UNIVERSITY OF NAIROBI
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK.

"COUNSELING INTERVENTIONS FOR ADOLESCENT SEXUALITY NEEDS IN SELECTED SECONDARY SCHOOLS IN NAIROBI PROVINCE."

M.A Project
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A research report submitted to the Department of Sociology and Social work in partial fulfillment of the requirements for the award of a masters of Arts degree in Sociology.

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DECLARATION

I **Grace Wandia Gatundu** hereby declare that this research report is my original work and has not been presented for a degree award to any college or university.

Signature: ----------

Date: 23/11/09

This M.A. project has been submitted for examination with my approval as the university supervisor.

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ABSTRACT

Sexuality is a vital aspect of an adolescents life and hence adequate information should be given to teenagers to enable them negotiate this developmental phase with few or no hitches. In this study, sexuality needs for adolescents and the role that guidance and counseling can play to address them in a school set-up were examined.

The background of the study was based on the fact that many adolescents today find themselves in a dilemma when it comes to making decisions with regard to their sexuality. It looked at a school setting whereby it is agreeable that the schools provide a logical source of information about sexuality but mostly fall short of addressing questions that might prompt value based discussion and personal interaction. This education is not adequate or persuasive to help the adolescents make responsible sexuality decisions. The objective of the study therefore sought to explore adolescent sexuality needs, identifying their perceptions of sexuality, conflicts and dilemmas and how counseling interventions can be established. The study looked at the fact that adolescents need accurate and comprehensive education about sexuality in order to practice healthy sexual behaviors as adults. This study was carried out in selected secondary schools in Nairobi province.

Literature was reviewed based on different themes that informed the study subject. These were adolescents and sexuality, adolescents' perception about their sexuality, sexuality development issues, adolescents' sexuality needs, and role of school in sexuality needs of adolescents, adolescents' reproductive health policy and some counseling interventions for the sexuality needs. The theories that informed the study included among others, the exchange theory, psychosexual

development theory of Sigmund Freud, psychosocial development theory of Erik Erickson and behavior theory.

The study was carried out in three secondary school i.e. Nairobi school, Moi Girls Nairobi and Dandora secondary school. The three secondary schools informed the study of some of the adolescent sexuality needs that teenagers are grappling with and how counseling interventions can be applied. Questionnaires were administered in the three schools to the students and guidance and counseling teachers in the three schools and a panel of parents had an interview based on adolescent sexuality needs.

The presentation of data was done using tables and text. It has come out clearly that many of the respondents are aware of the body changes occurring to them. This is a starting point in understanding themselves and hence creates a way of learning more about the implication of these changes to themselves and the society at large. It came out clearly that body changes occur at different times as everyone is unique and hence counseling can be used as a way of assisting adolescents to negotiate this stage.

It came out clearly that teacher counselors in schools need training on how to deal with adolescents' sexuality issues and how to demarcate counseling, teaching and disciplining in order for any intervention to bear any fruits. Parents also need to be given skills to enable them deal with their adolescents because it came out clearly that adolescents need the information in order to deal with their changes.

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List of abbreviations

CSA	Centre for the Study of Adolescence.
AIDS	Acquired Immune Deficiency Syndrome.
GoK	Government of Kenya.
STI	Sexually Transmitted Infections.
HIV	Human Immunodeficiency syndrome
WHO	World Health Organization.
KDH	Kenya Demographic Health Survey.
UNFPA	United Nations Fund for Population Activities.
ICPD	International Conference on Population and Development
IWHC	International Women's Health Coalition.
FLE	Family Life Education.
ARH	Adolescent Reproductive Health.
UNICEF	United Nations Children's Fund.
PATH	Program for Appropriate Technology in Health.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study.

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality .The world health organization (WHO) defines adolescents as persons aged 10 -19 years and youth as those aged 15-24years. There are over 10 million people aged 10 to 24 years in Kenya. These constitute about 36 percent of the entire population. Adolescents (10-19 years) constitute 25.9 percent of the population (CSA[1], 2003) .The terms adolescents, youths, and young people, are interchangeably used to refer to this group in different circumstances.

Sexuality "is a vital aspect of teens' lives" (Ponton, 2000). The sexual behaviour of adolescents is influenced by their culture's norms and morals, their sexual preference, and the issues of social control. Mature sexual desire usually begins to appear with the onset of puberty. All teens have a sexual life, whether with others or through fantasies (Chapman 2000). In Kenya (CSA, 2003), studies show that adolescents are sexually active by the age 13- 19. Among adolescent girls aged 15-19, 44 percent have had sex. Reasons for early sexual encounter include curiosity, peer influence, expectations gifts/money and coercion.

Many young people today find themselves in a dilemma when it comes to making decisions with regard to their sexuality. The situation is further worsened by lack of, or inadequate means to provide guidance on sexual issues from experienced adults.

[1]CSA-Centre for the Study of Adolescence [Kenya]

In many societies, the family, elders and the kin traditionally provided young people with information and guidance about sex and sexuality. In parts of East and Central Africa, traditional rituals of initiation prepared young people for their adult role. The initiation included education on the responsibilities of sex, marriage and childrearing. In Kenya, rituals associated with the transition from childhood to adulthood and which included sex education have been documented (Balmer et al, 1997).

Sex education is a broad term used to describe any instruction about human sexual anatomy, sexual reproduction, sexual intercourse, and other aspects of human sexual behavior and the processes and consequences of sexual activity, ordinarily given to children and adolescents. Today the term usually refers to classroom lessons about sex taught in primary and secondary schools, usually as part of a science class. Common avenues for sex education are parents or caregivers, school programs, and public campaigns.

The public campaigns strive to engage the young people as they become aware of their sexuality. These campaigns - the likes of 'tumechill'[2] and 'true love waits[3] have mostly focused on abstinence. Other forms of communication mostly from advertisers of contraceptive products encourage the youngsters to have sex 'responsibly'. Meaning they can have sex as long as they use protection, say use condoms.

Education professionals and teachers are increasingly expected to address issues of sexuality and HIV /AIDS with pupils and students. The current trend in the personal growth of young people makes them find themselves more in the company of teachers and in school. It could be determined that the school and teachers could play a preferred role regarding the sexual development of adolescents. Parents have believed that the teacher is an appropriate expert to assist in providing direction

to prevent negative risk behaviors (e.g., drugs, alcohol, social vices). It would therefore be important to emphasize the importance of the schools to develop a comfortable relationship early on with the youth to allow for reciprocal dialogue about sensitive topics as sexuality.

1.2. Problem statement

Initiation of sexual intercourse during adolescence remains the norm for the youth; 7 out of 10 women in Kenya will have had sex by the age of 20, with a median age of first sexual experience being 17 years (Calverton/CBS[, 2003), 1 in 10 adolescents report having experienced sexual violence and 1 out of 5 girls are forced into their first sexual encounter (CSA, 2003).The early sexual experience comes with problems of unwanted teenage pregnancies and unsafe abortions.

Among all pregnant women in Kenya, 23% are adolescents who, because of stigma attempt to terminate the pregnancies through abortions; 4 out of these 10 women who die of unsafe abortion complications and are below the age of 20 (WHO, 2001) and adolescents are more likely to experience pregnancy related complications (Nyabera, 1999) . Sexual encounters also expose adolescents to other challenges, like school drop out, harmful practices like early marriages, female genital cutting, and sexually transmitted infections including HIV/AIDS. According to a health report by the Kenya Demographic and Health Survey, half of all new HIV infections occur among young people aged 15-24years KDHS, 2003).

[2]tumechill-population health international 2004[A campaign for Abstinence from Sex]
[3]true love waits-Centre for International Disaster Information 2001[A campaign for abstinence from sex]

The survey also revealed that by age 19 almost half (46%) of adolescents without education have begun childbearing, compared with only 10% of those with secondary or post secondary education.

The statistics provide a case to confirm that many of the youth are incompetent in dealing with sexual interaction issues. They cannot be able to make independent decisions. Younger adolescents (10-14years) often lack the means to start taking responsibility for their own sexuality because they do not fully understand or appreciate the changes in their bodies, and may need reassurance and support from experienced adults. Girls may be concerned and or embarrassed about growing breasts, or menstruation; boys too become very anxious about the changes in their bodies. Such concerns are generally transitory but some young people may develop low self esteem and depression. Older adolescents (15-l9years) lack decision and negotiating skills necessary to make concise choices and resist pressure to engage in irresponsible sexual behavior.

It then seems that adults including parents, teachers, and religious ministers would naturally intervene to arrest the situation, but that has not been the case. The young people have been left to figure out things for themselves. Their parents are too shy in discussing sex matters with them, and in Kenya teachers are not given any specific training to handle sex matters and the teenagers report that teachers are uncomfortable discussing such sensitive topics. 'The adults though concur that there is need to provide practical information to these young people.

It is agreeable that the schools provide a logical source of information about sexuality but mostly fall short of addressing questions that might prompt value- based discussion and personal interaction. The education

received in schools is not adequate or persuasive to help the teenagers make responsible sexuality decisions. The school system lacks mechanisms through which young people can vent out personal issues as those that regard their personal sexuality concerns and experiences. There are no counselors to whom they can confidentially relate their issues to. The bottom line is that, adolescents need a person to confide in, someone in a position of responsibility to whom they can ask what could be difficult, awkward and embarrassing questions. The parents have not been successful to fulfill the role of confidant. This brings about the option of a counselor's expertise, and their confidentiality, the best arena for teenagers to feel comfortable in openly expressing their concerns.

Boys have particular issues they would like addressed with a confidant. These perplexities and concerns related to sexual development and functioning; include questions with regards to erections, penis size, masturbation, homosexuality, ejaculation and seminal emissions and sexual attraction to girls. In most cases, boys and girls are practically not so well informed or so poised that they have escaped all perplexities. In very few homes can a growing boy or girl get enough information so that they can always be certain and secure about their sexual feelings and development. This study therefore explored how adolescents and the school could address the sexuality needs of the adolescents through counseling. It was guided by the following research questions:

i. How do adolescents understand their sexuality?
ii. What are the realities that adolescents face as they become sexually aware?
iii. How do adolescents meet their sexuality needs?
iv. In what ways can counseling address adolescent sexuality needs in secondary schools?

1.3. Research objectives

In this study, the broad objective was to explore adolescent sexuality needs and how guidance and counseling can help in addressing the difficulties and confusion that often accompany this development stage.

Specific objectives

i. To establish if adolescents are aware about their sexuality.
ii. To examine the conflicts and dilemmas of adolescents with regard to sexuality development issues.
iii. To establish corresponding counseling interventions for adolescent sexuality needs in schools.

1.4. Justification of the study.

Communication between adults and adolescents about sex has been understudied; more information is needed both on which sex-related topics are discussed and on how their content is transmitted. Teenagers are generally dissatisfied with the sexual education they receive from school and parents. While several alternative sources of sex education and campaigns have been suggested, the role of the counselor in sexual guidance of youngsters has not been considered.

Children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults. Early exploitative or risky sexual activity leads to unintended pregnancies and sexually transmitted diseases, including HIV/ AIDS infection. This study reviews the role of schools in providing sexuality education to children, and adolescents. Sexuality awareness in schools should integrate confidential and longitudinal relationship they develop with children, adolescents, and families to compliment the education children obtain at school and at home. The Counselor will be able to shape attitudes,

beliefs, and values so their effectiveness in discussing sexuality in the helping setting is not limited.

The critical thing about all of this is that sex information can't just be thrown at the teenagers nor do they need to come to this realization on their own. Parents and educators do not want to let them do this. Adult involvement is the way to provide guidance to them. The adolescents can and will through some good conversation, with the adults primarily listening and asking the occasional question, be made to reconcile those concerns about their sexuality.

1.5. Scope and limitation of the Study.

The study was conducted in selected secondary schools in Nairobi province. The study targeted school going teenagers i.e. those in the age bracket of 13-19 years. It envisaged obtaining an in-depth understanding of how adolescents related to their sexual identity. The study sought to determine the adolescent's value systems with regards to sexuality and their awareness of sexual issues in terms of attitudes and beliefs. It explored how schools do address the raised issues.

Since the study was conducted in Nairobi, the results reflect views of adolescents in a cosmopolitan background. The way young people relate vary according to the environment they grow up in. It was therefore difficult to infer these results to the general population. Secondly information about sexuality is very personal. It was anticipated that the adolescents who were the key informants would fear to divulge such personal information.

1.6. A simple definition of terms.

Adolescence- This is the transition period lasting from the onset of puberty to the beginning of adulthood. It is characterized by rapid

physical changes including the development of the ability to reproduce sexually.

Sex- A concept used to refer to various aspects of sexuality such as being male or female on the basis of the genitalia (Money, 1981). It can also be defined as gender i.e. the definition of one's maleness or femaleness that is manifested identity, role, status and behavior patterns (Brake, 1982).

Sexuality - This includes our thoughts and feelings about sex, feeling attractive, being in love, religious and cultural views on sexual activity, feelings about a changing body during adolescence, sexual dreams, crushes, hugging, kissing, touching, how we define what is male or female, how we love, and being physically close in other ways.

Puberty-The period of rapid physical change that occurs during adolescence, including the development of the ability to reproduce sexually.

Counseling - Application of mental health, psychological or human development principles through cognitive, affective, behavioral or systematic interventions, strategies that address wellness, personal growth or career development, as well as pathology.

Teenage- Another term for adolescence or puberty and covers the period from roughly age 10 to 20 in a child's development.

Human sexuality - It is how people experience and express themselves as sexual beings.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction.

