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AWARENESS AND PERCEPTION OF CONDOM USE IN THE PREVENTION OF SEXUALLY TRANSMITTED DISEASES AMONG SECONDARY SCHOOL STUDENTS:IN BAHATI DIVISION, NAKURU NORTH DISTRICT

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A Research Project Report Submitted to Graduate School in Partial Fulfillment of the Requirements for the Master of Education Degree in Guidance and Counselling of Egerton University

EGERTON UNIVERSITY

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2013/94974

DECLARATION AND RECOMMENDATION

DECLARATION

This research report is my original work and has not been presented for the award of a diploma or degree in this or any other university.

Signature: Pauline W. Muruga Date: 13.10.2009

Mucugu, P.W.

EM16/1404/05

RECOMMENDATION

This research report has been submitted with my approval as University supervisor.

Signature: A.M. Sindabi Date: 13/10/2009

Prof. A.M. Sindabi

2013/94974

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The participation of all those involved in data collection is sincerely and highly acknowledged. Their co-operation went a long way towards ensuring the success of the data collection exercise.

Special thanks to Nelson who assisted in the analysis of data.

Finally, to my husband Robert our children Amos, Wambui and Ng'endo, family member and members of staff St. Joseph's Kirima Secondary School I say thanks for your support, patience and encouragement throughout the entire period of the studies.

To all of you, I say may God greatly reward you.

DEDICATION

This thesis is dedicated to my husband Robert and our Amos, Wambui and Ngendo. My success is their success.

ABSTRACT

Risky sexual practices are rampant among adolescents in Kenya. The sexual practices include having multiple sexual partners and unprotected sexual intercourse. Consequences of risky sexual behaviour include early and unwanted pregnancies, abortions, school dropout, poor performance in school, infection with sexually transmitted diseases and HIV/AIDS. Secondary school students are in the category of adolescents because they are between the ages of 14-19 years. Following the introduction of HIV/AIDS education, reproductive health education and establishment of guidance and counselling programmes in schools, students are expected to develop high levels of awareness and positive perception about the importance of condom use in the prevention of STDs. This study sought to assess the levels of awareness and perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District. This study adopted an *ex post facto* research design. The target population included 12,319 students and 52 teacher counsellors in the 52 secondary schools in the study area. A sample of 372 students and six teacher counsellors was selected from six schools. The schools were selected using stratified random sampling. The researcher purposively selected 36 mixed schools because girls and boys co-learn together. To ensure geographical distribution, the researcher selected six schools from the four educational zones in Bahati Division. The researcher used proportionate-stratified sampling to distribute the sample of 372 students to the six schools. Simple random sampling technique was used to select the respondents. Data was collected through the administration of two sets of questionnaires. The selected respondents included form 2 and 3 students and the teacher counsellors. Data collected was processed and analyzed using descriptive and inferential statistics with the aid of the computer programme referred to as Statistical Package for Social Sciences (SPSS) version 11.5 for windows. One of the major findings was that the students expected the Guidance and Counselling departments in their schools to play a more assertive role in creating awareness on sexuality issues affecting them. Following the finding, the study recommended that the Guidance and Counselling programme be strengthened in the schools to enhance the awareness of sexual behavior and its related consequences.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
KCSE	Kenya Certificate of Secondary Education
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
WHO	Word Health Organization
G.o.K.	Government of Kenya

CHAPTER ONE

INTRODUCTION

1.1 Background Information

The population of the adolescents has been on the increase globally, representing more than 20 percent of the total population. More than 85 percent of this adolescent population lives in developing countries (McCauley & Sattler, 1995). It is estimated that by the year 2025, adolescent population in the World will have doubled (Youth Net, 2000). This unprecedented increase in adolescent population poses an enormous social and economic challenge to policy makers, especially in developing countries. In Kenya, for example, the 1999 Population and Housing Census indicated that there were more than 10.3 million adolescents in the country (Central Bureau of Statistics – CBS, 2001).

In mid 1900s, public health attention in developing countries focused on adolescent reproductive health needs in response to increasing number of unwanted pregnancy. However, in recent years, this attention has shifted to sexuality and reproductive health needs (Erulkar, Ettyang, Onoka, Nyaga & Muyonga, 2003). In Kenya, adolescent sexuality and reproductive health needs and problems have been documented in several studies including Khasiani (1985); Mati (1987), Central Bureau of Statistics (1989) and Kenya Demographic and Health Survey - KDHS (2003, 1998). The studies have shown high incidences of teenage pregnancies, abortions, sexually transmitted diseases (STDs) and Human Immuno Deficiency Virus and Acquired Immuno Deficiency Syndrome (HIV/AIDS). All these threaten the social, psychological and physical well being of the adolescents. This is compounded by the fact that the majority of them lack information about the risks of early and unprotected sexual activities (Family Planning Association of Kenya – FPAK, 2000; Zabin & Kiragu, 1998

Studies on fertility show that adolescents contribute significantly to the Kenyan population growth compared to other age groups (FPAK, 2000). The median age of sexual debut decreased from 18.8 years to 16.8 years (GoK, 2005; KDHS, 2003). The majority of abortion seekers are young unmarried girls (Lema, 1991) while 41 percent of school pregnancies are terminated through abortion (Okumu & Chege, 1994). Approximately 50 percent of the urban teenage population in Kenya has been infected with at least an STI or STD (WHO, 1994; Mulandi,

1984). Trends of HIV/AIDS s are extremely high among youth; particularly girls aged 15-19 years and young women 20-24 years (FPAK, 2000). Approximately, 11.8 million adolescents are living with HIV/AIDS in the World. Out of all the new HIV/AIDS, 60 percent occur among the adolescents with more girls being infected than boys (WHO, 2002).

Cases of early pregnancies have also increased from 3 percent at the age of 15 years, to 45 percent at the age of 19 years. Only 20.4 percent of the sexually active adolescent female aged 15-19 years reported using modern contraceptives. Increasing early childbearing is exposing young mothers to risks of maternal morbidity and mortality. Adolescent mothers are more likely to drop out of schools (FPAK, 2000; KDHS, 1998). Adolescent mothers may also suffer from low self-esteem due to the inherent incompatibility between the roles they are expected to assume as mothers and their physical and emotional immaturity (Mulandi, 1984). Despite the consequences of engagement in early and unprotected sex, the rate of contraceptive use among the adolescents is low though its prevalence rate has increased overtime (FPAK, 2000).

Secondary schools students are in their early adolescent stages where sexual desires and anxieties are high. Majority of them are tempted to engage in sexual activities that expose them to all the above risks (Anyango, 2005; Zabin & Kiragu, 1998). Studies have indicated that the adolescents lack adequate reproductive health education to enable them to make informed decisions. This has reduced their levels of awareness and perceptions about the available methods for safe sexual behaviours. Awareness and perceptions could assist adolescents in delaying their initiation into sexual activities or protect those who are already involved in sexual activities. African traditional societies had well-established systems of preparing young people for adult sexual roles and responsibilities. However, traditional systems have weakened and in some places, become extinct and have left adolescents poorly informed (Amalemba, Dortzback, Ndunge, Meredith & Robinson, 1996). The high rates of STDs and pregnancy and abortions among students clearly illustrate the dangers of ignorance and lack of information (UNFPA, 1997).

In realization of this information gap, the Kenya Education Commission of 1964 (Ominde Report) and the Presidential Working Committee on Education and Training for this Decade and

Beyond of 1988 (Kamunge Report) discussed students' reproductive health education and recommended that it be part of the Guidance and Counselling programme in learning institutions. The Commission of Inquiry into Education System in Kenya of 1999 (Koech Report) later on recommended that reproductive health education and even HIV/AIDS education be introduced in school curriculum in primary and secondary schools. HIV/AIDS education is now being taught as an integrated subject in primary and secondary schools. All these efforts are geared toward creating the necessary levels of awareness and changing the perception of students about engagement in unprotected sex and the available contraceptive measures for prevention of STDs (PATH 2003).

However, despite these government initiatives including establishment of Guidance and Counselling programme in secondary schools, there is relatively limited information about the level of awareness and perceptions of students about contraceptive use in prevention of STDs. Secondary school students in Bahati division of Nakuru North District, as adolescents, have not been spared from the potential consequences of unsafe and unprotected sexual activities that expose them to STDs and pregnancy. This is in spite of the availability of contraceptive use to protect them. This necessitated the need to assess the level of awareness and perceptions of condom use among secondary school students in the prevention of STDs and in the division.

1.2 Statement of the Problem

Secondary school students are in their early adolescent stage where they experience sexual desires and anxieties that can expose them to unsafe and unprotected sexual activities. Due to this, the government, through the Ministry of Education, introduced HIV/AIDS Education, established Guidance and Counselling Programme in schools and Life Skills Education. As a result,the students are expected to develop high levels of awareness and positive perception about the importance of contraception use in the prevention of STDs. However, despite these initiatives, there is relatively limited information about the eventual levels of awareness and perceptions of secondary school students about contraceptive use in prevention of STDs. This study was paramount in evaluating the levels of awareness and perception of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District, Kenya.

1.3 Purpose of the Study

This study sought to assess the level of awareness and perception of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District.

1.4 Objectives of the Study

This study was guided by the following specific objectives:

(i) To determine the level of awareness of students about condom use in the prevention of STDs.

(ii) To establish the level of perception of students about condom use in the prevention of STDs.

(iii) To assess the relationship between the level of awareness and perception of students about condom use in the prevention of STDs.

(iv) To find out the relationship between the level of awareness and perception on condom use in the prevention of STDs and the sexual behaviour among students.

1.5 Research Questions

The study sought to address the following research questions:

(i) What is the level of awareness of students about condom use in the prevention of STDs?

(ii) What is the level of perception of students about condom use in the prevention of STDs?

(iii) What is the relationship between the level of awareness and perception of students about condom use in the prevention of STDs?

(iv) What is the relationship between the level of awareness and perception on condom use in the prevention of STDs and the sexual behaviour of students?

1.6 Significance of the Study

In order to adequately assist secondary school students and adolescents in general, in handling the challenges and associated risks of early engagement in sexual activities, detailed empirical studies was needed to evaluate their levels of awareness and perceptions about contraception use

in prevention of STDs. This study was based on the premise that the level of awareness and subsequent perceptions about contraceptive use determine whether the adolescents would eventually use them or not. This would turn influence the extent to which they were exposed to sexually transmitted diseases/s. It was also to assist in assessing the sexual behaviour of the students. The findings of this study are therefore significant to the government, schools, adolescents and entire society in assessing and appreciating the importance of contraceptive measures in prevention of STDs among the youth. The Government through the Ministry of Education can use such information in evaluate and reinforcing reproductive health and HIV/AIDS education in the school curriculum, in order to change the sexual behaviour of the students. The Ministry of Health can also use the findings of the study in addressing the challenges facing adolescents in using the available contraceptives. The findings can benefit students and teachers, especially Guidance and Counselling teachers, in addressing sexuality issues and issues pertaining to condom use among students. Schools can use these findings to address the challenges facing adolescents in accessing and using contraceptives.

1.7 Scope of the Study

The study focused on assessing the levels of awareness and perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North district. Secondary schools in Bahati division were chosen as a research site because adolescent students in the area, like anywhere else, experience sexual desires and anxieties that encourage them to engage in early sexual activities. This exposed them to the risks of contracting STDs. All this was happening despite the implementation of various initiatives in schools, like HIV/AIDs education and Guidance and Counselling programme, to enlighten them about the available contraceptive measures. The study involved only Form Two and Form Three students, as they were believed to be in the initial phases of their adolescent stage and were likely to be more vulnerable to sexual desires and anxiety, and the urge to engage in sexual activities. The study involved a sample of students and teacher counsellors from six schools in the area.

1.8 Limitations of the Study

The study encountered a number of limitations, which impeded answering the research questions and objectives. They included:

(i) Two out of the six schools experienced discipline issues that interrupted the school programme .The collection of data was postponed for some time.

(ii) The researcher sampled more day mixed schools than boarding mixed schools because the division has only one boarding mixed school and many day mixed schools.

(iii) Some teacher cousellors did not fully complete their questionnaires therefore limiting information gathered on the activities of the Guidance and Counselling department.

(iv) In one school, the teacher counselor was away on leave (maternity). The stand-in teacher counsellor admitted that she was not adequately informed on the Guidance and Counselling Programme in the school.

1.8 Assumptions of the Study

The study was based on the following assumptions:

(i) The students were to willing provide information about their sexuality and use of contraceptives.

