

**ADOLESCENT'S KNOWLEDGE AND PRACTICES ON SEXUALITY AND HIV/AIDS;
A CASE STUDY OF SELECTED SECONDARY SCHOOLS IN NGONG
MUNICIPALITY.**

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KANG'ARA JULIAH RUGURU

A Research Report Submitted to the Graduate School in Partial fulfillment of the Requirements
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University.

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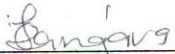


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DECLARATION

I declare that this research project is my original work and has not been previously published or presented for the award of a degree in any other university.


Kang'ara Juliah Ruguru

Date: 12/5/2007

ADM NO: EM16/0594/02

RECOMMENDATION

This research project report has been submitted for examination with my approval as University Supervisor.


Supervisor Dr. B.E.E Omulema

Date: 15/3/2007

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DEDICATION

To my love John, Eric & Anne, the joy of my youth, Kang'ara and Mumbi for their parental care.

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The successful completion of this study depended on the good will of many people. First, I wish to sincerely appreciate the help I received from my supervisor Dr. B.E.E Omulema, his support and constructive criticism has made this study what it is. I am also grateful to my colleagues for their immense support and encouragement. In a special way I wish to acknowledge Fr. Kiiru, Salome Kinuthia, Jenniffer Njoka who were a source of inspiration during the study. I also wish to thank in a very special way the Kago's for their spiritual support and providing me with a home during my studies. I acknowledge with appreciation the contribution and input in this study, from the student's in Secondary Schools in Ngong Municipality. Thanks and appreciation to the representative School Heads who opened the gates for me. I cannot forget to pay special tribute to my family members for having been supportive on all my academic undertakings. Special appreciation to Wangui-my house girl who stood by my family during my absence. I am also indebted to Deacon Joseph Emmanuel, Bro. Ogande, Fr. Kevin for their moral support, Bro. Luke who gave me access to their Library Services at Dominican Friars, Jane Ng'ang'a who did the typing of this work. Last but not least, the Almighty God who saw me through the entire period and kept my family in good health. To all those who in one way or another helped me, I do appreciate your help.

May God bless you always.

ABSTRACT

Throughout the world, the spread of HIV/AIDS continues at an alarming rate. This pandemic has created a dramatic, often devastating impact on many countries, although much has been learned about this disease, researchers, do not predict a cure in the immediate future and an increasing number of HIV/AIDS – infected individuals is expected. This pandemic mainly strikes men and women in their economic and socially most active years between ages 15 – 49. The resulting illness significantly impact upon critical sectors of the labour force, both urban and rural and hence upon overall performance of the economy. The adolescents and young women in particular are vulnerable to HIV/AIDS infection and there is need for innovative preventive measures. The research was aimed at establishing the perceptions and knowledge on HIV/AIDS and whether such knowledge had influenced positive sexual behaviour change among the adolescents. The purpose of this study is to provide strategies that would help the youths to change risky sexual behaviour(s). The study was survey and targeted secondary school students in selected school in Ngong municipality in which the population was sampled randomly. The schools were clustered by type; boys' schools, girls' schools and mixed schools and then stratified into public schools, church run schools and private schools. To achieve these objectives a proportionate sample of 100 secondary school students in Ngong Municipality was randomly selected. The study sample was 85 respondents with 38 boys and 47 girls participating in the study. The data was analyzed using descriptive and inferential statistics with the aid of statistical package for Social Science (SPSS) for windows version 9.0. The findings of the study indicate that most of the respondents had knowledge about HIV/AIDS which might have influenced positive sexual behaviour among the youths. Peer pressure was cited as the main motivating factor to the high-risk sexual behaviour(s) among youths. Parents, friends and mass media were cited as the main source of information on HIV/AIDS and adolescents sexuality. The results of this study can be used to sensitize the Ministry of Education and other stakeholders who are engaged in the fight against HIV/AIDS among youths in restructuring the strategies of HIV/AIDS programmes in schools.

TABLE OF CONTENTS

Page

DECLARATION	ii
RECOMMENDATION	ii
COPYRIGHT	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
ABSTRACT	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF ABBREVIATIONS AND ACRONYMS.....	xi

CHAPTER ONE: INTRODUCTION

1.1 Background Information	1
1.2 Statement of the Problem	2
1.3 Purpose of the Study	3
1.4 Objectives of the Study	3
1.5 Research Questions	3
1.6 Significance of the Study	4
1.7 Assumptions of the Study	4
1.8 Scope and Limitations of the Study	4
1.9 Definitions of Terms	5

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction	6
2.2 Global Overview of Knowledge and Attitude about HIV/AIDS	6
2.3 Sexual Practices	9
2.4 Reasons for Indulging in High-Risk Sex Behaviour	10
2.5 Preventive measures against HIV/AIDS	12
2.6 Source of information on HIV/AIDS	13
2.7 Theoretical Framework	14
2.8 Cognitive Theory.....	14
2.9 Behavioural Theory	15
2.10 Social Cognitive theory	16

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction	18
3.2 Research Design	18
3.3 Location	18

3.4	Population	18
3.5	Sampling Procedure and Sample	18
3.6	Instrumentation	19
3.7	Data Collection Procedures	20
3.8	Data Analysis	20

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.1	Introduction	21
4.2	Youths Knowledge About HIV/AIDS	24
4.3	Determinant of Sexual Practices Among the Youth	27
4.4	Motivating Factors on High-risk Sexual Behaviour among Youths	30
4.5	Preventive Measures the Youth Engage in as a Measure of Avoiding Getting HIV/AIDS.....	32
4.6	Sources of Information on HIV/AIDS	36

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1	Summary	38
5.2	Conclusion	39
5.3	Recommendations	39
5.4	Suggestions for Further Research	40

REFERENCES	41
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APPENDIXES

APPENDIX A: Questionnaire for Student Respondents	45
APPENDIX B: Research Authorization	

LIST OF TABLES

		Page
Table 1	Secondary School Within Ngong Municipality	19
Table 2	Respondents by Age	21
Table 3	Gender	22
Table 4	Type of School	22
Table 5	Age at first Menarche	23
Table 6	People the Students Spend their Holiday Time With	23
Table 7	Knowledge of HIV/AIDS	24
Table 8	HIV/AIDS Mode of Transmission	25
Table 9	Sexually Transmitted Diseases	26
Table 10	Information On Whether one Could Avoid Getting HIV/AIDS	26
Table 11	Percentage Distributions of Respondents by Sexual Experience	27
Table 12	Sexual Partner Preferences	28
Table 13	Teenage Sex	28
Table 14	Reasons for not Indulging in Sex	29
Table 15	Reasons for Engaging in Sex	30
Table 16	Risk of Getting Aids	31
Table 17	Avoiding HIV/AIDS	32
Table 18	Measures taken to Avoid HIV/AIDS Infection	33
Table 19	Reasons for Risk/Non Risk of Getting HIV/AIDS	33
Table 20	Stopping HIV/AIDS Spread	34
Table 21	Preventing Youths from Exposure to HIV/AIDS	35
Table 22	Sources of Information	36
Table 23	Who Students Discuss HIV/AIDS with	37

LIST OF FIGURES

	Page
Figure 1: Relationship between Personals Abilities and Behaviour Change	16

ABBREVIATIONS AND ACRONYMS

WHO	-	World Health Organisation
NATC	-	National Aids Committee
USAID	-	US Agency for International Development
NASCOP	-	National AIDS/STDs Control Programme
AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immuno Deficiency Virus
NACC	-	National AIDS Control Council
MOH	-	Ministry of Health
KDHS	-	Kenya Demographic Health Survey
UNAIDS	-	Joint United Nations Programme in HIV/AIDS

CHAPTER ONE: INTRODUCTION

1.1 Background Information

The Acquired Immune Deficiency Syndrome (AIDS) condition was first identified among gay men in USA in 1979/80. At that time, there was hardly any literature on the subject. The first published account appeared in July 1981. It described cases seen among gay men in Los Angeles. Within the next three years, the condition had been reported in almost all the gay communities in the world. By 1982, AIDS had been reported among other people who were not gay. These were injecting drug users, recipients of contaminated blood products, heterosexual men and women including female sex workers, infants born of HIV infected mothers. Majority of those diagnosed AIDS cases in most of the developed countries during 1980's continued to be among gay men (Getachew, Sadiki, Gebre, Belayneh, Tewabech, Yonnes, 1995).

In Kenya, Aids was first reported in 1984 at Kenyatta National Hospital. The number of new AIDS cases reported in one year has been on average 12,000 since 1990. Men and women are infected in equal populations. 80% of the cases occur in the age group 15 – 49 years while 10% are children under the age of 5 years. The epidemic is more advanced in Nyanza, Western and parts of Rift Valley provinces where HIV prevalence among pregnant women is 15% - 30%. It is estimated that if current infection rates continue, 1.7 million people will be infected by the turn of the century. Sexual contact accounts for up to 90% of AIDS cases in Kenya. Heterosexual contact is the main mode of transmission. However, bisexual contact has been reported in some parts among confined groups like prisoners. Mother-child transmission accounts for about 20% of AIDS cases in Kenya. (MOH, 1984 – 1995).