In this study, literature review was done under the following important themes;-

- Adolescents and sexuality
- Adolescent perceptions about their sexuality
- Sexuality development issues
- Adolescent sexuality needs.
- Role of the school in sexuality needs of adolescents.
- Adolescents reproductive health policy
- Some counseling interventions for adolescent sexuality needs.

2.1. Adolescents and Sexuality

Adolescence is a time of sexual exploration and incorporating sexuality into one's identity. Adolescents have an almost insatiable curiosity about the mysteries of sex. They wonder whether they are sexually attractive, how to behave sexually and what the future holds for their sexual lives.

Much of what we hear about adolescent sexuality involves problems such as sexually transmitted infections and pregnancy. While those are of significant concern, it is important not to lose sight of the fact that sexuality is a normal part of adolescence (Nichols & Good 2004; Senanazake, Faulkner, 2003).

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality. Sexuality is a ritual aspect of teen's lives. The sexual behavior of adolescents is influenced by their features, norms, their sexual orientation and the issues of social control such as age of consent laws.

In humans, mature sexual desire usually begins to appear with the onset of puberty. Sexual expression can take the form of masturbation or sex with a partner. Sexual interests among adolescents, like adults, can vary greatly. Sexual activities in general are associated with a number of risks, including sexually transmitted diseases (such as HIV/ AIDS), emotional distress, and pregnancy through failure or non use of birth control. This is particularly true for adolescents as most are not emotionally mature or financially independent.

Every society pays some attention to adolescents' sexuality (Feldman, 1999) Young adolescents tends to exhibit a form of eccentricity. They perceive themselves as unique and invulnerable. This can lead them to take sexual risks. In emotional moments like those involved in sexual experimentation; adolescents' sexual urges can overwhelm their ability to make competent decisions.

2.1.1. Adolescents perceptions about their sexuality.

Teens demonstrate a heightened level of self - consciousness. Teens tend to believe that everyone is as concerned with their thoughts and behaviors as they are. This leads teens to believe that they have an "imaginary audience" of people who are always watching them. They tend to believe that no one else has ever experienced similar strong feelings and emotions. They believe that they are in a world of their own and no one understands them. The bodies are growing up very fast and there is disparity in their thinking. Girls tend to believe that they have become fat suddenly hence they start trying to loose weight and hence develop eating disorders in-order to remain attractive sexually.

Those not growing very fast believe they are not normal i.e. both boys and girls. Because of wanting to fit in with their peers, it becomes an issue of concern. Because of their physical appearance; early maturing

girls are more likely to experience pressure to become involved in dating relationship with older boys before they are emotionally ready.

At this step, adolescents are trying to figure out their sexual values. Teens often equate intimacy with sex. Rather than exploring a deep emotional attachment first, teens tend to assume that if they engage in the physical act, the emotional attachment will follow.

The adolescents are engrossed in their image and believe that it gives them an upper hand if they perceive that they are regarded as sexually good looking. They believe that they will remain forever looking that way. They believe that they are indestructible and hence will do everything to keep their sexual image. This idea makes young women and men suffer a disproportionate share of unplanned pregnancies, sexually transmitted diseases, including HIV and other serious reproductive health problems.

2.2 Sexuality Development Issues

"Sexuality is an important part of who a person is and what he or she will become. It is much more than sexual feelings and sexual intercourse. Sexuality includes thinking of one self as sexual, feeling attractive and behaving, dressing or communicating in a sexy way. It includes feeling thinking or behaving as a male or a female, being attractive, being in love, and being in relationships with sexual activities"(Amkeni 2002)

Human sexuality can also be understood as part of the social life of humans, governed by implied rules of behavior. Sexuality influences a person's sexual identity. Human physiology makes sexuality possible, but it does not predict sexual behavior. (Path, 2002)

In the study of child development, adolescence refers to the second decade of the life span, roughly from ages 10 to 20. The word is Latin in

origin, derived from the verb "adolescere", which means "to grow into adulthood". In all societies, adolescence is a time of growing up, or moving from the immaturity of childhood into the maturity of adulthood.

There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Adolescence includes physical growth and emotional, psychological, and mental change. During the teen years, adolescents experience changes in their physical development at a rate of speed unparalleled since infancy. Physical development includes rapid gains in height and weight.

The physical changes of puberty also include the maturation of primary sex characteristics and secondary sex characteristics. The primary characteristics are hormone induced physical changes that enable them to engage in sexual reproduction. Males develop facial hair, deeper voices and larger muscles. This is an issue with pubertal males whereby the growth sprout is not at the same level for all of them. There are those whom growth is slow and others very fast. For those who are not aware of what is going on there are psychological problems. On the other hand, pubertal females develop wider hips, larger breasts and more rounded physiques, caused in part by increased deposits of fat. In both sexes, hormonal regulation of reproduction is regulated by the brain.

Secondary sex characteristics can be considered traits which give an individual advantage over his rivals in courtship. Growth not only involves length and weight of a body, but also includes internal growth and development including the brain. Growth also affects different parts of the body at different rates; the head reaches almost its entire size by age one. Teens frequently sleep longer. Research suggests that teens actually need more sleep to allow their bodies to conduct the internal work required for such rapid growth.

Teens demonstrate a heightened level of self - consciousness. Teens tend to believe that everyone is concerned with their thoughts and behaviors as they are. This leads teens to believe that they have an imaginary audience of people who are always watching them. Teens tend to believe that no one else has ever experienced similar strong feelings and emotions. They tend to exhibit a "justice" orientation. They are quick to point out inconsistencies between adults' words and their actions. They have difficulty seeing shades of gray. They see little room for error.

Teens may be clumsier because of growth spurts. If it seems that a teen's body is all arms and legs, the perception is correct. During this phase of development, body parts don't all grow at the same rate. This can lead to clumsiness as the teen, tries to cope with limbs that seem to have grown overnight. Teens can appear gangly and uncoordinated. Teenage girls may become overly sensitive about their weight. This concern arises because of the rapid weight gain associated with puberty.

Teens may also be concerned because they are not physically growing at the same rate as their peers. Some may be more developed than their peers ("early- maturers") or less developed than their peers ("late – maturers"). Being out of developmental step with peers is a concern to adolescents because most just want to fit in. Early maturation affects boys and girls differently. Research suggests that early maturing boys tend to be more popular with peers and hold more leadership positions. Adults often assume that early maturing boys are cognitively mature as well. This assumption can lead to false expectations about a young person's ability to take on increased responsibility.

Teens may feel awkward about demonstrating affecting to the opposite sex parent. As they develop physically, teens are beginning to rethink

their interactions with the opposite sex. They may ask more direct questions about sex.

2.3. Adolescent Sexuality Needs

Adolescence is a time of tremendous opportunity and change. It also is a time of heightened vulnerabilities. Some of those vulnerabilities denote their needs. They demonstrate a heightened level of self-consciousness. During these adolescence years, they have issues they struggle with. They include:

1. ***Establishing an identity***- This has been called one of the most important tasks of adolescents. Over the course of the adolescent years, teens begin to integrate the opinions of influential others like parents, other caring adults, friends, etc into their own likes and dislikes. According to Eriksson's (1963) psychosocial theory of development, the most important task of adolescence is to resolve the crisis of identity versus role confusion. The adolescent develops a sense of identity by adopting his or her own set of values and social behaviors, but this generally does not occur before the adolescent experiments with a variety of values and social behaviors - often to the displeasure of parents.

Adolescents try to get their identity from their peers hence if you observe groups of adolescents; you will see clothing styles, religious beliefs, and social interactions that may contrast markedly with parental norms. Eriksson believes this is normal part of finding answers to questions related to one's identity, such as "what are my values? And "what are my goals. This need for identity confronting adolescents is aggravated by the challenge of having to adjust simultaneously to a new body, a new mind, and a new social world.

The adolescent's body is larger and sexually mature. The social world of the adolescent requires achieving a balance between childlike dependence and adult like independence. This also manifests itself in the conflict between parental and peer influence. Whereas children's values mirror their parents, adolescents' values oscillate between those of their parents and those of their peers. The adolescent moves from a world guided by parental wishes to a world in which he or she is confronted by a host of choices regarding sex, drugs, friends, schoolwork and other situations.

2. ***Establishing autonomy*** -This does not mean becoming completely independent from others. Rather than severing relationships, however, establishing autonomy during the teen years actually means becoming an independent and self governing person within relationships.

Autonomy is a necessary achievement if the teen is to become self - sufficient in society because the adolescent is dependent on parents. While seeking autonomy, adolescence has traditionally been considered a period of conflict between parents and children, or what G. Stanley Hall called as a period of storm and stress. Adolescents, in trying out various styles and values, are influenced by the cohort to whom they belong. Adolescence is a time of slightly increased parent - child conflict (Paikoff & Brooks Gunn, 1991). Adolescent conflicts with parents generally have more to do with superficial stylistic questions than with substantive questions about values.

Positive relations with parents not only prevent conflicts within families, but also promote more satisfactory relations with peers (Gold & Yanof, 1985). Positive relations between adolescents and their parents and peers are also associated with better intellectual development (Hightower, 1990). This enables the adolescents to negotiate autonomy easily and

still remain attached to their parents. This autonomy does not mean cutting of all relationships with parents but a way of being given a chance to be. This means to make some independent decisions that are sanctioned by parents.

3. ***Establishing intimacy***- Many people, including teens, equate intimacy with sex. In fact, intimacy and sex are not the same. Intimacy is usually first learned within the context of same sex friendships, then utilized in romantic relationships. Intimacy refers to close relationships in which people are open, honest, caring and trusting. Friendships provide the first setting in which young people can practice their social skills with those who are their equals. It is with friends that teens learn how to begin, maintain, and terminate relationships, practice social skills and become intimate.

4. ***Becoming comfortable with one's sexuality***- The teen years mark the first time that young people are both physically mature enough to reproduce and cognitively advanced enough to think about sexuality. Given this, the teen years are the prime time for the development of sexuality. How teens are educated about and exposed to sexuality will largely determine whether or not they develop a healthy sexual identity. More than half of most high school students report being sexually active. Many experts agree that the mixed messages teens receive about sexuality contribute to problems such as teen pregnancy and sexually transmitted diseases.

The onset of puberty is associated with an important biologically based psychosocial conflict between the powerful urge to engage in sexual relations and societal values against premarital sex. Fortunately, despite the risks associated with sexual irresponsibility and drug and alcohol

abuse, most adolescents survive the trials and tribulations of adolescence and enter adulthood relatively unscathed.

5. ***Developing life skills***- Self -esteem problems sometimes come because adolescents are lacking in social skills. Each of them must learn how to cope with stress, study effectively, manage time, interact smoothly with others, resist temptation, hold a job, mature spiritually, relate to the opposite sex or handle money. These involve the value a teenager places on him or herself. Psychological testing with teenagers indicates that their self esteem is typically more negative when there exists a greater gap between this ideal self and self image. When the gap seems too wide to cross, teenagers often turn away from life in despair, discouragement and rebellious aggressiveness. The gap between the ideal self and self image can be caused by unrealistically high expectations and demands for self or it can be caused by inaccurately low perception of self. The teenager's self- evaluation answers the questions. What judgments do I place on myself and how do I feel about being me?' These are some of the survival skills that individuals must learn if they are to get along smoothly in life.

6. ***Concerns about the future***- Late adolescence can be called a period of '***Psychological moratorium'***-when young are free to re-group psychologically and socially while they seek to find their riches in society. Even during this time however, many older adolescents feel pressure to make decisions about careers, college majors, values, lifestyles and what to do with their lives. No decision is permanent at this age and it is possible to change later. Nevertheless, some adolescent's decisions can have lifelong implications. An awareness of this creates pressure and anxiety for people who want to make wise decisions.

2.3.1 Role of the School in Sexuality Needs of Adolescents

There are few situations in life more difficult to cope with than an adolescent son or daughter during their attempt to liberate themselves (Freud, 1958, P. 278).Although most adolescents make it through this period of their lives in a healthy way, some experience great difficulty. Secondary school counselors must deal with this difficult population and the problems unique to it.

Secondary school counseling began in the early 1900, when its primary emphasis was on guidance activities that would help build better citizens (Gyshers & Guidance Program Field Writers, 1990). Frank Parsons influenced the early growth of the profession, although John Brewer really pushed for the establishment of secondary school guidance in the 1930, (Aubrey, 1979).

He argues that real conflict exists for secondary school counselors, who are faced with two needs;-

a) Engaging in student counseling and

b) Doing academic and administrative tasks, such as scheduling, which school administrative personnel often require. The activities of secondary school counselors can be divided into several areas. They are involved in prevention, remediation and intervention and co-operation and facilitation. These categories are not mutually exclusive and there are a multitude of concerns under each heading.

1. Prevention

Secondary school counselors stress preventive services. The reason is that adolescent problems are interrelated (Mc Cathy et al; 1996). Therefore, to address one situation and neglect the other usually will not work. Spinthal (1984) notes that primary prevention in the secondary school creates `classroom educative experiences that affect students'

intellectual and personal development simultaneously'. Through prime preventive, students become more self - reliant and less dominated by their peer group.