(ii) All students knew the available contraceptive measures.

(iii) Schools had provided adequate information about effective methods of STD prevention in related subjects.

1.9 Operational Definition of Terms

In this section, operational definitions are presented as used within the context of the study.

Abstinence: The practice of not allowing oneself sexual activities for moral religious or health reasons

AIDS: Acquired Immune Syndrome. A serious disease caused by a virus that destroys the body natural protection.

Adolescence: Is a period of time in a person's life when there is transition from childhood to adulthood. Adolescence is the age between 10-19 years of age.

Adolescent: A person going through adolescence period.

Awareness: The level of knowledge of about a particular concept or experience. In this case, awareness refers to the level of knowledge of students about condom use

Condom: A thin rubber covering worn by a man or a woman during sexual intercourse to prevent pregnancy or transmission of infectious diseases.

Contraception: Use of any of the various methods intended to prevent pregnancy or transmission of infectious diseases.

Contraceptive: Any of the various methods or drugs intended to prevent pregnancy or transmission of infectious diseases.

HIV: Human Immunodeficiency Virus. The virus that causes AIDS. The virus is transmitted by sexual contact, through blood, from mother to child.

Infection rate: Proportion of a defined population exposed to the risk of acquiring the virus at any given period of time.

Life skills: These are personal abilities competencies or social skills that enable one to deal effectively with the demands of everyday life.

Perception: This is a cognitive process of responding to a sensation. In this study, the awareness and perception of the students about condom use is assumed to be as a result of the cognitive processing of the information they have about the role of contraceptive measures in prevention of STDs.

Puberty: This is the time when the bodies of boys and girls physically change. During puberty young people experience a major growth change.

Risk behaviour: Condition or behaviour, which make it likely that a person will become infected with HIV/AIDS.

Self –control: The ability to restrain ones sexual feelings and emotions.

Unprotected sex: Sex without the use of a contraceptive (condom) that could expose one to the risk of pregnancy or transmission of infectious diseases.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature on adolescence and contraceptive use. The review discusses the guidance and counselling and adolescence; adolescence sexual behaviour; factors influencing adolescence sexual activities; sexually transmitted diseases/s and consequences of early sexual activities. The chapter also discusses contraception methods including condom, awareness of condom use and perception about condom use. It also presents theoretical and conceptual frameworks that guide the study.

2.2 Guidance and Counselling and Adolescence in Secondary Schools

Most secondary schools students are in the adolescent stage. Antony (1996), says adolescence is derived from a Latin word "adolescere" meaning to grow to maturity. He further says that adolescence can be broken into two, namely puberty / pre-adolescence and adolescence proper(adolescent period of development).

i) Puberty / pre-adolescence

This is an overlapping period, which encompasses the closing years of childhood and beginning years of adolescence and is marked by three stages.

(i) Prepubescent stage – This is where secondary sex characteristics develop.

(ii) Pubescent stage – Marked by menarche for girls and nocturnal emissions for boys.

(iii) Post pubescent stage – Marked by mature functions of the sex organs.

Wortman, Loftus and Weaver (1999), observe that puberty/preadolescence is a short period of rapid growth and change in body size, proportion, development of both primary and sex characteristics occurring at a variable age. Marcia (1994) notes that this is a "negative phase" because of the "anti" attitude the individual adopts towards life especially in the early part of puberty and its negative changes when the individual becomes sexually mature. Antony (1996) adds that this phase is known for its rejection of the standards of the adults and behaviour problems and delinquency normally originate from this phase.

ii)Adolescence Period of Development

This stage extends from the time one becomes sexually mature until the age of 18 years. This is a trying period because of the conflict an adolescent is going through not knowing whether he is still a child or already an adult. Papalia and Sally (1992) observe that there is a lot of ambiguity regarding the role of an adolescent; they undergo a lot of emotional problems, which seem to be their most important concern. Marcia (1994) argues that an adolescent becomes increasingly aware of himself /herself and wants to define his/her role in the society, seeking status as an individual, longing for recognition from his/her age mates and for this he/she is ready to conform to the standards of his peers. He/she is confronted with an emerging heterosexual interest and thus experiences a conflict between his/her immature idealism and reality.

Antony (1996), notes that physical growth slackens and the adolescent concentrates on interpersonal problems. These are due to dissatisfaction in regard to some parts of their bodies and hence they have poor self-esteem and unfavourable self-concepts. Antony further notes that there is increased peer grouping and sex interest centre on heterosexuality. Adolescents also grunt in an effort to increase their independence from the authority where they exclude adults by cutting off communication. Marcia (1994) says it may be very damaging if we force them to open up but all they need understanding. The difficult is not in him / her refusing to communicate but in the adults (authority's) inability to adequately understand the adolescents.

Robert and Elizabeth (1983), say that adolescent experience alienation which is a syndrome comprising of distrust, anxiety, pessimism, egocentrism, meaninglessness, normlessness and powerlessness. Alienation is caused by his lack of social skills and social contacts. An adolescent who feels alienated dysfunctionally believes that retreating might solve his problems but on the contrary it only increases and might lead him to drugs, truancy, rebellion and other maladaptive behaviour. Marcia (1994) says that adolescence is a critical period of the development on self-concept, which does not originate from birth but evolves over the years through learning. Self-concept develops during adolescence and attains stability in later years. Identity versus role confusion is the core conflict of adolescents and if no successful resolution is attained the individual becomes age-diffused-not knowing who he is, where and to whom he belongs - and forms a negative identity (contradiction to the expected or socially approved norms and this

could lead to delinquencies) Identity confusion is as a result of overwhelmed body changes and by a host of alternatives from the environment.

Antony (1996: 48) identifies the following forms of identity status:

i)Foreclosure: Adolescents who are committed to a set of values after careful consideration of various alternatives.

ii)Achievement: Adolescents who are committed to a set of values but have not considered alternatives.

iii) Moratorium: Adolescents who make no serious future attempts to consider issues and don't express conscious belief system or realistic and constructive plans for future.

According to Piaget's cognitive development, the highest stage called the "formal operations" is entered during or sometime after the arrival of adolescence. Here individuals acquire skills of logical thought, tend to be realistic and expect the world to be logical. They are driven to become reformers and critics of the older due to metacognition.

Wortman et al, (1999), observe that guidance and counselling is needed in all stages and especially so during adolescence. Usually the adolescents will be completing their final examination and the task of providing information can be obtained from established vocational information centres in the guidance and counselling programme. Adolescents of their own accord, do not seek help or counselling unless in extreme need. Counselling as such cannot be forced on unwilling clients especially those with prejudiced and resenting views. Here a redeeming factor is the quality of the counsellor. From developmental psychologists we know that adolescents are idealistic, so if they find a counsellor who is genuine, trustworthy and humane, they usually tend to confide in him/her. Therefore one of the ways of facilitating adolescent counselling is to enhance that refined humanness that is highly valued by adolescents.

Behaviour change among the students is necessary in avoiding unhealthy sexual lifestyles. In Kenya, studies show that adolescents are sexually active by 15 years. Among adolescents 15-19 years, 44% have experienced sexual activities (CBS, 2004). The reasons given for early sexual encounter include curiosity, peer influence, expectations of gifts or money, and coercion. Young people therefore need skills to deal with these pressures and expectations without putting

themselves at risk (GoK, 2005c). Guidance and Counselling can play a vital role in enhancing responsible behaviour.

The role of Guidance and Counselling is to encourage young people to substitute unhealthy sexual behaviour, for positive lifestyle changes (Straight Talk 2004). Cultural evolution and advances in technology have afforded people with the choice; to use or not to use a condom. The essence of the choice is whether to opt for the small short-term reward produced by one action or the larger longer-term reward produced by another necessary incompatible action. The short-term reward is produced by sexual activities versus the larger longer-term reward produced by safe sex practices. The safe sex practices include limiting the number of ones sexual partners to one, finding out the sexual history of partners before engaging in sexual relations, using a condom during sex and abstinence from sexual intercourse. Students, who have self-control, practice behaviour with larger longer-term reward. Self-control is the life-skill that produces the larger, longer-term rewards. This is when people are faced with the choice between larger-longer term reward and the smaller, short-term reward. The Guidance and Counselling programme can enhance safe sex practices through role-play. Role-play can help students overcome feelings of uneasiness involved when asking another person about his or her sexual history (Carson, 1997). Apart from self-control, the skill of effective communication and use of verbal and body language are essential to a student. Through the use of life-skills, the students can make positive sexual and healthy choices. They need to make informed decisions on sexual matters and practice healthy sexual behaviour with the life-skill impacted by Guidance and Counselling. Young people can avoid situations and behaviour that are likely to pose risks to their sexual health. The life skills promote positive healthy behaviour that may reduce early sexual involvement, the risk of STDs and HIV transmission (Straight talk, 2004).

2.3 Adolescent Sexual Behaviour

The adolescence marks the transitional period between childhood and adulthood. It is a time of remarkable physical, emotional, psychological, cognitive and social change. Adolescents begin to take control of their lives and make decisions for them. Because of the sexual desires and anxieties that characterize this stage, the adolescents are likely to engage either in safe or unsafe sexual behaviours. These behaviours are influenced by social and economic environment as well

as cultural evolution, genetic and psychological constitution of a person (KANCO, 1999; Crain, 1992). Studies indicate that most young girls in rural areas have sex with their age-mates while the majority in urban areas does so with men older than themselves. Boys regardless of residence have sex with girls younger than them (Kiragu, 1991; Okumu & Chege, 1994).

In a school environment, sexual behaviour of students varies with the types of schools. For example, students in day and co-educational schools are more likely to engage in risky and unsafe sexual behaviours than those in boarding and unisex schools (Lema & Mulandi, 1992). Among the boarding school students, sexual activities are higher during school holidays than among day scholars (Kiragu, 1991). This is risky especially where there is limited information on sexuality and the consequences of unprotected sexual activities. The behaviour of the adolescent is also more likely to be influenced by peer pressure, which may encourage drug abuse and unprotected sexual behaviour. Some adolescents believe that contraceptive use denies them the pleasure that they are supposed to derive from sexual activities (Kithaka, 2005; Gatheru, 2005; Mwathi, 2005). The situation has been worsened by the fact that few parents are aware of the expected sexual behaviour standards of their adolescent children. In most cases parents are equipped with great intentions but lack the communication skills to pass these intentions to their adolescent children (Vanpelt, 1984).

2.4 Factors Influencing Adolescence Sexual Activities

At the adolescent stage, young people develop rapidly physically, mentally and psychologically. As a result, students experience many problems as they try to adjust their behaviour patterns to fit into their developing way of thinking, social interaction and their increased sex awareness (Muthoni, 1987). According to Muthoni, at the adolescent stage, adolescents experience the secondary sexual characteristics. These are observed in their behaviour demands of puberty and sexual development such as trying to satisfy sexual pleasure, which leads them to pre-marital sex. A problem that may a rise is teenage pregnancy and with such an occurrence, the adolescents are faced with physical as well as psychological problems such as trying to find out whether to expose the pregnancy or keep it private from parents and whether one should result to abortion and shame and withdrawal from peers and friends.

There are various other factors associated with adolescent sexual activities such as, early onset of sexual development. This physical maturation is not necessarily in line with emotional, cognitive, psychological and social development. Adolescents experience intense sexual demands at a time when they generally lack cognitive and emotional maturity, information and resources to protect themselves from exploitation, pregnancy STDs and AIDS - a malady without cure. Adolescents have inadequate information about their sexuality. They are not well informed about the consequences of early and premarital sex and are therefore incapable of managing their own sexuality. They often rely on peers for information, which is often unreliable and misleading(Muthoni, 1987). Both boys and girls adolescents face pressure from peers to initiate sex in order to prove their manhood/womanhood. Early marriages are often related to bride price and lower educational levels. Cultural practices such as female genital mutilation (FGM), which is practiced during the adolescent period in some Kenyan communities, is usually done to initiate the girls into adulthood which in turn, makes the youth feel mature and ready for sexual intercourse and parenthood. Drug use and abuse are associated with impaired judgment and higher incidences of unprotected sexual activity. In sexual changes, there is gradual development and strong sexual feelings towards members of opposite sex or feelings leading to masturbation. Adolescents are often enticed by the economic rewards from older people such as "Sugar Daddies and Sugar Mummies" who can provide money, housing and school fees. Older men often consider adolescent girls free of HIV/AIDS – safe subject for sexual exploitation. Some communities hold that sex with virgins will cure a sexually transmitted disease. Kenyan adolescents are faced with changing cultural expectations. Foreign value systems often pose conflicts. Traditional roles of conflict are no longer clear and close adult supervision is not possible. It is also observed that idleness and unemployment make the youth more vulnerable and encourage the desire to sexual intercourse (FPAK, 1997).

