FACTORS INFLUENCING SAFE SEX PRACTICE AMONG SECONDARY SCHOOL YOUTH: A CASE OF MBOONI EAST, MAKUENI COUNTY, KENYA

BY

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2013
DECLARATION

I declare that this research report is my original work and has not been presented for a degree in any other university.

Sign: ____________________________ Date __________________________

Murekio Amy Murugi

L50/76887/2009

This research report has been submitted for examination with my approval as university supervisor.

Sign: ____________________________ Date __________________________

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DEDICATION

This is dedicated to my loving husband Paul Murimi and son Prince Mwangi, my dear loving mom Mrs. Jesca Murekio, my dear siblings; Joyce Muthoni, Lewis Kinyua and Easter Munyi, My niece Prince Kinyua, Prince Murekio and my nephew Jesca Wanja, my in-laws and my best friend Margaret Nakinai.
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Finally, Utmost gratitude goes to the Almighty God for His provision and above all, His unconditional love sustenance and making me capable of overcoming the obstacles of life.
ABSTRACT

This research aimed at investigating the factors influencing safe sex practice among secondary school youth in Mbooni East, Makueni County and introduces the behavioral theories that reviews the relationship to the factors that influence safe sex practices; peer education, family background, media, cultural and traditional practices. Many NGOs in Kenya have established reproductive health programs in secondary schools yet the HIV preference among the youth is increasing. This is because most of these programs are abstinence only with no or low information on safe sex practices like condom use and contraceptives. The studies aimed at determining a sound intervention program and enlighten youths on the factors that could influence their decision to safe sex practice. The research employed quantitative research design with a total population of 450 students from only 15 secondary schools out of 42 in Mbooni East, that were trained by Fadhili Trust using the choose Life curriculum. A sample size of 6 students was randomly drawn from a 30 member club from each school. Questionnaires were administered to them and data was analyzed using statistical package for social sciences (SPSS) version 21 and presented using descriptive statistics. The findings of the study were that peer educators trusted the educator; Choose Life only focused on abstinence though it was effective in sex education; abstinence is the best option; media should deliver sex education and parents/guardians should talk to their youth on sexuality. The conclusion of the study was that NGOs uphold peer-led sex education because facing them out could be the cause leading to a 10% increase in the HIV/AIDs preferences among the youth. Other dynamics escalating were the family background as parents refuse to disseminate information on sexuality to their children, Media not efficiently disseminating information on safe sex practices to schools and the xenophobic cultural believes and practices that sexuality issues are a taboo to discuss. The study recommends that secondary school interventions sustain peer led sex education as it is the most effective mode to enlighten youths on sexuality and youth be informed on safe sex practices like the condom and contraceptives. The church/religious teachings are necessary in the delivery of sex education to the youth; that their parents/guardians talk to them about sexuality and safe sex practices. Finally, further research should be conducted to investigate the other factors that influenced the respondents’ awareness of safe sex practices.
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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Service</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control</td>
</tr>
<tr>
<td>D.E.O</td>
<td>District Education Officer</td>
</tr>
<tr>
<td>D.Q.A.S.O</td>
<td>District Quality Assurance and Standards Officer</td>
</tr>
<tr>
<td>FY</td>
<td>Financial Year</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>CL</td>
<td>Choose Life</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NASW</td>
<td>National Association of Social Workers</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to Ashworth (1992), peer education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy through peers. It is also developing skills among youth with the aim of helping them to make informed choices about their behavior, feel confident and competent about acting on these choices. It is also a means for young people to help each other protect themselves against abuse, sexual exploitation, and unwanted pregnancies, STI and HIV / AIDs. Ajzen (1980) claims, that pressure to engage in sex increases during mid adolescence that is adolescents between the ages of 13 to 18. He adds that most adolescents are most likely to get information about sexual health from their peers. Youth who resist engaging in sexual activity tend to have friends who are abstinent as well and have strong personal belief in abstinence and their perceptions of negative. (Kalser Family Foundation, 2000).

In recent years, a number of publications have come up about the peer led education method using it as a tool in HIV prevention for young people. According to Hill (1993) and Kindeberg (1994), although peer led education as a pedagogical method has a long history; it began being applied in health education and especially for HIV / AIDs prevention during the 1980s. In recent years, this method has been relatively popular bringing interaction between peers. Although peer education is a part of most school curricula in Kenya, there are some questions raised about its effectiveness, availability, attitude and level of influence that its message regarding safe sex has. There has been scanty research carried out on the same in Kenya. There is an assumption that knowledge in secondary schools in Kenya has adequate knowledge of sex. However the low prevalence of safer sex practices may still be due to lack of emphasis in understanding how effective and influential it is to practice safe sex among the youth.

According to Jaccard (1990), safe sex practice has to do with either resisting sex or being abstinent or using a condom if one must engage in sex. Safe sex is one important practice that has led to life without STD’s, contracting HIV and helping in prevention of pregnancies. In Kenya today at primary and secondary school level, peer sex education has been intensified in
abstinence programs. The low prevalence rates of safer sex practices are still caused by lack of sex education or availability or access to sex education knowledge to some youth (Bennett & Murphy, 1997, p 70). Today the notion of safer sex practice has been labeled as “not evidence based” meaning that you cannot prove that one is practicing safe sex by being abstinent or using a condom yet delivery of sex education through the peer-led method is one factor that can contribute immensely on knowledge and safety of practice of sex. Researchers have found no relationship between these two variables and no normative change with regard to condom use that has led to unchanging set of sexual practice yet peer-led sex education is one factor contributing to these changes in sexual behavior, attitudes and decisions on safe practice (Jarvis, 1993).

NGOs in Kenya for example, World Relief (Mobilizing For Life Program), Aphia II, I Choose Life (ICL), Why Wait, Fadhili Trust (Abstinence and Be Faithful Program) to mention but a few, between years 2004-2011 have had programs in secondary schools in Kenya that are peer-led and with abstinence as the focus message. As NGOs intensify to meet targets, send reports, meet donors’ expectations, beat deadlines and planning for next target areas, low levels of studies are still evident to come up with strategies to make peer-led sex education evidence based. Besides there is no research report in Kenya justifying the influence of peer-led sex education on practice of safe sex among secondary schools. In 2011, CDC introduced the Healthy Choices 1 and 2 program in place of the latter, with Healthy Choices 2 having the condom use element for youth between 14 to 17 years. Other researchers have already reported the role of the peer educator as an attitude and behavior model that attracts other peers to imitate them. In addition to this, the activities of peer educators in a school setting for over 1 year period, it has established that peer norms about healthy lifestyles support behavior modifications in adolescents (Janz & Zimmerman, 1996).

The aim of this study was investigate the factors influencing safe sex practice among secondary school youth in order to add to the limited literature on how safe sex practices can be promoted by demystifying the factors that influence their decision to safe sex practice among secondary school youth. Evidence of these factors has not been researched on and has received little systematic attention to date.
1.2 Statement of the problem

The practice of safe sex among the school youth is still not at optimum levels. Most sex education programs in schools by most NGOs especially in Kenya are focus purely on abstinence with issues of condom use and contraceptives never mentioned. This means that youth in secondary schools are denied valid knowledge on safe sex practices and especially the use of condoms. The other is that even with the current intervention Healthy Choices II that has condom use, there are factors influencing the youth to safe sex practice. This I factors attributed by kind of sex education either peer-led, teacher led and its content, family background, media, cultural and traditional practice, school location that is town situated or rural domain situated and the fear that teaching safe sex practices encourages youth to embrace sex at an early age. As a result, the prevalence of HIV/AIDS, STIs, and unplanned pregnancies are rising due to lack of information on safe sex practice in secondary school.

A number of studies globally have shown that peer education programs in schools increase student’s knowledge on sexual reproductive health and safe sex practices like use of contraception method showing significant improvement in their knowledge and attitude after their peers inform them.(Dawnson,1986; Jaiswal et al,2005). Sex before marriage is largely practiced in all regions of the world (Cheetham, 2003; Indralal De Silva, Karunathilake, & Perera, 2009). The school youth find challenges in receiving sex reproductive health information, which leads to misconceptions and tends to expose them to consequences of their risk behavior and this situations push them into unsafe sexual activities, unwanted pregnancies and STI including HIV (Lema, Katapa, Musa, 2008).

Research around the world has found that comprehensive school-based HIV prevention programs that is peer- led, and access to contraceptive supplies and services help reduce HIV rates and improve risk behaviors among all people, including school based youth.( Kirby, D., Laris, B., &Rolleri, L. (2007) & UNAIDS, (2008).In Indonesia, insufficient information on safe sex practices to the school youth has led to them facing many challenges to maintain sufficient knowledge to prevent HIV/AIDS.(Hidayat,2005). In Rwanda existing literature show evidence of early sexual experimentations coupled with limited condom use among school youths due to insufficient information on safe sex practices (UNAIDS, 2000). In Nicaragua, a communications for social change strategy to promote HIV stigma reduction, gender equity, and HIV prevention
among youth called SomosDiferentes, SomosIguales, resulted in a significant reduction in infection among the school youth due to use of HIV-related services, and a significant increase in interpersonal communication about HIV prevention and sexual behavior through peers (UNAIDS, 2003).

Sexual abstinence among the youth is still low in Kenya, as the median age at first intercourse has largely dropped below 16.7 and 16.8 years for men and women, respectively, thus putting them at a high risk of contracting HIV/AIDS (MDG status report for Kenya, 2007). Kenya introduced HIV/AIDS lessons in primary and secondary school syllabuses that were based on abstinence only. Moreover, in Kenya, there is a new pilot program by CDC introducing the Healthy Choices Program II that has condom use among youth aged 13-17 years whose influence has not been researched on and its impact not yet felt because it started only two years ago in the later quarter of the year 2011 in several parts of our country. An attempt to study the factors influencing safe sex practice (inclusive of condom use) among the youth in secondary schools has been limitedly carried out in Kenya. Hence the need for this study that involved schools in Mbooni East in Makueni County; where to researcher’s knowledge no such study has been undertaken.

1.3 Purpose of Study

The purpose of this study was to investigate the factors influencing safe sex practice among secondary school youth; a case of Mbooni East, Makueni County, Kenya.

1.4 Research Objectives of the study

The study was led by the following objectives:

i. To determine the influence of peer education on attitudes among secondary school students towards safe sex practice in Mbooni East, Makueni County, Kenya.

ii. To establish the influence of family background on attitudes among secondary school students towards safe sex practice in Mbooni East, Makueni County, Kenya.

iii. To establish the influence of media on the attitudes among students towards safe sex practice in Mbooni East, Makueni County, Kenya.
iv. To analyze the influence of culture and traditional practices towards safe sex practice in Mbooni East, Makueni County, Kenya.