Young people need information and skills to be able to take responsibility for their sexuality. They need to understand the risks and consequences of sexual activity, described in detail in the earlier part of this chapter. Adolescents are just beginning to learn about sexuality and may be embarrassed or hesitant to talk about it. They may be dealing with a wide range of issues related to their sexuality, some of which can be very sensitive such as peer pressure, sexual identity, sexual orientation, and sexual capability or sexual coercion. By using good communication skills, teachers can offer the youth the opportunity to express and understand their feelings about this complex subject. This in turn can result in health sexuality and more responsible sexual behavior, which can prevent unintended pregnancy and STDs. A teacher counselor, in order to practice the prevention can also become familiar with current popular songs. By listening attentively to the lyrics of this song, secondary school counselors become more knowledgeable about adolescent subcultures and may be better able to help many teenagers cope with typical adolescent problems. When working to prevent HIV/AIDS, counselors may or may not persuade students to change their sexual activity. But they can help them avoid contracting AIDS and other sexually transmitted diseases by employing both informational and skills based intervention system (Stevens- Smith & Remley, 1994).

2. Re- mediation and intervention

These are programs that help adolescents with specific problems that are not amenable to prevention techniques. Some common mental disorders of childhood and adolescents manifest themselves clearly at this time, such as problems centering on adjustment, behavior anxiety, and

substance abuse and eating. Depression is related in adolescence negative life stress (Benson and Deeter, 1992). This is due to external stressors and inadequate individuals response abilities. Students should be taught how to develop self –esteem, helping the student to become aware of depression and the stress factors that influence it; and teaching relaxation procedures, new coping skills and ways of modifying negative self-messages. About their sexuality, they need to know how to make their own decisions about sexual activity, including abstinence and if they decided to begin sexual activity, they need to know how to negotiate contraceptive use. Learning about sexuality is the first step toward responsible sexual decision making and behavior.

3. Co-operation and facilitation;

They involve the counselors in a variety of community and school activities beyond that the caregiver. Secondary school counselors often have to take the initiative in working with teachers and other school personnel. By becoming more involved with teachers, administrators and sponsors of extra curricular activities, counselors integrate their views into the total life of schools and help create the kind of school environment that stimulate growth and learning' (Gloseff & Kofrowiaz, 1990).

In the same note, counselors need to incorporate gender into reproductive health programs for youth hence getting an opportunity to emphasis shared responsibility between young men and women. It will involve the different roles of males and females as determined by the particular society and culture in which they live.

Gender affects expectations the society has regarding the sexual behavior of boys and girls as well as their responsibility for contraception and unplanned pregnancy. It also affects the cultural acceptance of practices

that can jeopardize the reproductive health of girls such as sexual abuse or F.G.M. Counselors can also build into counseling the importance of male responsibilities in reproductive health. Often, young men do not consider reproductive health issue until they have to go to an STD treatment facility. Involving male adolescents in a broad range of discussions and education can lead to a lifelong involvement in reproductive health issues.

2.4 Adolescent Reproductive Health Policy

'Reproductive health is a state of complete physical, mental, emotional and social well being and not merely absence of disease or infirmity, in all matters relating to the reproductive health system and to its functions and processes' (ICPD, 1994).

Adolescence is a period of transition, growth, exploration, and opportunities. While this is expected to be a period of happiness and growth, adolescents increasingly continue to be confronted and faced with multiple threats to their health and well being (IWI-IC, 2007). Such threats have been identified to include early pregnancy, abortion and sexually transmitted infections including Human Immunodeficiency Virus (CSA, 2004).The highest rates of infection for STIs including HIV are found among young people ages 20-24, the next highest rates occur among adolescents age 15-19 (Noble et al. 1996) At the same time, adolescents typically are poorly informed about how to protect their sexual health. As a result, they may be susceptible to unwanted pregnancies, the health risks associated with early pregnancy, unsafe abortions, STIs, and HIV.

ST1's pose significant risk for adolescents. The highest rates of infection for STIs including HIV are found among young people ages 20 - 24; the next highest rate occurs among adolescents age 15 to 19 (Noble et al.

1996).Each year, one out of every 20 adolescents contracts an STI, some of which can cause lifelong health problems (such as infertility). WHO estimates that half of all people infected with HIV are younger than age 25 and, in developing countries, up to 60 percent of all new infections occur among 15 to 24 year olds (Shane 1997).

Access to reproductive health information and services is critical, but this alone will not necessarily result in young people adopting safer sexual behaviors. Like adults, young people require motivation to make healthy decisions about their sexual behavior; adopting healthy sexual attitudes and behaviors cannot happen in a vacuum. Indeed, it is becoming increasingly clear that adolescent sexual and reproductive health is closely linked with educational and economic opportunities (ESIM 2001). Early marriage, adolescent pregnancy, abortion, and STIs often curtail adolescents - especially girls - ability to obtain an education and learn skills that can help them develop livelihood options.

Programs that link adolescent reproductive and sexual health with broader youth development can take a holistic approach to young people's concerns. These programs can help young people develop the skills, self - esteem and motivation necessary to postpone or `take a break' from sexual intercourse, while also helping to develop life skills that can serve them well into adulthood. Youth who choose to be sexually active will be better able to protect themselves from early pregnancy and STIs by using contraceptives (Senderowitz 1997).

In Kenya, the period between 1980 and mid 1990 was mainly research. Its work started from 1993 onwards. In 1994 / 95 the environment was very unfriendly in relation to adolescence reproductive health (A.R.H) and as a result, controversies arose with conservative churches and the

government opposing introduction of Family Life Education (F.L.E) and A.R.H. into existing Youth Programs.

In 1994, the International Conference on Population and Development (I.C.P.D) Program of Action called for organizations to initiate or strengthen programs to better meet the reproductive health needs of adolescents (ICPD, 1994). The importance of adolescent health is now acknowledged, and numerous programs have been developed to address their reproductive health needs. However, much still needs to be done to ensure adequate information and services to the world's young people. The compelling need to have high quality programs and services for adolescents has been reaffirmed in subsequent United Nations(UN) sessions like the special session on children in 2002 and the high level meeting on HIV/AIDS and youth sexuality in 2006.(GoK,2004)

Focusing on adolescent reproductive health is both a challenge and an opportunity for health care providers. Adolescents often lack basic reproductive health information, skills in negotiating sexual relationships, and access to affordable confidential reproductive health services. Many do not feel comfortable discussing sexuality with parents or other key adults with whom they can talk about their reproductive heath concerns (PATH, 1998).

Likewise, parents, health care workers, and educators frequently are unwilling or unable to provide complete, accurate, age - appropriate reproductive health information to young people. This is due to their own discomfort| about the subject or the false belief that providing the information will encourage increased sexual activity (Baldo et al. 1993). In addition to STI and pregnancy risks, many young people who are sexually active have been forced into sexual relationships either through

violence or for economic reasons, and are in need of counseling, information, and contraceptive services.

Despite these challenges, programs that offer accurate information, access to contraceptives and other reproductive health services, as well as the motivation young people need to protect themselves, can make a difference. Adolescents are a central resource for their countries health and development in the present as well as in the future. But even more important, young people have the basic human right to receive the information and services necessary to protect themselves from STIs, early pregnancy, and their associated poor outcomes. Targeting young people for health information and services can be a gateway to promoting healthy behaviors. Working together, parents, community leaders and health professionals can create programs that help them to enjoy a healthy adolescence and to become healthy and responsible adults (IJNICEF 1998).

Although few programs have been rigorously evaluated, guidelines on building successful programs and reaching young people are emerging. Well - designed youth programs consider the many factors that shape young people's lives and influence sexual behavior and reproductive health decision - making. Adolescent programs work best when they provide life skills education in addition to sexual health information and services (UNICEF 2007). Programs should help young people develop skills and talents that offer them opportunities for economic ability and develop their sense of having a potentially successful adulthood. Such opportunities, combined with reproductive health information and services, can help motivate youth to postpone sexual activity by helping them understand the long-range impact of their decisions and the importance of planning their future. Both young men and women may need reproductive health education, including information on sexuality

contraception, reproduction, abstinence, abortion, STIs and gender roles. Adolescent sexuality is a sensitive subject in all cultures. Programs that offer reproductive health service to adolescents can expect to encounter some resistance from their community.

Since 1988, a highlight of pathfinder's work in Kenya has been a university- based integrated reproductive health and peer counseling project at three public universities: Previously, Egerton University, and currently, Kenyatta University and Jomo Kenyatta University of Agriculture and Technology. All are national centers of excellence in tertiary education.

Since its outset, Pathfinder's university – based program has addressed the social, reproductive health, and informational needs of young people through the recruitment and training of a network of university –based peer counselors, drawn from both students and faculty. Trained by pathfinder, many of these counselors have branched out to serve as mentors for secondary school children. Throughout the life of the program, Pathfinder has provided financial and technical assistance to enhance university service delivery by strengthening and promoting clinic based, peer counseling and community outreach interventions. Over time, university capacity to conduct adolescent reproductive health training, develop appropriate family life education and life skills curricula, and respond to students changing reproductive health needs has been greatly enhanced. This has also been embraced by The Ministry of Education through a program named Tuko Pamoja [We are together] [Path, 2006]. This is a pilot project in conjunction with population Council of Kenya. The program is yet to take root as a subject in the curriculum if and when it becomes a policy.

2.5 Some counseling interventions for Adolescent sexuality needs

An intervention is an orchestrated attempt by one or often many people to get someone to seek help with an addiction of some kind of crisis. It can also refer to the act of using a technique within a therapy session. Interventions have been used to address serious personal problems or personal habits not as frequently considered seriously harmful, such as video games addiction, excessive computer use and excessive television viewing.

According to the governing council of the American Counseling Association (A.C.A.), the practice of professional counseling is the application of mental health psychological or human development principles through cognitive, affective, behavioral or systematic interventions, strategies that address wellness, personal growth or career development, as well as pathology, (www.counselling.org) consumers' media.

Counseling deals with wellness, personal growth, career and pathological concerns in other words, counselors work in areas that involve relationships (Casey' 1996). These areas include intra - and interpersonal concerns related to finding meaning and adjustment in such setting as schools, families and careers.

Counseling is conducted with persons who are considered to be functioning well and those who are having more serious problems. Clients seen by a counselor have developmental or situational concerns that require help in regard to adjustment or mediation. Their problems often require short term intervention, but occasionally treatment may be extended to encompass disorders included in the Diagnostic and

Statistical Manual of Mental Disorder (1994) of the American Psychiatric Association.

As earlier mentioned in this work, adolescence represents a phase of life which entails dramatic changes for the youth and it is characterized by challenges, preparation, experimentation, confusion, frustration and adjustments. The adolescents are set with the difficult task of properly expressing their own sexuality. These dramatic changes in the sexual attitudes and behaviour of adolescents' call for some counseling interventions in-order to help them negotiate deal and live with their sexuality needs. These may include;

1. *Fostering self understanding, competency and independence.*
Some common mental disorders of childhood and adolescents manifest themselves clearly at this time. Such problems are those centering on adjustment, behavior, anxiety, substance abuse and eating. Adolescents should be taught how to develop self - esteem, becoming aware of depression and the stress factors that influence it; and teaching relaxation procedures, new coping skills and ways of modifying negative self - messages. About sexuality, they need to know how to make their own decision.

As young people's bodies change, they naturally develop an interest in sex. The combination of biological changes with exposure to sexual messages in everyday life, especially through the media, can lead youth to focus only on physical aspects of sexuality.

However, sexuality includes issues of identity, societal roles and human relationships, as well as biological development. The school counselor for example can make sure students know how HIV is spread and what behaviors put them in greatest danger. They can also offer students

opportunities for interpersonal skill building by stimulating situations that are potentially hazardous.
They can also support teenagers who decide to try new and positive behaviors such as changing their habits or environment. Adolescents need a basic knowledge of both female and male reproductive systems and how their bodies, minds and feelings are changing. They need to learn to communicate about sexuality and how to handle societal and peer pressures about sexual behavior. They need to know that many of the common images of sexuality, especially in the media are misleading.

2. *Help adolescents to know that they can set limits to what they want.* Some people think that sex is a powerful and uncontrollable force that just happens, like thunder or rain. It is important to let them understand the truth that sexual intercourse is a deliberate decision. When a person has sex it is not nature overcoming them. It is a person who made a decision. Adolescents can try to make sure it is their own decision and ignore people who say "Everybody is having sex". Everybody is not having sex, in fact most 15 to19-year- olds have not had sex. It is important as a counselor to let them now that the feelings experienced at adolescence can be frightening because they are new and that is normal. Feelings do not control actions; people choose their actions and behaviors. Sexual behaviors have consequences and people need to think about the alternatives and the consequences for each action.

3. *Adolescents should be taught how to develop self-esteem.* They need to know that how we feel about ourselves contributes a lot to what we are. It is important to let them now that having a high self-esteem does not mean that you never get upset or angry with yourself. But someone with high self-esteem can accept his or her mistakes and move on.

Teach adolescents coping skills like being assertive. Assertiveness is expressing thoughts, feelings and beliefs in a direct, honest and appropriate way. It is standing up for what you believe in and what you want. Adolescents are often tempted to give in to someone else's desires, whether because of peer pressure or something idealized in the media. This is part of effective communication. When it comes to sexuality, it is important for adolescents to know that they can stand for what they believe in without feeling guilty.

4. *Decision making is an important aspect in intervention.* Adolescents should be made to know that a decision is a choice that we make between two or more possible options. We all make decisions everyday. One of the most important parts of decision making is looking ahead to see what might happen if you do something. This is called predicting outcomes or understanding consequences. Some examples for adolescents are who to choose as a boyfriend/girlfriend. It involves being active in the decision making and not being passive and letting others make a decision for you. It is good for an adolescent to understand his/her values in all decisions about own sexuality.