2.5 Possible Consequences of Early Sexual Activities

Both the boy and the girl may choose marriage when the girl gets pregnant. This leads to disruption of their education followed by stress regarding the whole episode. Atwater (1983), says that those who marry young have marital problem and divorce at twice the rate as those who marry later. The majority of abortion seekers in the country have been found to be young unmarried women. In one study, 53% of induced abortion patients were found to be unmarried

girls (Lema *et al*, 1989). Okumu and Chege (1994) found that 41% of school pregnancies are terminated through abortion. Abortion complications arise from unsafe procedures which usually occur where abortions are illegal or inaccessible. Female youth with unwanted pregnancies seek clandestine abortion or illegal abortion, which may result to injury and death. If Reproductive Health Education was made available, such unplanned pregnancies would not have occurred. This option has become increasingly available in recent years due to irresponsible sexual activities among the youth and the availability of lucrative abortion job among certain health workers. Abortion mostly happens among unmarried women aged between 19-24years. Those who carry out abortion suffer from psychological disturbance than those who carry their pregnancies to term (Olson, 2000). Wanyoike (2003) indicate other possible consequences as dropping out of school or poor academic performance, emotional disturbance leading to desperation and high suicidal tendencies among the victims, predisposition rate, drug abuse, rape, diminished marriage prospect and defilement. In addition to those, he continues to say that the teenage mother is likely to suffer from possible complication, which may occur during pregnancy and childbirth, loss of self-esteem and loss of chances in economic independence.

2.5.1 Sexually Transmitted Diseases/Infections

Of all the sexually transmitted diseases/s, HIV/AIDS is perhaps the most frightening, because it has no cure (Schuller & Barnett, 2000). Approximately 33 million new cases of sexually transmitted s occur worldwide each year and at least 111 million of these cases occur in people under age 25 (WHO & UNFPA, 1999). Of 33 million people with HIV, at least a third of them are aged between 10 – 24 years. In Kenya, 50 percent of all new occurs among adolescent of ages 15 – 24. In developing countries, data indicate that up to 60 percent of all new are among 15 to 24 years old (UNAIDS, 1998). Some 10.4 million youth under age 15 have lost one or both parents with HIV/AIDS. This implies that, all over the world, students have been identified as being at a special risk of HIV. Infection may be high among the students as a result of lack of information on its causes and effects. Other factors could include unemployment, poverty as well as adolescent attitude of not perceiving themselves to be at risk and lack of access to reproductive health services like use of condom.

Infection among female outnumbers that of male by ratio of 2 to 1 (UNAIDS, 1998). A study done in Kisumu found that among sexually active adolescents aged 15-19 years, girls were nearly six times more likely than boys to be HIV positive, even though the female were less sexually experienced and had few sexual partners than their male counterparts (PATH, 2000). The increased vulnerability of women is attributed to factors beyond their control such as sexual violence, exploitation, early sex initiation, inability to negotiate sex with partners who are often older than them, social pressure, lack of formal education, less access to reproductive health services, women cervical epithelium is more susceptible to s (MOH, 1996).

According to a joint report "Young People and HIV/AIDS: Opportunity in Crises" compiled by UNAIDS, UNICEF & WHO 2002 findings shows that students are the worlds most poorly informed about the risks of HIV/AIDS, means of transmission and their own vulnerability. Those who know do not often heed warnings to reduce irresponsible sexual behaviour. They believe that being familiar with sexual partner puts them at a decreased risk of HIV.

Also affecting perceived risk is the tendency for students in steady relationship to be more concerned with preventing pregnancy other than contracting a sexually transmitted disease. At times they do not adapt to safe behaviour simply because they are passing through a stage of life in which risk taking is particularly attractive. Many feel they have nothing to lose or feel vulnerable; others are strongly influenced by peers who feel sex is an "in-thing" (FHI, 2000). In certain times, continuing stigma and discrimination may prevent them from finding out more about the disease and its consequences. Few are provided with the opportunity to consider or think carefully about the consequences of unprotected sex relations and thereby ill-prepared to protect themselves and their partners against HIV, (PATH, 2001).

Students who are HIV positive may face ostracism in their community. They may be forced out of school or home. They may be less aware of their rights, more vulnerable to financial hardship, less able to find and afford care. They may also be angry they were infected so early in life and confused about their future, therefore at risk of spreading the disease to others (FHI, 2000). Giving information to students is important since they are more likely to adopt and maintain safe sexual behaviour than older people with well-established sexual habits, making students excellent candidates for prevention efforts. Reducing STDs among students will

ultimately result in fewer s among all age groups. Because of this, the Government has introduced HIV/AIDS curriculum in primary and secondary school, and teacher training colleges to help train students on the causes and consequences of AIDS in the hope of reducing STDs among them.

2.6 Contraceptive Methods

According to FPAK (1997), sexually active adolescents are in need of safe and effective contraception. Teenagers tend to have unpredictable life styles, which revolve round such issues as asserting their independence, convenience and acceptance among their peers. Their relationship may be temporary and multiple sexual partners are likely. As a result, they may be exposed to the risk of contracting STDs and HIV/AIDS.

Many teens do not use effective contraceptive methods, and those who do are likely to use them infrequently or incorrectly. This often leads to early child bearing which is associated with poor health for both the mother and the child. Adolescents need access to family planning services regardless of their marital status. Teens frequently have unplanned, unprotected intercourse and it is important they have access to emergency contraceptive services. The teens should approach the health workers for advice on the most suitable contraceptive for them (FPAK, 1997). One of the commonly used and available contraceptive methods is condom.

2.6.1 Condom as a Preventive Measure

Condom use is central to the prevention of STDs, including HIV among sexually active populations. Other preventive measures include abstinence and being faithful to one sexual partner. The ABC approach is highly effective in the prevention of HIV and AIDS. The ABC approach includes abstinence, being faithful to one partner, using condoms (Adler, 2001). Uganda had a 30 percent prevalence rate in the 1990s but the rate has steadily declined to 6 percent. This is because of a broader HIV prevention strategy that of limiting sexual partners and using condoms (Nation, 2006). Condom use by single women aged 15-24 years doubled between 1995-2000 and 2001 (GoK, 2005a). However, use of condom has been kindled with myths, which serve to discourage users (Straight talk, 2004). The use of condoms greatly reduces cases of STDs and re-infection. However, some churches have discouraged their members from using

condoms. They encourage the members to use abstinence as a measure of prevention. Abstinence is the recommended prevention measure, in line with the moral teaching of the churches (Nation, 2006; (Weinreich & Benn, 2004). They have advocated for self-control in the wake of HIV and AIDS. In spite of this campaign from leading churches, abstinence has not been widely accepted (Nation, 2006).

The use of the condom as a prevention measure depends on the consistent and correct use a new latex condom each and every time one engages in sexual activities (Weinreich and Benn, 2004). Many young people do not know the proper use of condoms. They prefer not to use them at all (Weinreich and Benn, 2004). Condom use has been affected by "boredom" with prevention measures and failure to target appropriate messages to a new generation. The use of condoms has being affected by the perceived decrease in threat of HIV in the era of Highly Active Antiretroviral Therapy-HAART (Weinreich &Benn, 2004). Others do not use condoms because of the myths and attitudes attached to them. Straight Talk (2004) and CBS (2004) highlight the following as some of the myths and attitudes that affect condom use:

(i) Condoms reduce libido.

(ii) It robs men of their masculinity.

(iii) Reduce sexual pleasure.

(iv) Denotes promiscuity and are meant for commercial sex workers

(v) Are not reliable.

(vi) They are expensive and embarrassing to acquire.

Regardless of the above myth about condom use, students need life skills to overcome barriers in condom use. They need assertive skills to turn down a partner who refuses the use of condom. Campaign for the use of condom encourages the youth to possess them (Weinreich & Benn, 2004). In Kenya, condom use has increased markedly in recent years in Kenya. They are available through free distribution from the government, subsidized sales through socially marketing, donor-funded projects and sales in the private sector. Distribution figures show a strong gain in the number of condoms being demanded, 50 million in 2002, 80 million in 2003 and 110 million in 2004 (GoK, 2005). Sales in the private sector have increased to around 150 million condoms per year. Female condom use has increased to over 600,000 female condoms,

distributed by January 2005. This accounts for only 0.5 percent. The female condom is available in the private sector. However, the female condom costs around 40 times more than the average male condom in the private sector making them expensive thus affecting they use (GoK, 2005). Increased use of the condom requires that those sexually active students be encouraged to always have a condom (Straight Talk, 2004). Nevertheless, many schools especially boarding schools carry out random inspection. They confiscate condoms when they find them with the students. The finding of condoms with some students means that the student is concerned with his or her health and future (Suchia, 2006).

2.6.2 Students' Awareness of Condom Use

Informing students about the importance of condom use, appropriate and acceptable behaviour, and ways to protect themselves against unwanted and unprotected sex is problematic. In Kenya, parents, teachers, religious and community leaders, health care providers are all expected to educate students about personal and physical development concerning relationship with each other, and about their roles in society. But their capacity to do so in comfortable, open unbiased way is lacking (Askew, Chege & Njue, 2003). Students therefore rely on the media and friends for reproductive health education, a source that could give inaccurate information.

Studies done generally agree that students are less informed, less experienced and less confident about reproductive matters. They lack life building skills, negotiation skills, value clarification, refusal skills, decision-making and goal setting. All intended to enable the students cope with challenges of growing up, self-management and other transitions (Transgrud, 1998). Students expressed a strong desire for better education on reproductive issues, especially on practice of safer sex and the consequences of sexual intercourse. It is recommended that both schools and parents participate in reproductive health education (Senderowitz, 1997).

2.6.3 Perceptions About Condom Use

Perception is the process in which the brain interprets sensations, giving them order and meaning. It is formed from the information collected and the meaning assigned to this information. Through sensation, stimulation of receptor cells (in the eyes, ears, nose, mouth, and

skin surface) sends nerve impulses to the brain. As soon as the brain receives the sensations, it automatically interprets or perceives them (Wortman, Loftus, & Weaver, 1999). The perception of an individual may also be influenced by the value that is associated with the object or service. The more information one gathers about the object, the more he/she forms specific perception. In this study, the more students are aware of condom and its use, the more they are likely to form specific perceptions about it depending on the value they attach to it. The perception of others may also influence one's perception such that a student may change his perception to reflect the perception of other if he feels his perceptions are not consistent with the others. This is the reason why it is likely for a group of students to have similar perceptions (Shultz, 1999). This is because as human beings, when one gets close to other people, he/she begins to take on behaviour and actions in other people that one likes and avoids those that are uncomfortable. The way one perceives oneself is influenced by the relationship one has with other people and meaning attached to it. Thus students' perception about condom use is likely to be influenced by the perceptions of his/her peers about the same. Cowan, et al, (1978) observes that the individual's preferred way of doing things and perceiving in different ways leads to preferred perceptual and behaviour styles that are in turn responsible for attitude formation. This perception - attention - transformations - action cycle offers us a model of the individual human being at a particular moment.

According to Murphy and Miller (1997), individuals tend to be highly selective of all aspects of potential information available. The perceptual process of attention and memory are important components of social cognition, which leads to the formation of attitudes. Accuracy in one's perception has been looked at from the perspectives of emotions and personality traits. The extent to which an individual attends to his social surroundings has consequences on how he perceives himself. The factors which enhance self-awareness increase the extent of perception of one's self and behaviour. The following diagram shows how an action or behavior is influenced by the attention given to an object after obtaining the perception from the senses. This attention is transformed into an action, which is determined by the attitude held by the preceptor. Action and attitude reflects the behavior such that a person with a negative attitude toward an object would shun it while those with positive attitude would approve of it. Action and attitude reflects

the behavior such that those students with a negative perception about condom use are likely to shun its use while those with positive perception would approve of it.

Perception ——→ Attention ——→ Transformation ——→ Attitude

The illustration above shows the different stages of attitude formation. It starts with perception, then attention given to the percept. It is then transformed into a behaviour that is reflected in the attitude or action held by the preceptor. Dewey (1986), opines that, "as human beings we are unique because of the extent to which our behavior is mediated by an active construction of the meaning; it cannot be explained by evoking a simple stimuli response." The way information is perceived can be explained by the cognition or rational thinking theory; or by affect or emotional mode of transformation; or by value or attitudes mode of transformation. However people do not engage equally in all the three. Marked differences are often because of genetic temperamental differences and particular social learning theories (Buss & Plomin, 1975; Bandura, 1969, 1977).

