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**RELATIONSHIP BETWEEN SOURCES OF
REPRODUCTIVE INFORMATION AND PREVALENCE
OF RISKY SEXUAL BEHAVIOUR AMONG SECONDARY
SCHOOL ADOLESCENTS IN KIAMBU COUNTY, KENYA**

Peris Murugi Mureithi, Dr. Syprine Otieno and Dr. Wachuka Njoroge

RELATIONSHIP BETWEEN SOURCES OF REPRODUCTIVE INFORMATION AND PREVALENCE OF RISKY SEXUAL BEHAVIOUR AMONG SECONDARY SCHOOL ADOLESCENTS IN KIAMBU COUNTY, KENYA

^{1*}Peris Murugi Mureithi

¹Post Graduate Student: Kenyatta University

*Corresponding Author's Email: perismurugi@gmail.com

²Dr. Syprine Otieno

Lecturer: Kenyatta University

³Dr. Wachuka Njoroge

Lecturer: Kenyatta University

Abstract

Purpose: The purpose of this study was to determine the relationship between sources of reproductive information and prevalence of risky sexual behaviour among secondary school adolescents in Thika West Sub-County, Kiambu County.

Methodology: The study used descriptive survey method to collect data. A sample of 400 respondents was considered, with their guidance and counselling teachers as the key informants. A stratified sampling technique was adopted in selection of the secondary schools within Thika west sub-county, Kiambu County. The study used the researcher administered questionnaire, interview schedules (KII) and focus group discussion (FGD) as the data collection instruments. Descriptive statistics such as mean, mode and percentages and inferential statistics such as chi square and binary logistic regression were applied. P value ≤ 0.05 was considered statistically significant.

Results: The study showed significant relationship between sources of reproductive information and the prevalence of risky sexual behaviour among adolescents in Thika west sub-county. The study concluded that secondary school adolescents in Thika west sub-county engaged in risky sexual behaviours and lacked adequate reproductive information.

Unique contribution to theory, practice and policy: The study suggests that adolescents should be equipped with information as early as possible, and be consistently made available through their lives in order to empower them in sexual decision making and reduce chances of engaging in risky sexual behaviour.

Keywords: *Sources of reproductive information, Risky sexual behaviour, Adolescents.*

1.0 INTRODUCTION

1.1 Background of the Study

Risky sexual behaviour refer to the acts of involvement in unprotected sexual intercourse, multiple partner's sexual indulgences under influence of substance abuse or an early age sexual initiation (Ritchwood, 2015). Appropriate reproductive information is the provision of information relating to body development, sexuality and relationships in all developmental stages, along with skills building, to help young people communicate, and make informed decisions about sexuality and their sexual health. The information should be appropriate to individual development and cultural background (UNESCO, 2015). The Information includes puberty and reproduction, abstinence, safe relationships and sexual orientation and is aimed at preventing unintended pregnancies, and sexually transmitted infections and HIV/AIDS. It also provides people with honest, information and skills necessary to help them take personal responsibility for their wellbeing and development (CDC, 2013).

Significant literature shows that adolescents' are faced with exceptional reproductive health challenges (Blum, 2009). The developmental changes they experience influence them to increased risk of unintended pregnancy and contracting HIV/STIs (Lloyd, 2005; Dixon-Mueller, 2008). Worldwide, sixty out of every one thousand female adolescent conceive each year, with up to 4.4 million girls aged fifteen to nineteen undertaking unsafe abortions (WHO, 2012).

In most African countries, Kenya included have comprehensive sex education(CSE) in the curriculum but adults are reluctant and resistant to discuss sexual matters openly, upholding on traditions and beliefs that young people should abstain until marriage (UNESCO, 2013). A study in United States of America (U.S.A) on the influence of sexuality education on adolescent's risk-taking behaviour for ages 15 to 19 years revealed that 50% of adolescents taught comprehensive sex education were not likely to be pregnant compared to those who received abstinence-only till marriage information (Kohler, 2008). According to Shaw (2009), parents' involvement with children sexuality promotes safe sexual life, however, poor parental involvement in open discussions due to traditional beliefs that providing sexual information makes an individual sexually active, denied the adolescent skills in making healthy decisions (Kasiye, 2014).