The failure to make a decision about sex that is right for them is one reason so many adolescents have unplanned pregnancies and become infected with sexually transmitted infections, including HIV. It is important that young people understand how the body responds when sexually aroused, that feelings of sexual arousal are natural and that just because one feels aroused, it is not necessary for him or her to act upon these feelings.

5. *Adolescents need to be taught about the changes occurring in their bodies.* As their bodies change, they naturally develop an interest in sex. The combination of biological changes with exposure to sexual messages

in everyday life, especially through the media, can lead youth to focus only on physical aspects of sexuality. However, sexuality includes issues of identity, societal roles and human relationships, as well as biological development. The school counselor for example can make sure students know how HIV is spread and what behaviors put them into greatest danger. They can also offer students opportunities for interpersonal skill building by stimulating situations that are potentially hazardous. They can also support teenagers who decide to try new and positive behaviors such as changing their habits or environment.

6. *Adolescents need a basic knowledge of both male and female reproductive system and how their bodies, minds and feelings are changing.* They need to learn to communicate about sexuality and how to handle societal and peer pressures about sexual behavior. They need to know that many of the common images of sexuality, especially in the media are misleading.

For this to take root in any counseling situation, the counselor should provide a genuineness and positive regard for the client. It is based on the assumption that growth and change are more likely to occur the more the counselor is experiencing a warm, positive acceptant attitude towards the client (Rogers, 1962).The counselor should also explore with adolescents the steps needed to engage with friends and regular activities. Actively building a level of trust with adolescents through eye contact, empathy and active listening goes a long way in intervening during this period.

2.6 Theoretical Framework

In his 1981 presidential address to the society for the scientist study of sex, Ira Reiss, (1982) argued that no global discipline of sexual science had yet to emerge and that advances in our scientific understanding of

human sexuality had been made chiefly in and would continue to arise from research in a variety of traditional academic disciplines.

A social exchange framework, very broadly, refers to conceptual model or theoretical approach that focuses on the exchange of resources (material or symbolic) between or among people and / or refers to one of the major exchange concepts, which are rewards, costs and reciprocity of the different theoretical approaches. Social psychological models of exchange have special relevance to sexuality because of their focus on exchange between the two members of a dyad.

Most social exchange models share the following basic assumptions e.g. [Lagaipa, 1977; Nye, 1979): a) Social behavior is a series of exchanges; b) individuals attempt to maximize their rewards and minimize their costs; and c) when individuals receive rewards from others, they feel obligated to reciprocate. Although these assumptions refer to all interpersonal transactions, they can be applied to specific types of transactions, such as the exchange of sexual favors.

A few concepts are common to most social exchange theories. Rewards and costs are two key concepts included in the social exchange framework. Rewards are defined as exchanged resources that are pleasurable and gratifying. Resources are sometimes used synonymously with rewards. Costs are defined as exchanged resources that result in a loss or punishment (Thibaut & Kelly, 1959). Costs also include foregone opportunities because of being in the particular relationship of interpersonal transaction. Reciprocity is another key concept of social exchange and refers to the notion that we give something back (and do not hurt) to those who have given to us (Gouldner, 1960).

For adolescents, using the exchange theory, we look at the gains and loss encountered by both partners. Worldwide, young women and men suffer a disproportionate share of unplanned pregnancies, sexually transmitted diseases, including HIV, and other serious reproductive health problems. About one half of all HIV infections worldwide occur among people aged 25 and under, according to the world Health organization (WHO).

A review of the literature on adolescent sexual behavior reveals piecemeal theoretical statements and inconsistent empirical support for them (Hayes, 1987; Jorgensen, 1983; Miler and Fox, 1987; strouse and Fabes, 1987). Despite the lack of empirically based theory, two of the most widely accepted assumptions in the behavioral sciences are that adolescence is a period in the life span of disturbance and by experimentation (Feldman and Elliott, 1990; Gallatin, 1975.Hall (1904) originally) characterized the period as one of "storm and stress" Eriksson (1968) represented it as a time of identity crisis, in which adolescents struggle for a stable sense of self. Psychoanalytic theory postulated that the awakening sexual desires associated with puberty spark a resurgence of oedipal conflicts (A. Freud, 1958). During early adolescence, persons exhibit heightened self - consciousness, greater instability of self -image, and a reduction of favorable opinions of self, disturbances that for many abate in later adolescence (Simons et al. 1981). Peers opinions of one, on the other hand, appear to become even more important as adolescents advance in age and for some, surpass the importance of parental opinions (Jessor and Jessor, 1977).

2.6.1 Psychosexual development

The concept of psychosexual development, as envisioned by Sigmund Freud at the end of the nineteenth and the beginning of the twentieth century, is a central element in his sexual drive theory, which posits that, from birth, humans have instinctual sexual appetites (libido) which

unfold in a series of steps. Each stage is characterized by the erogenous zone that is the source of the libidinal drive during this stage. These stages are, in order; oral, anal, phallic, latency, and genital. Freud believed that if, during any stage the child experienced anxiety in relation to that drive, that themes related to this stage would persist into adulthood as neurosis.

The age of adolescence as earlier stated to be between 12 - 20 years has been called the genital stage according to Freud. Here, adolescents typically develop interest in the opposite sex, engage in some sexual experimentation, and begin to assume adult responsibilities.

Freud was primarily concerned with the impact of resolving sexual issues during the first six years of life. He believed that if issues are not resolved or if any stage was not well negotiated, problems manifested themselves into adulthood.

Freud called the first year of infancy the oral stage of development, because the infant gains pleasure from oral activities such as biting, sucking and chewing. At the age of one, a child enters the anal stage, whereby he / she obtains pleasure from defecation. Freud claimed that between the ages of 3 and 5, the child passes through the phallic stage, in which pleasure is gained from the genitals. He likened this stage to adolescence which he called the genital stage. He claimed that complete psychosexual organization is not reached until the arrival of puberty and a final phase of libidinal development, the genital phase. He used the term sexuality in an effort to acknowledge the existence of the stage and the needs for satisfaction that involve specific body zones (erogenous zones) that seek pleasure independently of exercising a biological function.

At this genital stage, physical changes in the adolescent cause a resurgence of sexual thoughts, feelings and behaviors. Dating pushes school work and sports (and anything else encouraged by parents and figures of authority) into second place. Basically the adolescent is in turmoil and it's mostly to do with growing up, which entails more sexual undercurrents than parents would ever believe, even though these same parents went through exactly the same struggles themselves just a few years before. This is the final Freudian psychosexual stage. Erickson's model, which from the start offers a different and more socially oriented perspective, continues through to old age, and re-interprets Freudian sexual theory into the adult life stages equating to Erickson's crisis stages.

2.6.2 Psychosexual Development Theory

This theory advocated by Erik Erikson drew from and extended the ideas of Sigmund Freud and Freud's daughter Anna Freud, and particularly the five Freudian stages of development, known as Freud's psychosexual stages or Freud's sexual theory. Freud's concepts, while influential on Erickson, are not however fundamental to Erickson's theory, which stands up perfectly well in its own right. His theory is widely and highly regarded. Erickson was a psychoanalyst and also a humanitarian. So his theory is useful far beyond psychoanalysis is; its usefulness for any application - involving personal awareness and development - of oneself or others.

Erickson was able to do this because of his strong interest and compassion for people, especially young people, and also because his research was carried out among human societies far removed from the more inward - looking world of the psychoanalyst's couch, which was essentially Freud's approach.

This helps Erikson's eight stages theory to be a tremendously powerful model; it is very accessible and obviously relevant to modern life, from several different perspectives, for understanding and explaining how personality and behaviour develops in people. As such Erickson's theory is useful for teaching, parenting, self awareness, managing and coaching, dealing with conflict, and generally for understanding self and others.

Erickson's psychosocial theory basically asserts that people experience eight psychosocial crisis stages' which significantly affect each person's development and personality. Each stage involves a crisis of two opposing emotional forces. A helpful term used by Erikson for these opposing forces is contrary disposition. Successfully passing through each crisis involves achieving a healthy ratio or balance between the two opposing dispositions that represent each crisis.

Erickson was keen to point out that the transition between stages is overlapping. Crisis stages connect with each other like inter - laced fingers, not like a series of neatly stacked boxes. People don't suddenly wake up one morning and be in a new life stage. Changes don't happen in regimented clear cut steps. Erickson never showed precise ages and cited that crisis stages are driven by physical and sexual growth which then prompts the life issues which created the crisis; each of the eight "psychosocial crisis" characterized by a conflict between two opposing positions or attitudes.

Focusing our study on adolescence, the stage is characterized by identity versus role confusion. Identity means essentially how a person sees themselves in relation to their world. It's a sense of self or individuality in the context of life and what lies ahead. Role confusion is the negative perspective; an absence of identity meaning that the person cannot see clearly or at all who they are and how they can relate positively with their

environment. Young people struggle to belong and to be accepted and affirmed, and yet also to become individuals. In itself this is a big dilemma, aside from all the other distractions and confusions experienced at this stage.

2.6.3 Behavior Therapy

As mentioned earlier behavior theory can explain more about understanding adolescence sexuality as a way of mitigating on the problems encountered by the youth. It offers various action - oriented methods to help people take steps to change what they are doing and thinking.

The behavioral approach had its origin in the 1950s and early 1960s as a radical departure from the dominant psychoanalytic perspective. It was during the 1970s that behavior therapy emerged as a major force in psychotherapy and education and also experienced a significant growth spurt. Behavior therapists were confused to subject their methods to empirical scrutiny and to consider the impact of the practice of therapy on both their clients and the larger society. In the 1980s more attention was given to the role of affect in therapeutic change. Also there was more focus on the role that biological factors play in many of the disorders that are treated with behavioral methods.

Behavior therapy today is marked by a diversity of views. There is now a wide variety of procedures with different theoretical framework (Wilson, 1989). It focuses on three areas of development; the classical conditioning, operant conditioning and cognitive therapy. Classical conditioning grew out of a tradition that can be traced back to Aristotle, who believed that learning depended on **continuity** - the occurrence of events close together in time and space (such as lighting and thunder). 'Therefore, classical conditioning is a form of learning in which a neutral

stimulus comes to elicit a response after being associated with a stimulus that already elicits that response. To demonstrate classical conditioning, you must first identify a stimulus that already elicits a reflexive response. After one or more parings of the neutral stimulus and the unconditioned stimulus, the neutral stimulus itself elicits the unconditional response.

Classical conditioning can be used in many fields. In advertising, beautiful women have been paired with vehicles for men to buy. Given that vehicles normally do not arouse men sexually, manufacturers hope that the women will elicit mild sexual arousal, which the men will associate with the vehicles, thereby making the automobiles more appealing. If this is programmed in school i.e. good performance to be paired with a good life; or abstaining from sex being paired with a happy family in future, this can play a big role in adolescence sexuality.

Operant conditioning consists of actions that operate on the environment to produce consequences. These operant behaviors include writing, reading, driving a car and eating with utensils. If the environmental changes brought about by the behaviors are reinforcing (if they provide some reward to the organism or eliminate aversive stimuli) the chances are strengthened that the behavior will occur again. If the environmental changes produce no reinforcement, the chances are lessened that the behavior will recur. Adolescents thrive on praise and hence when positive reinforcement is used, they improve in their studies and also refrain from unwanted behaviors.

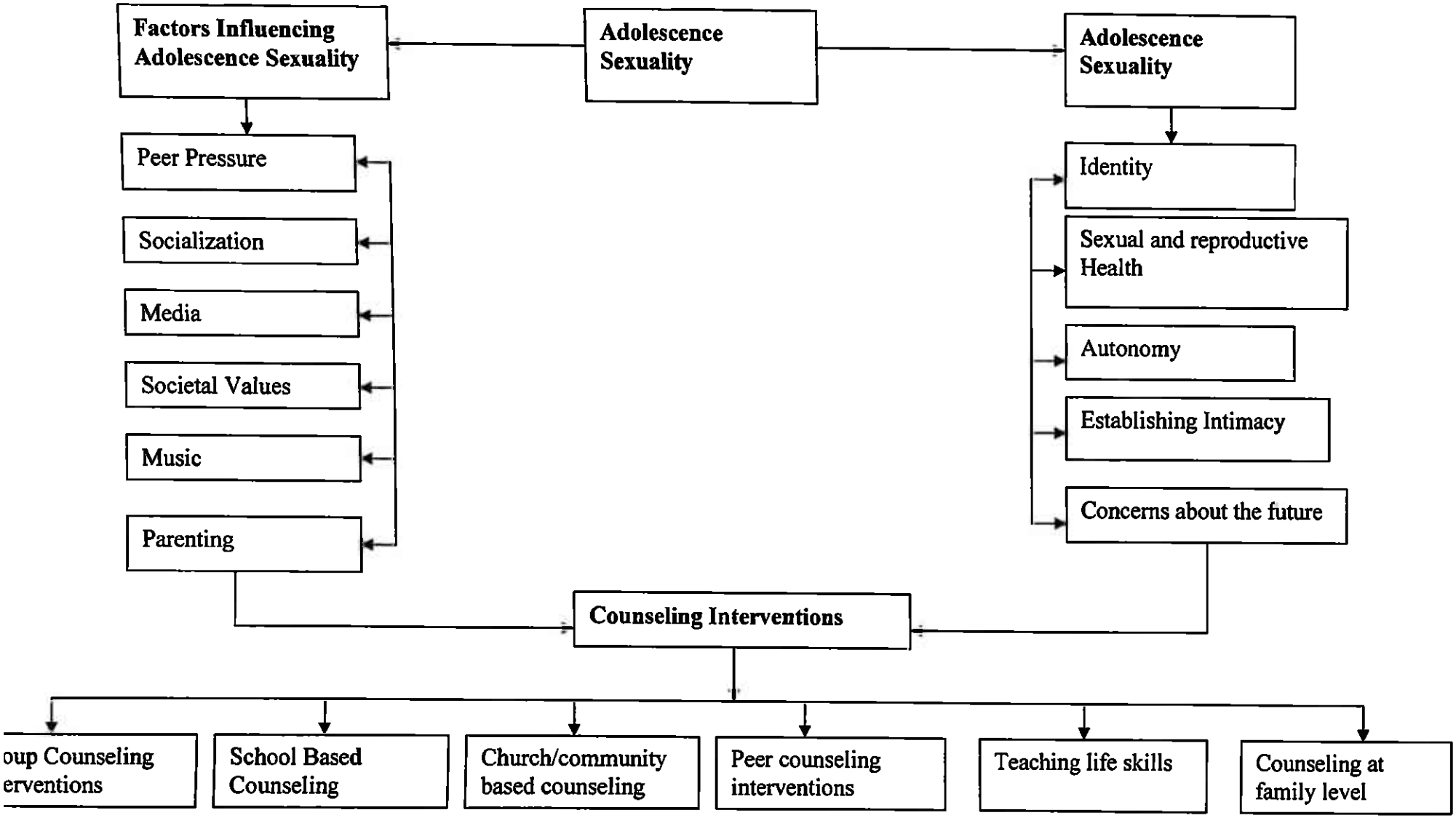
Third is the cognitive trend in behavior therapy .The behaviorists and operant conditioning models excluded any reference to mediational concepts (such as the role of thinking processes, attitudes, and values) perhaps as a reaction against the insight - oriented psychodynamic

approaches. According to Franks (1987), cognitive behavioral therapy is now established as a part of mainstream behavior therapy.