In 1985, the government of Kenya created a National AIDS Council (NAC). In 1987, the National AID/STDs control programme (originally the National AIDS Control Programme) was established and the Kenya Red Cross and Red Crescent Society on behalf of the Ministry of Health initiated an HIV/AIDS awareness campaign. The government in 1993, April hosted the first Conference on AIDS. The Minister of Health

declared that AIDS had become a national crisis. (Africa Confidential, Vol. 34 May, 1993). In 1994, work began on producing a Parliamentary sessional paper on AIDS that would address a broad range of policies. The government also signed an agreement with the World Bank for a loan for STD and HIV prevention and control programme constituting a significant commitment. And in December 1999, the government declared HIV/AIDS a national disaster and National Council was created following a presidential decree.

The youths are exposed to HIV/AIDS due to biological, social – cultural and economic factors. The high rates of teenage pregnancies, abortions, school dropouts and sexually transmitted diseases confirm that the youth are engaging in early sexual activities and are increasingly predisposed to HIV/AIDS. Data from National AIDS control programme (2001) shows that peak ages of AIDS occur at 20 – 25 years for females and 25 – 35 years for males. There is however a gross under-reporting of HIV/AIDS cases for a number of reasons, including but not limited to the following:

- (i) Some people never seek hospital care for AIDS.
- (ii) Doctors and other health workers may not want to record a diagnosis of AIDS because of the stigma attached to the disease.
- (iii) People with HIV infection may die of other infections before they are diagnosed as having AIDS.
- (iv) Some health facilities especially in rural areas may not have the capability to test for HIV infection. (KDHS,1998).

1.2 Statement of the Problem

There has been a general trend of female students dropping from schools and marrying early due to pregnancies. In view of this a need was felt to undertake a study on the youths knowledge and practices on sexuality and HIV/AIDS. HIV/AIDS is a worldwide problem and the youths have been identified as being at special risk of acquiring HIV/AIDS. The Government of Kenya through the Ministry of Education has directed all Schools to incorporate HIV/AIDS as a lesson. However, there are no trained

personnel to handle the subject in the teaching programme, no guidelines on how to initiate and implement HIV/AIDS programme and no time provision has been set in the timetable. There is no defined criterion on providing proper intervention strategies that would enable the teachers to handle HIV/AIDS. The study aimed at establishing the knowledge and perception on HIV/AIDS and whether such knowledge had influenced positive sexual behaviour among youths.

1.3 Purpose of the Study

This study sought to find out whether the youth have sufficient knowledge on HIV/AIDS and whether such knowledge has influenced positive behaviour-change. The study also aimed at finding out the youths sexual practices, what motivated them into high-risk sexual behaviour and their source of information about HIV/AIDS.

1.4 Objectives of the Study

The objectives of this study were:

- (i) To determine what the youth know about HIV/AIDS
- (ii) To determine the sexual practices among the youth
- (iii) To establish what motivates high-risk sexual behaviour among youth.
- (iv) Assess the prevention measures undertaken by youths against HIV/AIDS.
- (v) To determine sources of information on HIV/AIDS among youths.

1.5 Research Questions

This study aimed at answering the following questions: -

- (i) Do the youth have relevant knowledge about HIV/AIDS?
- (ii) What are the sexual practices among the youth?
- (iii) What motivates the youth to engage in high- risk sexual behaviour(s)?
- (iv) What preventive measures do the youth engage as a measure to avoid getting HIV/AIDS?
- (iv) What are the sources of Information on HIV/AIDS among the youths?

1.6 Significance of the Study

The findings from this study would serve to provide intervention strategies on HIV/AIDS campaign among the youths. The results are useful in providing strategies that would help the youth to change their sexual behaviours. The Ministry of Health, in collaboration with Ministry of Education and other stakeholders who are engaged in the fight against the scourge could utilize the results of the study to restructure the strategies on HIV/AIDS campaign among the youths and be integrated into the programme in school curriculum.

1.7 Assumptions of the Study

This study was based on the following assumptions:-

- (i) The youth will give true information regarding their sexual behaviour
- (ii) The youth engage primarily in heterosexual relations.
- (iii) They have scanty or no information on HIV/AIDS.

1.8 Scope and Limitations of the Study

This study covered 17 secondary schools in Ngong Municipality, students respondents in the schools were involved. Time constraints and lack of control over external factors such as an individual's reluctance to give information on HIV/AIDS were limitations that could influence the outcome of the study.

1.9 Definition of Terms:

AIDS:	Stands for Acquired Immune Deficiency Syndrome. It is a disease that is caused by the HIV virus, which acts by weakening the immune system, making the body susceptible to other diseases.
Adolescent:	The period of life between puberty and maturity (15 – 19 years).
HIV:	Human Immuno Deficiency Virus, that goes right into the blood cells, settles on white blood cells which assist the body to fight infections; one get immunity deficiency that makes one prone to sickness and a slight cough makes one very sick. It is the virus that causes AIDS.
Heterosexual:	It means of the opposite sex. Man-woman sexual contact.
Opportunistic infection:	When the immune system is weakened, the individual becomes vulnerable to a wide range of infections, which are otherwise kept at bay by the healthy immune system. Because infections occur when the immune system is compromised, they are referred to as opportunistic infections.
Practices:	To do something regularly as part of your normal behavior: to practice self restraint or safe sex.
Sexuality:	The feelings and activities connected with a person's sexual desires.
Virus:	One of the smallest infectious organisms, which only live, and reproduce in live cells of other living things that they infect.
Youth:	The time of life when one is young; adolescence (15 – 19 years).

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter discussed the major concepts of interest under study and the relevant literature on: Global overview of knowledge and attitude about HIV/AIDS, Sexual practices among the youths, reasons for indulging in high-risk sexual behaviour(s), preventive measures against HIV/AIDS, sources of information on HIV/AIDS have been discussed.

2.2 Global Overview of Knowledge and Attitude About HIV/AIDS.

The knowledge about HIV/AIDS among the youth is generally high. A study that was carried out on youth in USA revealed that 22.7% knew that most new cases of HIV/AIDS in states were among intravenous drug users. 17.1% thought HIV/AIDS could be contracted during a routine visit to the doctor and 19.9% thought or were not sure that HIV/AIDS could be transmitted while donating blood. When asked about their attitudes towards those with HIV/AIDS attending school, visiting their homes or living on their blocks 14.8% objected the presence of HIV/AIDS-infected students (Imperato Am 1996 Oct, 21 (5) 032-47).

The first report of HIV/AIDS came from the center for Disease Control in Atlanta Georgia in the USA. This described five cases of young previously healthy homosexuals who had been treated in Los Angeles for a rare infection of lungs (*Pneumocystis Carinii* Pneumonia) in 1981. At the same time came reports of 26 previously healthy homosexuals in New York and California who had developed a severe form of a rare malignant cancer called Kaposi sarcoma, eight of them died within two years of diagnosis. (Victor, G.D. 1986).

According to Mbeki (2000) twenty million Africans will succumb to HIV/AIDS epidemic by year 2010. On average, fifteen studies conducted both in rural and urban areas in nine different African countries suggest that between 12 – 13 African women are infected for every 10 African men. The W.H.O. estimates that at the end of 1999, 12.2m

women and 10.1 million men aged 15 – 49 years were living with HIV/AIDS in Sub-Saharan Africa. More women than men were infected due to a combination of factors, which included the fact that HIV/AIDS passes more easily from men to women through sexual intercourse than from women to men (KEMRI, 2000).

According to Osho (1999), knowledge of HIV/AIDS as incurable disease is widespread in Sub-Saharan Africa but sexual behaviour and putting this knowledge into practice is known to be lacking. Primarily, heterosexual relations in Africa, transmit HIV/AIDS. In many societies women are expected to remain faithful to their husbands while it is expected for men to have extra-marital relationships, a practice re-inforced by labour migration. According to Kofi, A. (1999), other factors such as poverty, mobility, displacement as a result of wars and political unrests have been associated with the spread of HIV/AIDS among some groups of people.

In Uganda, the first HIV/AIDS case was identified in Rokai District in 1982, Ghana (1986) and Kenya (1984). Studies in Africa have shown higher prevalence in urban than rural areas. Weiss (1994) gave the rate as more than 10% of the population in major cities in Africa and between 5 – 9.8% in the rural areas of Uganda, Botswana and Rwanda. Further variations in HIV/AIDS prevalence were noted among the risk groups and the general population of the areas. The rates were more than 50% in the high-risk groups of Tanzania (Nkya, 1991) and over 2% in Malawi for the general population (Osho, 1999).