In Kenya, premarital sex starts early, with first sex debut being at 15 years, yet many do not have adequate knowledge on HIV transmission and prevention (UNESCO, 2013). Another study in Kenya by Hussain (2012) found that about 40% of 15-24-year-old girls have had intercourse and a further 14% were active sexually. The study further revealed that about 13,000 high school female adolescents were leaving school every year due to pregnancy and it was the second most common cause of adolescent girls dropping out of school in Kenya.

Thika West sub-county was reported to have increased cases of unintended pregnancies, pregnancy-related school dropouts, and spread of STIs, which otherwise could have been prevented through provision of reproductive information (NAS COP, 2016). In view of these reproductive health challenges among in-school adolescents, the current study assessed the relationship between reproductive information and prevalence of risky behaviour among adolescents in Thika West Sub- County, Kiambu County.

1.2 Statement of the Problem

Most adolescents are initiated to sex early, indulge in unprotected sexual activity and engage in sex with multiple partners before receiving adequate information on potential risks (UNESCO, 2013). The move from cultural practices to modernization in Kenya has denied young people informal education systems through which adults imparted sexuality matters. The formal education system moved the roles of teaching and enlightening adolescents from the society to the teachers, who may not be trained adequately on skills and extent of sexuality education. (Mbugua, 2007). Hence, adolescents rely on peers and social media for reproductive information, which is at times inaccurate and limited in scope (Mbonile, 2008). Adults and health providers' attitudes towards unmarried adolescents seeking reproductive information influence adolescents' perception of reproductive information (Gordia *et al.*, 2014). Risky sexual behaviours are associated with social economic factors, making them vulnerable to early sex activities, multiple sexual partners, unprotected sex and mixed age sexual practices (Kamangu *et al.*, 2017).

In a statement released by one of the principals, a total of 7 and 10 students sat for their Kenya Certificate of Secondary Education(KCSE) while pregnant in 2015, 2016 respectively. In her report, poverty and vulnerable backgrounds reportedly contributed to early sex with elderly men who provided economically to the girls (Fauk, 2017). Her words were reinforced by then sub county director Mr Ronald Mbogo who reported that; "There is a rise in the number of students dropping out of school to get married to men financing their education." Daily Nation dated 31st March 2017. In 2015, Kiambu County contributed to 7.1% of new HIV cases in Kenya. Out of this 8% were adolescents aged 10-19 years (NASCOP, 2016). The high rates of school dropouts related to teenage pregnancy, the spread of STIs in Thika sub-county in comparison to other sub-counties in Kiambu County (NASCOP, 2016) necessitates a study on relationship between sources of reproductive information and the prevalence of risky sexual behaviours among adolescents in Thika sub-county, Kiambu County.

1.3 General objective

To determine the relationship between sources of reproductive information and prevalence of risky sexual behaviour among secondary school adolescents in Thika West Sub-County, Kiambu County.

2.0 LITERATURE REVIEW

2.1 Conceptual framework

According to Cargan (2007), a conceptual framework is a diagrammatic representation of variables in order to show the relationship between the independent variables and the dependent variable. The dependent variable is the prevalence of risky behaviour which are early sexual initiation, sexual intercourse with many partners, and unprotected sex. The independent variables in this study as shown in Figure 1 below are the level of awareness, sources of information, perception, and social cultural factors influencing the accessibility to reproductive information.