1.5 Research Questions of the study

The research study attempted to answer the following questions:

i. What is the influence of peer education on attitudes of the students towards safe sex practice Mbooni East, Makueni County, Kenya?

ii. How does family background influence the attitude towards safe sex practice among secondary school youth in Mbooni East, Makueni County, Kenya?

iii. How do media affect safe sex practice among secondary school youth in Mbooni East, Makueni County, Kenya?

iv. How do cultural and traditional practices influence safe sex practice among secondary school youth in Mbooni East, Makueni County, Kenya?

1.6 Significance of the Study

The findings of this study will be of great benefit to the government in the area of policy formulation with regard to a healthy youth population. The study will also inform the NGOs in determination of sound intervention measures and curriculum development for peer led initiatives aimed towards safe sex practice among secondary school students.

Secondary school students will also be informed on factors that could influence their safe sex practices and how to enhance on their peer- led education endeavour sand as such reduce the prevalence in HIV/AIDs and STIs among the youth.

Further the findings will form the basis for further research to be in the field of peer education interventions.

1.7 Delimitation of the Study

The study focused on both boys and girls in the 15 secondary schools in Mbooni east, Makueni County that have students who have been trained at least 6 plus topics out of the 12 by Fadhili
Trust using choose life curriculum and have peer-led clubs that deal with sex education. The clubs must have had peer led sex education within 6 to 12 months of intervention for the financial year 2010-2011.

The peer-led clubs must have met the Fadhili trust standards of a club. These standards included; that a club must have a minimum of 30 members (who will be the target population from each school) evidently registered in attendance for all sessions in a club register with their signatures on the register (See Target population in Chapter 3).

1.8 Limitation of the Study

The researcher was likely to encounter two major limitations namely time and finances.

This is because the research was carried out over a period of only one month to cover schools located in different areas of the County whose roads are generally in poor condition especially during the current rainy season when the research will be undertaken.

1.9 Basic assumptions of the Study

In the study the assumptions were that all the respondents would be available and that they would answer the questions truthfully.

1.10 Definition of Significant terms

**Clubs:** School based intervention groupings of a minimum of 30 members that are point of focus for peer educators to pass sexuality knowledge to their classmates or peers. Naming of clubs depends with the school but must use a defined curriculum (Choose Life).

**Club sessions:** Programmed and organized intervention gatherings where peer educators use as continuous daily, weekly or monthly arrangements where they deliver the knowledge to their peers.

**Club register:** Record books that peer educators use to record participants club session attendance, happenings of each sessions and any other details that need recording.
Culture and traditional Practices: 
This entails the beliefs, attitude and specific traditional cultural practices, some of which are beneficial to the students of Mbooni East (like religious belief that sex before marriage is sin), while others are harmful (practice of sex before marriage makes it perfect in marriage).

Family background: 
This is the students’ religious background, economic status and the guardian’s involvement as informant and support in issues of sexuality that influence the student to practice safe sex or delay sex debut.

Media: 
This has to do with the content within the curriculum being use (Choose Life) and other sources such as radio and television programmes watched and listened to, newspapers, and magazines, media socialization, availability to the students and how they influence their choice to practice safe sex.

Peer education: 
This is the education on issues of sex and sexuality that is offered by the students who have been trained in it to their school mates. The term peer-led education has been used interchangeably with peer education to mean the same.

Peer educator: 
The one offering the peer education is a peer educator who educates the peers using a defined curriculum called Choose Life. The peer educator must be trusted by the peers and the exercise should be conducted in a group setting.

Safe Sex Practice: 
This has to do with either resisting sex or being abstinent or using a condom if one must engage in sex which depends on ones level of awareness on practice of safe sex and form of protection used.
Secondary school youth: These are the students attending secondary school level of education in Mbooni East, Makueni County.

1.1 Organization of the Study

This study is organized in five chapters. Chapter One is the introduction and gives the back ground of the study. Chapter Two reviews the literature on safe sex from the global, African and Kenyan perspectives, Chapter Three describes the research methodology of the study, Chapter Four is the data analysis, presentation and interpretation of data collected on the study, while Chapter Five presents the summary of the findings, a discussion on the findings, conclusion and finally the recommendations.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the relevant literature on the factors influencing safe sex practice from the global, African and Kenyan perspectives. It also introduces behavioral theories and their relationship to the factors influencing safe sex practices; peer education, family background cultural and traditional practices and media. Finally, the chapter presents a conceptual framework on which the entire study revolves.

2.2 Safe sex practice

Safe Sex Practice has to do with either resisting sex or being abstinent or using a condom if one must engage in sex. This will be dependent on the youth’s level of awareness and the form of protection chosen. According to (Bledsoe and Cohen, 1993), Kenya is one of the countries in Sub-Saharan Africa that have high levels of adult and adolescent childbearing and HIV/AIDS infection. The risk of unplanned pregnancy and sexually transmitted infections (STIs) including HIV/AIDS may be affected by the age of sexual debut. Sexual activity at younger ages may be associated with greater likelihood of unprotected intercourse and multiple partners, potentially leaving the adolescent at greater risk of contracting an STI/HIV/AIDS. According to World relief (baseline survey, 2004) the concept of safe sex practice has close association with infection rates that have revealed a more disturbing picture of HIV prevalence of 10% among sexually active adolescents. In addition the survey revealed 35% sexually active youth with a 65% abstinent youth. Despite the efforts to educate youth on the practice of safer sex is still not at optimum levels. This is due to factors chief among these is the belief of "invincibility" among youth, the belief that "it won't happen to me". In the efforts to implement effective campaigns to increase safe sex practices among adolescents, intense efforts must be directed to combat this false notion of safety, and problem-solving skills must be taught to facilitate the implementation of this issue.

Although peer-led education is a component in most schools' curricula, there is some question about the effectiveness of its message regarding safe sex. Since "by age 17 about half
adolescents, both males and females report having had sexual intercourse" (Bedsoe & Carey, 2001), the necessity of having accurate information about sexually transmitted diseases (STDs) and HIV/AIDS transmission is critical.

Bennett & Murphy (1997) point out that, though we may assume that sex knowledge among the adolescents to be adequate, "the low prevalence of safer sex practices may still, in part, be due to a lack of knowledge." They consider this statement based upon research that has been done (Wenger et al. in Bennett & Murphy, 1997) which indicates that when a person considers their sexual behavior to have been "safe," in many cases it is not. This indicates that the foundation of any targeted campaign to combat HIV transmission in teenagers must have accurate information as a prerequisite.

Once a foundation of knowledge has been established, safe sex campaigns for teenagers can aim specifically at targeting high risk infections. When HIV transmission is the issue, getting youth to use condoms is the major goal. However, even when teenagers seem not to have the intention use condoms, research indicates that they often do not. There is therefore need to expose the youth to knowledge of safe sex practices. Adolescents get information about sex and sexuality from a wide range of sources including each other, through the media including advertising, television and magazines, as well as leaflets, books and websites, which are intended to be sources of information about sex and sexuality (Daniel, 1998). Some of this will be accurate and some inaccurate. Providing information through peer-led sex education is therefore about finding out what adolescents already know and adding to their existing knowledge and correcting any misinformation they may have. For example, young people may have heard that condoms are not effective against HIV or that there is a cure for AIDS. It is important to provide information which corrects mistaken beliefs. Without correct information this youths can put themselves at greater risk.

Information is also important as the basis on which adolescents can develop well-informed attitudes and views about sex and sexuality. According to Bennett & Murphy (1997), adolescents need to have information on topics like sexual development & reproduction, this is the physical and emotional changes associated with puberty and sexual reproduction, including fertilization and conception, as well as sexually transmitted diseases and HIV. Another is contraception & birth control that is what contraceptives there are, how they work, how people use them, how
they decide what to use or not, and how they can be obtained. Finally is on relationships that have to do with the kinds of relationships there are, love and commitment, marriage and partnership and the law relating to sexual behavior and relationships as well as the range of religious and cultural views on sex and sexuality and sexual diversity.

In addition, Conger (1991) adds that school youths should be provided with information about abortion, sexuality, and confidentiality, as well as about the range of sources of advice and support that is available in the community and nationally. However, safe sex practice among the youth is influenced by various factors prompting the choice of the youth on whether or not to engage into safe sex. Some of the factors that will be discussed are the peer-led education which includes the curriculum used to convey the information, if the students trust the peer educator within the group. In addition, is the family background of the student that includes their religion, whether their guardian is involved to support them with sexuality information and the aspect of economic status which could also influence their decision to safe sex practice. Another factor is media which has to do with the content, its availability and media socialization could also influence safe sex practice. Culture and traditional practices is another factor that has to do with believes of the student that could influence their decision to safe sex practice. Other factors that I will just mention are the location of the school either town or rural based, whether the school is single or mixed gender and sustainability of the intervention program.

2.3 Behavioral Theories in relation to the variables

Safe sex practice is a behavior-change strategy is based on both individual cognitive as well as group empowerment and collective action theories.

2.3.1 The Theory of Participatory Education and Peer Education

The theory of participatory education states that empowerment and full participation of the people affected by a given problem is a key to behavior change. It has been important in the development of peer education programs (Frere, 1970). “Participatory or empowerment models of education posit that powerlessness at the community or group level, and the economic and social conditions inherent to the lack of power are major risk factors for poor health” (Amaro, 1995). Empowerment, according to Frere, results through the full participation of the people
affected; through dialogue the affected community collectively plans and implements a response to the problem or health condition in question (Wallerstein, 1988). Many advocates of peer education claim that this horizontal process of peers (equals) talking amongst them and determining a course of action is key to peer education’s influence on behavior change like the choice of safe sex practice. In the context of peer education, this means that many advocates of peer education believe that the process of peers talking among themselves and determining a course of action is important to the success of a peer education project.

Much research has been devoted to examining the activities in which adolescents participate in their leisure time. Common leisure activities during adolescence typically involve solely adolescent participants and are often performed in groups (Amaro, 1995). Such activities may include dancing, youth clubs, drinking, dating, going out on the town and hanging around with friends as well as engaging in sex (Jarvis, 1993). According to (Jarvis, 1993) unequal Childhoods, shows that middle class parents on one hand, and working class and poor parents on the other hand, manage differently the extra-curricular activities of their children, thus providing them with different endowments or assets of growth. Drawing on ethnographic fieldwork in a small number of poor, working class, and middle class families, Jarvis finds that middle class people favor “purposeful cultivation” and organize a large number of extra-curricular activities for their children which might subject their children to engaging in sex. In contrast, working class and poor people favor “natural growth” and are much less involved in managing their children’s lives than are their middle class counterparts. The leisure time of the working class and poor is relatively unstructured and does not contribute to teaching children skills that middle class children learn and that would prepare them for professional life (self-directedness, multitasking, leadership, and so on). Thus, Lareau shows how the use of “free time” contributes to the reproduction of class inequality, even beyond differences that can be explained simply by class differences in time and money.