In regard to this study, students need age-appropriate information about physical and emotional development, the potential risk of unprotected sex, substance abuse, life skills to enable them translate knowledge attitude, values into healthy behaviours as well as how to access health services (UNFPA, 1999). Most students are eager to know more about contraceptive measures, are open to advice on how to handle personal problems. Mass media, entertainment, radio, television, music, video, books, newspapers, are ways to communicate messages to influence knowledge, attitudes and behaviour of students about contraceptive use (McCauley & Salter, 1995).

2.7 Theoretical Framework

This study will be guided by the social learning theory in illustrating how students develop their sexual behaviours and its influence on their awareness and perception about condom use.

2.7.1 The Social Learning Theory

The theory asserts that behaviour is learned through the same mechanisms and the same principles of learning. Sears (1950) was the first to describe social behaviour within learning

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theory framework. His basic thesis was that personality development in a person is determined by the ways in which the person is raised, a tenet clearly taken from Freudian theory (Fagot & Leinbach, 1989). Hence according to Sear, socialization is a two-way process in which the behaviour of the individual depends on the behaviour of the other people and in which the individual's behaviour acts to elicit specific behaviours from others. Behaviour is also influenced by reinforcement from others. By being reinforced for some behaviour and not reinforced or perhaps even punished for others, a student learns socially approved behaviour (Dusek, 1996). Consequently, people charged with the responsibility of providing reproduction and sexuality information to students are able to encourage safe sexual behaviours where students appreciate the use of condom, while discouraging undesirable and unsafe sexual behaviours that can expose students to STDs. In addition, social behaviours are also learned through the process of imitation. Imitative learning occurs when people match their behaviour to the behaviour of some other person (model). Students, being in their adolescence stage, are more likely to learn and imitate the sexual bahaviour (safe or unsafe) of their peers. If their peers condemn the use of condoms, such students are not likely to use them, and vice versa.

Bandura (1969) on observational/modeling has four concepts in learning behaviour: attention, which requires one to be attentive in order to learn; retention, which is influenced by what is learned, the individual must recall the activities; reproduction, which involves converting symbolic representation into appropriate activities; and motivation which refers to the incentive to initiate behaviour. Therefore, a person's personality interacts with environment and his or her psychological processes to emit an action. Students are able to address the sexual challenges they face in their adolescence stage through self-regulation process that involves self-observation, judgment and self-response. The relevance of this theory to the study is that the level of awareness and perception of students about condom use depend on their social interaction and information about their sexuality and reproduction that they gather from various sources.

2.8 Conceptual Framework

The Conceptual Framework shows the relationship between independent variables, intervening variables and dependent variables as summarized in Figure 1. When the level of awareness of condom use is high or moderate students may practice safe sexual behaviour or should use condom. When awareness is low the students may practice unsafe sexual behaviours. When the

level of perception of condom use is positive they should have safe sexual behaviour. When it is neutrals or negative they may engage in risky behaviour. Awareness and perception of condom use may be affected by the intervening variables like peer pressure, culture or gender. The intervening variables in the study were controlled by being built in the study. Figure 1shows the interaction between awareness and perception of condom use and the prevention of STD spread among secondary students. The intervening variables included peer pressure, culture and significant others.

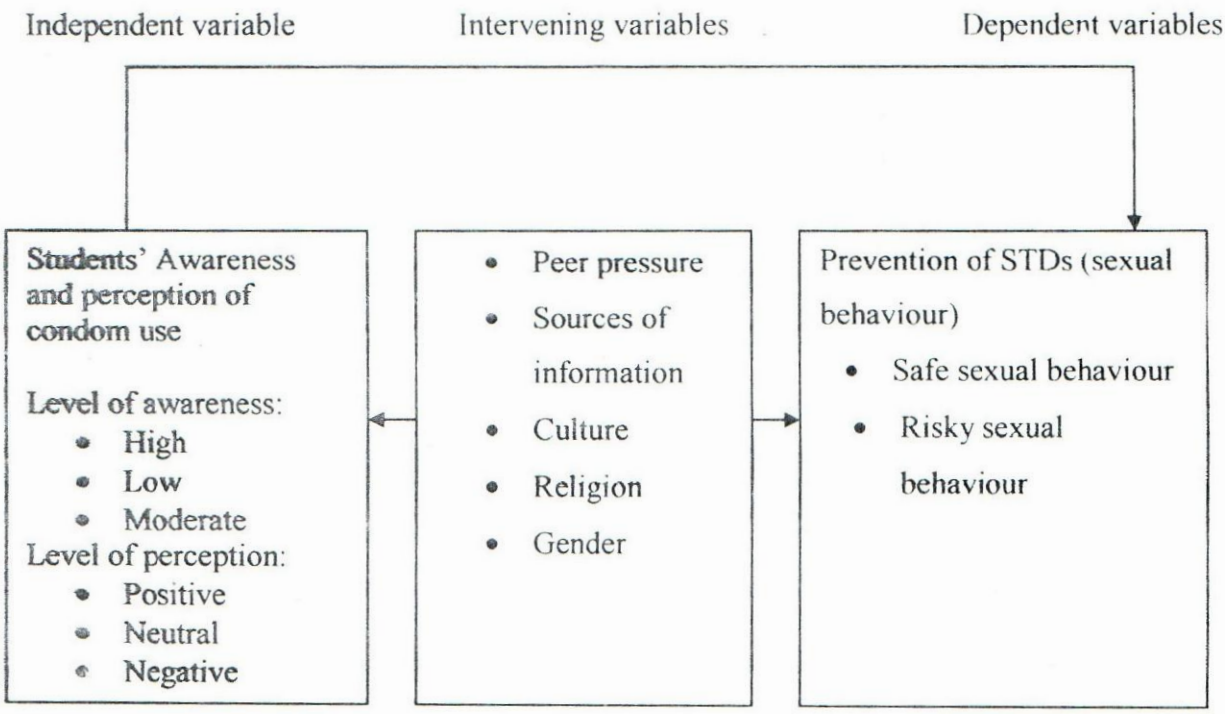


Figure 1: Factors that Influence Awareness and Perception of Condom Use and Prevention of STDs Spread Among Secondary School Students.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the methodological procedures that were used in data collection and analysis. The discussion includes the research design; location of the study; population of the study; sampling procedure and sample size; instrumentation; data collection procedure; and data analysis.

3.2 Research Design

This study adopted an *ex post facto* research design. This is a research design where the researcher does not influence the cause or the effect of the current status of the phenomenon under study. As a result of the cause and effect relationships, this research design did not permit manipulation of the variables (Kerlinger, 1973; Mugenda & Mugenda, 1999). The design was adopted in this study because the cause, i.e. the independent variable (awareness and perception about condom use), which students were expected to have already developed, influenced their sexual behaviours and thus possible prevention or infection of STDs (dependent variable).

3.3 Location of the Study

The study was conducted in Bahati Division in Nakuru North district in Rift Valley province. The division is divided into four educational zones including Solai, Kabazi, Ndundori and Bahati. Bahati Division was chosen as a research site because adolescent students in the area, like anywhere else, experience sexual desires and anxieties that encourage them to engage in early sexual activities. This exposed them to the risks of contracting STDs. All this was happening despite the implementation of varied initiatives in schools, like HIV/AIDs education and guidance and counselling, to enlighten them about the available contraceptive measures. The division has communities of different cultural background and diverse geographical conditions.

3.4 Population of the Study

The target population for this study included all Form Two and Form Three students, and teacher counsellors from the 52 secondary schools in Bahati division. The 52 secondary schools had a

total student population of 12,319 in the year 2007 (District Education Office, Nakuru North District, 2007). A summary of the population in Nakuru North is found in Table 1.

Table 1: Population of the Study

School Characteristics	Number of schools	Population	
Mixed schools			
- Private	16	2808	
- Public	20	5609	8417
Boys			
- Private	2	197	
- Public	1	260	457
Girls			
- Private	10	1327	
- Public	3	2118	3445
Total	**52**		**12,319**

3.5 Sampling Procedure and Sample Size

In order to determine the sample size of students drawn from the 12,319 students in the 52 schools, this study adopted a formula by Kathuri and Pals (1993) for estimating a sample size, n, from a known population size, N.

$$n = \frac{\chi^2 NP\,(1-P)}{d^2\,(N-1) + \chi^2\,P\,(1-P)}$$

Where:

n = required sample size

N = the given population size of students in Nakuru North, 12,319 in this case

P = Population proportion, assumed to be 0.50

d^2 = the degree of accuracy whose value is 0.05

χ^2 = Table value of chi-square for one degree of freedom, which is 3.841

Substituting these values in the equation, estimated sample size (n) was:

$$n = \frac{3.841 \times 12{,}319 \times 0.50\,(1 - 0.5)}{(0.05)^2\,(12{,}319 - 1) + 3.841 \times 0.5 \times (1 - 0.5)}$$

$$n = 372$$

After determining a representative sample of 372 students drawn from the study area, stratified random sampling purposive, proportional stratified and simple random sampling procedures was be used in distributing and selecting the sample. The schools in the division were selected using stratified random sampling. Purposive sampling was used to select 36 mixed schools in the division. The researcher selected six mixed schools from the 36 in the division. The criteria used to select the schools were the geographical distribution of the schools in the division. The schools were selected from four educational zones which are: Kabazi, Bahati,Dunduri and Solai. The students' sexual behaviour (safe or unsafe) in turn influences the general standards of discipline and academic performance and therefore, their level of awareness and perception about condom use.

Proportionate stratified sampling was then used in distributing the 372 students in the six selected schools. This was to ensure that the sample was proportionately and adequately distributed among the selected schools according to the population of each school. Each school was allocated a sample by dividing the total number of Form Two and Form Three students in that school by the total number of all Form Two and Form Three students in the six schools and multiplied by 372. After determining the specific number of students to be selected from each school, a proportionate sample of boys and girls was selected from the mixed schools. This was to ensure that the sample from each mixed school was proportionately and adequately distributed between the genders of the students. Lastly, simple random sampling method using random numbers table was used to select the specific number of students to be included in the sample of each selected school. The students corresponding to the number picked was included in the sample.

Purposive sampling was also used to select one teacher counsellor from each of the six selected schools. The teacher counsellor was targeted for specific information on reproductive health education in the school and the use of guidance and counselling in providing students with

information about safe sexual behaviours. From the above sampling procedures, the 372 students and six teacher counsellors formed the final sample size for this study.

Table 2:

Distribution of Sample by School and Gender

School	Form	Gender	Sample population	Proportional sample
School A	F-2	Boys	73	16
		Girls	51	11
	F-3	Boys	66	14
		Girls	66	14
School B	F-2	Boys	86	19
		Girls	55	12
	F-3	Boys	90	20
		Girls	48	11
School C	F-2	Boys	218	48
		Girls	126	26
	F-3	Boys	232	51
		Girls	129	28
School D	F-2	Boys	50	11
		Girls	46	10
	F-3	Boys	50	11
		Girls	45	10
School E	F-2	Boys	53	12
		Girls	43	9
	F-3	Boys	42	9
		Girls	52	11
School F	F-2	Boys	21	5
		Girls	22	5
	F-3	Boys	22	5
		Girls	15	3
Total		F2 - 844 F3 - 857 1701		Sample F-2 184 F-3 188- 372

3.6 Instrumentation

Data was collected using two structured questionnaires (students and teacher counsellor) administered to the selected respondents. A structured questionnaire was preferred for collecting data because in such a questionnaire, the questions, their wordings and sequence are fixed, predetermined and identical to all respondents. This had the advantage of obtaining standard

responses to items in the questionnaire, making it possible to compare between sets of data. The students' questionnaire was to elicit information on awareness and perception of condom use, sources of information on contraception and their sexual behaviour (information on the sexual behaviour of their closest friend was to be used as a proxy measure of the respondent sexual behaviour). The teacher counsellor questionnaire sought information on various methods used in dissemination of information on sexuality, reproduction and contraception use to students in the schools; and the role of guidance and counselling in providing this information.