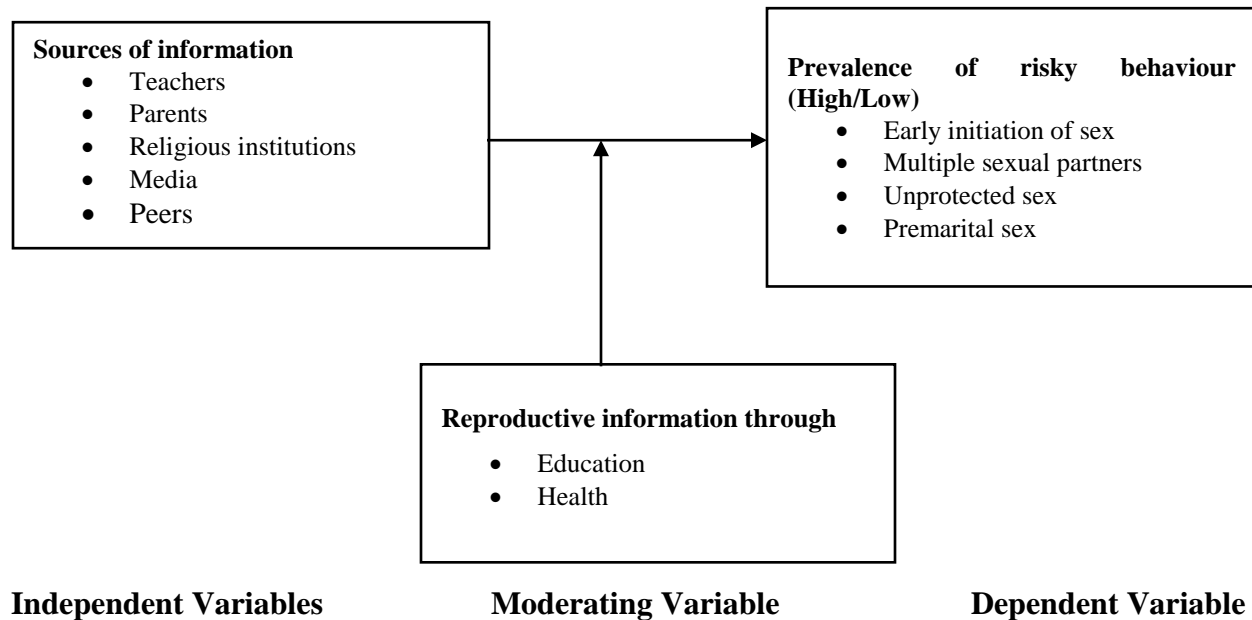


Figure1: Conceptual Framework

Source: (Blum, 2009) modified by (Peris, 2019)

2.2 Empirical Review

2.2.1 Sources of information on sexual and reproductive health among adolescents

Adolescents acquire reproductive and sexual information from different sources including peers, parents, media, magazines, internet, advertisements, religious leaders and school teachers. In Sub Saharan Africa, parent-child communication has remained a challenge as most traditional communities prohibit free sexual communication (Kamangu *et al.*, 2017). Social norms significantly controlled sexuality and plays a big role in shaping adolescents sexual behaviour (UNICEF, 2012; Tesfaye, 2014). Though teachers are expected to provide sexuality education in school, many lack training skills on sexual issues and are embarrassed to have open discussions on sexual matters with the adolescent (APHRC, 2017). This prevents effective communication and so adolescents, discuss their reproductive challenges with their peers who may be misinformed. Adolescents also turn to media because of information they easily access and possibly because of parents reluctances to give reproductive information or are vague when asked questions and accuse the adolescents about their intentions when they show interest on the topic (Chemtai, 2011).

2.2.2 Risky sexual behaviour among adolescents

Globally, adolescents engage in risky behaviour like unprotected sexual intercourse, early sexual debut, and multiple partners all of which expose them to negative consequences like sexually transmitted infections, unplanned pregnancies and unsafe abortions among others (UNICEF, 2013).

In Britain, Wellings *et al.* (2001) investigated the mean age at first intercourse over a period of 10 years and found that the average age at first sex for boys and girls, between 16-19 years was 15 years for boys and 16 years for girls. The proportion of adolescent girls who had sexual intercourse before age 16 increased from 18.7% in 1990 to 25.6% in 2000. The extent of men having had sexual intercourse before age 16 years remained genuinely consistent (27.6% and 29.9%). In South Carolina, only less than half of all sexually active adolescents reported using condoms as protection against HIV (Nicholson, 2012).

In Africa, studies by Ali and Dwyer (2011) found that peer pressure influenced early sexual debut. Markham *et al.* (2010), on the other hand, established that peer relationships protect adolescents against risky sexual behaviour. Early sexual initiation contributed to increased chances of contracting STIs (Sychareun, 2013). A study in Ethiopia found that adolescents engaged in risky sexual behaviour without consistent use of condom, which offers protection against sexually transmitted infections Nigatu and Seman (2011). In Uganda Agardh *et al.* (2011) in their study reported that many adolescents had multiple partners.