Differences are found in the types of cultural references, orientations, and habits of the mind (or habitus) that parents pass on to their children. Class differences are greater than differences within racial groups; for instance, the black and white middle class parents resemble each other in the way they manage children’s leisure time.
This study shows that class differences in the ability to pass on advantages, including cultural advantages, are crucial to understanding class and racial inequality. Moreover, it demonstrates that a cross-class analysis illuminates aspects of social processes of exclusion that remain invisible to studies that focus exclusively on the cultural world of the poor (Klein & Sondag, 1994).

2.3.2 The Diffusion of Innovation Theory and Family Background

This theory, diffusion of innovation argues that social influence plays an important role in behavior change. The role of a family or opinion leaders in a community, acting as agents for behavior change, is a key element of this theory. Their influence on group norms or customs is predominantly seen as a result of person-to-person exchanges and discussions like within a family. It posits that certain individuals (opinion leaders—parent/guardian) from a given population act as agents of behavior change by disseminating information and influencing norms in their community (Rogers 1983). Peer educator’s family background draws on elements of each of these theories in its assumption that certain members of a given group can be influential in eliciting individual behavior change among their peer depending on their religious background, economic status and their guardian involvement to disseminate to them information on safe sex practices.

The opinion leader’s (who could be the guardian) role as educator is especially important in informal sex education, where the target audience is not reached through formally planned activities but through everyday social contacts. There are five qualities of an innovation that determine its success. These include relative advantage that is if the youth’s guardian supports them as an additional behavior changer, compatibility with existing values and practices that depends on what the youth believes, simplicity and ease of use, trial ability and observable results (Rodgers, 2003). Relative advantage also relates to the extent to which the peer educator’s family is perceived as influential to the decision making process with regard to matters pertaining to safe sex practices. The school intervention programme should also be aligned with the existing practices of the community under training. Further, the programme components ought to be easily understood and practiced by the target group. For purposes of trial, the programme components should be designed in such a way that they can be tested before implementation so as to determine the extent to which the programme will achieve the desired results. In
summation, the peer programme should achieve desirable results that are easily perceived taking notice of the youth’s religious beliefs in order to have observable results.

2.3.3 Social Learning Theory and Media

According to (Naidoo, 2001), Social Learning Theory seems to be relevant in terms of credibility, empowerment, role modeling and reinforcement especially through media. Peer educators would have to have credibility with others in order to be influential to their peers to whom they are preaching safe sex practice. In order to act as role models, according to the tenets of the theory, peers would need to be able to observe peer role models practicing health behavior wisely despite of the negative media influence. Peers would then need scope to practice it themselves and would need positive reinforcement. The process of successfully applying socially learned behavior could also be considered to be empowering for those involved. Social Learning Theory can be applied to be that peers can reinforce socially learned behavior.

2.3.4 The Theory of Reasoned Action and Culture and Traditional Practices.

According to (Fishbein & Ajzen 1975), the theory of reasoned action states that a person’s perception of the social norms or beliefs that people important to them hold about a particular behavior can influence behavior change. This theory states that the intention of a person to adopt a recommended behavior is determined by: A person’s subjective beliefs, that is, his or her own attitudes towards this behavior and his or her beliefs about the consequences of the behavior. For example, a young woman who thinks that using contraception as a safe sex practice will have positive results for her will have a positive attitude towards contraceptive use. It also relates to a person’s normative beliefs, that is, how a person’s view is shaped by the norms and standards of his or her society and by whether people important to him or her approve or disapprove of the behavior. In the context of peer education, this concept is relevant because young people’s attitudes are highly influenced by their perception of what their peers do and think. Also, young people may be motivated by the expectations of respected peer educators.

The purpose of the Theory of Reasoned Action in relation to culture is to predict and understand motivational influences on behavior that is not under the individual’s volitional control, to identify how and where to target strategies for changing behavior and to explain virtually any human behavior such as why a person buys a new car, votes against a certain candidate, is absent
from work or engages in premarital sexual intercourse. This theory provides a framework to study attitudes toward behaviors. According to the theory, the most important determinant of a person's behavior is behavior intent much influenced by their cultural surrounding. The individual's intention to perform a behavior is a combination of attitude toward performing the behavior and subjective norm or cultural custom. The individual's attitude toward the behavior includes; Behavioral belief within the culture, evaluations of behavioral outcome, subjective norm, normative beliefs, and the motivation to comply. If a person perceives that the outcome from performing a behavior is positive, she/he will have a positive attitude forward performing that behavior. The opposite can also be stated if the behavior is thought to be negative. If relevant others see performing the behavior as positive and the individual is motivated to meet the exceptions of relevant others, then a positive subjective norm is expected. If relevant others see the behavior as negative and the individual wants to meet the expectations of these "others", then the experience is likely to be a negative subjective norm for the individual (Fishbein & Ajzen, 1975).

Theory of Reasoned Action addresses the impacts of cognitive components, such as attitudes, social norms, and intentions, on behaviors (Guo et al., 2007). According to this theory, a person’s performance of a specified behavior is determined by his or her behavioral intention to perform the behavior, and behavioral intention is jointly determined by the person’s attitude and subjective cultural norms concerning the behavior in question (Malhotra & Galletta, 1999). The Theory of Reasoned Action assumes that most human social behavior is under volitional control and, hence, can be predicted from intentions alone (Ajzen, 2002). This implies that we should be able to predict specific behaviors with considerable accuracy from intentions to engage in the behaviors under consideration (Ajzen & Fishbein, 2000). Behavioral intentions are motivational factors that capture how hard people are willing to try to perform a behavior (Chen et al., 2009). Attitude involves judgment whether the behavior is good or bad and whether the actor is in favor of or against performing it (Leonard et al., 2004).

2.4 Influence of Peer education on safe sex practice

Peer education is a popular concept that variously refers to an approach, a communication channel, a methodology, a philosophy, and/or an intervention strategy. The English term peer refers to “one that is of equal standing with another; one belonging to the same societal group
especially based on age, grade or status.” The term education refers to the “development,” “training,” or “persuasion” of a given person or thing or the “knowledge” resulting from the educational process (Merriam Webster’s Dictionary 1985). In practice, peer education has taken on a range of definitions and an interpretation regarding who a peer is and what is meant by education. Some of these are counseling, facilitating discussions, mobilizing for advocacy, lecturing, distributing materials, making referrals to services, and providing support (Shoemaker et al. 1982; Flanagan et al. 1996). Peer education typically involves training and supporting members of a given group to effect change among members of the same group. In this case, the grouping is in form of a club with registered members who sign a club rooster in attendance. Peer education is often used to effect change at the individual level, with the aim of modifying a person’s knowledge, attitudes, beliefs, or behaviors using a defined curriculum called Choose Life. Peer education may also effect change at the group or societal level by modifying norms and stimulating collective action that contributes to individual change as well as changes in programs and policies. In the context of peer education, this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group.

Colleges and universities have increasingly used the method of peer education to promote health (Klein & Sondag, 1994). It has been a popular approach among health promotion professionals because it takes advantage of positive aspects of peer influence. An assumption of peer education is that students are more receptive to the influence of their peers because they share similar values and interests and therefore, discussions with trained peer educators will facilitate understanding of health information and encourage subsequent behavior change (Klein & Sondag, 1994).

McDonald & Grove (2001), Fabiano (1994), and Lindsey (1997) all suggest that peer education should be defined based on institutional characteristics such as campus culture, size and demographics and the number and expertise of professional staff and characteristics of the target population such as age, gender, lifestyle, ethnicity and educational level. They add that peer health programs should be evaluated based on either or a combination of the following objectives: to increase knowledge about certain health issues, to change attitudes and behavior, or to bring about cultural or social change. Adolescent sexual and reproductive behavior is changing in Kenya in ways that potentially undermine the physical health and social and economic wellbeing of young people. Moreover, the environment in which adolescents are
currently growing up—with a greater premium on skill acquisition than existed in the past—means that the consequences of early sex and early pregnancy may be more severe now than they have been before. These consequences are potentially more problematic for girls, who are more vulnerable to sexually transmitted diseases (STDs), and HIV/AIDS as teens and who shoulder the entire burden of childbearing and most of the burden of childrearing. Until recently, marriage and childbearing among adolescent girls were not only the statistical norm in sub-Saharan Africa but also considered desirable (Bledsoe & Cohen 1993).

Secondary school learners' attitudes towards sex education differ from one group to another, depending on many factors such as dominant perceptions held in different communities, social belief system, peer group, religious factors, family socialization and cultural set up within which these learners grow up and the kind of tool used to convey the education for instance a curriculum (Gallagher & Gallagher, 1996). Brewster (1994) defined sex education as something which shapes the knowledge and attitudes that ultimately guide learners’ choices about their sexual behaviour. (Stack, 1994) looks at learners in the context of social learning theory. The relevance of this theory becomes clear because learners' behaviour is continually changing as they mature, learn and gain experience. Peers can influence definition, reinforcement and modeling of sex education.

Peer education equips learners with life skills, reduces the high level of dropping out from school and of unwanted pregnancies. It gives knowledge to teenagers on how to prevent transmission of diseases and health problems (Steinberg, 1996). Sex education offers sexuality programmes which aim to provide accurate information about human sexuality and an opportunity for young people to develop and understand their values, attitudes and beliefs about sexuality. The learners are helped to develop relationships and interpersonal skills and exercise responsibility regarding sexual relationships including addressing abstinence (Daniel, 1998; Naidoo, 2001). The fact that peer education capitalizes on the relationships between peers and their audiences was another selling point for practitioners. Klein & Sondag (1994) praised the model because students may feel more comfortable relating to peers and because some materials maybe easier to grasp if explained by a peer. Frankham (1998) said that peer educators have the advantages of ‘speaking the same language’ as their contemporaries and of awareness of the approaches, materials and styles of presentation most acceptable to their group.
Evaluation of the effectiveness of peer education programs to influence safe sex practice remains limited. Most peer education research has focused on the short-term impact of programming and changes to the peer educators, and not on behavioral change (safe sex practice) in the target population (Backet-Milburn & Wilson, 2000; Bandura., Millard, Peluso, Ortman, 2000; Ender & Newton, 2000; Pearlman, Camberg, Wallace, Finison, 2002; Sawyer, Pinciaro & Bedwell, 1997). One strategy to deal with this limitation is to use the desired outcomes of peer education programs as the basis for evaluation.