Validity of the research instruments

The validity of the research instruments was then established in order to make sure that they reflected the content of the concepts (awareness and perception about condom use) in question. The researcher went through the instruments in relationship with the set objectives and ensured that they contained all the information that addressed the set objectives. Experts from the Department of Psychology, Counselling and Educational Foundations were consulted for their opinion on the content validity of the instruments. The instruments were then taken for piloting on a sample of respondents that was similar to the target population in the division. The piloting included 37 students and one teacher counsellor. The objective of piloting was to allow the researcher make modifications on various items in order to rephrase clarify and clear up any ambiguities in the questionnaire.

Reliability of the research instruments

Piloting was to assist the researcher in establishing the reliability of the instruments. Cronbach's Coefficient Alpha was computed for each instrument. A reliability coefficient of 0.72 was obtained to indicate the reliability of the instruments.

3.7 Data Collection Procedure

The researcher proceeded to collect data from the selected respondents after receiving permission from the Department of Psychology, Counselling and Educational Foundations, District Education Office in Nakuru North District and the Ministry of Science and Technology. Permission was sought from the head teachers of the six selected schools in the study area. The researcher visited the selected schools before hand for familiarization and acquaintance with teacher counsellors. During this visit, the researcher informed the head teachers and teacher counsellors about the purpose of the intended study and booked appointments for data collection.

After familiarization, data was collected from the respondents using the two mentioned instruments. The teacher counsellor in each school was requested to assist in the distribution and collection of the questionnaires from the respondents. The completed instruments were verified and collected from the teacher counsellors within a period of two days from the day of distribution.

3.8 Data Analysis

Data was analysed using descriptive and inferential statistics. Data collected was processed and analyzed to facilitate answering the research questions. A computer-based programme called Statistical Package for Social Sciences (SPSS) version 11.5 for windows was used to analyze data. Descriptive statistics (percentages, frequencies, and means) presented in tables were used to summarize data. Descriptive statistics were used to describe the characteristics of the sample. Inferential statistics were used in making deductions about the whole population using sample data. Inferential statistics technique of Pearson Coeffient was used to establish correlation. All tests were done at 0.01 level of significance

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1. Introduction

This chapter presents the demographic characteristics of the respondents and the research results .The discussion addresses the research objectives of the study which include:

(v) To determine the level of awareness of students about condom use in the prevention of STDs.

(vi) To establish the level of perception of students about condom use in the prevention of STDs.

(vii) To assess the relationship between the level of awareness and perception of students about condom use in the prevention of STDs.

(viii) To find out the relationship between the level of awareness and perception about condom use in the prevention of STDs and the sexual behaviour among students.

The data collected was analyzed using descriptive and inferential statistics using the Statistical Package for Social Sciences (SPSS) version 11.5 for windows.

4.1.1 School Category

There were 372 respondents from the selected secondary schools in the division. The researcher purposively selected five mixed day schools, which had a total of 217 students, and one mixed boarding school with a total of 155 students as indicated in Table 1. This is because there are more mixed day schools than mixed boarding schools in Bahati Division, Nakuru North District.

Table 1: School Category

Type of School	Frequency	Percent
Mixed day	217	58.3
Boarding mixed	155	41.7
Total	372	100.0

The results in Table 1 show that sample representation is not equal based on the category of school. Day schools have more representation that mixed boarding.

4.1.2 Age of the Respondents

Age is an important factor with respect to awareness and use of contraceptives including condoms. Information was therefore sought on the age of the respondents and results are shown in Table 2. According to the results, majority of the students are between the age brackets of 17 and 18 years followed by those between the ages of 14 and 16 years. Approximately 5% of the respondents were between the ages of 19 to 20 years.

Table 2: Age of Respondents

Age (years)	Frequency	Percent
14 – 16	146	39.2
17 – 18	208	55.9
19 – 20	17	4.6
>20	1	0.3
Total	372	100.0

According to the education system in Kenya these figures are expected. Students join secondary schools at around the age of 13 to 15 years. Since the sample was drawn from forms 2 and 3 it was expected that majority of the students would be between 14 and 17 years.

4.1.3 Gender of the Respondents

Gender, like age, is a very important factor as it relates to the subject of contraceptives. This is because contraceptives are gender specific; for instance while condoms are contraceptives exclusively used by men, their use is equally critical to female counterparts. This study therefore sought to include both gender in the study population. Table 3 shows that female students constituted 41% of the sample while male students constitute 59% of the sample.

Table 3: Gender of the Respondents

Gender	Frequency	Percent
Male	219	58.9
Female	153	41.1
Total	372	100.0

According to the results in Table 3 male students were more than female students in the selected mixed secondary schools. These results agree with the national enrolment figures, which put male enrolment in secondary school at an advantage over their female counterparts. The current national enrolment for boys is at 54% while that of girls is at 46%,(Kigotho,2009).

4.1.4 Sample Distribution by Class

The study used students from form 2 and 3 classes in the selected schools. The selection of these two classes was critical because most schools do not allow researchers to use a candidate class (form 4) while on the other hand form 1 students would not be a good representation of secondary school students since they are likely to be acclimatising with high school. Many of the form ones are in their early adolescence and are therefore not appropriate for the study. Table 4 shows that students from form two constituted 49.5% of the sample while form three students constituted 50.5% of the sample.

Table 4: Sample Distribution by Class

Class	Frequency	Percent
1. Form Two	184	49.5
2. Form Three	188	50.5
Total	372	100.0

Table 4 shows that there is a difference of 1% between form 2 and 3 students. Any comparison in the attributes of the two groups would therefore be unbiased.

4.2 Students' Awareness of Condom Use

The first objective of this study sought to determine the level of awareness of condom use among secondary school students in the prevention of STDs in Bahati division.

4.2.1 Awareness of Contraceptives

In order to achieve the first objective, the students were asked to state their awareness on the use of any contraceptives in the school. Table 6 shows that an overwhelming majority 95% of the students had knowledge on at least one contraceptive among the many available on the market. Only five percent of the respondents did not know of any contraceptives.

Table 5: Awareness of Contraceptives

Awareness	Frequency	Percent
Yes	354	95.2
No	18	4.8
Total	372	100.0

The results in Table 5 show that the awareness of contraceptives among secondary schools in Bahati division was very high. These results compares favourably with the awareness level in nationally. This awareness could be partly attributed to the closeness of Bahati division to Nakuru municipality.

4.2.2 Perception on Most Effective Method of STD Prevention

With the awareness level established, it was important to establish their perception on the effectiveness of the prevention methods. Table 6 shows that majority of the students rate abstinence as the most effective in the prevention of STDs. Condom use and being faithful to one partners are perceived as being the most effective by a similar proportion (12.1%) of the respondents.

Table 6: Most effective Method of STD Prevention

Type of Preventive method	Frequency	Percent
Abstinence	282	75.8
Faithful	45	12.1
Condom	45	12.1
Total	372	100.0

An examination of results in Table 6 shows that knowledge of students on the contraceptives available as effective methods of STD prevention was limited to the condom. This could be because the condom is the only effective contraceptive in the prevention of STDs. They, however, concur with the fact that abstinence is the most effective way of preventing the spreading to STDs including HIV/AIDS(Wienreich &Benn,2004).

4.2.3 Awareness of Use of Condom by Students

The students were asked to state their awareness on whether their fellow students actively use condoms or not. 54% of the students said they were aware of condom use among students in secondary schools. Table 7 shows that only 46% had no knowledge on fellow students engaged in sexual activities using condoms.

Table 7: Awareness of use of condom by students

Awareness	Frequency	Percent
Yes	199	53.5
No	173	46.5
Total	372	100.0

The results in Table 7 imply that not only are majoritv of the students in secondary schools in Bahati division sexually active but that they also actively use condoms. This is above the national figure of 44% for adolescents between 15-19years(CBS,2004).

4.4.5 Source of Condoms

The awareness, and use of condoms by students, raises another pertinent question of what the source of condoms was. The study therefore sought to establish the source of condoms available to students. According to the table above, 199 out of 372 indicated awareness of condom use by students. The 199 respondents indicated various sources of condoms. Table 8 shows that the local retail shops were the most popular (59%) source of condoms available to students. Medical facilities are a known source to 26% of the students. Other respondents said they could access condoms from home and entertainment spots. Only 4% of the students have no knowledge of where they would access condoms.

Table 8: Source of Condoms

Source	Frequency	Percent
Retail shop	118	59.3
Medical facility	52	26.1
From home	15	7.5
Entertainment spots	7	3.5
Don't know	7	3.5
Total	199	100.0

The results in Table 8 indicate that retail shops are closer to most students and therefore the students can access condoms. The proprietors of retail shops would not mind selling condoms to students the study deduced. The students' have the resources to buy condoms since some pointed out that the price of a three pack condom was only Ksh.10 and therefore affordable. Besides, medical facilities where condoms are provided for free (through a condom dispenser) are not popular with students.

4.4.6 Source of Information about Contraception Method

Students were asked to state the source of information regarding contraceptives available to them. The results in Table 9 indicate that 21% of the students think such information is available at the VCT centres with an almost equal proportion (20%), can be provided by the Guidance and Counselling master or mistress. Incidentally 17% of the students surveyed have no idea of where they can obtain information concerning contraception methods.

Table 9: Source of Information about Contraceptive Methods

Source	Frequency	Percent
1. Media	37	9.9
2. VCT	78	21.0
3. Medical facility/ officer	62	16.7
4. Guidance and counselling master/mistress	75	20.2
5. Peers	41	11.0
6. Guardians	17	4.6
7. Don't know	62	16.7
Total	372	100.0

Results in Table 9 indicate that most students do not regard guardians as a good source of information on contraceptives. Students would rather get information from the VCT centers. Besides it is encouraging to find that a good proportion of the students are aware that such information can be obtained from Guidance and Counselling masters or mistresses. From the results, peers and the media would still play a significant role in providing information to students about use of contraceptives.

4.4.7 Recommended School Policy on Condom Possession

The researcher also sought information on what students would prefer as a policy to be adopted by schools regarding possession of condoms. Table 10 shows that (35%) of the students would prefer a policy that offers guidance and counselling to students found in possession on condoms at school. According to Table 10, seventeen percent (17%) and 16% would prefered suspension or expulsion meted on students found in possession of condoms at school. An estimated 13% of the students were of the view that schools should adopt a no interference policy on possession of condoms at school.

Table 10: Recommended School Policy on Condom Possession

Policy	Frequency	Percent
Expulsion	60	16.1
Suspension	63	16.9
Offer counselling	131	35.2
Punishment	47	12.6
Nothing	49	13.2
Don't know	22	5.9
Total	372	100.0

Results in Table 10 indicate that students are divided between policies that would encourage punishment for students found in possession of condoms and policies that would encourage guidance and counselling to such students.

4.4.8 Awareness of the Correct Use of Condoms

Students were asked a set of 14 questions aimed at establishing their level of awareness on the correct practice in the use of condoms as contraceptives. The 14 items were listed as statements for which students were to state whether they strongly agree, agree, are undecided, disagree or strongly disagree with the statements. Some statements were positive in the sense that if a student strongly agrees with them then the student level of awareness on the correct use of condoms is quite high. On the other hand strongly agreeing to negative statements would indicate that the student do not know how to use condoms correctly.

Table 11 indicates that majority of the students knew correct practices in the use of condom when engaging in sexual acts. Approximately 94% of the students surveyed agreed that it is necessary to check the expiry date of the condom before use. On the other hand most respondents 90.3% disagreed with the statement that said the same condom could be reused more than once. 67.4% of the respondents said that condoms are not 100% effective and reliable. The students were found to have a high level of awareness on the correct use of condom.