According to AIDS care (Vol. 12, 238), of the 5.6 million people infected with HIV/AIDS in 1999, 3.8 million live in Africa. An estimated 2.2 million HIV/AIDS deaths in the region occurred in 1999 (85% of the global total), even though only a tenth of the population lives in Sub-Saharan Africa. According to a report by Focus (No.4 1st quarter – 2000), extreme poverty has helped push infection rates to imaginable levels. In most countries, thousands of people are forced into high-risk activities. With rampant unemployment and lack of income, prostitution appears to be the only option for destitute women. Condoms and other protections are usually beyond the pocket of the poor.

When they die, they leave behind children, who could end up as commercial sex workers and exposed to infection. They also die quickly from AIDS related infections because they cannot afford drugs to ward off the opportunistic infections.

According to a major survey done by Nascop, Kenya (1999), it was established that the knowledge of HIV/AIDS among adolescents was consistent with knowledge level among adults. The survey documented that at least 90% of the women and 96% of men aged between 15 – 50 years who were interviewed had heard about HIV/AIDS. The knowledge level was not dependant on age, urban-rural residence, education level and province of residence. HIV/AIDS was identified as a sexually transmitted disease, however, only a small proportion of the population recognized mother-child transmission, blood transfusion and use of unsterilized instruments (razor blades, needles, hair shavers) as risk factor for transmission (Demographic Health Survey, 1993).

The youth are aware of HIV/AIDS as a viral disease and are familiar with the mode of transmission. They also recognize the social context of immorality practice of having multiple sexual partners, sex outside marriage and lack of adequate information on STD and HIV/AIDS (Mchangwi, 1993). In a study, which was carried out on student youth and adolescents in Makerere University – Uganda, it was found that almost all the students' youth had good knowledge about HIV/AIDS; this included causes, signs and symptoms. However, Kasirye S. Sentumbrue S. S, Makasi, M.D, (1998), noted that despite HIV/AIDS awareness, there still existed risk behaviour practice among university students. A study carried out by Mukosa (1998), revealed that 60% of female adolescent had a low risk perception of HIV/AIDS transmission compared to 40% male adolescents, who did not perceive HIV/AIDS as high risk factor. 60% of male adolescents admitted consistence use of condoms in their sexual encounter, 40% of females reported occasional use of condoms. The reasons for these differences were reported as mainly due to cultural imbalance, low education of girls and less control over the girls' sexual life.

Nduati R, & Wambui Kiai, (1996) observed that some youths thought they were not at

risk because they were not engaging in sexual intercourse or they did not have multiple partners they thought people at risk were prostitutes, immoral people, victims of rape, rich people, women working in bars, learned people especially university students and drunkards. Also included in the category were footballers, teenagers, school going children, poor people who do not use condoms, polygamists and people aged between 15-55 years.

From a study carried out by National Population Advocacy and IEC strategy for sustainable development (1996 – 2010) it was found out that STDs other than HIV/AIDS had not received much attention in the area of population and health, IEC situation survey found that 97% of respondents between the age of 15 – 19 years had heard about HIV/AIDS, but the level of knowledge remained shallow, 50% thought HIV/AIDS could be contracted through insect bites, 60% of men and 50% of women, thought they were at personal risk of HIV/AIDS and in both adult and adolescents population, there was very little evidence of any of them having talked to someone about HIV/AIDS. However, in a study carried out at Mwala Mission (Kenya) within all the religious groups on the first person with whom youth discussed sexual related matter to, it was noted that there was confusion about who should communicate sexual reproductive health to youth. The church expected parents to fully teach the youth, while the parents looked upon the church and school. The young people had no choice but to learn from one another and the mass media (Omurwa, T. Amuyunzu, Nyamongo, M. 2000).

2.3 Sexual Practices

According to Feldman (1993), knowledge of HIV/AIDS as an STD did not appear to have deterred youths from becoming sexually active. Although most of them had at least lost close relative or a friend due to HIV/AIDS, their behaviour seemed not to change. Youth continued to be exposed to multiple sexual partners without any form of protection even though they recognized the inherent risk of HIV/AIDS in individuals with multiple partners.

Most of the studies done found that the youths started sexual activity at an early age.

Some girls had sex before menarche and or before their teenage years (13 – 19 years). In a study done by Jenkin's C. (1995) in Papua, New Guinea, the age at first intercourse was reported to have occurred as early as eleven (11) years of age. In Malawi, 58% of 300 female adolescents surveyed in ten villages reported being sexually experienced, and out of those, 58% had sex before menarche. The mean age at first intercourse was 13.6 years while the mean age at menarche was 14.5 years (Helitzer A. 1994). It was observed that most young people became sexually active much earlier. Among Kenyans, sex was mainly with peers or agemates and was usually sporadic and opportunistic with a peak occurrence in the exit classes of primary and secondary schools (Youri 1993, Kumali 1993).

Some studies have shown that boys initiate sexual practice earlier than girls and had more sexual partners than girls had. In a study by Kumah (1993) among sexually active boys it was observed that 43% of primary schools, 33% secondary and 62% out of school youths had more than four partners which was in contrast to 15 of the girls reporting to had four partners. In a study of adolescents, Lema (1994) found that 61.5% of the males had more than six lifetime partners compared to 4.1% of the females. The age pattern of people infected with HIV in Kenya suggests that many incidents infections are occurring in adolescence, with females being infected earlier than males. In the 15 – 19 years age group, six times as many girls as boys had been diagnosed with HIV/AIDS (Mzyuko, 1997).

A study by UNAIDS (1985 – 1995), in Uganda indicated that the population of adolescent girls aged 15 – 19 years reporting that they had never had sex rose from 26% - 46%. For boys aged 15 – 19 years the population rose from 31% - 56%. It was also indicated that there were fewer sexual relations with non-regular partners in 1995 compared to 1989 (UNAIDS, a measure of success in Uganda, May 1998). A study carried in Makerere University – Uganda, (1998) on youth revealed that 65% were sexually active with an average of two to four sex partners within the last one year, of these 91% had started sex between 13-25 years of age, and it was observed that STD prevalence was high (Kasirye S. et al, 1998). In a study by Gakwaya, H. Mungati, J.A. (1990) in Kabarole, Kampala,

Jinja and Arua District of Uganda, it was found that there were early sexual contact below the age of 14 years in both sexes, both in rural and urban areas and it was observed that girls began to have sexual intercourse at an earlier age than boys. Wambua T. et al (2000) in a study in Nyamira District, Kenya, revealed that most of the young people were sexually active with 85.4% of the single respondents reporting having had sexual intercourse. The findings showed that 65.6% had had multiple sex partners, more males (72.0%) than females (59.0%) had had multiple sex partners.

2.4 Reasons for Indulging in High-Risk Sex Behaviour

There were several reasons why the youths got involved in high-risk sex behaviour. Nduati R. et al (1996), in communicating on HIV/AIDS in East and Southern Africa, observed that adolescents became involved in sex probably for monetary gains, sexual desire for change and found it important to experiment with different partners.

In a Zambia study, adolescent males claimed that provocative female attire drove them to having sexual relationships or casual contact. Use of traditional medicine to make women attract men and make men more aroused was cited as a cause of seeking multiple partners in Zambia. The male adolescents said that dirty girls put their boyfriends off sexually hence prompting them to seek new partners. Youth in stable relationships felt that it was important to protect their girlfriends from pregnancy and preserve them for marriage. Such youth would seek to satisfy their sexual desires, with other girls (Nduati et al, 1996).

Polman (1994) observed that unmarried girls become involved in sex for various reasons which included; economic needs, pornography, idleness, curiosity, peer pressure, being lured with promises of cosmetics, need to demonstrate love to their boyfriends, lack of parental guidance, unemployment, increase in costs of living, among others. Economic gain and sexual coercion underlie many young women's sexual experiences. The desire to love and be loved was one of the principal reasons why girls began sexual relations. A female student from Zimbabwe was quoted to have said, "You have sex so that you can strengthen your love". (Bessett, Moaned, J.S. 1994).

Other studies found that economic and material gain were a motivating factor in some girls' sexual activity. They acknowledged the existence of "sugar daddies" (older men who seek out adolescent girls for sex in exchange for money or gifts) and several respondents mentioned being approached by these men and reported that money especially for school fee, lunch and transport was the underlying reason for this relationship (Bessett et al, 1994). In Malawi, two thirds of 168 female students who reported having sexual intercourse acknowledged accepting money or gifts for sex (Hettzer, A. 1994) and half of the 168 indicated they were coerced to sex.