Credibility of the information presented in peer education should also be considered in evaluating its effectiveness. McDonald and Grove (2001) pointed to two aspects of credibility in peer education: message-based and messenger based credibility. Message-based credibility suggests that information is more likely to be seen as credible if it is consistent with and relevant to the culture of the target group. Messages that are non-judgmental and based on accurate facts are generally credible. Messenger-based credibility, on the other hand, concerns how credible the peer educator comes across to the recipients. To be credible, recipients must believe that the person providing information is knowledgeable and has experience. Peers have been shown to have significant influence on behavior such as drinking (Borsari & Carey, 2001). The research on peer influence is significant in understanding how it indirectly affects modeling and social norms.

The aspect of behaviour change through peer education that is the choice to practice safe sex will be affected by whether the group trusts the peer educator or not. The trust of peers on the peer educator is based on the assumption that interventions may be more exciting when delivered by credible young people as opposed to adults (Adzen, 2000). The youth will prefer a person that can has model their actions with whom they can identify (Bandura, 1996). Backet-Milburn and Wilson (2000) found that students preferred receiving sex education from peer educators because they felt teachers looked down on them and that their confidentiality may be compromised. Another aspect within the peer education that could influence the choice of youths to practice safe sex is the content being delivered by the peer educator. In this study the peer educator is bound to a curriculum called Choose Life which should be delivered in a group setting. The Choose Life advocated for abstinence only and denies the youth information on safe sex practice. This leaves a lop hole for any new informant that could mislead the other peers on the belief that when influential youth have a new idea good or bad, these spread through their peer group.
(Rogers, 1983). Besides, some research suggests that a substantial minority of students perceive that it provides them with no new information about sex or relationships and has no relevance to their behavior or behavioral intentions (Fabiano, 1994)

2.5 Influence of Family Background on safe sex practice

Family Background is the students’ religious background, economic status and the guardian’s involvement as informant and support in issues of sexuality that influence the student to practice safe sex or delay sex debut. Family background plays an important role in behavior change. Their influence on group norms or customs is predominantly seen as a result of person-to-person exchanges and discussions. It posits that certain individuals (opinion leaders) from a given family act as agents of behavior change by disseminating information and influencing norms in their community (Leonard et al (2004). This is where the guardian or parent directly is involved in support to help the student make informed choices on safe sex practice.

Peer education draws on elements of family background in its assumption that certain members of a given peer group (peer educators) can be influential in eliciting individual behavior change among their peers. In the context of peer education, this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. The opinion leader’s role as educator is especially important in informal peer education, where the target audience is not reached through formally planned activities but through everyday social contacts (Lindsey, 1997). Instead of focusing on persuading peers to change, the family sees change as being primarily about the evolution or “reinvention” of products and behaviours so they become better fits for the needs of individuals and groups. Relative advantage relates to the extent to which the peer education programme is perceived as influential to the decision making process of the students with regard to matters pertaining to safe sex practices. The peer programme should also be aligned with the existing practices of the community under training. Further, the programme components ought to be easily understood and practiced by the target group. For purposes of trial, the programme components should be designed in such a way that they can be tested before implementation so as to determine the extent to which the programme will achieve the desired results. In summation, the peer programme should achieve desirable results that are easily perceived, that is observable (Madeod, 1999).
According to Madeod (1999), in rural setting, some people still believe that sex education is equivalent to a social taboo that might lead to social snobbery on the part of those teachers who resort to it. As a result teachers and parents do not welcome open and frank discussion about sex education, so the learners turn for advice and guidance to peer and older siblings (Ndlangisa, 1999; Trudell, 1993).

According to (Pillai & Roy, 1996) the traditional parental restrictions imposed on teenagers engender conservative attitudes towards sex education. The extra-familial variables such as academic self-esteem and economic class position produced liberal attitudes towards sex. Adolescents who were able to discuss sex education freely and openly with their parents are less likely to be involved in sex than those who do not communicate with their parents (Conger, 1991). Family background has an aspect of economic status influence behaviour change and in this case, safe sex practice. According to (Jarvis, 1993) unequal Childhoods, shows that middle class parents on one hand, and working class and poor parents on the other hand, manage differently the extra-curricular activities of their children, thus providing them with different endowments or assets of growth. Drawing on ethnographic fieldwork in a small number of poor, working class, and middle class families, Jarvis finds that middle class people favor “purposeful cultivation” and organize a large number of extra-curricular activities for their children which might subject their children to engaging in sex. In contrast, working class and poor people favor “natural growth” and are much less involved in managing their children’s lives than are their middle class counterparts. The leisure time of the working class and poor is relatively unstructured and does not contribute to teaching children skills that middle class children learn and that would prepare them for professional life (self- directiveness, multitasking, leadership, and so on). Thus, Lareau shows how the use of “free time” contributes to the reproduction of class inequality, even beyond differences that can be explained simply by class differences in time and money. Differences are found in the types of cultural references, orientations, and habits of the mind (or habitus) that parents pass on to their children. Class differences are greater than differences within racial groups; for instance, the black and white middle class parents resemble each other in the way they manage children’s leisure time.

This study shows that class differences in the ability to pass on advantages, including cultural advantages, are crucial to understanding class and racial inequality. Moreover, it demonstrates that a cross-class analysis illuminates aspects of social processes of exclusion that remain
invisible to studies that focus exclusively on the cultural world of the poor (Klein & Sondag, 1994).

2.6 Influence of Media on safe sex practice

Media is a means through which communication is effected from one person to another. It can be done through written media like newspapers and magazines, hearing through radio or visuals through television. In this study this has to do with the content within the curriculum being use (Choose Life) and other sources such as radio and television programmes watched and listened to, newspapers, and magazines, media socialization, availability to the students and how they influence their choice to practice safe sex.

It asserts that people learn by observing the behavior of others and that some serve as models that are capable of eliciting behavior change in certain other individuals, (Bandura, 1996). It was observed that people learn through direct experience, indirectly, by observing and modeling the behaviour of others with whom the person identifies (for example, how young people see their peers behaving). Through training that leads to confidence in being able to carry out behaviour. This specific condition is called self-efficacy, which includes the ability to overcome any barriers to performing the behaviour. For example in the curriculum Healthy Choices II, it uses role plays to practice how and when to introduce a condom in developing the self-confidence to talk about safer sex methods with a partner. In the context of peer education, this inclusion in its content means that interactive experimental learning activities are extremely important, and peer educators can be influential teachers and role models. It is therefore important to note that the content of peer education will affect the choice of safe sex practice among the peers engaged in the educative exercise.

Media being the means of communication, as radio and television, newspapers, and magazines that reach or influence people widely. Many health professionals believe that mass media content depicting casual sex with no consequences has resulted in a host of negative behaviors among teens who may be persuaded that teen sexual activity is “both acceptable and widespread” (Daniel, 1998). Both negative and positive advertising messages have been shown to influence young people, according to a pediatric medical association that calls on the mass media to promote responsible sex, and healthy behaviors (AAP “Sexuality”). In addition, the concept of
modeling unhealthy sexual behaviors, entertainment may negatively influence other aspects of teens’ physical and psychological well-being. Research suggests that media portrayals of unrealistic body images negatively impact teens’ self-esteem (Polce-Lynch). Teens, especially young females, become discontent with their bodies and may develop unhealthy eating behaviors in an attempt to achieve media-ideal body types (Field et al.). Although family and social relationships also have an influence, teens learn about society and sexual relationships from visual media images portraying body types, clothing, and other cultural norms (Fabiano, 1994).

Sexual content in mass media has a “profound real-life effect” according to researchers who point to the co-evolution of media messages and sexual culture in American society (Carpenter). Mass media depending on its availability and accessibility to the youth can either reinforce norms or offer insights into alternative ways of thinking. Entertainment content depicting sexual norms, stereotypes, double-standards, and sexual roles may have a profound influence on teens’ perceptions about sex, body image, and social norms (Ward). Teens often seek social and sexual information from mass media sources rather than their parents or other adults. These teens may be attracted to programs with sexual content hence affecting their choice of safe sex practice. In a study of prime-time television shows popular among young viewers, sexual references accounted for as much as 50% of character interactions. These programs typically depicted sex as a “recreational” pursuit rather than something pertaining to relationships or reproduction, and the sexual content reinforced gender stereotypes of men as aggressors, and women as sexual objects who are valued for their physical appearances (Frankham, 1998).

According to two scholars who reviewed a number of studies, research implies that: teens who watch sexual content on television are more likely to engage in sex; teens who watch a lot of television tend to have negative attitudes about being a virgin; and teens that see sexual content as being more real are more impacted by the sexual content. Age and gender may also influence how teens select media, according to one study that found older teens were more likely to tune in to sexual content, and that females were more likely to learn about sex and relationships from sexual content in the media (Fabiano, 1994).

Music Television (MTV) is another example of electronic media programming that barrages teens with sexual messages. From the beginning, MTV transformed music into television programming by using fast-paced visuals to grab the attention of a very specific youthful
audience – a new generation that had been raised with television and had different ways of processing information (Gallagher & Gallagher, 1996). In order to make the aural and visual elements fit together, music video producers and directors, rather than entertainers and writers, control visual images that may have nothing to do with the musicians’ or artists’ original concepts (Gallagher & Gallagher, 1996). MTV became a programmer’s dream of non-stop commercial television that changed the way people hear popular music and how they see the meanings that are embedded in the music content (Gallagher & Gallagher, 1996).

2.7 Influence of Culture and traditional practices on safe sex practice

Culture here entails the beliefs and specific traditional cultural practices, some of which are beneficial to the students of Mbooni East (like religious belief that sex before marriage is sin), while others are harmful (practice of sex before marriage makes it perfect in marriage)

Culture being the behaviors and beliefs characteristic of a particular social, ethnic, or age group, there are essentially two layers of cultural influences in every Kenyan. The first is the traditional tribal value system, and the second consists of Western influences. Sexual values, traditions, and behavior arise from the matrix of these influences, which vary among individuals. One family may speak a tribal mother tongue, continue traditional practices of initiation, bride wealth, and taboos, while another may speak Swahili or English predominantly, take many values from Christianity and the media, and feel free of tribal tradition. Several factors influence these differences: degree of urbanization, tribal intermarriage, religion, and level of education (Conger, 1991).

There are contrasts in sexual norms among different ethnic groups. In some groups such as the Luo, women who give birth before marriage are disgraced, while in other groups this is seen as a valuable sign of fertility. Virginity in women is highly prized in some tribes as evidenced by the dowry paid for the bride. Among the Kikuyu, an impotent husband may provide another sex partner for his wife. Among the Nandi, a married woman can continue to have sex with her former lover or other members of her husband’s age set. In contrast, the Maragoli regard extramarital sex as adultery (Amaro, 1995). Consequently, grassroots understanding of the causes of AIDS is high. Sex and AIDS education (with condom distribution) is included, and given in mother tongues. Studies done by Marie Stopes Institute shows that even university-educated...
youth respond to safer-sex education when it is given in their mother tongue, even though they may be fluent in English and Swahili (Amaro, 1995).