Behavior therapy has undergone important changes and has expanded considerably. It is no longer grounded exclusively in learning theory, nor is it a narrowly deemed set of techniques. Contemporary behavior therapy encompasses a variety of conceptualization research methods and treatment procedures to explain and change behavior, as well as considerable debate about evidence of efficacy (Kazdin & Wilson, 1978).

2.7 Conceptual Framework

The research aimed at studying adolescence sexuality needs in secondary schools and how counseling can be used as intervention. It is a description of the factors influencing adolescent's sexuality needs. The study presumes that counseling can alleviate problems brought about by adolescents sexuality needs as depicted here below.



2.8. Operational definition of key variables and measurements indicators.

Variable Name	Indicators
Adolescent Sexuality	Refers to feelings and thoughts about sex and physical changes accompanying resultant behaviours.Indicators include: ➢ Intense growth spurts. ➢ Change in body proportions. ➢ Gang behavior. ➢ Avoidance of people in authority. ➢ Interest in the opposite sex.
Perceptions of Adolescents about their sexuality	Refers to the way adolescents visualize their own sexuality. Indicators include: ➢ Self consciousness. ➢ Sexual promiscuity. ➢ Obsession with their looks. ➢ Peer pressure.
Adolescent's conflict and Dilemmas about their development issues	Refers to questions and conflicting answers they have about their sexuality. Indicators include: ➢ Obsessed with body image. ➢ Self perceived ugliness. ➢ Obedience to adult suggestions. ➢ Disobedience to adult suggestions.
Sexuality development issues	Refers to feelings and behaviors that depict that they are no longer children. Indicators include: ➢ Fancy dressing styles. ➢ Gang behavior. ➢ Hero worship. ➢ Petty squabbles.

	➢ Crushes. ➢ Conflicts with those in authority. ➢ Avoidance of parents company. ➢ Sexual fantasies. ➢ Religious doubts. ➢ Changing faith. ➢ Guilt/self-criticism. ➢ Rebellion.
Growth rate of adolescents	Implies how fast or how early adolescents develop their secondary sexual characteristics. Indicators include: ➢ Growth spurt. ➢ Skin problems (acne). ➢ Changes in the body proportion. ➢ Wider shoulders. ➢ Broader hips. ➢ Deeper voices. ➢ Pubic hair.
Awareness about sexuality needs	Looks at the issues of adolescents being aware of their changes in relation to other people. Indicators include: ➢ Relationships with opposite sex. ➢ Gang behavior. ➢ Dressing style. ➢ Obedience and disobedience to parents'

	suggestions. ➢ Questioning religious values.
Counseling interventions	These are responses undertaken by counseling professionals to help adolescents manage challenges and problems associated with their sexuality .These will be reflected by: ➢ Availability of guidance and counseling professionals. ➢ Type of counseling given. ➢ Attendance or non-attendance of counseling services.
Adolescents life skills	➢ Raised self esteem. ➢ Better time management. ➢ Little or no temptation from peers. ➢ Effective study skills. ➢ Relate well with opposite sex. ➢ Dispel myths about sex and sexuality. ➢ Skills in handling money.

CHAPTER THREE

METHODOLOGY

3.0. Introduction.;

This chapter describes the methods that were used in the study. It gives an indication of where the study was carried out, how data was collected and how it was analyzed. It focuses on the justification of the study area, study design,sampling procedures, methods of data collection and data analysis.

3.1. Research Design

The study sought to establish how adolescents in selected secondary schools in Nairobi province viewed their sexuality needs and whether counseling interventions can be used to assist in those needs. This study used the survey research design. According to Babbie, (1995:257) survey may be used for descriptive, explanatory, and exploratory purposes. They are chiefly used in studies that have individuals as the unit of analysis. It is most appropriate in generating original data for describing populations too large to observe directly. In this study the data used was collected from Nairobi school;-a boys boarding secondary school, Moi Girls Nairobi; - a girls boarding secondary school and Dandora secondary school: - a day mixed secondary school

3.2 Research site description

Nairobi school is a boys secondary school situated along Waiyaki way in Nairobi province. It has a population of 1,100 boys who are all boarders. The school is a national school and hence it admits students from all the provinces on merit meaning students who have passed their K.C.P.E. highly. These students come from diverse backgrounds and hence have diverse issues when it comes to their sexuality needs. The school has 2

trained teacher counselors. Moi Girls Nairobi is a boarding school situated near Kibera slums in Nairobi province. It has population of 900 girls. It is a provincial school meaning that it admits students from Nairobi province. This means that the students come from the city of Nairobi hence their sexuality needs would impact on them in a different way. The school has 2 trained teacher counselors.

Dandora secondary school is a mixed secondary school situated in Dandora slums of Nairobi. It has a population of 600 students. The boys are 350 and the girls are 250. The student population is mostly drawn from Dandora slums and hence their sexuality needs could be influenced by the environment. The school has 1 trained teacher counselor.
The target population in this study comprised of all the students in the 3 schools, the teachers of guidance and counseling and parents from a panel.

3.3. Research site justification.

The schools were chosen because the students under study would provide information needed about adolescents. The information collected represented adolescents' boys and girls in secondary schools in Nairobi. All were between the ages 14-19 years. Nairobi school offered a unique group of boys in school and how their sexuality needs impact on them and how to address them. Moi Nairobi girls also offered uniqueness of what is experienced by girls. Being in school most of the time, their needs impact on them differently.Dandora secondary school is unique as these students are in a mixed school i.e. boys and girls. Their sexuality needs would be different from those not in mixed schools.

3.4. Sampling procedure and sample size

The study used purposive sampling that allowed the researcher to use cases that had the required information with respect to the objectives of

the study. This provided the study with an efficient system of capturing variations that exist in the target population. In the purposive sampling, the study used respondents who were easily captured using guidance and counseling teachers who provided easy entry into the schools. Within the selected schools, simple random sampling was used where all the students were eligible.For the guidance and counseling teachers the three target schools had 2 teachers participating in the interview. The study targeted a total of 72 students, 10 guidance and counseling teachers and 10 parents.

3.5 Unit of analysis

Schultz (1996) sees a unit of analysis as the level of social life on research question focus. It could be individual people, social role position and relationships. According to singleton et al (1988) a unit of analysis is what or who is to be described or analyzed i.e. the concept of the study. In this study the focus was on adolescents in a school set up and their sexuality needs and how counseling can intervene in some of the cases.

3.6 Methods of Data Collection

Both quantitative and qualitative methods of research were used to ensure uniformity in the interpretation of concepts. The instruments used in collecting the data from the respondents were a research questionnaire, interviews and focus group discussion. The use of different methods can enhance the validity of the research findings (Nachmias & Nachmias, 1996).These were organized under topic headings, which were pulled together as a summary.

3.6.1 Questionnaires

These are set of questions that tended to answer questions related to the study. The questions were open and close ended. These questions were based on the objectives of the study. In the close

ended questions the respondents were expected to give an answer that does not offer an explanation. In the open ended questions, the respondents were allowed to give any answer that was considered correct or appropriate. The questionnaires administered to respondents in 3 secondary schools in Nairobi Province were 26 in each school.

3.6.2 Focus Group Discussion.

This was done by the researcher whereby the questions were written in advance so that the information that was needed was direct. They were conducted with students, guidance and counseling teachers and parents. The main topic was about sexuality needs of adolescents and how counseling can be used as an intervention in order to assist teens to negotiate this stage with minimum hitches.

3.6.3 Observation

This was participatory whereby the researcher participated in the activity of the group as a member. Sexuality being a subject that adolescents find fascinating yet uncomfortable elicited alot of body language that was observed and noted down. A group of students was organized and given a pre-prepared question for discussion. This was done by raising pertinent issues about sexuality needs and whether or not counseling is useful. The students were invited to be in a forum whereby their answers were written down.

3.7. Data Analysis

Data collected from the field was cleaned and analyzed. The data collected was converted into numerical codes representing attributes or measurements of variable. The coding process started with preparation of a codebook. This codebook was used to transfer information to a code sheet. Ranking was carried out to establish the pattern of priorities.

Rating scales were used to gauge the students' awareness of their sexuality needs. Data from focus group was recorded in an interview form and analyzed by determining emerging themes. It has been necessary to indicate which research question appeared to have been supported by information as the analysis was carried out. The data collected was analyzed using Statistical Package for Social Science (S.P.S.S.).Qualitative data was analyzed based on emerging themes from the research topic.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

Presented in this chapter are the findings of the data analysis and interpretation. Data is presented in form of tables and text. Sections in this chapter dealt with; percentage distribution of respondents by age; adolescents' sexuality awareness, conflicts, counseling interventions and of life skills. It endeavored to explain how far the data collected tackled the research questions based on the objectives. Unless otherwise stated the source of information in all the tables is from the respondents interviewed directly in the field.

4.1. Age of the Respondents

The respondents were asked to indicate their age in years. Presented in Table 1 is a categorization of their age according to the type of school. The study targeted adolescents aged between 13-19 years in public secondary schools in Nairobi Province in Kenya. According to the Ministry of Planning and National Development 1999 census adolescents constitute[25.9] of the total population.

Table 1: Percentage Distribution of Respondents by Age.

Age	Type of School			Total
	Girls' School	Boys' School	Mixed school	
15	5 (3.8)	6 (23.1)	3 (16.7)	14 (21.5)
17	5 (3.8)	6 (23.1)	2 (11.1)	13 (20.0)
16	3 (4.3)	5 (19.2)	1 (5.6)	9 (13.8)
14	4 (9.1)	3 (11.5)	2 (11.1)	9 (13.8)
18	1 (4.8)	1 (3.8)	4 (22.2)	6 (9.2)
13	2 (9.8)	-	-	2 (3.1)
20	-	1 (4.8)	1 (5.6)	2 (3.1)
Non-response	1 (4.8)	4 (15.5)	5 (27.8)	10 (15.4)

N = 65 **[Figures in parenthesis represent percentages]**

Most of the respondents [21.5%] were 15 years old. Majority were from the boys and girls school while the others were from the mixed school [Table 1].Thirteen [20.0%] of the respondents were 17 years old; 6[23.1%] hailing from the boys school,5[23.8%] from the girls school and 2[11.1%] from the mixed school. It is evident that the youngest of the respondents 2[3.1%) were aged 13 years and they came from the girls' school. The oldest of the respondents were aged 20 years, one from the boys' school and one from the mixed school.

These findings therefore, reveal that most of the respondents were in the age bracket of 14-18 years. This is a critical stage where one is not a child and not an adult [Kenya Demographic and Health Survey-KDHS, 2003].As this is the stage of puberty, mature sexual desire begins to appear. Here sexual preferences among adolescents, like in adults can vary greatly from heterosexuality, to bisexuality, to homosexuality. For adolescents who are not sexually mature, [Chapman 2000:12] there are added risks of emotional distress or future poverty from teenage pregnancy. With this information then it means that educational professionals and teachers are increasingly expected to address issues of sexuality with students. The current trend in the personal growth of young people makes them find themselves more in the company of teachers and in school. It would therefore be important to emphasize the importance of the schools to develop a comfortable relationship early on with the youth to allow for reciprocal dialogue about sensitive topics as sexuality.