According to Nduati et al (1996), girls in Kenya took free rides on matatus (mini buses) in exchange for sex. Boys reported encounters with "sugar mummies" (older women who lure boys into sex in exchange of material gifts). The environment in which the youth lived had an impact on their sexual activity. Kumah (1993), in his study found out that boys in boarding schools were more likely to be sexually active. In crowded one-room family residence in urban slums, youth grew up observing parent sexual activity and began experimenting while they were still very young. Girls learned from their mothers that sex could not be used as a tool to manipulate men for economic gain. Kasirye, S. et al (1998) observed that the youth in Uganda perceived the reasons for engaging in high-risk sex as a financial constraint, alcohol abuse, peer group influences, redundancy and social cultural beliefs. According to Babishangire, B.B, Omurma, T, (2000), some boys were reported as saying "they would rather live a short time with a lot of material wealth than live longer and starve."

2.5 Preventive Measures Against HIV/AIDS.

Sindinga (1993), observed that 70% of adolescents did not change their sexual behaviour after hearing about HIV/AIDS, of those who did change, 29.9% opted to stick to one partner and 6.9% of the males reported condom use. The youth identified methods of preventing HIV/AIDS and other STDs as marriage, faithfulness and avoiding pre-marital sex (Mchangwi, 1993). Others felt that they would reduce risk of HIV/AIDS by limiting their sexual partners, and a small population said they would practise abstinence. Many youths said they had changed their behaviour on hearing of HIV/AIDS but made an

observation that it was difficult.

A study done in Uganda revealed that use of condom had increased significantly in the period 1989 – 1995 especially among the 20 – 24 years and it was also noted that the use of condom was greater for those who had sex with a non-regular partner in the past twelve months (UNAIDS, case study, May 1998). However, not all young people had sex because they wanted to. In a nationwide study on women between 12 – 24 years old, 25% said they lost their virginity because they had been forced. In Nyanza, (Kenya) a quarter of secondary school boys and half of the girls described their first sexual experience as unpleasant or worse. In forced sex, use of condom was unlikely (AIDS in Kenya, 2001).

Abstinence for HIV/AIDS control can be a better option especially when the condom campaign is faced by many challenges like illiteracy, poverty, religion and logistic distribution. Kalyowa, F, Kiwanuka, R. (1998), in their study in Uganda, youth abstinence was found to be an acceptable means of HIV/AIDS control, strong religious commitment, parental guidance and effective HIV/AIDS education were believed to increase sexual abstinence. The mean age at their first coitus was 13.2 years. About 67% of the sample had abstained from sex of which 48% were still virgins.

2.6 Sources of Information on HIV/AIDS

Most information was got from age mates, TV, radios and videos, some was from teachers, parents relatives. In a study by Westhoff et al (1996), on youth and sources of information on HIV/AIDS in Muscorite, 26.3% reported being taught about HIV/AIDS in school, 41.7% reported discussion of HIV/AIDS with parents or family members. There was fear that sex education in schools could encourage promiscuity among the youth rather than preventing HIV/AIDS infection. However, the 35 international studies commissioned by W.H.O. revealed that sex education may lead to a delay in the age of first intercourse and to more use of protection when sexual activity began (Grunseit, A. Kippay, S. 1993). According to High School students in Thailand, the source of information on HIV/AIDS ranged from Television (89.1%), teachers (81.6%), pamphlet

(80.2%) newspapers (75%), radio (55%), health care workers (53.4%), friends, (38.6%) and (32.5%) from parents.

In Zambia, the study indicated that sexual matters were discussed with close friends of the same sex and peer group or cousins of the same age. Sometimes grandparents were consulted (Kalunde, 1997). According to Gakwenye et al (1990), Uganda adolescents shared about their sexual relationships to their closest friends. In another study carried out at Mwala Division (Kenya) about sexual behaviour among church going youth and communication on sexual reproductive health matters, it was noted that the first person the youth discussed sexual related matters to was the peer (46.6%), followed by parent (19.9%); health worker (6.4%), teachers (5.4%); siblings (5.4%) and religious leaders (4.0%) (Omurwa et al 2000).

A study done in Rukungiri District Uganda showed there was a public debate in Uganda on whether youth aged 8 – 24 years should be exposed to information regarding sexual activities. It was clear during the baseline survey that youth in Rukungiri District were sexually active starting at an early age (Babishangirie et al, 2000). According to Omurwa et al (2002), there was confusion about who should communicate sexual reproductive health to the youth. They have no choice but to learn from one another and mass media.

2.7 Theoretical Framework

As HIV/AIDS transmission is propelled by behavioural factors, theories about how individuals change their behaviour have provided the foundation for most HIV/AIDS prevention efforts worldwide. These theories have been created using cognitive – attitudinal and affective motivational constructs.

2.8 Cognitive Theory

Jean Piaget constructed cognitive stage theory of development and the moral stage theory in children's growth. He studied thought process of children from their many answers. He derived that a child's cognitive ability progresses through four stages. Each stage is characterised by the emergence of new abilities developed from day to day activities. As

children grow they increase their sensory, motor and reflex capacities to run about and act upon their world. Through manipulation and interaction with environment children develop. Children derive knowledge from direct experience through the patterns of behaviour, thinking and interaction of the environment called schemas, which are cognitive categories of people, things or ideas. When a schema is applied to a new object the child assimilates in order to learn which is like adding new data to a computer.

A child may discover that tried and true methods of dealing with social environment do not work well so he learns to accommodate new objects when an existing schema fails, disequilibrium is produced. This is the in balance between what the child knows and what he or she has encountered. This helps in growth and creativity. It also causes psychological discomfort and people seek to minimize it and achieve equilibrium, which involves learning and integrating new information into an existing schema. Cognitive approach observes that every individual is an organized unique pattern of capabilities and potentialities. Human beings have schemas as they interact with the environment they are capable of assimilating new ideas and accommodate things that do not work well for them.

2.9 Behavioral Theory

Behavioral Theory states that environment shapes behaviour, Ragoli, R. (1994) views forces outside the child as influencing behaviour. Behaviourist view people as reacting to external stimuli. This learning is characterised in three ways viz; Operant or instrumental condition, classical conditioning and modeling. Pavlon observes that all social behaviour is a result of a learning process and that a person's behaviour is largely a conditioned response to external stimuli. Skinner in the operant conditioning views behaviour as determined by the environmental consequences it produces. He believes behaviour is purposeful and that organisms operates on their own environment in order to produce changes that are either rewarding or punishing. Bandura (1986) observes that human is the producer and product of his environment.

2.10 Social Theory

The premises of the social cognitive or social learning theory states that new behaviours are learnt either by modeling the behaviour of others or by direct experience. This theory focuses on the important roles played by vicarious, symbolic and self-regulatory processes in cognitive, behavioural and environmental determinants (Bandura, 1977) Central tenet of the social cognitive theory are: -

- (a) Self-efficacy – This is the belief in the ability to implement necessary behaviour (“I know I can insist on condom use with my partner”).
- (b) Outcome Expectancies – belief about outcomes such as the belief that using condoms correctly will prevent HIV infections

Programs built on social cognitive theory integrate information and attitudinal change to enhance motivation and re-enforcement of risk reduction skills and self-efficacy.