Traditionally, sex education was undertaken as part of the initiation process. It, however, began much earlier in the extended family and social structures of particular ethnic groups. Sex instruction does not often come from parents. In the presence of their children, they are expected to avoid any words, acts, or gestures of a sexual nature. Cultural norm may allow openness about sexual matters with a grandparent, however, and among the Kisii a grandmother could be the confidant of her grandchildren on their sexual experiences. A small child will remain with its mother until about age seven. At this point, in some tribes, boys move in with their father or older boys. In other groups (Maragoli and Luo) both boys and girls go into separate huts with older children or into the homes of an elderly couple (Conger, 1991).
2.8 Conceptual Framework

Figure 1 presents the conceptual framework on which the study is based

(Independent variables)

<table>
<thead>
<tr>
<th>Peer Education</th>
<th>Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Curriculum.</td>
<td>-Content of information on</td>
</tr>
<tr>
<td>-Trust by other peers.</td>
<td>curriculum affecting safe</td>
</tr>
<tr>
<td>-Be within a grouping</td>
<td>sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Background</th>
<th>Safe Sex Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Religious beliefs</td>
<td>-Level of awareness on</td>
</tr>
<tr>
<td>-Parent/guardian</td>
<td>practice of safe sex</td>
</tr>
<tr>
<td>involvement/support as informant</td>
<td></td>
</tr>
<tr>
<td>in sexuality.</td>
<td></td>
</tr>
<tr>
<td>-Economic status</td>
<td>-Type of school: single or</td>
</tr>
<tr>
<td></td>
<td>mixed gender.</td>
</tr>
</tbody>
</table>

| Cultural and traditional        |                            |
| practices                        | (Intervening variables)    |
| -Beliefs and cultural practices  | -Location of school: rural |
| that affect safe sex practice.   |   or urban situated        |
| -Attitudes toward safe sex      |                            |
| practice                        |                            |

(Moderating variables)

- Vulnerability
- Will power of the youth to make decision

(Dependent variable)

Safe Sex Practice

Figure 1: Conceptual Framework.
The schematic diagram in Fig.1 shows the independent variables (factors) and the dependent variable.

Based on the behavioral theories there is need to incorporate the youth’s peer education, family background, Media and their cultural and traditional practices, within their sexuality education or intervention school based programs as they influence the youth on practice of safe sex. These factors play a big role on whether the youth will engage into safe or unsafe sex practices.

The conceptual framework assumes that practice of safe sex among secondary school youth differ from one group to another, depending on factors such as dominant perceptions held in different families and community socialization, economic status, peer group, religious factors, media socialization and cultural set up within which these learners grow up.

2.9 Summary of the Chapter

This chapter reviewed existing literature on safe sex practice from the global, African and Kenyan perspectives. The practice of safe sex among the school youth is still not at optimum levels. Most sex education programs in schools by most NGOs especially in Kenya are focus purely on abstinence with issues of condom use and contraceptives never mentioned. Also, NGOs are facing out peer-led sex education interventions saying they are none evidence yet this could perhaps be the cause leading to a 10% increase in the HIV/AIDS preferences among the youth. This chapter also presented a number of relevant theories to support the study and also a conceptual frame work.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology of the study including research design, population, the sample size and sampling procedure, instrument of data collection, validity and reliability of instrument, data collection procedures and data analysis techniques. Finally it presents the operationalization of the variables table.

3.2 Research Design

Quantitative research design is a scientific method which involves use of collected data to make decision of a research question(s) and meet the objectives. Mugenda & Mugenda, (2003) say that the descriptive survey is a method, which enables the researcher to summarize and organize data in an effective and meaningful way. This study adopted the descriptive survey method using cross-sectional survey approach.

This provides tools for describing collections of statistical observations and reducing information to an understandable form. The process of relating an empirical test to support or refute a knowledge claim, involves making decisions on what type of data is required, where the data will be found, techniques of data collection, analysis and interpretation.

A descriptive study was convenient method because it could be completed relatively quickly. However, because each phenomenon was to be studied only once, it was impossible to determine whether individual differences are consistent over time, or whether early influences have long-term consequences. Questionnaires were administered to the sampled secondary school youths. The questionnaires were designed and tested prior to being issued to the sample population using one of the schools which was not included in the sample population. At the end of the survey findings and results were developed and recommendations given.
3.3 Target Population

Mbooni East has a total of 42 secondary schools, but Fadhili Trust was allocated 16 schools that were trained using the Choose Life curriculum. My target population was on only 15 schools and used the remaining 1 for questionnaire pre-testing. Therefore a total population of 450 students both boys and girls was drawn from only the target number of 15 secondary schools in Mbooni East, Makueni County (see names of schools appendix 3). These 15 schools had a running peer-led sex intervention programme within 6 to 12 months of the financial year 2010-2011. These schools also had clubs under the guidance and counseling department with some given independent names and all with a minimum of 30 members. Mbooni East was one of the areas that were targeted for funding by Fadhili Trust in 2010-2011 Financial Years through donor support by CRS.

3.4 Sample and sampling procedure

A suitable sampling frame is required for the selection of the sampling units. According to Cooper and Schindler (2000) a sampling frame is a list of elements from which the sample is actually drawn and is closely related to the population. From the 15 schools trained by Fadhili trust, the main focus was the school clubs which had a minimum of 30 members. Then 6 students were randomly selected from 30 club members thus giving a sample size of 90 students from the total population of 450 using the formula by Disrael (2009) as follows;

\[ n = \frac{N}{1+ N (e^2)} \]

where \(e\) is the precision level, \(n\) is the sample and \(N\) is the population.

Questionnaires were administered to the 90 sampled students. According to Mugenda and Mugenda (2003) suggest that one may use a sample size of between 10 per cent to 30 percent to calculate the sample size.
Table 3.1: Sampling frame

<table>
<thead>
<tr>
<th>Total number</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>450</td>
<td>90</td>
<td>20%</td>
</tr>
</tbody>
</table>

3.5 Instrument of data collection

The study used questionnaires that had 5-point Likert scales which were self-administered. The use of questionnaires was to enable reach respondents at a relatively short time and increase honesty due to the confidentiality of using this form of instrument (Fraenkel, 2008). Interview guides were used in interviewing the students that were only sampled from the clubs.

3.6 Validity of data collection instrument

According to Mugenda and Mugenda (2003), validity is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. Before the actual data collection, the questionnaires were piloted with a sample of 20 respondents from one of the trained school which was not include in the targeted 15 schools that were in the survey for the research. Adjustments of the instruments were made before the final data collection. According to Orodho (2004) piloting helps to establish whether the questions measure what they are supposed to measure, whether the respondents interpret all questions in the same way, whether the wording is clear and whether there is researcher bias. This ensured internal consistency and final review of the questionnaire. Validity was also ensured by discussing the instrument with expert in the subject and with my supervisor.

3.7 Reliability of data collection instrument

Reliability is the degree of consistency (Mugenda and Mugenda, 2003). In this study, reliability was censured by training the research assistant so that the questionnaire and interview guide to be used in data collection was understood, to identify and change any ambiguous, awkward and offensive questions and techniques (Cooper &Schindler, 2003). The study enacted in
establishing the same questions to respondents of the one school not included in the research, by asking them in a different way and the answers compared that is those of individual respondents’ questionnaire and those from the interviews with key respondents.

3.8 Data Collection procedure

The study used primary data collected through questionnaires administered to students in 15 secondary schools in Mbooni east of Makueni County.

3.9 Data analysis and presentation

Before processing the responses, the completed questionnaires were checked for completeness and comprehensibility to ensure consistency. The data was then summarized, coded and entered into the Statistical Package for Social Sciences (SPSS) version 21 for analysis to enable the responses to be grouped into various categories.

Descriptive statistics such as means, standard deviations and frequency distribution, regression, ANOVA and Coefficients was used to analyze the data. Regression analysis was done to help predict the influence each independent variable would have on the dependent variable. Content analysis was used to analyze descriptive data. Data presentation was done by the use of percentages and frequency tables. This ensured that the gathered information was clearly understood.
### 3.10 Operationalization of variables

Table 3.2: Presents the operationalization of variables

<table>
<thead>
<tr>
<th>Objective</th>
<th>Variable</th>
<th>Indicator(s)</th>
<th>Measurement</th>
<th>Scale</th>
<th>Data collecting method</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine the influence of peer education on attitudes among secondary school students towards safe sex practice</td>
<td><strong>Independent variable</strong> Peer education</td>
<td>-Curriculum. -Trust by other peers. -Be within a group</td>
<td>-The choose life curriculum used and has covered 6 plus topics -The students trust the peer educator. -the youth belong to the club and have there attendance signed on club rooster.</td>
<td>Ordinal</td>
<td>Interview guide</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>To establish the influence of family background on attitudes among secondary school students towards safe sex practice</td>
<td><strong>Independent variable</strong> family background</td>
<td>-Religious beliefs -Parent/guardian involvement/support as informant in sexuality. -Economic status</td>
<td>- influence of religion on safe sex practice -parental involvement on sex education to the youth -youth’s present family economic status.</td>
<td>Ordinal</td>
<td>Interview guide</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>To establish the influence of media on the attitudes among students towards safe sex practice</td>
<td><strong>Independent variable</strong> Media</td>
<td>-Content of information on curriculum affecting safe sex -Media socialization -Availability of media .</td>
<td>-covered content on safe sex practice. -level of media socialization on safe sex -Availability of information on sexuality</td>
<td>Ordinal</td>
<td>Interview guide</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>To analyze the influence of cultural and traditional practices towards safe sex practice</td>
<td><strong>Independent variable</strong> cultural and traditional practices</td>
<td>- impact of cultural on sexual practices -cultural beliefs in sexuality</td>
<td>-effects of cultural background on safe sex practice -cultural beliefs on sex abstinence</td>
<td>Ordinal</td>
<td>Interview guide</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>To determine how practice of safe sex is influenced by peer-led sex education.</td>
<td><strong>Dependent variables</strong> Safe sex practice</td>
<td>-Level of awareness on practice of safe sex -form of protection used</td>
<td>-level of awareness on safe sex practices. -method used to practice safe sex -Number of sex partners</td>
<td>Ordinal</td>
<td>Interview guide</td>
<td>Descriptive statistics</td>
</tr>
</tbody>
</table>
CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents analysis and presentation of the findings of the study as set out in the research methodology. The study findings are presented on to establish the factors influencing safe sex practices among the youth in Secondary Schools in Kenya. The data was gathered exclusively from the questionnaire as the research instrument. The questionnaire was designed in line with the objectives of the study.