4.2. Adolescents Awareness about their Sexuality

To find out about the respondents' awareness of their sexuality, questions were given based on their body growth. During the teen

years, adolescents experience changes in their physical development which includes rapid gains in height and weight. The objective was to find out if the adolescents were aware of their sexuality using body growth hence answering the research question of 'How do adolescents understand their sexuality?' The respondents were asked to give a response on whether they are aware about their growing body and how it makes them feel in the presence of their age –mates [peers]. The physical changes of puberty also include the maturation of primary sex characteristics and secondary sex characteristics. Presented in Table 2 are the findings;

Table 2: Awareness of Body Growth as part of Adolescents Sexuality

Statement	Girls' School	Boys' School	Mixed School	Total
Comfort in friends company	19 (90.5)	19 (73.1)	14 (77.8)	51 (78.5)
Concerned about my growth rate	14 (66.7)	18 (69.2)	15 (83.3)	47 (72.3)
Comfortable in a group	14 (66.7)	19 (73.1)	10 (55.6)	43 66.2)
Body growth is fast	8 (38.1)	17 (65.4)	13 (72.2)	38 (58.5)
Friends grown faster than me	14 (66.7)	13 (50.0)	10 (55.6)	37 (56.9)
Not growing at the same pace as my peers	12 (57.1)	12 (46.2)	9 (50.0)	33 (50.8)
Growing too fast, people expect a lot	6 (28.6)	13 (50.0)	7 (38.9)	26 (40.0)
Too small for my age	6 (28.6)	6 (23.1)	5 (27.8)	17 (26.2)
Too big for my age	2 (9.5)	3 (11.5)	2 (11.1)	7 (10.8)

N=65 **[Figures in parenthesis represent percentages]**

Majority of the respondents [78.5%] 51 concurred with the statement that they were comfortable in the company of their friends. This was brought by a response of 19[90.5%] from girls only school; 19[73.0 %] from boys only school and14 [77.8%] from the mixed school. This is an indication that their colleagues are

important during this stage. This comes in when they are searching for identity and their peers become very important to them-often to the displeasure of parents. This need for identity is aggravated more by the challenge of having to adjust to a new body, a new mind and a new social world. At the same time [72.3%] 47 were concerned about their growth rate. At puberty the growth sprout is not at the same level for all of them. There are those whose growth is slow and others so fast. The respondents, [66.2%] 43 agreed with the statement that they feel comfortable in a group; [58.5%] 38 felt that their bodies are growing too fast and [56.9%] 37 felt that their friends were growing faster than them. The feeling that they are not growing at the same pace was clear at [50.8%] 33 and at the same time [40.0%] 26 felt that because of growing too fast, people expect a lot from them.

Being out of developmental step with peers is a concern to adolescents because most just want to fit in. This tends to make adolescents to believe that they have an imaginary audience of people who are always watching them. The primary sexual characteristics have more relevance to the adolescents than the secondary characteristics because these are the ones seen. From observation, it was evident that there is a lot of conformity to the group with small variations in hairstyles. Their conversations revolve around the same topics. It also came out clearly that although adolescents look mature in body they are still struggling with the adult expectations, are aware of their limitations and often feel confused and insecure. Deep down they expressed their need for help from parents and significant others.

4.2.1. Body Growth rate in Girls.

Girls exhibit earlier physical maturation than boys and hence the society has different ways of looking at them. Physical changes of puberty, including acne, physical growth and genital maturation can in themselves produce distress. This is especially true if the adolescent is unprepared for them or is made to feel self-conscious by peers or adults. Some girls find it difficult to suddenly find themselves with wider hips and enlarged breasts and unwanted attention from the opposite sex due to this. If this information is availed early in, it becomes easier to negotiate this and become comfortable in the new body and hence manage to wad off unwanted attention. This would vary from communities depending on their expectations. Table 3 shows how adolescents felt about the growth rate in girls and what is expected of them.

Table 3: Growth Rate in Girls

Statement When a girl grows fast	**Girl's School**	**Boy's School**	**Mixed School**	**Total**
Changes walking style	9 (42.9)	16 (61.5)	10 (55.6)	35 (53.8)
Ready for sex	7 (33.3)	14 (53.8)		29 (44.6)
Feels lonely	9 (42.9)	7 (26.9)	6 (33.3)	22 (33.8)
Ready to give birth	5 (23.8)	5 (19.2)	2 (11.1)	12 (18.5)
When growth is slow she seen as a child	17 (81.0)	16 (61.5)	10 (55.6)	43 (66.2)
When a girl growth is slow she exploits talents	7 (33.3)	16 (61.5)	3 (16.7)	26 (40.0)
When a girl growth is slow she is at ease with opposite sex	6 (28.6)	7 (26.9)	7 (38.9)	20 (30.8)
)When a girl growth is slow no pressurized to engage in sex	8 (38.1)	16 (61.5)	4 (22.2)	28 (43.1)

N=65 [Figures in parenthesis represent percentages]

Growth rate in girls elicited a similar response to that of growth of adolescents in general. More than half, [66.2%] 43 of the respondents felt that when a girl grows slowly, she is seen as a child. Of the respondents 19 boys and 23 girls agreed with the statement. In the category of schools, the girls' only school, [81.0%] 17 of the respondents agreed with the statement while in the boys' only school, [61.5%] 16 also agreed and from the mixed school, [55.6%] 10 concurred. It is evident that [53.8%] 35 respondents felt that a girl who grows very fast will be expected to change her walking style in order to hide her grown breasts. Of the respondents who agreed with the statement, [42.9%] 9 were from girls only school; [61.5] 16 were from boys only school while [55.6%] 10 were from the mixed school. The statement that when a girl grows too fast she is expected to be ready for sex had [44.6%]29 respondents who agreed with it (9 girls and 17 boys). The respondents here were [33.3%] 7 from the girls school; [53.8%] 14 from boys school and 5[27.8] from the mixed school. [40.0%] 26 respondents felt that when a girl grows very fast she feels lonely because she does not fit in with her age mates. It was also evident that when a girl grows slowly she has chances of exploiting her talents and reaches her life goals as she is not pressurized to engage in sex whereby [40.0%] 26 respondents agreed. It was evident that 16[61.5%] of the respondents were from the boys only school.

The opinions given through the responses on the fast growth in girls indicated that most of the respondents felt that fast growth in girls causes them embarrassment and sometimes they confuse themselves with women hence they feel that changes in the body changes shape. This is an indicator that body growth in adolescents comes with societal expectations and it is very important for adults to understand teen's dilemmas and reassure them that this is a

normal phenomenon which is due to hormonal changes. From the findings, it can be deduced that adolescents value their physiology and believe it makes sexuality possible and hence concurs with PATH, 2002. It also confirms that adolescence sexuality includes physical growth and emotional change whereby they experience physical development at a rate of speed unpararelled since infancy.

4.2.2. Body Growth rate in Boys.

As girls struggle with new bodies that elicited a lot of attention from members of the opposite sex, boys are also trying to adjust to their new changes. Boys find it difficult enough to deal with scruffy facial hair, unwanted erections and voices that crack, without being made more anxious about those changes. These physiological changes prepare them for mature sexuality. However, their inclination toward sexual activity is due to a natural curiosity, to a vehement desire for affection and acceptance. It is also due to the fact that they believe that they have reached maturity. These body changes come with a lot of challenges and varied expectations from both the adults and peers. Proper information should be disseminated here in order to help boys negotiate this stage successfully. Here we find ourselves in a general social context which includes among other elements. Cultural traditions, fashion, the influence of communication and family and religion. The table below illustrates some of the feelings of the students in regard to the body growth of boys and what they think is expected of them.

Table4: Growth Rate in Boys

Statement	Girl's School	Boy's School	Mixed School	Total
Fast growth command attention	15 (71.4)	15 (57.0)	8 (44.4)	38 (58.5)
Fast growth and respect	15 (71.4)	14 (53.8)	5 (27.8)	34 (52.3)
Fast growth is leadership	9 (42.9)	14 (53.8)	5 (27.8)	28 (43.1)
Fast growth and adjustment	9 (42.9)	13 (50.0)	5 (27.8)	27 (41.5)
Fast growth and alcohol, drugs	7 (33.3)	11 (42.3)	4 (22.2)	22 (33.8)
Fast growth and sex	3 (14.3)	2 (7.7)	4 (22.2)	9 (13.9)
Slow growth :child	14 (66.7)	19 (73.1)	7 (38.9)	40 (61.5)
Slow growth: withdrawn, anxious	17 (81.0)	12 (46.2)	6 (33.3)	35 (53.8)
Slow growth worried if he is normal	14 (66.7)	16 (61.5)	4 (22.2)	34 (52.3)
Slow growth inhibit sexual prowess	11 (52.4)	13 (50.0)	4 (22.2)	30 (46.2)
Slow growth uncomfortable undressing in front of others	10 (47.6)	14 (53.8)	5 (27.8)	29 (44.6)

N=65 [Figures in parenthesis represent percentages].

It came out clearly that those boys who grow very fast command a lot of attention from members of the opposite sex (58.5%) 38 of the respondents agreed with the statement. It can also be deduced that the boys who grow too fast are looked upon as leaders. [43.1%] 28 respondents agreed with the statement. This concurs with the work of Jones [1965] that boys who matured early had better self images than those who matured late. This has also been confirmed that early maturing boys are also more likely to become leaders [Peterson, 1990].

In the statement about boys who grow slowly being regarded as children had [61.5%] 40 respondents who agreed with the statement. Of these respondents [66.7%] 14 were from the girls school,[73.1%]19 from the boys school and [38.9%]7 from the mixed school. It also came out clearly that these boys who grow slowly are constantly worried if they are normal whereby [61.5] 40 respondents agreed with the statement. [53.8] 35 of the respondents agreed that when a boy grows slowly he is withdrawn, anxious, irritable and depressed about his body.

From this table, it is clear that most adolescents agree with the fact that their bodies are changing and this is the physical attribute that anyone can see. It is true that sexuality is normal part of adolescent as quoted in the literature review (Nichols and Good, 2004; Senanazake, Faulkner, 2003).It has also come out clearly that every society pays some attention to adolescents sexuality (Feldman, 1999) as these young people tend to exhibit a form of egocentricism and perceive themselves as unique beings.

It is also true that the growth spurts of adolescents vary and they develop at different rates .At the same time they need their friends as it is ascertained in the table and it concurs with the work done by the center for continuing Education in Adolescent Health, 1994. The implication here is that body growth plays an important role in the development of adolescents. These findings would be attributed to the hypothesis that the more the awareness about sexuality based on physical growth the less the conflicts faced by adolescents.

4.3. Adolescents conflicts and dilemmas about their sexuality

This section of the study examined the conflicts and dilemmas of adolescents with regard to sexuality. The objective here dealt with realities adolescents face as they become sexually aware. It looked at the feelings and behaviors that depict that they are no longer children. Some of the indicators that were looked at by the study included dressing styles, conflicts with authority, rebellion, avoidance of Parents Company, hero worship and identity. This objective looked at research question of the realities adolescents face as they become sexually aware. The respondents were asked to give their opinions as presented in table 5.

Table 5; Conflicts and dilemmas.

statement	Girls school	Boys school	Mixed school	Total
Teenagers should not have sex	21[100.0]	17[65.4]	13[72.2]	51[78.5]
Attraction to members of the opposite sex	17[81.0]	23[88.5]	10[55.6]	50[76.9]
Self consciousness	16[76.2]	17[65.4]	12[66.7]	45[69.2]
Thoughts of sex and STDs	14[66.7]	16[61.5]	13[72.2]	43[66.2]
Avoiding parents in sexual issues	13[61.9]	19[73.1]	9[50.0]	41[63.1]
Day dream about having sex	5[23.8]	18[69.2]	6[33.3]	36[55.4]
Feeling in love and talking on phone to girl/boyfriend all the time	7[33.3]	16[61.5]	9[50.0]	32[49.2]
Dating is part of being in love	8[38.1]	18[69.2]	3[16.7]	29[44.6]
More information on sexuality	8[38.1]	12[46.2]	6[33.3]	26[40.0]
Conflicts with parents about important issues	7[33.3]	10[38.5]	7[38.9]	24[36.9]
Dressing is dictated by peers	8[38.1]	9[34.6]	7[38.9]	24[36.9]
Other people always looking at me	7[33.3]	10[38.5]	6[33.3]	23[35.4]
Obsessed by the ideas of sex	3[14.3]	11[42.3]	5[27.8]	19[29.2]
Always looking at myself on the mirror	8[38.1]	6[23.1]	5[27.8]	19[29.2]
Thinking about sex most of the time	1[4.8]	10[38.5]	4[22.2]	15[23.1]
Believe am not beautiful/ handsome enough	3[14.3]	6[20.1]	5[27.8]	14[21.5]
Idolizing musicians	5[23.8]	4[15.4]	5[27.8]	14[21.5]
Having sex is ok if you are in love	3[14.3]	8[30.8]	2[11.1]	12[18.5]
Friends are having sex	2[9.5]	6[23.1]	2[11.1]	10[15.4]
Concerned about use of contraceptives	3[14.3]	4[15.4]	1[5.6]	8[12.3]

N=65 [Figures in parenthesis represent percentages]

The findings in table 3 revealed that [78.5%] 51 of the 65 respondents felt that adolescents should not engage in sex while [76.9%] 50 felt that they were attracted to the members of the opposite sex .The feelings that teenagers should not have sex elicited a response of 21[100.0%] from the girls only school; 17[65.6%] from the boys school and13 [72.2%] from the mixed school. This response indicates that girls feel strongly that teenage sex should not be practiced. It differs from studies carried out by CSA and carried out in The Daily Nation newspaper of Wednesday 14/10/2009 which indicated that girls as young as 10 years are now trading their bodies for food and hence the need for a study dealing with teenagers in slums and those not going to school. At the same time [69.2%] 45 of the respondents agreed with the statement that they are always self conscious and [63.1%] 41 said that when they have an issue related to sex they would rather avoid their parents and this concurs with Center for the Continuing Education in Adolescent Health that friends are more interesting than parents. This also concurs with CSA [2009] that adults are not the young people's primary source of information about sex. More than half of the respondents, [66.2%] 43 said that when they think of sex they think about venereal diseases which is an indicator that they are aware of the risks involved in having sex. This brought a response of 5 [23.8] from girls only school; 18[69.2%] from boys only school and 6[33.3] from the mixed school[55.4%] 36 of the respondents said that they day dream about having sex while[49.2%] 32 said that they feel in love and would like to talk to their girl/ boyfriends on the phone all the time.[4.6](29 felt that dating is part of being in love while[40.0%] 26 felt that they needed to be given more information on sexuality.