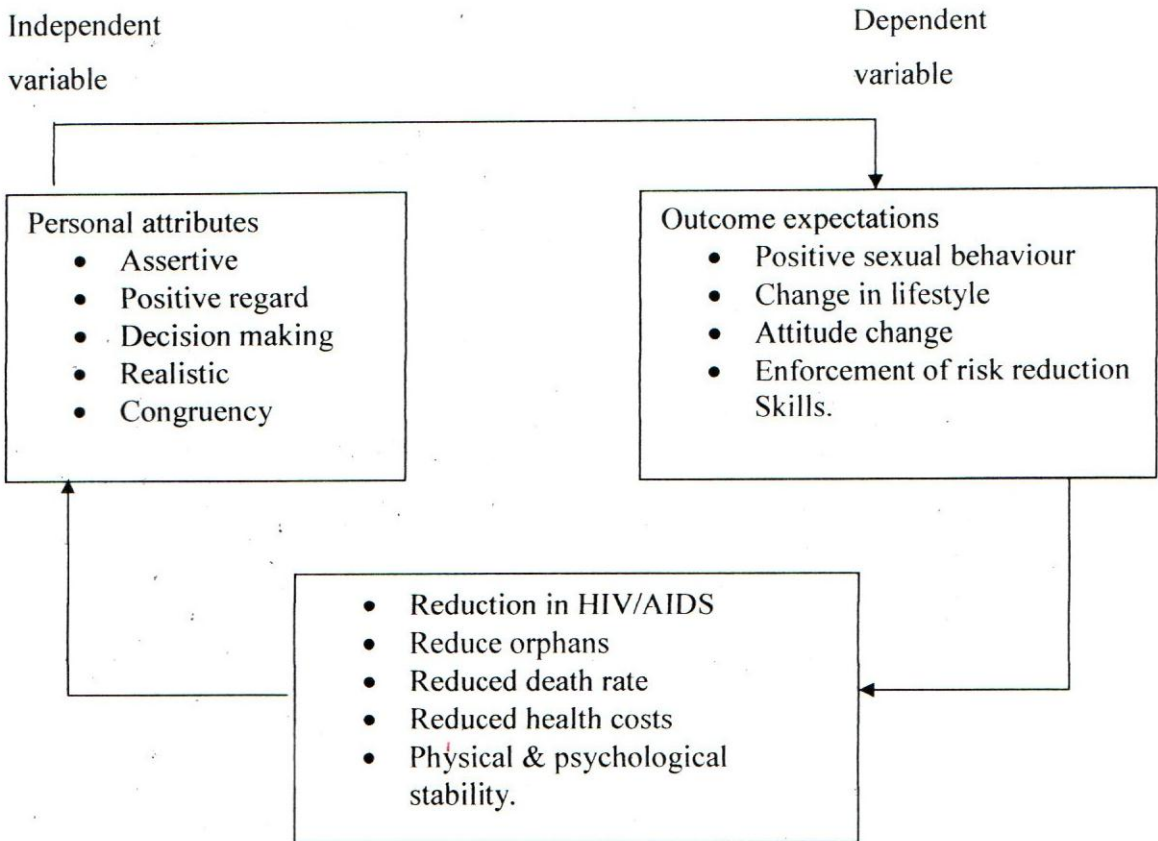


Figure 1 Relationship between personal abilities and behaviour change.

Figure 1 gives a summary on relationship between personal abilities and behaviour change. Persons who display positive personal abilities are likely to display positive behaviour expectations that could lead to reduced incidences of HIV/AIDS.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this study was to determine the level of knowledge on HIV/AIDS among Secondary youths and if such knowledge had influenced positive sexual behaviour. This chapter describes the research, design, population, sampling, instrumentation and administration of the questionnaires. It also describes how data was analyzed.

3.2 Research Design

The research design in this study was *ex-post factor* because no treatment was given to the respondents before interview. This study was a survey, aimed at looking into the level of knowledge on HIV/AIDS among secondary school youths and whether such knowledge had influenced positive sexual behaviour to the youths. It looked into the sources of knowledge, sexual practices and reasons as to why the youths engaged in high-risk sexual practices and what preventive measures they employed to avoid getting HIV/AIDS.

3.3 Location

This study was conducted within Ngong Municipality in Kajiado District Rift Valley Province. This was ideal location to the researcher within the available resource and familiarity.

3.4 Population

This study targeted secondary school students. These were the adolescents in the age bracket of 14 – 20 years, which have active sexual life. There were 17 secondary schools in Ngong Municipality with an average population of 4000 students.

3.5 Sampling Procedure and Sample

The schools in Ngong Municipality were stratified into three: - Public schools, church run schools and privately owned schools. This was done because it was assumed that the students are exposed differently depending on the institutions affiliation. Under the

above stratification, schools were clustered by type: boys' schools, girls' schools and mixed schools. The clustering was based on the assumption that the gender of the student in the various schools influenced the provision of knowledge on HIV/AIDS, behaviour practices and strategies used in avoiding high-risk sexual behaviour.

The following was the breakdown of the secondary schools within Ngong Municipality.

Table 1
Secondary Schools within Ngong Municipality

Stratum / Cluster	Government	Church	Private	Total
Boys	3	1	1	5
Girls	3	0	2	5
Mixed	2	0	5	7
Total	8	1	8	17

The schools were randomly sampled per category, three government schools, three private schools and one church owned schools were visited. According to Kathuri and Pals (1993) a sample of between 20 – 50 in each sub group or 100 in each major group is ideal for comparison. The researcher treated this municipality as a major group therefore a proportionate sample of 100 students was selected from the seven schools. Out of 100 questionnaires 85 were returned.

3.6 Instrumentation

The researcher prepared one questionnaire which was administered to each selected student. The questionnaire was divided into three sections. Section A obtained personal details of the respondent, section B contained questions which gathered information on the students knowledge, attitude and practices on sexuality and HIV/AIDS, section C contained questions which gathered information on why adolescents engaged in high risk sexual behaviour. The researcher sought expert advice from the supervisor and other

researchers to validate the instruments. The results of pilot – test were used to refine the questionnaire which were used in the study. Mugenda and Mugenda (1999) recommends pilot – testing of research instruments before use in research. Cronbach Coefficient Alpha was used to determine the internal consistency of research instruments. The instruments were to be considered reliable if they yielded reliability coefficient of 0.7 and above if the reliability was to be below 0.7 the researcher was to re-work on the instruments. However, the questionnaire had a liability of 0.72 hence the pilot-test was accepted as reliable. According to Mugenda and Mugenda (1999) 0.8 and above shows a high degree of reliability of the data.

3.7 Data collection Procedures

The researcher obtained permission from School's administration. The researcher pre contacted the sample group from the various schools in order to establish rapport. The researcher delivered the questionnaires to the schools and sought assistance of the teachers who administered the questionnaire.

3.8 Data analysis

Descriptive statistics were used to analyze the data. These descriptive statistics included percentages and frequencies. The level significance was set at $\alpha = 0.05$. The data analysis was performed using the statistical package for social sciences (SPSS) for windows version 9.0.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents results and discussions on the knowledge, attitude and practice of adolescent sexuality according to selected study variables. The effective study sample was 85 respondents. The study aimed at discussing the following questionnaire items: -

- (i) Do the youth have relevant knowledge about HIV/AIDS?
- (ii) What are the sexual practices among the youth?
- (iii) What motivates the youth to engage in high – risk sexual behaviour(s)?
- (iv) What preventive measures do the youth engage as a measure to avoid getting HIV/ AIDS?
- (v) What are the sources of information on HIV/ AIDS among the youths?

Table 2

Respondents by Age

Age	Frequency	Percent
14	4	4.7
15	7	8.2
16	16	18.8
17	27	31.8
18	20	23.5
19	5	5.9
20	6	7.1
Total	85	100

As indicated in table 2, most of the adolescents were aged 17 years (32%) followed by those aged 18 years (24%) Respondents aged 16 years were 19 % while respondents aged 14 and 19 years were the least at 5% and 6% respectively. A study carried in Makerere University – Uganda (1998) on the youths revealed that 65% were sexually active with an

average of two to four sex partners and 91% of these had started sex between 13 – 25 years of age. In another study done by Jenkin's C. (1995) in Papua, New Guinea, the age of fist intercourse was reported to have occurred as early as eleven years of age, while in Malawi, 58% of 300 female adolescents confirmed to care led sexual experience before menarche. The mean age at first intercourse was 13.6 years while the mean age at menarche as 14.5 years (Helitzer 1994).

Table 3

Gender.

	Frequency	Percent
Male	38	44.7
Female	47	55.3
Total	85	100.0

According to table 3 majority of the respondents were female 55 % while male respondents were 45 %. A study survey done by NASCOP Kenya (1999) documented that 90% of women and 96% of men aged between 15 – 50 years who were interviewed had heard about HIV/AIDS. However a study done in Rukungiri in Uganda (2000) observed that there was a public debate in Uganda on whether youths aged 8 – 24 years should be exposed to information regarding sexual activities. In a study by Kumah (1993) among sexually active boys and girls it was observed that 43% of primary schools, 33% of secondary and 60% of out of school youths had had more than four partners which was in contrast to 15 of the girls who reported they led for partners that Nzyuko (1997) observed that the age pattern of people infected with HIV/AIDS in Kenya had more females being infected either than males and six times as many girls as boys had been diagnosed with HIV/AIDS.

Table 4

Type of School

	Frequency	Percent
Girls	36	42.4
Boys	31	36.5
Mixed	18	21.2
Total	85	100.0

Table 4 shows 42% of the respondents came from girl's schools while 37% were from boy's schools. 21 % came from mixed schools. In a study survey by NASCOP Kenya(1999) established that at least 90% of the women and 96% of men who were interviewed had heard about HIV/AIDS. However, it was observed that the knowledge level was not dependent on age, urban-rural residence, education level and province of residence.

Table 5

Age at First Menarche.

Age	Frequency	Per cent
9	1	2.4
11	1	2.4
12	3	7.1
13	7	16.7
14	17	40.5
15	8	19.0
16	5	11.9

As revealed by Table 5, 41% of the female got their first menstruation at age 14, 19% got at age 15, 2 % of the females started their menstruation at ages 9 and 11 respectively. The mean age at first menstruation was 13.93 among the female respondents. A study done earlier in Papua New Guinea indicated that some girls had sex before menarche and or before their teenage years (13 – 19) years. The mean age at first intercourse was 13.6 years while the mean age at menarche was 14.5 years (Helitzer A. 1994)

Table 6

People the Student Spend their Holiday Time With

	Frequency	Per cent
Both parents	37	43.5
Mother	21	24.7
Father	3	3.5
Sister	16	18.8
Brother	19	22.4
Others	23	27.1

According to Table 6, 44 % of the respondents spent most of their holiday time with both parents. 27% of the respondents spent their holiday time with their friends and other relatives (Cousins and grandparents) while 25% of the respondents spent their holiday time with their mothers and 4% spent time with their fathers.