Table 11: Awareness of Correct Use of Condoms

Statements	SA		A		U		D		SD		Totals	
	F	%	F	%	F	%	F	%	F	%	F	%
1. It is necessary to check the expiry date of the condom before use	277	74.5	71	19.1	10	2.7	6	1.6	8	2.2	372	100
2. The same condom can be used more than once during a sexual intercourse	4	1.1	5	1.3	27	7.3	65	17.5	271	72.8	372	100
3. Condom are not 100% effective and reliable	130	34.9	121	32.5	51	13.7	53	14.2	17	4.6	372	100
4. Condoms are unnecessary obstacle and an expense in a relationship	46	12.4	48	12.9	107	28.8	26.6	118	72	19.4	372	100
5. Condoms can be stored anywhere and still be effective	15	4.0	21	5.6	58	15.6	118	31.7	160	43.0	372	100
6. Condom use denies young people an opportunity to get pleasure from sex	60	16.1	54	15.4	93	25.0	75	20.5	90	24.2	372	100
7. Condom use affects the sexual performance of the user	57	15.3	74	19.9	113	30.4	77	20.7	51	13.7	372	100
8. Condom use is unnecessary if one has one partner	75	20.2	45	12.1	64	17.2	95	25.5	93	25.0	372	100
9. Partner has to agree on the use of condom during sexual intercourse	163	43.8	134	36.0	32	8.6	18	4.8	25	6.7	372	100
10. Condoms are made for married people only for family planning purposes	72	19.4	44	11.8	36	9.7	75	20.2	145	39.0	372	100
11. You can get STDs if you have sex only once or twice without a condom	34	9.1	22	5.9	28	7.5	63	16.9	225	60.5	372	100
12. Using latex condoms will help prevent the spread of STDs	40	10.8	74	19.9	103	27.7	77	20.7	78	21.0	372	100
13. There is a significant risk of HIV transmission with condoms due to pores	155	41.7	84	22.6	61	16.4	41	11.0	31	8.3	372	100
14. Using one condom at a time is recommended	116	44.6	116	31.2	43	11.6	18	4.8	29	7.8	372	100

Results in Table 11 reveal that the respondents were not certain on some statements, for example 30.4% of the respondents said they were undecided whether condom use affects or does not affect sexual performance of the user. Besides, there were mixed reactions on whether condom use is necessary or not if a person has one sexual partner. 64.3% indicated that there is a significant risk of HIV transmission with condom due to pores and therefore would not trust them much. The issue whether condoms have pores or not has been controversial (Adler, 2001). The argument that condoms often contain pores, which are larger than the virus, is inconclusive. However, the virus is found in fluids, where exchange of fluids is preventable.

4.3 Perception on Condom Use

The second objective of the study sought to determine the level of perception of students about condom use in the prevention of STDs. Students were presented with a set of 10 perception statements. They were required to state whether they strongly agree, agree, are undecided, disagree or strongly disagree with the statement. Agreement to positive statements indicates a higher perception towards condom use while agreement to negative statements would denote poor perception and vice versa.

Table 12 gives the results on students' perception regarding the use of condoms.

Table 12: Students' Perception on Condom Use

Statement		SA		A		U		D		SD		Totals	
	F	%	F	%	F	%	F	%	F	%	F	%	
1. Regular use of condom affects fertility	79	21.2	77	20.7	110	29.6	56	15.1	50	13.4	372	100	
2. Condom cannot help prevent HIV/AIDS and pregnancy	69	18.5	83	22.3	46	12.4	101	27.2	73	19.6	372	100	
3. Its possible to tell if a person has STDs so as to use a condom	26	7.0	30	8.1	64	17.2	89	23.9	163	43.8	372	100	
4. There is no cure for HIV/AIDS	266	71.5	47	12.6	17	4.6	17	4.6	25	6.7	372	100	
5. Adolescents are sexually active and can get pregnant or impregnate a girl	192	51.6	117	31.5	30	8.1	30	4.3	17	4.6	372	100	
6. Having unprotected sex can lead to pregnancy and STDs	231	62.1	84	22.6	20	5.4	20	4.3	21	5.6	372	100	
7. Abstinence, faithful to one partner and condom use prevent the spread of STI or HIV/AIDS	196	52.7	95	25.5	27	7.3	27	6.5	30	8.1	372	100	
8. Condom don't offer complete protection against STI or HIV/AIDS	163	43.8	120	32.3	35	9.4	35	7.5	26	7.0	372	100	
9. Advertisement and information about condom use is immoral	51	13.7	69	18.5	61	16.4	61	24.7	99	26.6	372	100	
10. Condom use is an indication that one is promiscuous	51	13.7	40	10.8	134	36.0	134	18.5	78	21.0	372	100	

The results in Table 12 show that approximately 30% of the students were uncertain on whether regular use of condoms affects ones fertility. Besides approximately 42% of the students either agree or strongly agreed to the statement that regular use of condoms affects fertility. These perceptions by students are contrary to scientific research. According to scientific findings published by PATH (2006), regular use of condoms does not affect ones fertility.

Another misguided perception was on whether condoms could help prevent spread of HIV/AIDS and pregnancy. According to table 13, 41% of the respondents agreed or strongly agreed to the statement that condoms cannot help prevent HIV/AIDS and pregnancy while 12% were undecided on whether to agree or disagree with the statement. Condoms use has been advocated for as an effective way of HIV/AIDS and pregnancy prevention. Condom use has been highly rated in the prevention of HIV/AIDS and pregnancy (Weinreich & Benn, 2004). Theoretically, the use of the condom can prevent HIV and pregnancy by almost 100%. In reality, however "use errors" reduce effectiveness protection to 85%. The "use errors" include incorrect use of condoms.

However, majority of students are in agreement that adolescent are sexually active and can get pregnant or impregnate a girl. They also agree to the fact that having unprotected sex can lead to pregnancy and STDs and that there is no cure for HIV/AIDS. Besides, majority of the students disagree, 24% or strongly disagree, 44% to the statement that it is possible to tell if a person has STDs so as to use a condom. On the perception that condom use is an indicator of promiscuity, 36% of the students were uncertain while 24% either agree or strongly agree with that line of thinking. They would therefore be hesitant to use condoms for fear of being perceived to be promiscuous. Similar findings had been obtained by the Central Bureau of Statistics (2004). Studies reveal that condom use is associated with myths, which propagate its use with promiscuity (CBS, 2004)

4.4 Sexual Behaviour of Students

The researcher sought information the sexual behaviour of a student. The students were asked several items relating to sexual behaviour of students. Since it is difficult for students to give a true picture of their sexual life/ behaviour, the questionnaire was made such that the students

were questioned about the sexual behaviour of their fellow students. The responses were then taken as a reflection of the general sexual behaviour of students.

4.4.1 Involvement in Sexual Behaviour

Students were asked whether or not they have any knowledge of students' involvement in sexual activities in their schools. The results are depicted in table 13. According to the results, 91% of the students were positive that some students in their school are already involved in sexual behaviours. Only 9% of the students were are not aware of such behaviours in their schools.

Table 13: Students' Involvement in Sexual Behaviour

Involvement	Frequency	Percent
Yes	338	90.9
No	34	9.1
Total	372	100.0

The results in Table 13 indicate that it is common knowledge that students are sexually active and engage in sexual activities. These results support the findings by CBS (2004), which showed that in Kenya 44% of adolescents between 15 and 19 years have experienced sexual activities. Besides a survey carried out and published by Government of Kenya (2005) revealed that sexual activity in adolescents was high.

4.4.2 Source of Influence in Sexual Behaviour

Bad behaviour among school going teenagers/ adolescents is often as a result of influence or pressures from forces within and without the school environment. This study sought to establish sources that influence students into early sexual behaviours since 338 respondents indicated that some students in their school were involved in sexual activities. Table 14 gives the sources of student influence in sexual behaviour. Majority of the students indicated that peer pressure is to blame for students' engagement in sexual activities.84%said that students were influenced by peers.

Table 14: Source of Students Influence in Sexual Behaviour

Source	Frequency	Percent
1. He / she seduces the partner	94	25.3
2. He / she is seduced by the partner	103	27.7
3. A friend arranges it for them	33	8.9
4. He/ she is forced into the relationship	28	7.5
5. He/ she is influenced by peer pressure	311	83.6

Multiple Responses

Table 14 shows that the most popular source of influence was peer pressure. A normal seduction process where a male or female student entices their partner into sexual activities was also noted. Only a paltry 8% of the students said sexual activity was a result for being forced by the partner. This results support finding by FHI (2000) that showed students who were in their adolescent stage were strongly influenced by their peers who felt that sexual activities is an "in-thing".

4.4.3 Appropriate Age of Sexual Relationship

Although adolescents engage in sexual activities at an early age, information was sought from them on when they think should be the right time for sexual relationships. Table 15 gives their responses.

Table 15: Appropriate Age for Sexual Relationships

Age	Frequency	Percent
10 – 14 yrs	10	2.7
15 – 19 yrs	43	11.6
20 – 24 yrs	18	4.8
After marriage	301	80.9
Total	372	100.0

Results in Table 15, showed that 81% of the students interviewed feel that the right time for sexual activities should be after marriage. However, 12% of the students are of the view that sexual relationships should start as early as 15 to 19 years while 3% think that 10 to 14year olds are ready for sexual relationships. The need for sexual activities to be postponed until marriage has been a campaign spearheaded by religious organizations who believe that sexual relationships are meant for marriage partners (Weinreich & Benn, 2004).

4.4.4 Overall Sexual Behaviour

Students were asked a set of 12 questions aimed at establishing their sexual behaviour and their attitude towards particular sexual behaviours. Their responses are shown in Table 16.

Table 16: Students' Sexual Behaviour

Statement	Response											
	SA		A		U		D		SD		Total	
	f	%	*f*	%	*f*	%	*f*	%	*f*	%	*f*	
1. They are not young to engage in sexual activities	54	14.5	51	13.7	34	9.1	63	16.9	170	45.7	372	100
2. They do not use any protection if they have a chance of having sex	69	18.5	100	26.9	82	22	65	17.5	56	15.1	372	100
3. They believe in abstaining from sex till when married to reduce chances of STDs / pregnancy	143	38.4	71	19.1	37	9.9	78	21	43	11.6	372	100
4. Believe that adolescent should use a condom or any other contraceptive if they have to engage in sex	83	22.3	101	27.2	58	15.6	63	16.9	67	18	372	100
5. Do not submit to sexual demands, coercion or wishes of peers	43	11.6	40	10.8	96	25.8	10 8	29	85	22.8	372	100
6. Engage in sex to please other friends and fit into the group	100	26.9	109	29.3	45	12.1	51	13.7	67	18	372	100
7. Students value the need for protection when having sex	86	23.1	97	26.1	66	17.7	83	22.3	40	10.8	372	100
8. Natural sexual desires and curiosity about sex has influenced students to engage in sex	191	51.3	103	27.7	40	10.8	20	5.4	18	4.8	372	100
9. Advertisement about condoms and knowledge from school have assisted students to avoid irresponsible sex	143	38.4	101	27.2	41	11	39	10.5	48	12.9	372	100
10. Engagement in sex has made students to a real men or women	33	8.9	39	10.5	36	9.7	69	18.5	195	52.4	372	100
11. Engagement in sex has given students the necessary experience for marriage	48	12.9	40	10.8	50	13.4	80	21.5	154	41.4	372	100
12. Having more than one sexual partner makes one to be viewed as a real man/ woman	30	8.1	24	6.5	31	8.3	47	12.6	240	64.5	372	100

In Table 16 respondents indicated various students' sexual behaviours. The results in Table 16 show that 46% of the students felt that they were young to engage in sexual activtities. Approximately 45% of the students agreed or strongly agreed to the statement that they would not use protection if they had a chance of having sex. Consequently, 22% were not sure if they would use protection or not in the event they had a chance to have sex. This indicates that only a few students consider using any protection in case they engage in sexual activities. These results support Wanyoike, (2003) who claimed that the consequences for early sexual activities were unplanned pregnancy, school dropout, abortion, poor academic performance, high suicidal tendencies among victims of teenage pregnancy, because teenagers do not consider using any protection in case they engage in sexual activities.

On the other hand only 38% of the students strongly believed that they would abstain from sex until marriage to reduce chances of STDs and pregnancy. An almost equivalent proportion (42%) were either uncertain or would not consider abstaining until marriage. The students' sexual behaviour is indicated in the statement whether they submit to wishes and pressures of peers. A convincing 51.8% of students disagreed with the statement that students do not submit to influence of peers. Peer influence has been proved to be a factor that contributes to early sexual activities (FHI, 2000). Natural sexual desires and curiosity about sex was highly rated as influencing students to engage in sexual activities as was indicated by 79.0% of the students who agreed to the statement. This supports Mutie and Ndambuki, (1999) who indicated that adolescents experience intense sexual demands at a time when they generally lack cognitive maturity to make decisions pertaining to their sexuality.

4.5. Guidance and Counselling in Schools

Guidance and Counselling has become an integral part of the learning process in Kenyan schools. Guidance and Counselling has been highly emphasised as indicated in Mutie & Ndambuki (1999). This study sought information on what proportion of students actually go to the Guidance and Counselling department for information, and the kind of information that is available at the department.

4.5.1 Seeking Information from G&C Department

Results in Table 17 show that 72% of the students visit the Guidance and Counselling departments in their schools to seek information on various issues. Only 28% of the students do not look for any information from the department, which is the main avenue in schools for relaying information.