These findings indicated that adolescents are met by many challenges. The statement about their thinking of sex and venereal diseases elicited a Yes response of [66.2%] 43 and concurs with the findings of CSA, 2004 about the threats of sexually transmitted infections and also that of Noble

et al. 1996. It also agrees with the WHO estimates that half of all people with STIs in developing countries occur among 15 to 24 year olds (Shane 1997).This came out clearly from a boy in the focus group discussion whereby one boy said;

.....afadhali kumasturbate kwani hamna risk.

[It is better to masturbate as it has no risks of STDs]

The fact that they are aware of the risks involved in casual sex is worth noting and hence better ways of dealing with this dilemma should be developed and parents and counselors trained on alternatives. It is also evident that adolescents are conscious about their looks. This is due to the fact that they have self perceived ugliness and an imaginary audience. Girls seemed to be more concerned about their body looks than the boys because beauty to them meant what people can see and how girls themselves construed their world. The statement about the use of contraceptives had very few respondents at [12.3%] 8 which might mean that this is an area not tackled by health care givers, parents or teachers. This concurs with CSA [2009] that despite youth-friendly policies like the Adolescent Reproductive Health and Development Policies, the Children's Act and the Behavior change Programmes aimed at combating AIDS, many youths might not know how to negotiate this unless the information is disseminated to them. This is also shrouded in a lot of mysteries based on their religion as indicated by one girl who said;

.....family planning is for only those who are married as sex before marriage is sinning against God and planning for what you don't know *whether you will ever have is wrong.*

4.4. Counseling interventions

Counseling is conducted with persons who are considered to be functioning well and those who are having more serious problem. Those who seek counseling have developmental or situational concerns that require help in regard to adjustment and mediation. An adolescent being

in a phase of life which entails dramatic changes is characterized by challenges, frustration, confusion and adjustment. Counseling helps people make decisions but does not tell them what to do. Through counseling you help adolescents face many decisions and make many decisions that can impact their lives; they can make better decisions with help from a counselor. Counseling has 2 basic goals; help them manage a specific problem' and help them become better at helping themselves in their every day lives. Some of the counseling interventions include; decision-making, providing academic support, understanding themselves and others, education in adolescent reproductive health and conflict resolution.

This objective looked at the research question; Are sexuality issues to be taken for counseling? It would mean that the providers of counseling interventions must focus on all areas of sexuality including reproductive health in order to bring out a whole individual. The issues that bring about counseling impact heavily on teens and hence the need for factual information. Table 6 brings out some of these issues.

Table 6;
How do adolescents deal with their sexuality in regard to counseling interventions?

Statement	Girls school	Boys school	Mixed	Total
Issues to do with sexuality to be taken for counseling	18[85.75]	14[53.8]	12[66.7]	44[67.7]
Getting identity from parents	12[57.1]	20[76.9]	11[61.1]	43[66.2]
Getting identity from peers	10(15.4)	18[81.0)	12(18.5)	40[61.5]
Parents to give independence	14[66.7]	17[65.4]	9[50.0]	40[61.5]
Feeling constricted by parents	14[66.7]	15[57.7]	8[44.4]	37[56.9]
Ever gone for counseling	6[28.6]	16[61.5]	5[27.8]	27[41.5]
Music celebrities affect view of self	7[33.3]	7[26.9]	10[55.6]	24[36.9]
Teachers role model	6[28.6]	11[42.3]	6[33.3]	23[35.4]

N=65 [Figures in parenthesis represent percentages]

The table above looked at some of the areas considered avenues for counseling. Most of the respondents felt that the issues to do with sexuality should be taken for counseling. Of the 65 respondents, 44(67.7%) felt that counseling is necessary for sexuality needs. This was brought about by a response of 18[85.75%] from the girls only school; 14[53.8%] from the boys only school and 12[66.7%] from the mixed school. This shows that it is important to talk to them about sexuality bearing in mind that many parents have their own discomforts about the subject or the false belief that providing the information will encourage increased sexual activity (Baldo et al.1993). It also concurs with the information by UNICEF, 1998 that parents can work together with other care providers to set programs to help adolescents enjoy a healthy life and become responsible adults. From focus group discussion with students it came out clearly that counseling is important but many of them felt that teachers did not keep confidentiality as one student shared;

> *"Sometimes you walk near the staffroom and what you hear as teachers take their tea is the story you shared. Some of them are like radio or newspaper."*

In the question of identity as seen earlier in the text, 43(66.2%) of the respondents said that they get their identity from their parents. The question of identity is very important and when adolescents feel that their parents provide them with identity, it is then very important for the parents to be able to provide the sexuality information needed. It was also clear that the adolescents prefer a situation where parents give more independence. The respondents who agreed with the statement were 40(61.5%). This is a question of trying to get autonomy as said by Stanley Hall that adolescence is a period of conflicts between parents and their adolescents. Paikoff & Brooks Gunn (1991) also agree that this period of

seeking autonomy is characterized by a slightly increased parent's child conflict.

The question of whether they have ever gone for counseling brought 27(41.5%) of the respondents saying Yes and 31(47.7%) saying No. This means that a lot of information is needed for the adolescents to understand what counseling is all about. As a teacher counselor, you counsel when you show that you understand and care about them, build trust, give useful, correct information and help students understand what this information means to them. Help them make choices, based on clear information and their own feelings, situation and needs. Often young people face more and different issues than adults. Counseling adolescents requires being even more open, more flexible, more knowledgeable, and more understanding. It can be challenging but very rewarding to help adolescents make healthy and wise decisions.

As a teacher counselor, be open; let them know that no question is wrong and even embarrassing topics can be discussed, be flexible and talk about whatever issues the young people want to discuss by giving simple, direct answers in plain words. Learn to discuss puberty and sex comfortably. For adolescents to be comfortable with you, be trustworthy because honesty is crucial to adolescents and hence you, and the information you give, need to be believable. If you do not know an answer, say so and then find out.

Confidentiality is very crucial and as a counselor you need to stress it and make clear that you will not tell anyone about your discussion or their decisions. Adolescents need to be shown respect where you do not talk down to them. As adolescents are grappling with the issues of being adults they need to be looked at as people who can make a wise decision. This came out clearly that they need to be taken seriously.

It was clear that a counselor should understand the adolescents because they feel that their feelings are important to them. In the discussion it was clear that parents and teachers assume that they have nothing to say and need to be directed. It is important to be patient with adolescents because they may take time to talk or reach a decision. Sometimes several meetings are needed. Young people may not always say aloud what they are feeling, so guidance and counseling teachers need the ability to listen to words, body language, unspoken words and attitudes. They can help students by really listening to them whether they are talking or not. For adolescents to feel valued; empathy along with listening is a key skill needed to effectively counsel and provide guidance. Empathy is the ability to experience the feelings of others as if they were your own, and the ability to understand why others do what they do and think the way they do. Empathy leads to good listening and a better ability to help young people find solutions. It also helps them feel more comfortable and willing to open up to a guidance and counseling teacher. The interview guide brought out the feelings that most teachers and parents have no time to listen and hence judge them before a hearing. The teachers should build trusting relationships with students and other members of the school community. They must be approachable, inviting and trustworthy. It was evident from the interview guide that students need to feel that there are adults who they can turn to and will be there for them without passing judgment.

4.5. Some life skills in addressing sexuality needs.

Adolescents need skills to deal with some of their issues that emanate from their sexuality. These are abilities or psychological competencies that help the individual to deal or cope effectively with the challenges of every day life. These would be helpful if they are taught to adolescents in order for them to negotiate their sexuality. In schools, they should be

incorporated in the department of guidance and counseling. This is important because most of what adolescents do is informed by myths and misconceptions and misinformation that require clarification for effective management and service provision. Sexuality is one area that is shrouded in mystery and is not discussed openly hence many adolescents get their information from peers, music celebrities and the television. Focusing on teaching adolescents about life skills is because the transition to adulthood is surrounded by many challenges including bodily changes that are not well understood by young people. Life skills help adolescents identify goals and build good and healthy futures. These acquired abilities are practiced, mastered and perfected to become skills. Table 7 below answers the research question how counseling can address sexuality needs by giving adolescents some life skills.

Table 7; Some life-skills that may be used in adolescents sexuality

Specific life skills	Girls school	Boys school	Mixed school	Total
Stress and stress management	14[66.7]	11[42.3]	9[50.0]	35[53.8]
Time management	12[57.1]	14[53.8]	7[38.9]	33[50.8]
Effective study skills	14[66.7]	17[65.4]	8[44.4]	39[60.0]
Relationships with the opposite sex	14[66.7]	17[65.4]	8[44.4]	39[60.0]
Sexuality growth	14[66.7]	14[53.8]	5[27.8]	33[50.8]
How to handle money	12[57.1]	11[42.3]	4[22.2]	27[41.5]
Adolescents reproductive health	15[71.4]	15[57.75]	12[66.7]	42[64.6]

N=65

Adolescence being a stage that is characterized by many hurdles can be very stressful. From the responses on learning about stress and stress management, [53.8%] of the respondents felt that they need to learn about how to handle this. Compas [1987] contends that both internal and external events can be sources of stress. As adolescents' bodies change, it means that issues that stress them are more hence the need to learn how to handle stress. These skills help them to understand themselves and other people as well. Effective study skills and relationships with the opposite sex had [60.0%] of the respondents indicating that it is a

necessary lesson. The subjects under study being students meant that issues of sexuality might make them not study well hence the need to learn how to study and at the same time deal with relationships with members of the opposite sex. The question of how to handle money had [41.5%] who felt it is important to learn whereby 11[42.3%] from boys only school; 12[57.1%] from girls only school and 4[22.2%] from the mixed school. The low response in this question elicited feelings that students rely on parents to provide them with pocket money. From the mixed school the students felt that coming from the slums there is no money that would warrant one to learn how to manage it. It could be that the question of money might not be important to them bearing in mind most of them are dependants. Adolescents' reproductive health elicited a big number of respondents meaning that a lot of the young people felt they needed this information. As adolescents are neglected as a group by the health system, they need specialized reproductive health services that include among other components; specific biological and psychological needs of adolescent; high risk of STDs, HIV and pregnancy and importance of behavior related risks that are responsive to education and counseling. This would mean that early exposure to life skills would assist an adolescent to manage problems of sexuality.

The information got from the interview guide with guidance and counseling teachers brought about the need for adolescents to be given sexuality information in order to deal with emotional and physical consequences of sex. They felt that parents are shy and hence leave the adolescents alone to find out about the consequences. The emerging themes from the teacher counselors indicated that 5[50.0%] believed that teenagers are not ready to deal with the emotional and physical consequences of sex and hence need information on the changes occurring in their bodies and what it means. One counselor said;

'Counseling interventions is very appropriate in addressing adolescent sexuality in schools because it offers them an opportunity to express their feelings on their sexuality.'

It came out clearly that adolescents try to meet their sexual needs in any way they feel like. It was strongly felt that it is important for counseling to be put in place in all secondary schools. It also came out clearly that teacher counselors need to be trained to make sure they know what they are doing in dealing with adolescents. From the parents' panel; it was felt that adolescents are taking a casual look at sexuality and the emotions involved. It was also felt that most parents fear about letting the young people get all the information they need about sexuality. One parent vehemently felt that her son should never know how to use a condom and would sue anyone who explains this to him.

Focus group discussion with students brought about the issue that the mass media has taught them a lot and hence the parents are not aware of what they know. They felt that they need to be taught about their growing up and what is expected of them and hence life skills were emphasized. It also came out clearly that they fear going for counseling because their teachers who are counselors are the same people who discipline them in class and hence they fear they will be mixing issues. One boy said;

'Some teachers meet you and before you tell them what you want, they have concluded you are in the wrong so when do you tell them you wanted to talk?'

The information got from the questionnaires administered to students; girls and boys only schools gave a lot of information different from mixed schools. This came out clearly from their teachers that girls had no

problems discussing their sexuality issues just as boys were as long as they were assured of confidentiality. From the mixed school the teacher felt that the students were not comfortable because they felt the questionnaires were out to trap them depending on the information they gave and hence they did not tackle all the issues especially those dealing with sex.

The interview with parents brought about the need for students to be taught about sexuality especially by teachers. One parent vehemently said her son should not be taught about use of condoms and would sue any school that did that. These were her words;

'I dare any teacher to teach my son about condoms. This is a license to tell my son to have sex. I will sue the teacher and the school.'

The emerging theme from this discussion is that many parents do not know what information is adequate hence would prefer to leave it to the teachers. It was also evident that many parents believe that once information on reproductive health is given the adolescents have been given a ticket to have sex indiscriminately.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This research study sought to assess if counseling can be used to deal with sexuality needs of adolescents in schools .The study was carried out in 3 public secondary schools in Nairobi province(1 boys only boarding school, 1 girls only boarding school and 1 mixed school). This chapter presents the summary of the study, conclusions drawn from the findings of the study and recommendations for possible action and further research.