4.2 Youth Knowledge About HIV/AIDS.

This objective on youths knowledge about HIV/AIDS was measured by looking at the youth's response to whether they had knowledge about HIV/AIDS, the modes of transmissions, other sexuality transmitted diseases other than HIV/AIDS and knowledge if one could avoid contracting HIV/AIDS

Table 7
Knowledge of HIV/AIDS

Heard of AIDS	Frequency	Percent
Yes	83	97.6
No	2	2.4

As shown in table 7, 98 % of the youths affirmed that they had heard about HIV/AIDS, only 2 % said that they were not aware of HIV/AIDS. This is in line with earlier findings by NASCOP Kenya (1999) who had earlier noted that the knowledge level of HIV/AIDS among adolescents is consistent with the knowledge levels among adults. The survey had noted that 90% of women and 96% of men between 15 – 50 years had heard about HIV/AIDS. At a teacher's workshop in Kisumu Kenya , it was noted that there is high HIV/AIDS awareness but there was not enough evidence that people are taking precautions like visiting voluntary counseling centers (VCT). In the same forum, Dr. Richard Muga, a former director of medical services (Kenya) observed that most VCT facilities in the Province risked closure for lack of clients. He noted it was time to pause for a while and assess whether any impact had been made. (The Daily Nation, February 16, 2006).

Table 8**HIV/AIDS Transmission.**

	Frequency	Percent
Sexual contact	70	55.5
Blood transfusion	61	71.8
Mosquito bite	1	1.2
Contaminated Needles/ Syringes	39	45.9
Mother to unborn baby	56	65.9
Witchcraft	19	22.4

As observed in table 8 majority of the respondents (97%) acknowledged that AIDS is transmitted through sexual intercourse. 72% of the respondents said that AIDS is transmitted through blood transfusion while 66% held the view that the disease is transmitted from mother to the unborn baby. Those who said AIDS can be transmitted through needles and syringes were 46 %. However, 22% held the view that HIV/AIDS can be transmitted through witchcraft while 1 % of the respondent's said that AIDS is transmitted through mosquito bites. An earlier finding by WHO (1993) had observed that heterosexual relations in Africa were primarily the highest mode of HIV/AIDS transmission. However, a study done by demographic Health survey (1993) observed that a small population recognized mother child transmission of HIV/AIDS. A study done in USA revealed that 22.2 % of the youth knew that most new cases of AIDS were among intravenous drug users while 19.9 % were not sure if AIDS could be transferred through blood transfusion.

Table 9**Sexually Transmitted Diseases**

Character	Frequency	Percentage
Syphilis	76	89.4
Gonorrhoea	76	89
HIV/AIDS	56	65.9
Herpes	18	21.2
Hepatitis B	2	2.4
Trichomoniosis	3	3.5
Sore	2	2.4
Tuberculosis (T.B)	1	1.2
Flu	1	1.2

As noted in Table 9 when the respondents were asked to name at least three transmitted diseases that they knew those who listed Syphilis and Gonorrhoea were the majority at 89% followed by those who listed HIV/AIDS (66%) as a sexually transmitted disease. 1% of the respondents listed tuberculosis and flu as sexually transmitted diseases. This is in line with a study done by Mchangwe (1993) that observed that youth were aware of HIV as a viral disease. A study done by National population advocacy and / EC strategy for sustainable development (1996 – 2010) noted that STDS other than HIV/AIDS had not received much attention.

Table 10**Information on Whether one Could Avoid Getting HIV/AIDS**

Characteristic	Frequency	percent
Yes	83	97.6
No	1	1.2
Don't know	1	1.2

According to table 10, 98% of the respondents knew that one could avoid getting AIDS while only 1 % said either no or they did not know. A study done by Mukosa(1998),revealed that 60% of female adolescent had a low risk perception of HIV/AIDS transmission as compared to 40% male adolescents who did not perceive HIV as high risk factor.60% of the males admitted consistence use of condoms while 40% of the females cited occasional condom use.

4.3 Determinants of Sexual Practices Among The Youths.

In order to respond to these objectives, the youth's perspectives on the determinants of sexual practices among youths were captured by determining their responses on sexual experience among youths,sexual partner preference and teenage sex .

Table 11

Percentage Distribution of Respondents by Sexual Experience.

	Frequency	Percent
Yes	20	29.8
No	59	70.2
Total	85	100

According to table 11, 70 % of the respondents said they had never had sexual experience while 30 % had had sexual experience. A study done by Denkins (1995) in Papua New Guinea indicated that age at first intercourse was reported to have occurred as (11) years of age. However a study done by UNAIDS (1985 – 1995) in Uganda indicated that the population of adolescents both boys and girls aged 15 – 19 years reporting to have never had sex rose from 31% - 56 % and 26% - 46% respectively. This was attributed to the high level of awareness on HIV/AIDS mode of transmission.

Table 12**Sexual Partner Preference.**

	Frequency	Per cent
Boy / Girl age mate	37	46.5
Adult men	2	2.5
Adult women	2	2.5
Others (none)	12	15.0
N/A	27	33.8

According to table 12, majority of the respondents (46%) indicated they would choose a boy or girl of their age as their sexual partner. 15% of the respondents would have no sex while 3 % said that they would have sex with either an adult man or an adult female. In a study done among Kenyan youths, it was observed that sex was mainly with peers or age mates and was usually sporadic and opportunistic with a peak occurrence in the exit classes of Primary and Secondary School. (Youri 1993, Kumal 1993).

Table 13**Teenage Sex**

	Frequency	Percent
Yes	16	19.8
No	64	79.0
Unsure	1	1.2

As shown in table 13, when the respondents were asked whether they thought that it was right for a teenage to have sex, 20 % responded affirmatively while 79% said no, 1% were unsure. Pulman (1994) observed that youths engaged in sex for various reasons which included, economic needs, pornography, idleness, curiosity, peer pressure, gifts, need to demonstrate love to their boyfriends, Besset, moaned, J. S. (1994) observed that desire to be loved and to love was one of the principal reasons as to why girls begun

sexual relations. In a teachers workshop in Kisumu, it was noted that sex among school teenagers was high. Young men had had sex by age 18 and more than one in ten girls (1:10) had had sex by the time they turned 15 years (Abstinence. 2006). This was noted as a crucial time in child development stage. Erickson in his psychosocial developmental stages observes that an age 12-18 years is a transitional period between childhood and adulthood. A time of testing limits, for breaking dependent ties and establishing a new identity. He refers to it as identity versus role confusion stage. Freud in his psychosexual developmental stages refers to it as genital stage (Omulema B.E. 2000). It is a time when one experiences a great need of belonging. In a straight talk show, it was observed that this is the time that teens begin to experiment with independence, going out to have fun and establishing relationship with the opposite sex become common ("Attraction". 2006). In the same forum, family environment was cited as a major contributing factor. It was observed that if one is not appreciated and is regularly quarreled at home, when shown love outside one is easily swept of the feet and becomes vulnerable to the love given.

Table 14

Reasons for not Indulging in Sex

	Frequency	Percent
Religious belief its sin	25	29.4
Knowledge it's preserved for marriage	37	43.5
Fear of getting AID'S	21	24.7
Others (strict parents)	11	12.9

As shown in Table 14, 44% of the respondents did not indulge in sex due to knowledge that it's preserved for marriage, 29 % avoided sex due to religious belief that it's a sin while 25 % feared getting AIDS. 13% of the respondents did not indulge in sex due to other reasons such as strict parents. Nduati (1996) in an earlier study observed that youth in stable relationships felt that it was important to protect their girlfriends from pregnancy and preserve them for marriage.

4.4 Motivating Factors on High-Risk Sexual Behaviours Among Youths.

This objective was achieved by asking the respondents a wide range of questions to determine what motivated high-risk sexual behaviour(s) among the youths, reasons for engaging in risky-sexual behavior(s) and perceived risk of getting or not getting HIV/AIDS were discussed.

