you?
Me..... Partner..... Both..... Others.....
24. How would you describe your relationship with him/her?
(a) Casual (b) Serious (c) Important/might lead to marriage.....
(d) Engaged to be married.....
25. And how do you think he/she would describe her /his relationship to you?
(a)Casual..... (b)Serious.....(c) Important/might lead to marriage.....
26. Did you and partner have any physical contact, such as holding hands, hugging or kissing?
Yes..... No.....

SECTION C

- 27 Think back to the first time you had sex with her/him - I mean the first time that the penis was in the vagina. Would you say?
(a) I forced her/him to have intercourse against her/his will
(b) I persuaded her/him to have intercourse

- (c) He/she persuaded me to have intercourse
- (d) He/she forced me to have intercourse
- (e) We were both equally willing

28. And would you say it was planned or unexpected?

Planned..... Unexpected.....

29. Was this the first time that you had full sexual intercourse in your life?

Yes.....No.....

30. How old were you at the time you first had sex with him/her? AGE

31. Did you regret having intercourse with him/her on that first time?

Yes, regretted.....No, not regretted.....

32. On that first time did you or him/her do anything to avoid a pregnancy?

Yes.....No.....

33. What method did you use?

Condom.....Pill.....Injection.....Withdrawal.....others.....

34. Did you ever discuss contraception with him/her? If **YES** did you discuss contraception before or after you first had intercourse?

Before first intercourse After first intercourseNever.....

35. Whose decision was it to use a method always/sometimes/never? Was it mainly your decision, partner's decision or a joint decision?

My decision..... partner decision.....Joint decision.....

36. What else do you associate with your early sexual initiation?

- a) Parenting behaviour
- b) Rape
- c) Coercion
- d) Substance abuse,
- e) Culture
- f) peer pressure
- g) Social economic status
- h) level of education of parents

APPENDIX: C

INFORMED CONSENT:

"Informed consent" is the voluntary agreement of an individual, or his or her authorized representative, who has the legal capacity to give consent, exercises free power of choice without influence or coercion to participate in research. The person must be knowledgeable and understanding the nature of the proposed research, the anticipated risks and potential benefits, and the requirements of the research to be able to make an informed decision (Levine, R.J. 1988)

The headmaster/deputy headmaster provided consent on behalf of the parent and the adolescents who also assented by signing the assent form below. Those 18 years and above consented for themselves. Those who declined to participate were appreciated for their time and excluded from the study without being denied any service.

Procedures undertaken

The headmaster/deputy headmaster was fully informed and given a protocol consent document to read and sign before the adolescents participates in the protocol.

He/she was informed of the research in a language that he/she understands, the anticipated risks and potential benefits and the requirements of the research to be able to make an informed decision.

Participant child was explained on the study and its objectives and the processes of them assenting or consenting to it in order to participate. Those aged 18 years and above were given all the information necessary to allow a thoughtful and well-informed decision about participating in the study by signing the informed consent form.

The children aged 18 years and below were given an informed assent form (child's affirmative agreement) that must sufficiently be able to understand the proposed research and have the opportunity to be informed about the research, have their questions and concerns addressed and to express their agreement or lack of agreement to participate. They were explained the risks, discomforts, or inconveniences; and a description of benefits to the child or to others, clarifying all their concerns with intent of making them understand the study and append their signatures. They

were informed that participating in the study is voluntary and one may decide for him/herself at any point to stop.

For those who consented/assented by signing the form, they proceeded to the next level where they were taken through on how to respond to the questionnaires and be appreciated.

Appendix D



UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
(254-020) 2726300 Ext 44355

KNH/UON-ERC
Email: uonknh_erc@uonbi.ac.ke
Website: www.uonbi.ac.ke
Link: www.uonbi.ac.ke/activities/KNHUoN



KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

HEADMASTER CONSENT FORM

Title of Study: Perceived parenting behaviour and its relationship to early sexual initiation among adolescents in urban secondary schools in Nairobi County

Principal Investigator\and institutional affiliation: Ezekiel R Kombech (University of Nairobi)

Permission for student/child participation in research study

Title: Perceived parenting behaviour and its relationship to early sexual initiation among adolescents in public secondary schools in Lang'ata District - Nairobi County.

Introduction

The purpose of this consent form is to give you the information you will need to help you decide whether or not to allow your students/child to participate together with other children (class mates) in this study. If you agree, your child will be asked questions about her/his childhood memories. The main purpose of the study is to determine whether there is an association between parenting behaviours and adolescent's early sexual initiation.