In Kenya, interventional programs aimed at keeping adolescents in school like cash transfers program reported that education decreased early sexual debut (Cho *et al.*, 2011). Low social economic status contributes to high-risk transactional sex among adolescent girls including multiple sexual partners, compared to their male counterparts (Robinson & Yeh, 2011). Sexual expectations among adolescents are high, with young girls feeling they have a commitment to offer to men's sexual requests, particularly if the men offer them money (Ministry of Education, 2010). In conclusion, higher risky sex activity, combined with low and conflicting condom use among adolescents pre-disposes them to a high danger of unwanted pregnancies and STIs (Delva *et al.*, 2010).

3.0 METHODOLOGY

The study used descriptive survey method to collect data. A sample of 400 respondents was considered, with their guidance and counselling teachers as the key informants. A stratified sampling technique was adopted in selection of the secondary schools within Thika west sub-county, Kiambu County. The study used the researcher administered questionnaire, interview schedules (KII) and focus group discussion (FGD) as the data collection instruments. Descriptive statistics such as mean, mode and percentages and inferential statistics such as chi square and binary logistic regression were applied. P value ≤ 0.05 was considered statistically significant. The collected data was edited, cleaned, coded and analyzed using descriptive statistics with the aid of SPSS version 20.0. The data was presented tables, graphs, and charts such as measures of central tendency such as means and modes and measures of dispersion such as the standard deviations.

4.0 FINDINGS AND DISCUSSIONS

4.1 Demographic information

The results in Table 1 showed that majority of the students were boys (52%), and were slightly more than the female (48%). The results also revealed that majority of the students (97.7%) of the

secondary school adolescents in Kiambu County ranged between 14 and 19 years. The results further indicated that majority of the respondents (70.6%) had both parents while some (16.5%) of the students had mothers only. The results also revealed that 8.2% of the respondents did not specify their guardian. In addition, their grandparents, as well as their fathers, respectively cared for (2.4%) the respondents. The results showed that majority of the respondents (77.1%) were Christians, (5%) of the students were Hindus while (1.2%) were Muslims, with (4.7%) being Atheists.

Table 1: Demographic information

Demographic Information	Indicator	Frequency	Percentage
Gender	Female	132	38.8
	Male	208	61.2
Age	Below 14 years	4	1.2
	14 - 16 years	252	74.1
	17 – 19 years	80	23.6
	Above 19 years	4	1.2
	Guardian	Both Parents	240
	father only	8	2.4
	mother only	56	16.5
	Grandparents	8	2.4
	Others	28	8.2
Religious affiliation	Protestant	160	47.1
	Catholic	136	40
	Hindu	12	3.5
	Muslim	4	1.2
	Atheists agnostics	16	4.7
	Others	12	3.5

4.2 Relationship between sources of reproductive information and risky sexual behaviour

The probability of risky sexual behaviour decrease by 0.698 times for those students who received information from teachers and school counsellors for more than 3 times compared to those who had not received information from teachers and school counsellors {OR=0.570, (LL=0.698, UL=1.348, $\chi^2=14.770$, P=0.037)}. The odds of risky sexual behaviour decrease by 0.415 times for those students who received information from teachers and school counsellors for 1-3 times compared to those who had not received information from teachers and school counsellors {OR=0.415, (LL=0.203, UL=0.849, $\chi^2=14.77$, P=0.001)}.

The probability of risky sexual behaviour decrease by 0.303 times for those students who received information from parents for more than 3 times compared to those who had not received information from parents {OR=0.325, (LL=0.165, UL=0.556, $\chi^2=33.093$, P=0.000)}. The odds of risky sexual behaviour decrease by 0.325 times for those students who received information from parents for 1-3 times compared to those who received information from parents zero times {OR=0.325, (LL=0.18, UL=0.588, $\chi^2=33.093$, P=0.000)}.

Table 2: Relationship between sources of reproductive information and risky sexual behaviour

Receipt of information from	Low	High	P value	OR	lower CI	upper CI	χ^2
Teachers and School Counsellors	zero times	24(12.8%)	44(28.9%)	0.001	1	1	$(\chi^2=14.77, p=0.001)$
	1-3 times	52(27.7%)	28(18.4%)	0.001	0.415	0.203	
	more than 3 times	112(59.6%)	80(52.6%)	0.037	0.698	0.361	
Parents	zero times	44(23.4%)	76(50%)	0	1	1	$(\chi^2=33.093, p=0.000)$
	1-3 times	72(38.3%)	36(23.7%)	0	0.325	0.18	
	more than 3 times	72(38.3%)	36(23.7%)	0	0.303	0.165	

4.2.1 Content Analysis

The respondents were also asked to indicate other sources of reproductive information. Majority of the respondents indicated “*the internet*” as an alternative source of reproductive information.