Table 15
Reasons for Engaging in Sex

	Frequency	Percent
Money	17	20.0
Gifts	11	12.9
Pleasure	46	54.1
Curiosity	36	42.4
Peer pressure	49	57.6
Others	14	16.5

According to table 15, majority of the adolescent's (58%) engaged in sex due to peer pressure, 54 % said they had sex in order to derive pleasure, 42 % had sex out of curiosity, 20 % of the youth engaged in sex in order to get money while 13 % engaged in sex in order to get gifts. 17% of the youths said they indulged in sex due to other reasons such as to satisfy their emotional needs and desires. They also observed that lack of advice on responsible sexual behaviour from guardian, media and influence from pornographic literature contributed to the youths engaging into sex. Kumah (1993) observed that the environment in which the youth lived had an impact on their sexual activity. He found out that boys in boarding schools were more likely to be sexually active and in a crowded – one room family residence, in urban slums, youth grew up observing parent sexual activity and begun experimenting while they were still very young. Girls learned from their mothers that sex could be used as a tool to manipulate men for economic gain. Kasirye (1998) observed that the youth in Uganda perceived the reasons for engaging in high – risk sexual behaviour(s) as financial constraints, alcohol

abuse, peer group influences, redundancy and social cultural beliefs. Other studies found that economic and material gain was a motivating factor in sexual activity. Nduati (1996) observed that girl's took free rides on matatu's in exchange for sex, while boys reported encounters with sugar mummies (older women) in exchange of material gifts. In a study done by Babishangire, B.B., Omurma T (2000), some boys were reported as saying "they would rather live a short time with a lot of material wealth than live longer and starve." In Malawi, a study done by Hettzer (1994) observed that two third of 163 female students who reported having sexual intercourse acknowledged accepting money or gifts for sex while half of the 168 indicated they were coerced to sex. In a straight talk show, Feb 24, 2006, it was observed that girl's vulnerability is heightened by the prevailing stereotypes that ensure her subordinate position, which could expose her to HIV/AIDS, sexually transmitted diseases (STDS) and unwanted pregnancies. It was observed that enabling and supportive environment for adolescent girls and boys by increasing social interactions could help to increase understanding of boys and girls' needs ("Attraction". 2006.)

Table 16

Risk of Getting AIDS

	Frequency	Percent
Yes	29	35.4
NO	55	64.0

Table 16 Indicates that 65 % of the respondents felt that they were not at a risk of getting AIDS, while 35 % felt they were at a risk. An earlier study done by Nduati, R. & Wambui Kiai (1996) observed that some youths thought they were not at risk of getting HIV/AIDS because they were not engaging in sexual intercourse or they did not have multiple partners. They thought people at risk were prostitutes, immoral people, victims of rape, rich people, women working in bars, learned people especially University students and drunkards.

4.5 Preventive Measures the Youth Engage in as a Measure of Avoiding Getting HIV/AIDS.

In order to respond to this objective, the respondents were asked questions that touched on measures they undertake in order to avoid getting HIV/AIDS, reasons for being at risk on non risk of getting HIV/AIDS, and preventive measures undertaken in avoiding HIV/AIDS.

Table 17

Avoiding HIV/AIDS

	Frequency	Percent
Abstain	62	72.9
Use of condom	15	17.6
Being faithful	15	17.6
Use sterilized needles / syringes	14	16.5
Getting advice on dangers of HIV/AIDS	2	2.4

According to table 17, majority of the respondents (73%) said that one could avoid getting AIDS by abstaining from sex. 18% of the respondents indicated that use of condom and being faithful to partners were preventive measures while 17% felt use of sterilized needles and syringes would prevent one from getting AIDS. 2% felt that one could avoid getting AIDS by getting advice on the dangers of HIV/AIDS. A study done by Sindinga (1993) observed that though 70% of the adolescents did not change their sexual behaviour after hearing about HIV/AIDS, 29.9% of the youths opted to stick to one partner while 69% of the males reported use of condom as a preventive measure to avoid getting AIDS.

Table 18**Measures Taken to Avoid HIV/AIDS Infection**

	Frequency	Percent
Use of Condom	28	32.9
Abstain from sex	66	77.6
Don't use anything	2	2.4
Others (being unfaithful)	8	9.4

As shown in table 18, when the respondents were asked on measures taken to avoid HIV/AIDS infection, 78% reported abstaining from sex, while 33% reported use of condoms. 9% observed that being faithful to their spouses was a measure to avoiding getting HIV/AIDS infection while 2% of the adolescents admitted to having never taken any precautionary measures Mchangwe (1993) in his study observed that youths identified marriage, faithfulness and avoiding pre-marital sex as methods of preventing getting AIDS and other STDs, others felt that they would reduce risk of getting HIV by limiting their sexual partners while a small population said they would practice abstinence. In a teachers workshop at Kisumu, Kenya Dr. Richard Muga: CEO, National Coordinating Agency for population and Development, observed that a significant portion of our youth is into sex and time was now “we changed gears from abstinence to safe sex” at least to capture those who are into sex (“Abstinence”. 2006).

Table 19**Reason for Risk / Non Risk of Getting HIV/AIDS**

	Frequency	Percent
Use condom	8	9.4
Abstain from sex	15	17.6
Never had sex	17	20.0
Trust partner	6	7.1
Multiple partners	13	15.3
Use of unsterilized needles/ syringes	4	4.7
Others (AIDS has no cure)	11	12.9

According to table 19, 20% of the respondents did not perceive the risk of getting AIDS since they never had sex, 18% abstained from sex, 9% used condoms, 7% trusted their partners while 5% did not share sharp objects such as needles or razors and did not use unsterilized needles or syringes. However, 15% of the respondents felt at risk of getting AIDS because of temptation to have sex with multiple partners, while 13% felt the risk because AIDS has no cure yet. In an earlier study done by UN AIDS (1998) in Uganda, it was revealed that condoms use had increased significantly in the period 1989 – 1995 especially among 20-24 years age bracket. The study also noted that use of condoms was greater for those who had sex with non-regular partners.

Table 20
Stopping HIV/AIDS Spread.

	Frequency	Percent
Legalize prostitution	5	5.9
Mass education / awareness	35	41.2
Abstain from sex	48	56.5
Condom of use	15	31.8
Know status	15	17.6
Ban prostitution	3	3.5
Avoid sharing razor & unsterilized syringes	5	5.9

According to table 20, 57% of the respondents felt that in order to prevent further spread of HIV/AIDS, people must abstain from sex. 41% of the respondents said that mass education and public awareness campaigns are a good prevention strategy, while 32% said that using a condom would serve the purpose. 6% of the respondents were of the view of not sharing sharp objects such as razors and needles, while at the same time sterilizing them before use. However, 6% expressed view that legalizing prostitution would prevent further spread of HIV/AIDS while 3% were of the view of banning prostitution. In a study done by Kalyowe, F. & Kiwanuka, R. (1998) in Uganda, youth abstinence was found to be an acceptable means of HIV/AIDS control, strong religious commitment, parental guidance and effective AIDS education were believed to increase

sexual abstinence. It was noted that 67% of the sample had abstained from sex of which 48% were still virgins. From a straight talk radio show on personalities, teens aired the view that where there is trust, they can wait for marriage while the upcoming footballers had the view that abstaining from unprotected sex and drug abuse were preventive measures on HIV/AIDS spread (“Personalities”. 2006).

Table 21
Preventing Youths from Exposure to HIV/AIDS

	Frequency	Percent
Advice / guidance & Counselling	17	22.7
Educate young people	13	17.3
Abstain from sex	33	44.0
Use condom	9	12.0
Ban pornography	3	4.0

According to table 21, when youths were asked of the measures to prevent youths from HIV/AIDS exposure 44 % suggested abstinence from sex, 23 % viewed advice, guidance and counseling among the youth as a strong preventive measure, 17% said that educating young people on dangers of HIV/AIDS would prevent the spread, while 12 % suggested the use of condom. Only 4% of the respondents said that banning pornography would prevent youth from exposure to HIV/AIDS. In a counseling seminar organized for the teens, the participants aired the view that though much has been said about HIV/AIDS, what youth need is an in-depth information on HIV, how they can protect themselves and what is involved as pertaining to sex and things like syringes used to inject drugs (“Personalities”. 2006).

4.6 Sources of Information on HIV/AIDS.

To achieve this objective, the respondents were asked questions on their sources of information on HIV/AIDS, and who they discussed HIV/AIDS with.

Table 22

Sources of Information

	Frequency	Percent
Radio	41	48.2
Friends	48	56.5
Health workers	29	34.1
Parents	52	61.2
Newspapers	32	37.6
Others (VCT)	19	22.4

According to table 22, parents formed the largest source of information on HIV/AIDS (61%), 57% of the respondents indicated that friends were their main source of information on HIV/AIDS, 48% said that they got information on HIV/AIDS from radio, while 38 % got information on AIDS from newspapers and 22% of the respondents indicated they got information from other sources such as the voluntary counseling centers (VCT). In an earlier study done by Westhoff (1996) on the youths and sources of information on HIV/AIDS in Miscorit, it was observed that 26.3 % reported being taught about HIV/AIDS in school while 47% reported discussion on HIV/AIDS with parents or family members. While launching an interactive Healthcare solutions cellphone programme Paddy Mwangi (the developer) observed that the service was helping adolescents get answers, in confidence and privacy, to questions they fear asking their parents, healthcare providers or peers ("Health Tips". 2006.) In a report on Kenya Service provision assessment survey 2004 (HIV/AIDS) by the National Coordinating Agency for population and Development and the ministry of Health, Dr. Richard Muga, CEO of the coordinating agency observed that although studies indicate that the youth are at the greatest risk of acquiring the HIV/AIDS virus, health facilities that make this group welcome were very few ("Abstinence". 2006). In a straight talk show, it was observed

that there was need for youth friendly VCT centers.