5.1 Summary of Findings.

The study investigated the adolescent's sexuality needs and whether counseling interventions can be used in addressing them in a school situation.

The findings of the study indicated that a big number (78.5%) of the respondents are aware of their body growth as part of adolescents' sexuality. It also came out clearly that [72.3%] are concerned about their growth rate. Growth rate in girls elicited a response of [44.6%] about changing walking styles to disguise grown breasts. It was also clear that a

girl who grows slowly is seen as a child where [66.2%] of the respondents agreed with the statement. When a boy grows fast, it is evident that he commands a lot of attention from the members of the opposite sex [58.5%] and a big number felt that such a boy is respected by his peers [52.3%]. It means therefore that body growth rate in adolescents elicits a lot of attention and hence can cause dilemmas and conflicts on the adolescents themselves.

These dilemmas include issues of having sex which elicited a response from 51(78.5%) respondents who felt that adolescents should not have sex; attraction to the members of the opposite sex had a response of those who agreed at[76.9] and avoidance of parents[63.1] when it comes to issues to do with sex.

With these issues of sexuality, counseling came in as an intervention with [67.7%] feeling that it is necessary; Role modeling by parents elicited a response of 43(66.2%) hence a feeling of equipping parents more with information on adolescents' sexuality. Independence from parental constriction had 40 (61.5%) of the respondents feeling that parents should give them more freedom. At the same time, respondents felt that as part of counseling, life skills should be incorporated into their learning with[53.8%] of the responding feeling that they should learn how to deal with stress and[64.6%] feeling that adolescents' reproductive health should be taught in schools.

5.2. Conclusion

Sexuality "is a vital aspect of teens' lives" (Ponton, 2000). It is therefore important to accord it the necessary steps needed in order to make it as natural as possible for them. All adolescents have a sexual life, whether

with others or through fantasies (Chapman 2000) and therefore issues to do with sexuality needs to be addressed.

As many adolescents find themselves in a dilemma when it comes to making decisions with regard to their sexuality, it is important that adequate means of providing guidance on sexual issues and growth in general are provided by adults. Education professionals and teachers are increasingly expected to address issues of sexuality with students. Many adolescents are reaching this stage while in school and hence they find themselves more in the company of teachers and their schoolmates.

Sexual encounters expose the adolescents to challenges like school dropout, harmful practices like early marriages, female genital cutting and sexuality transmitted infections. It therefore means that most adolescents are incompetent in dealing with sexual interaction issues and hence cannot be able to make independent decisions. This is due to the fact that they do not fully understand or appreciate the changes in their bodies and may need reassurance and support from experienced adults. Schools provide a logical source of information about sexuality but mostly fall short of addressing questions that might prompt value- based discussion and personal interaction. The education received in schools is not adequate or persuasive to help the adolescents make responsible sexuality decision.

They study findings indicate that adolescents need to be 'taught' about their sexuality, reproductive health and the options available for them by enhancing counseling departments in schools . Teachers of guidance and counseling should be in a position to offer this information only when they are trained on the same.

5.3. Recommendations

In the light of the findings and conclusion of the study, the following recommendations were elicited:
The ministry of Education should facilitate establishment of guidance and counseling departments in secondary schools where the teachers of guidance and counseling should be professional counselors in order to establish confidentiality of the issues discussed by adolescents.

There should be a line drawn between teaching and counseling in order to avoid mixing up duties and teaching lessons for teacher counselors should be reduced in order to cope with the counseling work and hence offer better services to the students.

The government should come up with a policy for adolescents' sexuality and reproductive health in order to disseminate the same information to all the adolescents in Kenya by harnessing the many sexuality and reproductive health manuals produced by governmental and non-governmental societies in order not to give contradictory information.

It is also important that the Ministry of Education in collaboration with the Kenya Institute of Education should come up with a life skill curriculum to be taught during teaching time and to incorporate sexuality as a major lesson.

5.4. Suggested Areas for Further Research.

1. This study was limited to adolescents in 3 public secondary schools in Nairobi Province. There is need to extend it to other secondary schools in other provinces.
2. A further study of informal secondary schools can be carried out to find out more about their sexuality needs and how they deal with them.

3. Adolescence does not start when one starts secondary school education .It would be important to have a study dealing with pre-adolescence at the age of 10-13 years in primary school. How do they cope with these new changes in their bodies?

4. Counselor in a school situation being teachers and hence displinarians, are they best suited to handle counseling of the same students on sexuality matters and general counseling?

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Appendix 1

STUDENTS QUESTIONNAIRES ON ADOLESCENCE SEXUALITY

Age☐
Sex ☐

A. Adolescent sexuality

1. My body is growing too fast

Yes☐

No ☐

2. I am concerned about my growth rate

Yes ☐

No ☐

3. My friends have grown faster than me

Yes ☐

No ☐

4. Their fast growth makes me feel

1. Left out ☐
2. Very concerned ☐
3. A child ☐
4. Very good ☐
5. Confused ☐
6. I don't know ☐

5. I feel more comfortable in a group

Yes ☐

No ☐

6. At this time in my life, am more comfortable in the company of my friends

Yes ☐

No ☐

B. Growth rate of adolescents

Tick what is appropriate for you

1. I feel am not growing at the same pace as my peers ☐
2. I am too small for my age ☐

3. I am too big for my age ☐

4. Because am growing too fast, people expect a lot from me ☐

5. Is it true that when a girl grows too fast ,people expect her to;
   i) Be ready for sex ☐
   ii) She tends to change her walking style to disguise the full grown breasts ☐
   iii) She is ready to give birth ☐
   iv) Feels lonely because she does not fit with her age mates ☐

In 5 above, briefly give your opinion on fast growth in girls

_____

_____

6. Is it true that when a girl grows too slowly
   i) People see her as a child ☐
   ii) Feels not pressurized to engage in sex ☐
   iii) Is more at ease with age mates of opposite sex? ☐
   iv) Has chances of exploiting her talents and reach their life goals because they have no pressures of engaging in sex ☐

In 6 above, give your opinion

_____

_____

7. i) Boys who have fast body development are looked upon as elders. ☐

ii) Are expected to engage in sex with members of opposite sex. ☐

iii) Are expected by their peers ☐

iv) Command a lot of attention from members of opposite sex ☐

v) Have problems of adjustment depending on what is expected of them. ☐

vi) Are expected to know a lot about alcohocol, drugs. ☐

In 7 above give a brief explanation

8. a) boys who are slow in body growth rate are;

i) constantly worried if they are normal ☐

ii) Wonder whether the slow growth will inhibit their sexual prowess. ☐

iii) Are usually regarded as children ☐

iv) Are not comfortable undressing in front of the other peers? ☐

v) Are withdrawn, anxious, irritable depressed about their body image ☐

b) In 8 above give a brief explanation

C) Sexually development issues

1. Do I feel attracted to members of the opposite sex?

Yes ☐

No ☐

I have conflicts with my parents about many issues that are important to me

Yes ☐

No ☐

When I have an issue related to sex, I would rather avoid my parents company

Yes ☐

No ☐

I daydream about having sex

Yes ☐

No ☐

I feel that am in love and would like to talk to my boy/girlfriend on the phone all the time

Yes ☐

No ☐

Tick what is appropriate for you

1. I idolize musicians ☐
2. my dressing is mostly dictated by my peers ☐
3. dating is part of being in love ☐

4. I am obsessed with ideas of sex ☐

5. If a friend offered me a drug that would add to my sexual prowess I would go for it ☐

6. I fantasize about having sex with an older person ☐

7. I fantasize about having sex with a younger person ☐

8. I watch/read pornography ☐

9. I have had sex
   i) Once ☐
   ii) Twice ☐
   iii) many times ☐
   iv) not at all ☐

10. when I think of having sex I think about venereal diseases ☐

11. I need to be given information on sexuality needs ☐

D. Tick what is appropriate about your perceptions sexuality.

1. I am always self conscious. ☐
2. I believe that other people are always looking at me. ☐
3. I am always looking at myself on the mirror. ☐
4. I believe am not beautiful/handsome enough. ☐
5. I am ugly. ☐
6. My face is full of acne/pimples.
7. I think about sex all the time. ☐
8. Having sex is ok if you are in love. ☐

9. Having sex is the best way to prove your love for someone. ☐

10. Teenagers should not have sex. ☐

11. All my friends are having sex ☐

12. I am concerned about use of contraceptives ☐

2. Have you ever visited a family planning facility?

Yes ☐

No ☐

If yes or no why

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2. What is your perception about the use of condoms? Explain briefly

E. sexuality needs awareness

1. Tick what is appropriate

i) I get my identity from my parents

Yes ☐

No ☐

ii) I get my identity from my peers

Yes ☐

No ☐

iii) My teachers are my role model

Yes ☐

No ☐

iv) Music celebrities affect how I view myself

Yes ☐

No ☐

2. Do you ever feel constricted by parents?

Yes ☐

No ☐

b) Explain 2 above

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3. Would you prefer a situation where parents give independence?

Yes ☐

No ☐

b) Explain your answer in 3 briefly

_____

_____

_____

_____

F. Counseling interventions

1. Briefly explain what you understand by counseling

_____

_____

2. Have you ever gone for counseling?

Yes ☐

No ☐

b) For any reason above explain.

_____

_____

3. Are issues to do with sexuality to be taken for counseling?

_____

_____

4. If you have a problem to do with your sexuality, whom do you talk to?

Mother ☐

Father ☐

Peers ☐

Any teacher ☐

Guidance and counseling teachers ☐

School chaplain ☐

5. If you have a problem of sexuality in school whom would you tell?

_____

_____

Why _____

_____

_____

6. Have you ever taken an issue of counseling to the school counselor?

Yes ☐

7. do you feel that you were assisted

No ☐

Yes ☐

No ☐

8. for any answer in 7 above explain briefly

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9. Apart from one on one counseling do you believe that the department of guidance and counseling in your school should incorporate the following skills?

i) stress and stress management ☐

ii) time management ☐

iii) effective study skills ☐

iv) how to relate withy opposite sex ☐

v) sexuality growth ☐

vi) how to handle money ☐

vii) adolescent reproductive health ☐

Appendix 2

INTERVIEW GUIDE FOR TEACHER COUNSELLORS

1. In your own perspective and experience- how able are teenagers ready to deal with the emotional and physical consequences of sex?

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2. What are the reasons for your answer above?

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3. Have you ever dealt or do you ever deal with issues arising from teenage sexuality?

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4. If Yes – What are the issues? Please explain

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5. How often have you dealt with the issues listed below – Give details of how these are concerns or how the adolescents are involved if possible

Abstinence

- Oral sex
- Homosexuality
- Masturbation
- Sexual intercourse
- Pregnancy
- STI
- STI Prevention
- Any other

6. What do you think are the sexual needs of adolescent boys? Please list and elaborate if possible

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7. What are the ways in which these teenage boys meet their sexual needs?

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8. What is your take on counseling intervention to address adolescent sexuality in schools?

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9. How can counseling be used to address adolescent sexuality issues in schools?

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10. If counseling is to be adopted as a means of addressing adolescent sexuality issues what would be the implementations

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Appendix 3

FOCUS GROUP DISCUSSION FOR PARENTS

1. Is it true that young people today are, as a group, taking more casual view of the emotional aspect of sexual relations?

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2. Do your children know what you expect of them for their sexual lives?

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3. If Yes- What are these expectations?

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4. Do you ever discuss or have you ever discussed sexuality issues with your children?

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5. If Yes – What particular topics do you mention to them?

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6. If No- What are your fears or reservations for not addressing sexuality issues with them?

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7. What is your position about your adolescent boys having girlfriends?

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8. Are your children in a position to make independent decisions in regards to sex?

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9. With concern to your adolescent boys /girls– What would be your opinion about ;

Abstinence
Masturbation
Homosexuality
Teenage premarital sex
Use of condoms
Making a girl pregnant
Pornography

10. How many parents, for example, could help a boy who wanted to know what caused him to have unexpected erection at school?

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.....11. What should parents do to help their kids get that knowledge on their sexuality issues?
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12. What would you say about counseling as a means of addressing adolescent sexuality issues in schools?

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9. With concern to your adolescent boys /girls– What would be your opinion about ;

Abstinence
Masturbation
Homosexuality
Teenage premarital sex
Use of condoms
Making a girl pregnant
Pornography

10. How many parents, for example, could help a boy who wanted to know what caused him to have unexpected erection at school?

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.....11. What should parents do to help their kids get that knowledge on their sexuality issues?
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12. What would you say about counseling as a means of addressing adolescent sexuality issues in schools?

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Appendix 4

FOCUS GROUP DISCUSSION ON ADOLESCENCE SEXUALITY.

1. What do you understand by the word adolescence?

2. Is there a difference between sexuality and sex?

3. When you hear the word sexuality what comes to your mind?

4. What is healthy sexuality?

5. What are some of the sexual health problems in Kenya?

6. What is sexual morality?

7. What are some of the main issues associated with sexuality of young people?

8. How do body changes in adolescents affect them?

9. Reproductive health information should be availed to adolescents. In your opinion what information do they need to get?

10. Adolescents have many needs that preoccupy them. What are these needs and how can they be assisted to cope with them?

11. If we used participatory approach in dealing with adolescence sexuality, what would the following do?
i) Teachers

ii) Counselors

iii) Community

iv) Parents