Table 17: Seeking Information from Guidance and Counselling Department

Seek information	Frequency	Percent
Yes	267	71.8
No	105	28.2
Total	372	100.0

The students were asked to state the kind of information they seek from the Guidance and Counselling department. Majority, 60%, of the students who visited the department indicated that they sought information on sexuality and contraceptives, while 40% of the students who visited the department were looking for information that was not related to sexuality and contraceptives. The results are shown in Table 18.

Table 18: Type of information sought

Response	Frequency	Percent
Sexuality and contraceptives	159	59.6
Other information	108	40.4
Total	267	100.0

Results in Table 18 show that majority of the students who go to the Guidance and Counselling department, who were267 of the sampled students, normally seek information on sexuality and contraceptives. These are encouraging results noting that Santrock (2001) indicated that adolescents do not seek help or counselling unless in extreme need.

4.5.2 Involvement of G&C in Contraceptive Education

Students were asked to state the kind of information that the Guidance and Counselling department provides. Table 19 provides results on the kind of information provided by the Guidance and Counselling department as mentioned by the students.

Table 19: Type of Information Provided by the Guidance and Counselling Department

Information	Frequency	Percent
1. Abstinence	125	53.2
2. Morality	22	9.4
3.HIV/AIDS and pregnancy prevention	34	14.5
4. Don't know	54	23.0
Total	235	100.0

Many respondents, 235, indicated that the Guidance and Counselling department was involved in contraceptive education. The majority of students (53%) indicated that Guidance and Counselling departments in their schools provided information on abstinence. Besides, 15% said their departments provided information on the prevention of HIV/AIDS and pregnancy. However, 23% of the students have no knowledge on the kind of information provided by the Guidance and Counselling departments in their schools. This is an indication that either they do not visit the departments or the departments do not create awareness among the students on the kind of information they can offer.

When asked if the guidance and counselling department should take an active role in creating awareness on contraceptives in schools, 81% of the students supported the idea as shown in Table 20. An even higher percentage of the students said the department should be involved in creating awareness on sexuality.

Table 20: Creation of Awareness on Contraceptive and Sexuality

Response	Contraceptive		Sexuality	
	Frequency	Percent	Frequency	Percent
Yes	300	80.6	318	85.5
No	72	19.4	54	14.5
Total	372	100.0	372	100.0

The results in Table 20 show that students expected the Guidance and Counselling departments in their schools to play a more assertive role in creating awareness on contraceptive use and sexuality. It supports the finding that adolescents need skills to deal with sexuality issues (GOK, 2005c).

4.6 Relationship between Level of Awareness and Perception of Students on Condom Use

The third objective sought to determine the relationship between level of awareness on the correct use of condoms and perception towards condom use. To achieve this objective awareness and perception indices were developed from a set of questions that students were asked to establish their level of awareness and perception.

To develop the awareness index an average score was obtained from the student's responses on the 14 statements about awareness on the correct use of condoms. The statements were organized into positive and negative statements. The positive statements were: its necessary to check the expiry date of the condom before use; condoms are not 100% effective; partners have to agree on the use of condom during sexual intercourse; you can get STDs if you have sex only once or twice without a condom; using latex condoms will help prevent the spread of STDs; and using one condom at a time is recommended. The scores for these statements were 5,4,3,2 and 1 for strongly agree, agree, uncertain, disagree and strongly disagree respectively. The negative statements were: the same condom can be used more than once; condoms are unnecessary obstacles, unnecessary expense in a relationship; condoms can be stored anywhere and still be effective; condom use denies young people an opportunity to get pleasure from sex; condom use

affects the sexual performance of the user; condom use is unnecessary if one has one partner; condoms are made for married people only for family planning; and there is risk of HIV transmission with condoms due to pores. Responses to these statements were scored 1,2,3,4 and 5 for strongly agree, agree, uncertain, disagree and strongly disagree respectively. The scores for the 14 items were then summed to come up with an awareness index ranging from a possible score 14 to 70. The higher the score, the higher the level of awareness.

To develop the perception index, a similar procedure was applied but on a set of 10 statements measuring perception. The index therefore ranged from a possible minimum of 10 and a maximum of 50.

Table 21: Descriptive Statistics on Level of Awareness and Perception Indices

Index	N	Minimum	Maximum	Mean	Std. Deviation
Level of Awareness	372	31.00	65.00	50.4220	5.77912
Perception	372	23.00	50.00	37.2634	4.53622

To establish the relationship between level of awareness and perception, Pearson's correlation was employed. The results for Pearson's correlation statistics are shown in Table 22.

Table 22: Correlation Between Level of Awareness and Perception

		Level of awareness	Perception
Level of awareness	Person Correlation	1	0.334 (**)
	Sig. (2- tailed)	.	0.000
	N	372	372
Perception	Person Correlation	0.334 (**)	1
	Sig. (2- tailed)	0.000	.
	N	372	372

**Correlation is significant at the 0.01 level (2 – tailed)

The correlation results show that the Pearson's correlation coefficient between level of awareness and perception is 0.334 significant at 0.01 level. These results establish a statistically significant and positive relationship between the level of awareness and perception of students

about condom use in the prevention of STDs. This implies that awareness on condom use among students improves their perception towards its usefulness in the prevention of HIV/AIDs and pregnancy.

4.7 Relationship Between Level of Awareness and Perception and the Sexual Behaviour of Students

Objective four was developed to find out the relationship between of level of awareness and perceptions about condom use in the prevention of STDs on the sexual behaviour among students. To achieve this objective a sexual behaviour index was developed and correlated with awareness and perception indices.

To develop the sexual behaviour index, responses from the 12 items that sought information on students' behaviour were scored. Responses on positive statements were scored 5,4,3,2 and 1 for strongly agree, agree, uncertain, disagree and strongly disagree while negative statements were scored in the reverse. The index therefore ranged from a minimum possible score of 12 to a maximum possible score of 60.

The actual score for the index actually ranged from a minimum of 15 to a maximum of 54 with an average of 39.09. A Pearson correlation was then run to establish the direction and magnitude of impact of level of awareness and perception on students' sexual behaviour. The results are shown in Table 23.

Table 23:

Correlation Between Level of Awareness and Perception and Sexual Behaviour

		Level of Awareness	Perception	Sexual Behavior
Level of Awareness	Pearson Correlation	1	.334(**)	.144(**)
	Sig. (2-tailed)	.	.000	.005
	N	372	372	372
Perception	Pearson Correlation	.334(**)	1	.084
	Sig. (2-tailed)	.000	.	.104
	N	372	372	372
Sexual Behavior	Pearson Correlation	.144(**)	.084	1
	Sig. (2-tailed)	.005	.104	.
	N	372	372	372

** Correlation is significant at the 0.01 level (2-tailed).

The results in Table 23 show that while there is statistically significant and positive relationship between level of awareness and sexual behaviour of students, the relationship between perception and sexual behaviour is positive but not statistically significant at the 0.05 level. The implication is two-fold. First; the students level of awareness on the use of condoms positively influences that students' sexual behaviour. Second; that how students perceive condom use does not necessarily influence their sexual behaviour. In the first instance, it could be that having information on condom use might in itself lead to students trying out sexual activities.

4.8 Results of Teacher Counselor's Questionnaire

There were six teachers counsellors from the six selected schools in Bahati division. Some teachers' counsellors partially completed their questionnaires.

4.8.1 Age of teacher counsellors

The age of the teacher counsellors ranged between 31-40 years. Age is usually associated with wisdom and experience.

Table 24: Age of Teacher Counsellors

Age	Teacher counselors
31-35	2
36-40	4
Total	6

There were 4 teachers above 36 years of age. Two of the teachers were below 36years.The teacher counselloers had served in the teaching profession for a number of years each. The teacher with the highest number or years had worked for 15years and the least 6 years. There were five teachers who had acted as teacher counsellors for a number of years. One of the teachers' counsellor who filled the questionnaire was standing-in for a colleague on maternity leave. The teacher was not a serving counsellor. The highest number of years served by the teacher counsellors was 7 years and the lowest 3 years. This implies that the teacher counselors had encountered a variety of issues as counsellors.

4.8.2 Gender of teacher counsellors

Gender is an important aspect in Guiding and Counselling. Some individuals prefer a counsellor of a certain gender than another while undergoing Guidance and Counselling

Table 25: Gender of Teacher Counsellors

Gender	Teacher counsellors
Male	4
Female	2
Total	6

There were 4 male teacher counsellors and two female counsellors. This constituted 66.6%.There were more male teacher counsellors in the study.

4.9 Adolescence STDs and pregnancy

The researcher sought to determine if teacher counsellors were aware of the student's sexual behavior positive or otherwise and what the teacher counsellors were doing to create awareness on responsible sexual behavior.

4.9.1 Students involvement in sexual activities

Majority of the teachers' counsellors affirmed that students involved themselves in sexual activities. Five teachers affirmed that students involved themselves in sexual activities. One out of 6 teachers' counsellors said that students do not involve themselves in sexual activity. This represents 16.6% of the teacher counsellor. The teacher counselors observed that the evidence of students' involvement in sexual activities included teenage pregnancies among school girls, students' comments, coupling among boys and girls, STIs among students.

4.9.2 The researcher sought to determine if students had adequate information about their sexuality and risks of early sexual activities. Five teacher counsellors affirmed that the students had adequate information about their sexuality and consequences of early sexual activities. This represents 83.3% of teacher counsellors in the study. One teacher counsellor indicated that student do not have adequate information. The information was disseminated by the Guidance and Counselling Department to the students. The information disseminated about their sexuality and related consequences to ones sexual behavior. Majority of the teacher counsellors (83.3%) indicated that information on students' sexuality and risks of early sexual activities was passed on the students of all classes (F1-4) in their schools. One teacher counsellor indicated that they targeted F2 and 3 students only. This enhanced Wortman el al, (1999), that Guidance and Counselling is needed at all stages of an adolescent. The teacher counsellors indicated that providing information to students was important because it created awareness about sexuality and related risks of sexual behaviuor.

The information was important because students would make informed choices on sexuality issues affecting them the teacher counsellor indicated that information was important in enhancing good behavior.

4.9.3 The main channels involved in disseminating information to students included group discussions, magazines in the school library, personal counselling, inviting personal resources persons, peer counselling, using assembly time, use of audio-visual facilities. The teacher counsellors offered multiple responses.

4.9.4 Four of the (66%) teacher counsellors indicated that students were aware of available contraceptive methods for prevention of STDs. Two of the teachers indicated that students were not aware of available contraceptives. 66% of the teacher counsellors (4) indicated that the Guidance and Counselling department in the school did not provide information on contraceptive methods. 33.3% of the teacher counsellors (2) indicated that the department provided information on abstinence, risk of early sexual activities, contraceptives, their advantages and disadvantages. Four (4) teacher counsellors did not comment on the question. It is worth noting that 66% (4) of the teacher counsellors indicated that the students sought information on their sexuality and contraceptives use (Straight Talk, 2004).

4.9.5 50% (3) of the teacher counsellors indicated that students sought information on adolescent changes; how to acquire life skills e.g. assertiveness- on how to deal the opposite sex; how to control sexual desires (self control) and on abstinence. Teacher counselors have a responsibility of promoting life skills (Straight Talk, 2004).

Students sought information from the Guidance and Counselling Department according to most of the teacher counselors.33.3% indicated that student's had never sought information, while 16.6% indicated that student had rarely sought for information. This was an indication that students were sensitive over issues of sexuality and contraceptives use (Maarcia,1994).

4.9.6 The teacher counsellors (83.3%) indicated that they had not adequately addressed the issue of sexuality and contraceptive use. Only one teacher counsellor out of the six indicated that the Guidance and Counselling Department in the school was adequately addressing the issue. This may be an indication of the wider picture in many secondary schools.

One (16.6%) teacher counselor indicated that the school's Guidance and Counselling Department had not create awareness of condom use because it conflicted with religious beliefs; the use of the condom would encourage students to engage in pre-marital sex; it is not officially approved

by the Ministry of Education and they lacked of information on contraceptive use. The other teacher counselors did not answer the question

On the role of the Guidance and Counselling Department in creating awareness and changing the perception of students on contraceptive use, the teacher counsellors indicated that they created self awareness, awareness of contraceptive use, encouraged abstinence and appropriate behaviour. This is according to 4 of the 6 teacher counselors. Murphy and Miller (1997)argued that individuals tend to be highly selective in all aspects of potential information.

4.9.7 Teachers counsellors indicated various factors hinder safe sex practices. They include curiosity about sexual activities, myths and misconceptions about condom use, rejection by a partner, peer pleasure, mass media, and pornographic material and for some ignorance.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings based on the research objectives, conclusions from the findings and recommendation derived from the conclusions. It also provides suggestions for further research.