Further to where they received the reproductive information from, “*majority from the groups had this to say; we mostly share with our peers or check the internet because we have phones.*”

About their most preferred source of reproductive information, the respondents had the following to say;

“I usually find it better if am taught issues about sexuality by my parents at home .but none of my parents tells me anything about what I go through. In fact my parents avoid to discuss anything sexual related even when I ask questions related to that”.

The guidance and counselling teachers were also asked to indicate the sources that play a great role in providing reproductive information. Their responses were as follows:

Informant 1 “*Peers internet and social media since it is easily accessible*”

Informant 2 “*internet and peers as most of them have mobile phones*”

Informant 3 “*Through counsellors in school, religious education and biology as a subject*”

In addition, the guidance and counselling teachers were also asked how adolescents perceive reproductive information from different sources. The following were their responses:

Informant 1 “*According to individual students’ background in relation to values and beliefs*”

Informant 2 “*Depends with individual perception and attitudes towards the information*”

Informant 3 “*Hard to rate but they are observed to have misleading information because today is not like our days where we depended on relatives to give us relevant information and we were monitored properly*”

4.3 Prevalence to risky sexual behaviour

The results in Table 3 revealed that (44.7%) of the students indicated that they had had sexual relationships.

Table 3: Sexual relationships

Sexual Relationships	Frequency	Percent
Did not have sexual relationships	188	55.3
Had sexual relationships	152	44.7
Total	340	100

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The results proved that majority of the secondary school adolescents had information on contraceptives, safe sex as well as STIs. Majority of the secondary school adolescents in Kiambu County considered reproductive information helpful, easy to understand but was difficult to access.

The main objective of the study was to assess the influence of sources of reproductive information on the prevalence of risky sexual behaviour among secondary school adolescents in Thika west sub-county, Kiambu County. The results revealed that majority of the secondary school adolescents in Kiambu county preferred reproductive information from parents and teachers as sources they relied on, when asked their main source of reproductive information, the results indicated that majority of the secondary school adolescents received reproductive information from mass, social media and internet.

All the selected sources of reproductive information had significant association with the prevalence of risky sexual behaviour among adolescents. The binary logistic regression showed that the probability of risky sexual behaviour decrease by for those students who receive information from teachers and school counsellors compared to those who do not receive information from teachers and school counsellors. The probability of risky sexual behaviour also decrease for those students who receive information from parents for compared to those who do not receive information from parents. The study findings were consistent with report of Victor *et al.* (2010) and Farzaneh *et al.* (2011) who established that media and internet have significant effects with both constructive and antagonistic information on adolescents' convictions, and states of mind. These findings were in agreement with UNESCO (2013) and Banister *et al.* (2011) in stating that adolescent's sexual health education is an international, regional and a national priority and integrated into school curriculums and other ministries activities. Additionally, the findings were in agreement with those of Tesfaye *et al.* (2014) who found that

adolescents, who received reproductive information from parents, practiced safer sex than those who sought information from peers.

5.2 Conclusions

The study concludes that the secondary school adolescents preferred reproductive information from sources they relied on such as their parents, teachers and social environment and despite that these sources could play a significant role in shaping adolescents sexual behaviour, they seemed reluctant to effectively deliver reproductive information to adolescents. Majority of the adolescent students had received reproductive information from mass and social media and internet, which possibly was easily accessible but could have been in appropriate, inadequate in scope, and so failed to provide the right guidance to the adolescent students.

5.3 Recommendations

Based on the study findings recommends that adolescents should be adequately provided with comprehensive reproductive information in their early developmental stages. Which should taught effectively in order to ensure the reproductive information adolescents receive is in keeping with their developmental stages and age, as the information is a platform in their sexual decision making. The study recommends that all stakeholders' involved in the provision of reproductive information that is parents, teachers and religious leaders should be introduced to programs that provide them with training on how to provide adolescents with reproductive information effectively and without reservation. Media should be used constructively to disperse ensure reproductive information geared to reach adolescents in different age groups.

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