During the study, all the 90 secondary school students from 15 schools of Mbooni East who had been identified filled out and returned the questionnaires.

4.2 Demographic Data

Demographic data of the respondents covers gender, age, the club to which they belong and the duration of time respondent has been member of the club.

Table 4.1 gives the gender distribution of respondents.

Table 4.1: Gender distribution of the Respondents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

Majority of the respondents were female, comprising 54% of the respondents and 46% male. This is because there were more girls’ schools than boys’ schools trained by Fadhili Trust.
Table 4.2 shows the distribution of the respondents by age.

**Table 4.2: Age of the respondents**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-15 Years</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>16-17 Years</td>
<td>43</td>
<td>47.8</td>
</tr>
<tr>
<td>18-19 Years</td>
<td>42</td>
<td>46.7</td>
</tr>
<tr>
<td>Above 19 Years</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>90</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As Table 4.2 shows, majority of 94.5% of the respondents were between 16 and 19 years. This implies they were within the age group targeted.

The study also sought to find out the clubs to which the respondents belonged as shown by Table 4.3.

**Table 4.3: Club to which respondents belonged**

<table>
<thead>
<tr>
<th>Club</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>16</td>
<td>23.2</td>
</tr>
<tr>
<td>Guidance and counseling</td>
<td>23</td>
<td>33.3</td>
</tr>
<tr>
<td>Health</td>
<td>18</td>
<td>26.1</td>
</tr>
<tr>
<td>Mirror</td>
<td>6</td>
<td>8.7</td>
</tr>
<tr>
<td>Straight talk</td>
<td>6</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Most of the survey respondents belonged to abstinence, guidance and counseling and health clubs as shown by total percentage of 82.6%.

Table 4.4 shows the duration of time respondent has been member to the club.

**Table 4.4: Duration of time respondent has been member to the club**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 Months</td>
<td>17</td>
</tr>
<tr>
<td>1-2 Years</td>
<td>48</td>
</tr>
<tr>
<td>More than 2 Years</td>
<td>22</td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

Research findings revealed that majority of 77.77% have been members for more than 1 year. Therefore majority had done six plus topics to qualify for the study.

### 4.3 Respondents awareness on safe sex practices

The study queried the respondents’ first hearing about sex.

**Table 4.5: When respondents first heard about sex**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>1</td>
</tr>
<tr>
<td>Before joining secondary school</td>
<td>56</td>
</tr>
<tr>
<td>Upon joining secondary school</td>
<td>11</td>
</tr>
<tr>
<td>Have never heard about sex</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
</tr>
</tbody>
</table>
According to the study findings, Table 4.5 reveals that the majority 81.16% first heard about sex before joining secondary school. From this, sex orientation among majority of the youth was early as below 13 years.

The study further queried how the respondents had learnt about sex.

Table 4.6: How respondents learnt about sex

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>1</td>
<td>1.45</td>
</tr>
<tr>
<td>Friends</td>
<td>39</td>
<td>56.52</td>
</tr>
<tr>
<td>Siblings</td>
<td>4</td>
<td>5.80</td>
</tr>
<tr>
<td>Parents</td>
<td>5</td>
<td>7.25</td>
</tr>
<tr>
<td>Media/internet</td>
<td>3</td>
<td>4.35</td>
</tr>
<tr>
<td>Teachers</td>
<td>8</td>
<td>11.59</td>
</tr>
<tr>
<td>Religious ministers</td>
<td>1</td>
<td>1.45</td>
</tr>
<tr>
<td>School club</td>
<td>5</td>
<td>7.25</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>4.35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Findings revealed that a large 56.52% had learnt about sex from their friends, while only a combination amounting to 18.84% got the information both parents and teachers. Youths are more receptive to the influence of their peers.

Table 4.7 shows the respondents’ reason for not been sexually active.

Table 4.7: Why respondents were not sexually active
Majority 65.21% of the respondents failed to engage in safe sex for fear of HIV/AIDS and STDs; 14.49% for fear of unwanted pregnancies; 4.34% were requested by their opposite partners not to engage in safe sex; and 4.34% of them did not have information about safe sex practices. Youths fear HIV/Aids over unwanted pregnancies.

Table 4.8: Form of protection used by the respondents/their partners during sex

<table>
<thead>
<tr>
<th>Form of Protection</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Response</td>
<td>64</td>
<td>71.11%</td>
</tr>
<tr>
<td>Condoms</td>
<td>9</td>
<td>10.00%</td>
</tr>
<tr>
<td>Female Contraceptives</td>
<td>3</td>
<td>3.33%</td>
</tr>
<tr>
<td>None</td>
<td>14</td>
<td>15.56%</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown in Table 4.8, 71.11% of the respondents did not respond to the question for these are the youths that were not sexually active (are abstaining from sex), 15.56% did not use any form of protection during sex, 13.33% used protection that is either a condom or female contraceptives
during sex. There is need to inform the youth on forms of protection like condom use and contraceptives.

4.4 Factors influencing safe sex practices

4.4.1 Peer education

Table 4.9: Extent to which respondents agreed with various statements on peer education

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In my club we covered over six topics from Choose life curriculum</td>
<td>0</td>
<td>5.8</td>
<td>5.8</td>
<td>21.7</td>
<td>66.7</td>
<td>4.49</td>
<td>0.85</td>
</tr>
<tr>
<td>I had trust on the peer educator who was teaching us in the club</td>
<td>0</td>
<td>0</td>
<td>4.3</td>
<td>29.0</td>
<td>66.7</td>
<td>4.62</td>
<td>0.57</td>
</tr>
<tr>
<td>I signed the attendance the day I went to the club</td>
<td>0</td>
<td>2.9</td>
<td>2.9</td>
<td>18.8</td>
<td>75.4</td>
<td>4.67</td>
<td>0.68</td>
</tr>
<tr>
<td>The peer educator taught us only to abstain and not to engage into sex</td>
<td>4.3</td>
<td>7.2</td>
<td>1.4</td>
<td>31.9</td>
<td>55.1</td>
<td>4.26</td>
<td>1.09</td>
</tr>
<tr>
<td>The peer educator taught us on ways to practice safe sex like condom use</td>
<td>7.2</td>
<td>4.3</td>
<td>1.4</td>
<td>37.7</td>
<td>49.3</td>
<td>4.17</td>
<td>1.15</td>
</tr>
</tbody>
</table>

The study also established that majority of the respondents indicated that they signed the attendance the day they went to the club as shown by a mean of 4.67; that they had trust on the peer educator who was teaching them in the club as shown by a mean of 4.62; that they covered over six topics from Choose life curriculum as shown by a mean of 4.49; that the peer educator taught them only to abstain and not to engage into sex as shown by a mean of 4.26 and that the
peer educator taught us on ways to practice safe sex like condom use if we must do sex as shown by a mean of 4.17.

### 4.4.2 Family background

**Table 4.10: Extent to which respondents agreed with various statements on family background**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents/guardian talks to me about sexuality and safe sex practices</td>
<td>10.1</td>
<td>7.2</td>
<td>20.3</td>
<td>34.8</td>
<td>27.5</td>
<td>3.62</td>
<td>1.25</td>
</tr>
<tr>
<td>Sex education ought to be taught to the youth by parents</td>
<td>17.4</td>
<td>26.1</td>
<td>5.8</td>
<td>14.5</td>
<td>36.2</td>
<td>3.26</td>
<td>1.59</td>
</tr>
<tr>
<td>Poor households are unable to impart knowledge regarding the practice of safe sex</td>
<td>44.9</td>
<td>13.0</td>
<td>15.9</td>
<td>18.8</td>
<td>7.2</td>
<td>2.30</td>
<td>1.40</td>
</tr>
<tr>
<td>Desire for wealth directs the choices that youth make regarding the practice of safe sex</td>
<td>14.5</td>
<td>10.1</td>
<td>15.9</td>
<td>21.7</td>
<td>37.7</td>
<td>3.58</td>
<td>1.45</td>
</tr>
<tr>
<td>Economically stable households contribute towards the practice of safe sex among the youth</td>
<td>21.7</td>
<td>17.4</td>
<td>24.6</td>
<td>20.3</td>
<td>15.9</td>
<td>2.91</td>
<td>1.38</td>
</tr>
<tr>
<td>Religious teachings in churches are necessary in the delivery of sex education to the youth</td>
<td>10.1</td>
<td>4.3</td>
<td>4.3</td>
<td>15.9</td>
<td>23.1</td>
<td>4.87</td>
<td>6.28</td>
</tr>
</tbody>
</table>

According to the findings, respondents strongly agreed that religious teachings in churches are necessary in the delivery of sex education to the youth as shown by a mean of 4.87; they agreed.
that their parents/guardians talk to them about sexuality and safe sex practices as shown by a mean of 3.62; and that desire for wealth directs the choices that youth make regarding the practice of safe sex as shown by a mean of 3.58. Respondents were indifferent on whether sex education ought to be taught to the youth by parents or not as shown by a mean of 3.26; and on whether economically stable households contribute towards the practice of safe sex among the youth or not as shown by a mean of 2.91. They disagreed that poor households are unable to impart knowledge regarding the practice of safe sex as shown by a mean of 2.30

4.4.3 Media

Table 4.11: Extent to which respondents agreed with various statements on media

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic and print media like magazines do little to encourage the practice of safe sex among the youth</td>
<td>18.8</td>
<td>23.2</td>
<td>13.0</td>
<td>20.3</td>
<td>24.6</td>
<td>3.09</td>
<td>1.48</td>
</tr>
<tr>
<td>Content from choose life curriculum (taught within club) is educative and empowers the youth to safe sex practices</td>
<td>10.1</td>
<td>1.4</td>
<td>4.3</td>
<td>36.2</td>
<td>47.8</td>
<td>4.10</td>
<td>1.23</td>
</tr>
<tr>
<td>Am able to access available media that impacts on the choices that youth make regarding safe sex practices</td>
<td>8.7</td>
<td>7.2</td>
<td>13.0</td>
<td>34.8</td>
<td>36.2</td>
<td>3.83</td>
<td>1.25</td>
</tr>
<tr>
<td>Media coverage is critical to the dissemination of information relating to safe sex practices among the youth</td>
<td>8.7</td>
<td>5.8</td>
<td>21.7</td>
<td>33.3</td>
<td>30.4</td>
<td>3.71</td>
<td>1.21</td>
</tr>
<tr>
<td>Sex education ought to be taught to the youth through the media</td>
<td>15.9</td>
<td>10.1</td>
<td>11.6</td>
<td>18.8</td>
<td>43.5</td>
<td>3.64</td>
<td>1.51</td>
</tr>
</tbody>
</table>
The study also sought the respondents’ opinion with regard to the influence of media on safe sex practices. From the findings, respondents agreed that content from choose life curriculum (taught within club) is educative and empowers the youth as indicated by a mean of 4.10; that they were able to access available media that impacts on the choices that youth make regarding safe sex practices as shown by a mean of 3.83; that media coverage is critical to the dissemination of information relating to safe sex practices among the youth as indicated by a mean of 3.71; and that sex education ought to be taught to the youth through the media as indicated by a mean of 3.64. The survey respondents were indifferent on whether electronic and print media like magazines do little to encourage the practice of safe sex among the youth as shown by a mean of 3.09.