Benefits

The child will be psycho-educated on the effects of sexual issues on self and your child will make a major contribution to the study.

Risks

There are no foreseeable risks to participating in this study. However because of the personal nature of the questions asked, your child may reflect on unpleasant memories while responding to the questionnaire. Should this happen your child will be debriefed and if need be referred for further psychological help at Kenyatta National Hospital.

Your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect their relationship with The University of Nairobi in anyway. You can agree to allow your child to be in the study now and change your mind later without any penalty.

In addition to your permission, your child must agree to participate in the study by assenting (accepting by signing a form). If a child does not want to participate he/she will not be included in the study and there will be no penalty.

NB: - Neither you nor your child will receive any type of payment in participating in this study.

The identity of the participant will only be known by the researcher, but individual responses will be coded on collection to aid in maintaining anonymity hence confidentiality. The raw data will be stored under lock and key to maintain confidentiality and will only be accessible to the researcher.

If you have any questions about the research you can contact the researcher Ezekiel Kombech at 0715186222 or Kenyatta National Hospital/University of Nairobi ethical review committee on (254-020) 2726300 Ext 44355. This study has been reviewed and approved by The Department of Psychiatry University of Nairobi and reviewed by KNH Research and Ethics Committee and the National Council for Science and Technology

Your signature below indicates that you have read the information provided above and have decided to allow your child to participate in the study. You will be given a copy of the consent form.

Consent Form

The person being considered for this study is unable to consent for him/herself because he or she is a minor (a person less than 18 years of age). You are being asked to give your permission to include your students/child in this study.

Parent/guardian statement

I have read this consent form and have understood the risks and benefits of the study. I understand that I will be given a copy of this consent form after signing it. I understand that my participation and that of my students/child in this study is voluntary and that I may choose to withdraw at any time. I understand that all efforts will be made to keep information regarding me and my child's personal identity confidential.

By signing this consent form, I have not given up my child's legal rights as a participant in this research study.

I voluntarily agree to my child's participation in this research study: Yes () No ()

Headmaster

Mr/Mrs/Ms.....

Class (form) of the child.....

Signature/Thumb stampDate.....

Researcher's statement

I, the undersigned acknowledge the participant named above and believe that the participant has understood and has knowingly given his/her consent.

Name: **Date:**

Signature:

Approval/Consent

Thank you for agreeing to participate in this research project on relationship of perceived parenting behaviour and early sexual initiations. The principal investigator is Ezekiel Kombech. Your participation in this study is entirely voluntary and you may decline to continue at any time without jeopardy. You will remain anonymous at all times. By completing and returning this questionnaire you are indicating your consent to participate.

Your participation will provide you with experience in the research process and increase our collective knowledge about the relationship of parenting behaviour and adolescent sexual initiations. The process should take approximately 30 minutes.

The questions included in the questionnaires might evoke some emotions that you might have wished to forget. If and when this happen, please let investigator know so that you can be

debriefed and receive psychological support on site. If you feel the need to discuss the questionnaires after completing them, please contact the Chairman Ethical Committee KNH, or the investigator or the supervisors Dr. Mathai, Dr. Khasakala of Nairobi University School of Medicine, Psychiatry Department.

Signature.....

Date.....

APPENDIX E



UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
(254-020) 2726300 Ext 44355

KNH/UON-ERC
Email: uonknh_erc@uonbi.ac.ke
Website: www.uonbi.ac.ke
Link: www.uonbi.ac.ke/activities/KNHUoN



KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

ASSENT FORM

MINOR ASSENT DOCUMENT

Project Title: Perceived parenting behaviour and its relationship to early sexual initiation among adolescents in urban secondary schools in Nairobi County

Investigator: Ezekiel R. Kombech

I am doing a research study about childhood memories to find out if there is an association between parenting behaviour and adolescent's early sexual initiation.

Permission has been granted to undertake this study by The National Commission of Science, Technology and Innovation, Kenyatta National Hospital/University of Nairobi Ethics and Research Committee (KNH/UoN-ERC Protocol No P109/03/2015). At least 775 adolescents will be participating with you. If you decide that you want to be part of this study, you will be asked to indicate time involved.

There are some procedures that you will be explained to and how to respond to the questionnaire when you have agreed to participate in this study.

There are no direct benefits in participating in this study, but the adolescent will make a major contribution to the information known about parenting behaviour. However, the

adolescents (students) will be psycho-educated on sexual behaviour and its effects on self. When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents know about the study too. If you decide you want to be in this study, please sign your name.

I want to be in this research study: Yes () No ()

.....

(Sign your name here)

.....

(Date