5.2 Summary of Major Findings

The main purpose of this study was to find out the level of awareness and perception of condom use in the prevention of sexually transmitted diseases among secondary school students. The findings established were;

i) Majority of the secondary school students in Bahati Division had high awareness levels on contraceptives (95%). The students further stated that many students (54%) use condoms and that they are aware of where they can find condoms. The study found that retail shops were the major source of condoms for students (59%).

ii) Many students held perceptions on condom use that were contrary to scientific research. Many students (41%) indicated that condom use cannot help in the prevention of HIV/AIDS and pregnancy while scientific research testifies that correct use of the condoms guarantees a user 85% safety.

iii) There was significant and positive relationship between the level of awareness and perception of students about condom use in the prevention of STDs. This implies that awareness on condom use among students improves their perception towards its usefulness in the prevention of HIV/AIDS and pregnancy.

iv) There was positive relationship between level of awareness and sexual behaviour of students. Their level of awareness on the use of condoms positively influenced the sexual behaviour of students. This would imply that having information on condom use might lead the students to trying out sexual activities.

v) Teacher counsellors indicated that they disseminated information obtained from various sources because they wanted the students to make informed choices. According to the teacher counsellors responses, there is evidence of students involvement in sexual

activities e.g. early pregnancy; Students have adequate information about their sexuality and consequences of early sexual activities and; the issue of sexuality and contraceptive use was not adequately addressed by the Guidance and Counselling Department.

5.3 Conclusions

Based on the major findings, the study made the following conclusions:

i) The students were aware of safe sex practices in the prevention of STD's, HIV/AIDS however their sexual behaviour does not concur with safe sexual practices.

ii) The students' perception of condom use was misinformed and didnot necessarily influence their sexual behaviour.

iii) The students' awareness on condom use improves their perception towards its usefulness in the prevention of HIV/AIDS and pregnancy.

iv) The level of awareness on the use of condoms influenced the sexual behaviour of students The students' sexual behaviour according to the study was in line with other national studies conducted. CBS (2004), stated that 44% of adolescents in Kenya were found to have experienced sexual activities.

v) Teacher counsellors were aware of students' involvement in sexual activities. They had informed students about their sexuality and risk of early sexual activities however, the issue of sexuality and contraceptive use was sensitive to teacher counsellors and students.

5.4 Recommendations

The study made the following recommendations in view of the above conclusions:

i) There is need to sensitize students on the dangers of early sexual activities through effective Guidance and Counselling programmes.

ii) There is need to enhance life skills for students to help them overcome pressure and influences that make them engage in early sexual activities. The study has noted that peer pressure contributes immensely in influencing students towards engaging in early sexual behaviour. It is necessary to enhance the teaching of life skills in an integrated approach in the Education Curriculum at various levels.

iii) The perception on condom use among students for the prevention of STDs and HIV/AIDS needs to be enhanced. The perception on condom use can be corrected and

strengthened through the use of the mass media. The Ministry of Education, in collaboration with the Ministry of Health, can hold campaigns that target students with student appropriate messages on the perception of condom use.

iv) Stakeholders in the education sector should formulate policies that will enhance responsible sexual behaviour among pupils and students to be in line with the millennium goals. The millennium goals are International Development Goals that were formulated in September 2000 .The Heads of States and Governments in a world summit agreed to encourage education for all especially universal primary education. They agreed to combat HIV/AIDS by reversing the spread. The policies aim at enhancing responsible sexual behaviour and improving enrollment in schools.

5.5 Suggestions for Further Research

The study suggests the following areas for further research

i) The impact of peer educators on responsible sexual behaviour among secondary school students in Kenya.

ii) Ways of enhancing abstinence in the prevention of STDs/ AIDS among secondary school students in Kenya.

iii) Effective approaches in the prevention of irresponsible sexual behaviour among secondary school students in Kenya.

iv) The relationship between self- esteem and responsible sexual behaviour among secondary school students in Kenya.

v) Ways of addressing sexuality issues among secondary school students in Kenya.

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APPENDICES

APPENDIX A: STUDENT QUESTIONNAIRE

My name is Mucugu Pauline, a student at Egerton University undertaking a Masters degree in Guidance and Counselling. As part of the requirements of the course, I am required to undertake a research project in my area of study. My research topic is on "Assessment of the levels of awareness and perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District." You have been selected as one of my respondents in this project. Your sincere and correct answers will be important in attaining this goal. All information will be treated with utmost confidentiality.

Section A: Background Information

1. Type of school

   Mixed Day ☐ Boarding mixed ☐

2. Age (in complete years)

3. Gender Male ☐ Female ☐
4. Class Form Two ☐ Form Three ☐

Section B: Awareness of Condom Use

1. Are you aware of any contraceptive methods of preventing pregnancies and STDs?

   Yes ☐ No ☐

2. If yes, which contraceptive methods are you aware of?

   Abstinence from sex ☐

   Being faithful to one partner ☐

   Use of condoms ☐

3. If condom is one of the methods you know, do many students use condoms?

   Yes ☐ No ☐

4. If yes, where do they get the condoms?

5. Where can one get information about available contraception methods?

6. What should be the recommended school policy when a student is found with a condom?
7. Please indicate whether you strongly agree (SA), agree (A), are undecided (U), disagree (D), or strongly disagree (SD) with the following statements about condom use.

Statement	SA	A	U	D	SD
It is necessary to first check the expiry date of the condom before use					
The same condom can be used more than once during a sexual intercourse					
Condoms are not 100 percent effective and reliable in preventing pregnancy and sexually transmitted diseases/s					
Condoms are unnecessary obstacle and expense in a relationship					
Condoms can be stored anywhere and still be effective					
Condom use denies young people an opportunity to get pleasure or satisfaction from sex					
Condom use affect the sexual performance of the user					
Condom use is unnecessary if one has one partner only					
Partners have to agree on the use of condom during sexual intercourse					
Condoms are made for married people only for family planning purpose					
You can't get STDs if you have sex only once or twice without a condom					
Using latex condoms will help prevent the spread of STDs					
There is a significant risk of HIV transmission with condoms since the pores in the condoms are large enough for the virus to pass through					
Using one condom at a time is recommended					

Section C: Perception of Condom Use

1. Please indicate whether you strongly agree (SA), agree (A), are undecided (U), disagree (D), or strongly disagree (SD) with the following statements about condom use.

Statement	SA	A	U	D	SD
Regular use of condom affect one's fertility					
Condoms cannot help prevent HIV/AIDS and pregnancy					
It is possible to tell if a person has STDs so as to use a condom					
There is no cure for HIV/AIDS					
Adolescents are sexually active and can get pregnant or impregnate a girl					
Having unprotected sex without use of a condom can lead to pregnancy and STDs					
Abstinence, being faithful to one partner and using a condom are the 3 best methods of preventing spread of STI or HIV/AIDS					
Condoms do not offer complete protection against STI or HIV/AIDS					
Advertisement and information about condom use is immoral					
Condom use is an indication that one is promiscuous					

Section D: Sexual Behaviour of a Student

1. Are some students involved in any sexual relationship with the opposite sex? Yes ☐ No ☐
2. Have some students ever been infected by STDs? Yes ☐ No ☐
3. If yes, which sexually transmitted disease did they contract?

4. What influences a student into a sexual relationship?
   - He/she seduces the partner ☐
   - He/she is seduced by the partner ☐
   - A friend arranges it for them ☐
   - He/she is forced into the relationship ☐
   - He/she was influenced by peer pressure ☐

5. At what age should a student engage in sexual relationship with the opposite sex?
   - 10-14 years ☐

15-19 years ☐

20-24 years ☐

After marriage ☐

6. Please indicate whether you strongly agree (SA), agree (A), are undecided (U), disagree (D), or strongly disagree (SD) with the following statements about students in school

Statement	SA	A	U	D	SD
They are not young to engage in sexual activities					
They do not use any protection if they have a chance of having sex					
Students believe in abstaining from sex till when married to reduce chances of STDs/pregnancy					
Students believes that adolescents should use a condom or any other contraceptive method if they have to engage in sex					
Students do not submit to sexual demands, coercion or wishes of peers					
Students engage in sex to please other friends and fit into the group					
Students value the need for protection when having sex					
Natural sexual desires and curiosity about sex has influenced students to engage in sex					
Advertisements about condoms and knowledge from school have assisted students to avoid irresponsible sex behaviour					
Engagement in sex has made students to a real men or real women					
Engagement in sex has given students the necessary experience for marriage					
Having more than one sexual partner makes one to be viewed as a real man or real woman					

APPENDIX B: TEACHER COUNSELLOR QUESTIONNAIRE

Section A: Background Information

1. Age (in complete years)
2. Gender Male ☐ Female ☐
3. Number of years served as a teacher
4. Number of years served as a teacher counsellor

Section B: Adolescence, STDs and Pregnancy

1. In your opinion, do you think students in your school are engaged in sexual activities? Yes ☐ No ☐
2. Provide reason for the above answer?

3. Do these students have adequate information about their sexuality and risks involved in engagement in early sexual activities? Yes ☐ No ☐
4. Does your school provide students with any information about their sexuality and risks involved in engagement in early sexual activities? Yes ☐ No ☐
5. If yes, what are the main sources/channels that the school uses in providing students with this information?

6. Which class does the school target with this information?

7. What is the importance of providing this information to students?

8. Are students in the school aware of the available contraceptive methods for prevention of STDs? Yes ☐ No ☐
9. Is guidance and counselling programme in the school involved in education of students about contraceptive methods? Yes ☐ No ☐
10. If yes, what kind of information does guidance and counselling programme provide about contraceptive use?

11. Do students ever seek for information from the department about their sexuality and contraceptive use? Yes ☐ No ☐
12. If yes, what are the common issues about sexuality and contraceptive use that students seek for from the department?

13. Rate the levels of frequency at which students in your school seek for information on sexuality and contraceptive use from the department in a term?
    Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often ☐
14. In your opinion, do you think that the department has adequately addressed these problems? Yes ☐ No ☐
15. Apart from students seeking information from the department, how else does the department disseminate this information?

16. What is the role of guidance and counselling programme in creating awareness and changing perceptions of students about contraceptive use?

17. In your opinion, what factors hinder students/adolescents from practicing safe sex?

18. Suggest the role of the school in creating awareness and encouraging condom use among sexually active students?

Modified from '*Tuko pamoja*' Adolescent Reproductive Health and Life Skills Curriculum (2006). PATH.

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REPUBLIC OF KENYA

MINISTRY OF SCIENCE & TECHNOLOGY

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JOGOO HOUSE "B"
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P.O. Box 9583-00200
NAIROBI

When Replying please quote
Ref. MOST 13/001/ 38C 117/2

2nd April 2008

Pauline Wairimu Mucugu
Egerton University
P.O. Box 536
EGERTON

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on, ***'Awareness of Condom Use in the Prevention of Sexually Transmitted Diseases among Secondary School Students: A Case of Bahati Division, Nakuru North District'***

I am pleased to inform you that you have been authorized to carry out research in Nakuru North District for a period ending 30th September, 2008.

You are advised to report to the District Commissioner and the District Education Officer Nakuru North District before embarking on your research project.

On completion of your research, you are expected to submit two copies of your research report to this office.

M. O. ONDIEKI
FOR: PERMANENT SECRETARY

Copy to:

The District Commissioner
Nakuru North District
NAKURU

The District Education Officer
Nakuru North District
NAKURU

MINISTRY OF EDUCATION

Telephone: 020-2103613
When replying please quote

Ref:NO. NKU.N/ED/30/12

NAKURU NORTH DISTRICT
P.O. BOX 50,
BAHATI.

Date: 23/4/08

To The Principals,
Jomo Kenyatta High School,
Kiamiana Secondary School,
Subukia Day Secondary School,
Moi Ndeffo Secondary School,
Kabazi Secondary School,
St. Marks Eldonio Secondary School

RE: RESEARCH AUTHORIZATION

The bearer Pauline Wairimu Mucugu has been authorised to visit the above schools to carry out research on "Awareness of Condom use in the Prevention of Sexually Transmitted Diseases among secondary school students".

She is required to report to you before she embacks on her research.

Please accord her the necessary assistance.

Thank you.

D.D.T. Mbiti

For District Education Officer
Nakuru North District.

cc Pauline W. Mucugu,
St. Josephs Kirima Secondary School,
BAHATI - Nakuru.