4.4.4 Culture and traditional practices

Table 4.12: Extent to which respondents agreed with various statements on culture and traditional practices

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture and traditional sex practices; cultural background affects the</td>
<td>11.6</td>
<td>11.6</td>
<td>10.1</td>
<td>31.9</td>
<td>34.8</td>
<td>3.67</td>
<td>1.37</td>
</tr>
<tr>
<td>attitude of the youth towards the practice of safe sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rites of passage are vital in the imparting of knowledge on the practice of safe sex</td>
<td>18.8</td>
<td>7.2</td>
<td>5.8</td>
<td>23.2</td>
<td>44.9</td>
<td>3.68</td>
<td>1.56</td>
</tr>
<tr>
<td>The practice of safe sex is a taboo topic</td>
<td>43.5</td>
<td>17.4</td>
<td>10.1</td>
<td>8.7</td>
<td>18.8</td>
<td>2.38</td>
<td>1.59</td>
</tr>
<tr>
<td>Abstinence is the best option for the youth</td>
<td>11.6</td>
<td>5.8</td>
<td>4.3</td>
<td>13.0</td>
<td>63.8</td>
<td>4.07</td>
<td>1.49</td>
</tr>
<tr>
<td>There is need to inform the youth on other forms of safe sex practices</td>
<td>13.0</td>
<td>2.9</td>
<td>5.8</td>
<td>24.6</td>
<td>53.6</td>
<td>4.03</td>
<td>1.38</td>
</tr>
<tr>
<td>like the condom and other contraceptives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The study also established that majority of the respondents strongly agreed that abstinence is the best option for the youth and that there is need to inform the youth on other forms of safe sex practices like the condom and other contraceptives as shown by a mean of 4.03; that rites of passage are vital in the imparting of knowledge on the practice of safe sex as shown by a mean of 3.68; that culture and traditional sex practices; cultural background affects the attitude of the youth towards the practice of safe sex as shown by a mean of 3.67. They were however indifferent on whether the practice of safe sex is a taboo topic or not as shown by a mean of 2.38.

4.5 Regression Analysis

The researcher also performed a regression analysis to help predict the influence each independent variable would have on the dependent variable. The findings are shown in table 4.13, 4.14, and 4.15.

Table 4. 13: Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.818( \text{a} )</td>
<td>0.67</td>
<td>0.518</td>
<td>.45036</td>
</tr>
</tbody>
</table>

As shown in table 4.13 above, the four independent variables studied, explain only 67% of the variations in respondents awareness of safe sex practices among Kenyan Secondary school youth; as represented by the \( R^2 \). This therefore means that other factors not studied in this research contribute 33% of the variation in safe sex awareness. Therefore, further research should be conducted to investigate the other factors (33%) that influenced the respondents’ awareness of safe sex practices.
Table 4.14: ANOVA\(^a\)

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>.932</td>
<td>4</td>
<td>.233</td>
<td>19.149</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>12.981</td>
<td>64</td>
<td>.203</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>13.913</td>
<td>68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: safe sex awareness
b. Predictors: (Constant), Family background, Culture and Traditional practices, Media and Peer Education

The significance value is .002 which is less than 0.05 thus the model is statistically significant in predicting family background, culture and traditional practices, media and peer education. The F critical at 5% level of significance was 19.149. Since F calculated is greater than the F critical (value = 3.85), this shows that the overall model was significant.

Table 4. 9: Coefficients\(^a\)

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>6.432</td>
<td>.420</td>
<td>1.030</td>
</tr>
<tr>
<td></td>
<td>Family background</td>
<td>0.323</td>
<td>.044</td>
<td>.074</td>
</tr>
<tr>
<td></td>
<td>Culture and Traditional practices</td>
<td>0.706</td>
<td>.043</td>
<td>.019</td>
</tr>
<tr>
<td></td>
<td>Media</td>
<td>0.533</td>
<td>.049</td>
<td>.089</td>
</tr>
<tr>
<td></td>
<td>Peer Education</td>
<td>3.162</td>
<td>.081</td>
<td>.243</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Awareness of safe Sex
Given the regression equation;

\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon \]

Where \( Y \) is the dependent variable (safe sex awareness),

\( X_1 \) is the Family background variable,

\( X_2 \) is Culture and Traditional practices variable,

\( X_3 \) is Media variable

\( X_4 \) is Peer Education variable, and the coefficient of determination, the regression equation becomes

\[ Y = 6.432 + 0.323X_1 + 0.706X_2 + 0.533X_3 + 3.162X_4 + \varepsilon \]

Interpreted, this means that taking all factors into account (Family background, culture and traditional practices, media and peer education) constant at zero, safe sex awareness would be 6.432. The data findings analyzed also show that taking all other independent variables at zero, a unit increase in peer education variable will lead to a 3.162 increase in safe sex awareness; a unit increase in culture and traditional practices variable will lead to a 0.706 increase in safe sex awareness, a unit increase in media variable will lead to a 0.533 increase in safe sex awareness and a unit increase in media variable will lead to a 0.323 increase in safe sex awareness. This infers that peer education contribute more to safe sex awareness followed by media variable.

At 5% level of significance and 95% level of confidence, peer education had a 0.0005 level of significance, culture and traditional practices had a 0.0096 level of significance, media had a 0.0250 level of significance, while family background had a 0.0438 level of significance; hence the most significant factor is peer education.

4.6 Summary

This chapter looked at the data analysis, presentation and interpretation of the findings of the study set out in the research methodology. The study findings were presented from 90 secondary school students from 15 schools of Mbooni East who had been identified through sampling, filled out and returned the questionnaires which were designed in line with the objectives of the
study to establish the factors influencing safe sex practices among the youth in Secondary Schools in Kenya. The researcher also performed a regression analysis to help predict the influence each independent variable would have on the dependent variable.
CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter outlines a summary of the finding of the study focusing on the issues emerging in relation to the study objective. The chapter also presents discussions and recommendations made from the study, targeting 95 secondary school youths from Mbooni East. The chapter presents conclusion of the study and identifies areas for future research.

5.2 Summary of the findings

This section highlights the key findings from the study.

5.2.1 Influence of peer education on practice of safe sex among the youth

Most youths had trust on the peer educator who educated them. However, the Choose Life curriculum was only focused on abstinence and did not give the students other methods of safe sex. The study also observed that very few peer educators enlightened the youths on safe sex practices.

5.2.2 Influence of family background on practice of safe sex among the youth

Religious teachings in churches were found to be necessary in the delivery of sex education to the youth and that the parents/guardians should reinforce this by also talking to their youth about sexuality and safe sex practices.

5.2.3 Influence of media on practice of safe sex among the youth

That content from choose life curriculum (taught within club) is educative and empowers the youth to abstain and had little on safe sex practices The youth were able to access available media that impacts on the choices that youth make regarding safe sex practices for media is a critical way of dissemination of information relating to safe sex practices among the youth.
5.2.4 Influence of Culture and Traditional practices on practice of safe sex among the youth

Finally on Culture and traditional practices influence, the study also found out that abstinence is the best option for the youth and that there is need to inform the youth on other forms of safe sex practices like the condom and other contraceptives. In addition, culture and traditional sex practices; cultural background affects the attitude of the youth towards the practice of safe sex hence take note on how it could affect their decision on safe sex practices.

5.3 Discussion

This section provides a contrast and comparison analysis of the findings in reference to works undertaken by other scholars on influence of safe sex practices.

5.3.1 Peer Education

Findings from this study on peer education revealed that peer education was the most effective way to educate the youth on issues of sexuality. Even with most school-based intervention programs that are abstinence only focused like the Choose Life resonates arguments brought forward by other scholars like Klein &Sondag (1994) who support the findings on peer education that students are more receptive to the influence of their peers because they share similar values and interests and therefore, discussions with trained peer educators will facilitate understanding of health information and encourage subsequent behavior change. This sharply contrasts with the findings of this study as majority of the youths agreed the need of peer educators to teach on ways to practice safe sex like condom use if they must do sex and not on abstinence only.

5.3.2 Family background

Family background plays an important role in behavior change by disseminating information and influencing norms. This study found out that the youths’ parents/guardians should talk to them about sexuality and safe sex practices backing up scholars like Conger (1991) that adolescents who were able to discuss sex education freely and openly with their parents are less likely to be involved in sex than those who do not communicate with their parents. This contrasts a scholar like Ndlangisa (1999) and Trudell (1993) who says that teachers and parents do not welcome open and frank discussion about sex education, so the learners turn for advice and guidance to peer and older siblings.
5.3.3 Media

The findings of the study found out that content from choose life curriculum is educative and it empowered the youth to abstain, though it had little on safe sex practices and media is a critical way of dissemination of information relating to safe sex practices among the youth. Teens often seek social and sexual information from mass media sources rather than their parents or other adults. These teens may be attracted to programs with sexual content hence affecting their choice of safe sex practice. This echo’s the majority of the respondents that media coverage is critical to the dissemination of information relating to safe sex practices among the youth hence be availed and accessible.

5.3.4 Culture and Traditional practices

The study found out that culture and traditional practices influenced the rites of passage as being vital in the imparting of knowledge on the practice of safe sex. That culture and traditional sex practices, cultural background affects the attitude of the youth towards the practice of safe sex and should uphold the safe sex practices. This was in line with Conger (1991) a scholar who said that sex education should be undertaken as part of the initiation process.

The study also found out on culture and traditional practices that majority of the respondents supported that abstinence is the best option for the youth across all cultures, besides there is need to inform the youth on other forms of safe sex practices like the condom and other contraceptives. Scholar’s like Amaro (1995) points out the contrasts in sexual norms among different ethnic groups, where some groups such as the Luo, women who give birth before marriage are disgraced, while in other groups this is seen as a valuable sign of fertility. Virginity in women is highly prized in some tribes as evidenced by the dowry paid for the bride. Among the Kikuyu, an impotent husband may provide another sex partner for his wife. Among the Nandi, a married woman can continue to have sex with her former lover or other members of her husband’s age set. In contrast, the Maragoli regard extramarital sex as adultery.