Table 23

Who Students Discuss HIV/AIDS With.

	Frequency	Percent
Friends	65	76.5
Parents	19	22.4
Relatives	9	10.6
Church leaders	10	11.8
Health workers	5	5.9
Others (Teachers, VCT, AIDS victims)	4	4.7

According to table 23, 77% of the respondents affirmed discussing HIV/AIDS with their friends, 22% discussed HIV/AIDS with their parents while 5% of the respondents discussed HIV/AIDS with others namely teachers, VCT Counsellors and with honest AIDS victims. According to a study done in Zambia by Kalunde (1997) it was observed that sexual matters were discussed with close friends of the same sex, peer group, and cousins of the same age sometimes grandparents were consulted. A study carried out in Mwala Division (Kenya) about sexual behaviour among church going youth and communication on sexual reproductive health matters, it was noted that the first person the youth discussed sexual related matters to was the peer (46.6%) 19% discussed with parents, 6.4 % with health workers while 5.4 % discussed with teachers, and siblings respectively, 4. 0% discussed with religious leaders (Omurwa, 2000).

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The broad objective of the study was to determine the adolescents' knowledge, attitude and practices on sexuality and HIV/AIDS. The population targeted was 100 students in secondary schools in Ngong Municipality. Random sampling was used to get the sample. Data collection instrument was a self scoring questionnaire. The study sample was 85 respondents from boys, girls and mixed schools in Ngong Municipality.

Quantitative data was collected by the administration of questionnaires. Methods of analysis employed in the study were frequency distribution and cross tabulation. Chi-square test was also used to determine the statistical significance of the study variables. The level of confidence was set at $\alpha=0.05$. The frequency distribution revealed that majority of the respondents (32%) were aged 17 years. It also emerged that most of the respondents were from the girls' schools category (42%) while the least number of respondents were from mixed schools (21%) majority of the respondents spent their holiday time with both parents (44%), only 4% of the respondents spent their holiday time with fathers alone. 25% spent most of their holiday time with their mothers.

The study also showed that 98% of the respondents had heard of HIV/AIDS, and most of them (61%) had parents as their source of information on AIDS. Interestingly, despite most of the respondents getting the information on HIV/AIDS from parents, most of them (77%) discussed the subject with friends. Only 22% discussed HIV/AIDS with parents. Whereas 97% of the respondents knew that AIDS was transmitted through sexual intercourse, 89% cited syphilis and gonorrhoea as the most common sexually transmitted diseases. 72% of the respondent said that abstaining from sex was the only way to avoid getting HIV/AIDS, while 18% suggested use of condom and being faithful to one's partner. It also emerged that while 70% of the respondents never had sex, 30% had sexual experiences. Knowledge that sex is preserved for marriage was cited by most respondents (44%) as the main reason for not indulging in sex. 58% of the respondents said that peer pressure was the main reason for adolescent sex.

The cross tabulation results showed that among the study variables, only respondents gender, type of school, knowledge of HIV/AIDS sexual experience and sexual partner were statistically significant.

5.2 Conclusion

From the study findings the following conclusions were drawn.

- (i) The respondents had knowledge about HIV/AIDS, and adolescent sexuality, and that majority never had sex.
- (ii) Peer pressure motivated the high-risk sexual behaviour among the youth.
- (iii) Parents, friends and the mass media (Radio and newspapers) were the main source of information on HIV/AIDS and adolescent sexuality.
- (iv) This knowledge may have positively influenced the sexual practices of the youth, whereby majority of them either abstained from sexual intercourse, or used condoms.

5.3 Recommendations

- (i) It is recommended to the policy makers especially in the education sector that sex education should start as early as the student enrolls in the school. Sex education should be integrated in the school curriculum from the earliest stage of education development.
- (ii) It has been established that menarche in girls starts as early as nine, and that some youths start engaging in sexual activities as early as age 10. Therefore these youths should be educated on the dangers of early sex, to avoid them falling in sexual pit-falls.
- (iii) Parents should also be encouraged and take the honours of discussing the question of HIV/AIDS with their adolescents. It has been established that despite parents being the main source of information on HIV/AIDS and adolescent sexuality, youths prefer discussing the subject with friends. Therefore parents should open up to youths, and be role models, and friends should advise their peers.

- (iv) All the stakeholders in the fight against HIV/AIDS should devise ways to keep the youths busy during their free time, in order to avoid temptations of peer pressure of indulging in sex.

Activities such as debating club, games field tours, volunteering in community based-projects can divert the attention of youth from sexual temptations.

5.4 Suggestions for Further Research

The Study revealed that despite knowledge of HIV/AIDS, and STDs, a large chunk of the youths still indulge in sex. Therefore study suggestions in the following areas were recommended.

- (i) A study should be carried to find out why youths still engage in sex despite knowledge on the dangers of HIV/AIDS.
- (ii) This study did not establish how the level of schooling affects adolescent sexual practices and knowledge. Hence a further research is recommended on that line, with inclusion of other institutions of learning.
- (iii) A study can be carried out to find out why adolescents prefer discussing HIV/AIDS with their friends other than parents, despite parents being a major source of information on youth sexuality and on HIV/AIDS.

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APPENDIX A

Dear respondent,

The questions in this questionnaire are meant to investigate adolescents' knowledge and practices on sexuality and HIV/AIDS. Your responses to the question will be held with utmost confidentiality. You don't have to give your name.

Questionnaire for the student participants.

This questionnaire was used to gather data on adolescents' knowledge and practices on sexuality and HIV/AIDS, for my Med. Guidance and Counseling final project. All information was treated as confidential.

Instructions

1. Do not write your name
2. Tick in the box your appropriate response.
3. Fill in the spaces provided.

SECTION A.

1. Age of respondent.
2. Sex male Female
3. Type of school. Girls Boys Mixed
4. How old were you when you first had your menstruation? (girls only)

SECTION B

5. With who do you spend most of holiday time?
Both parents Mother Father Sister Brother
Others (Specify).....

6. Have you even heard of a disease called AIDS? Yes No

If yes, from which source

Radio Friends Health workers Parents
Newspapers Others (specify).....

7. With who do you mostly discuss with about AIDS

Friends Parents Relatives Church leaders
Health workers others (Specify).....

8. How is AIDS transmitted?

Sexual contact blood transmission Mosquito bite Contaminated
Needles and syringes Mother to unborn baby Witchcraft
Do not know others (Specify).....

Can one avoid getting AIDS? Yes No. Do not know

If yes, state how.....

9. At the moment in school, are there any meetings or teaching where you discuss matter

relating to sex? Yes No

10. In your opinion, do you think it is right for a teenage to have sex?

.....

11. If yes, what age do you think a teenage should start having sex?

.....

12. Do you have any lover(s) currently? Yes No.

If yes, how many (Specify).....

13. Have you ever had sexual relationship? Yes No

If yes, how old were you at your first sexual contacts

(1) 5 – 10 years 15 – 20 years

(2) 10 – 15 years others (Specify).....

If no, what has enabled you to stay without indulging in sex?

Religious belief that it is sin

Knowledge that it is preserved for marriage

Fear of getting AIDS

Others (Specify).....

SECTION C.

14. Why do youth engage themselves in sexual relationship(s)

Money Gifts Pleasure Curiosity Peer pressure

Others (Specify).....

15. What measures do you take to avoid HIV/AIDS infection?

Use a Condom

Abstain from sex

I do not use anything

Others (Specify).....

16. If you are still sexually active, with whom do you have sex?

Boy/girl of my age

Adult men

Adult woman

Others (specify).....

17. Do you feel you are at risk of getting AIDS? Yes No

Explain your response.....

18. What do you think can be done to prevent further spread of HIV/AIDS?

.....
.....
.....

19. What suggestion would you make to prevent the youths from exposure to HIV/AIDS?

.....
.....
.....

OFFICE OF THE PRESIDENT

Telegrams : "DISTRICTER" , Kajiado
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When replying please quote



THE DISTRICT COMMISSIONER
KAJIADO DISTRICT
P.O BOX 1
KAJIADO

Ref 30/5/101

Date 10th September, 2003

The District Officer,
Ngong Division,
P.O. Box 78,
NGONG HILLS.

RE: RESEARCH AUTHORISATION
KANGARA JULIA RUGURU

The above named student of Egerton University, has been authorized to conduct research at Masters' level knowledge, altitude practices among adolescents by the Egerton University.

Please accord her the necessary assistance.


KENNEDY MOKAYA
FOR: DISTRICT COMMISSIONER
KAJIADO

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