5.4 Conclusions

The study establishes that the youth are influenced by various factors in their quest to practice safe sex. While the NGOs are systematically facing out peer-led sex education programs in
Kenya and affirming abstinence only interventions, considering withheld information on forms of protection like condom use and contraceptives, perhaps this is the cause leading to a 10% increase in the HIV/AIDS preferences among the youth. These dynamics also are escalating from the family background as parents refuse to disseminate information on sexuality to their children, Media not efficiently disseminating information on safe sex practices to schools and the xenophobic cultural believes and practices that sexuality issues are a taboo to discuss.

5.5 Recommendations

The following recommendations were deemed important for youths’ awareness on safe sex practices;

1. The church/religious teachings

The church/religious teachings should deliver sex education to the youth.

2. Parents/guardians

Parents/guardians should talk to their youth on sexuality and safe sex practices.

3. Peer education intervention programs in secondary schools

They should adopt peer education as this is the most effective form through which youths can know about safe sex practices and school-based interventions should include information on condom use and contraceptives in Kenya.

4. Policy makers on media

They should ensure that the media disseminates information relating to safe sex practices among the youth to increase awareness.

They should also ensure that content from Choose Life curriculum and any other school-based reproductive health intervention either by NGOs or the government, be embedded in the school curriculum as it may help improve the students awareness to safe sex practices.
5.6 Suggestion for further study

1. Further research should be conducted to investigate the other factors that influenced the youths’ awareness of safe sex practices such as; Domain of the school that is rural or urban based and single or mixed gender school.

2. Given the research focused on Mbooni East, a similar study could be carried out in other counties where CRS has similar programs for comparison.

5.7 Summary

This is the last chapter of this study where the researcher has presented a summary of the key findings from the study. Discussion of the findings with reference to other findings by other scholars that enabled contrast and comparison analysis of the results has been presented. The chapter also provides conclusions and recommendations from the results of the study with suggestion on areas for further study.
REFERENCES


Backet, milburn & Peluso & Ortman (2000). “Family Influences on Adolescent Male Sexuality:


Cognitive Therapy and Research, 1, 177-193. (Reprinted in, C. M. Franks & G. T.


Marriage and Divorce among Young Women as a Function of Their Mothers’ Marital Status.” Journal of Marriage and Family, 48(4), 757–765.


APPENDICES

APPENDIX 1: Questionnaire for Individual Assessment

FACTORS INFLUENCING SAFE SEX PRACTICE AMONG SECONDARY SCHOOL YOUTH: A CASE OF MBOONI EAST, MAKUENI COUNTY, KENYA

Date ______________________________________________ __

Please take a few minutes to complete this questionnaire. Your honest answers will be completely anonymous, but your views, in combination with those of others are extremely important in building knowledge on the factors influencing safe sex practice among secondary school youth: a case study of Mbooni East, Makueni County, Kenya. Kindly answer all questions.

PART A: DEMOGRAPHICS

1) Name of the respondent’s school .................................................................

2) Gender                     Male [ ]                             Female [ ]

3) What is your age?
   14 - 15 [ ]
   16 - 17 [ ]
   18 - 19 [ ]
   Above 19 [ ]

4) Are you a member of a youth club? Yes [ ] No [ ]

5) If the answer to the above is yes, please give the name of the club
   ........................................................................................................

6) How long have you been a member of the above named club?
Less than 6 months [   ]
6 – 12 months [   ]
1 – 2 years [   ]
More than 2 years [   ]

PART B: AWARENESS OF SAFE SEX PRACTICE

7) When did you first hear about sex?

Before joining secondary school [   ]
Upon joining secondary school [   ]
I have never heard about sex [   ]

8) Who did you learn about sex from?

Friends [   ] Siblings [   ] Parents [   ] Media/ Internet [   ] Teachers [   ]
Religious Ministers [   ] School club [   ] others [   ] (please specify)

9) Are you sexually active? Yes [   ] No [   ]

10) If No, in question 9, what compels you not to have safe sex? (tick all appropriate)

Fear of Unwanted pregnancies [   ]
Fear of STDs [   ]
Fear of HIV/AIDS [   ]
Request/ Authority of opposite partner [   ]
I don’t have information on safe sex practice [   ]

11) How many sexual partners have you had for the last 12 months?

None [   ] 1 – 3 [   ] 4 – 6 [   ] 7 – 9 [   ] 10 and above [   ]
12) If in Question 11 you have had sexual partner(s) what form of protection did you used by you or your partner during sex? (tick all appropriate)

Condoms [ ] Birth Control Pills [ ] Female Contraceptives [ ] None [ ]

FACTORS INFLUENCING SAFE SEX PRACTICE

On a scale of 1 – 5, please indicate the extent with which you agree with the following statements:

Key

1 Strongly disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly agree

Peer education

<table>
<thead>
<tr>
<th>In my club we covered 6 plus topics from choose life curriculum</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had trust on the peer educator who was teaching us in the club</td>
<td></td>
<td></td>
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<tr>
<td>I signed up the attendance every day I went to the club</td>
<td></td>
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</tr>
<tr>
<td>The peer educator taught us only to abstain and not to engage into sex</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The peer educator taught us on ways to practice safe sex like condom use if we must do sex</td>
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</table>
## Family Background

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents or guardian has ever or talks to me issues of sexuality and safe sex practice</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sex education ought to be taught to the youth by parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Poor households are unable to impart knowledge regarding the practice of safe sex</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Desire for wealth directs the choices that youth make regarding the practice of safe sex</td>
<td></td>
<td></td>
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<tr>
<td>Economically stable households contribute towards the practice of safe sex among the youth</td>
<td></td>
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<tr>
<td>Religious teachings in churches are necessary in the delivery of sex education to the youth</td>
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</tbody>
</table>
## Media

<table>
<thead>
<tr>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic and print media like magazines do little to encourage the practice of safe sex among the youth</td>
<td></td>
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</tr>
<tr>
<td>Content from choose Life curriculum (taught within club) is educative and empowers the youth to safe sex practice</td>
<td></td>
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<tr>
<td>Am able to access available media that impacts on the choices that youth make regarding safe sex practice</td>
<td></td>
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<tr>
<td>Media coverage is critical to the dissemination of information relating to safe sex practice among youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex education ought to be taught to the youth through the media</td>
<td></td>
<td></td>
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</tbody>
</table>
## Culture and traditional practices

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural background affects the attitude of the youth towards the practice of safe sex</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rites of passage are vital in the imparting of knowledge on the practice of safe sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice of safe sex is a taboo topic</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Abstinence is the best option for youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex is a recreational activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2: Transmittal letter

Amy Murugi Murekio  
amyezak@yahoo.com  
P.O. Box 99-90101,  
Masii,  
C/O Paul Murimi  
10/05/2013

TO THE D.E.O MBOONI EAST,  
MAKUENI COUNTY

Dear Madam/Sir,

**RE: REQUEST TO CONDUCT RESEARCH IN 15 SCHOOLS AT MBOONI EAST**

Greetings,

My names are Amy Murekio. Am a graduate of Daystar University with a bachelor’s degree in Community Development having graduated in 2003. I am currently finalizing my Masters degree in project planning and management at the Nairobi University and working on my thesis that focuses on factors influencing practice of safe sex among the youth: A case of Mbooni East, Makueni County.

I have personally worked with your ministry (M.O.E Mbooni East) having trained the 15 secondary schools (leaf attached) with the Choose Life curriculum (a copy is at your office) in 2011 as a program coordinator for an Non Government Organization (NGO) namely Fadhili Trust where we sensitized 15 secondary school principals on 4th February 2011 at Kisau Girls, then followed a 3 days peer educators and teachers training concurrently at Kisau girls on 1st to 3rd March 2011 with each of 15 schools having sent 2 students and 1 teacher.

The research will be conducted using questionnaires (attached) and will be conducted within 1 week that is 3 schools a day. I intend to interview 6 students who will be randomly picked from the club.

After my findings I intend to submit a copy of my research to you to add to your recourses.

It is my ultimate prayer that you will consider my request to conduct research in Mbooni East secondary schools with my goal to finalize my masters degree and graduate this year August.

Thanks in Advance

Yours faithfully

Amy Murekio
# APPENDIX 3: School schedule visit

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>VISIT DAY</th>
<th>TIME</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kisau Girls</td>
<td>Monday</td>
<td>8:30am-12:00pm</td>
<td>Fadhili Trust field officer</td>
</tr>
<tr>
<td>Lungu Sec.</td>
<td></td>
<td>12:00pm-4:30pm</td>
<td>Josephine mwangosi</td>
</tr>
<tr>
<td>Iviani Sec.</td>
<td></td>
<td>4:30 pm-6:30pm</td>
<td></td>
</tr>
<tr>
<td>Ngoni Sec.</td>
<td>Tuesday</td>
<td>8:30am-12:00pm</td>
<td>Fadhili Trust field officer</td>
</tr>
<tr>
<td>Nduluku Sec.</td>
<td></td>
<td>12:00pm-4:30pm</td>
<td>Josephine mwangosi</td>
</tr>
<tr>
<td>Kyangondu Sec.</td>
<td></td>
<td>4:30 pm-6:30pm</td>
<td></td>
</tr>
<tr>
<td>Tawa Sec</td>
<td>Wednesday</td>
<td>8:30am-12:00pm</td>
<td>Fadhili Trust field officer</td>
</tr>
<tr>
<td>Muthwani Sec.</td>
<td></td>
<td>12:00pm-4:30pm</td>
<td>Josephine mwangosi</td>
</tr>
<tr>
<td>Yangua Sec</td>
<td></td>
<td>4:30 pm-6:30pm</td>
<td></td>
</tr>
<tr>
<td>Muthwani Sec.</td>
<td>Thursday</td>
<td>8:30am-12:00pm</td>
<td>Fadhili Trust field officer</td>
</tr>
<tr>
<td>Yangua Sec</td>
<td></td>
<td>12:00pm-4:30pm</td>
<td>Josephine mwangosi</td>
</tr>
<tr>
<td>Kiteta sec</td>
<td></td>
<td>4:30 pm-6:30pm</td>
<td></td>
</tr>
<tr>
<td>Kakuswi Sec</td>
<td>Friday</td>
<td>8:30am-12:00pm</td>
<td>Fadhili Trust field officer</td>
</tr>
<tr>
<td>Ndumbi sec</td>
<td></td>
<td>12:00pm-4:30pm</td>
<td>Josephine mwangosi</td>
</tr>
<tr>
<td>Mukimwani Sec</td>
<td></td>
<td>4:30 pm-6:30pm</td>
<td></td>
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</tbody>
</table>