AFRICA REGIONAL SEXUALITY RESOURCE CENTRE

Post-Sexuality Leadership Development Fellowship
Report Series No. 3

Cultural Callenges and Sex Education in Mageta Islands, Kenya.

Tony ODEK
SLD Fellow, 2006

© ARSRC 2007

This report is part of the post SLDF activities to be carried out by the fellow after the course and the views expressed in this project are those of the author and do not necessarily reflect the views of the ARSRC or any organization providing support

Abstract

This study identifies the cultural factors that inhibit sexuality education and provides possible solutions to curb the problem. Fifty-six people from the Mageta Islands, Kenya aged between 15—60 years participated in focus groups and in-depth interviews. The purpose of these interviews was to gain insight into lifestyle choices as well as socio-cultural and economic challenges facing sexuality education. The study used the Health Belief Model framework in its analysis.

Few sources of information on sex education and inadequate sexual education greatly exacerbated risky sexual behaviours like unprotected sex wife inheritance, and early pregnancies. Results revealed that ignorance, certain cultural practices such as widow inheritance and the 'jaboya' concept (fish trading sexual partners) posed a great challenge to sexuality education. Among several recommendations, the study calls for the examination and incorporation of certain aspects of past cultural norms as a means of promoting sexuality education.

Background to Study

Sexuality education refers to those aspects of sexual health associated with the achievement of outcomes that are generally seen as positive (respect for self and others, non-exploitative sexual satisfaction, rewarding human relationships, and planned parenthood) and the avoidance of negative outcomes (such as unintended pregnancy, and STI/HIV). Mosher *et al* (2005) defines sex education (also referred to as sexuality education or sex and relationships education) as a lifelong process of acquiring information and forming attitudes, beliefs, and values about one's identity, sexual

development, reproductive health, interpersonal relationships, intimacy, body image, and gender roles.

The World Health Organization reported that, in sub-Saharan Africa, between 45 to 52 percent of women are sexually active by age 19 years (see Brown et al., 2001). According to the United Nations Population Fund, more than one-quarter of men aged 15 to 19 years in countries including Ethiopia, Gabon, Haiti, Kenya, and Malawi reported having first sexual intercourse before age 15 (United Nations Population Fund, 2003). In the developed countries, most young women admitted to have had sex prior to age 20: 67 percent in France, 79 percent in Great Britain, and 71 percent in the United States (Darroch et al., *2001;* Grunbaum et al., 2004*).* These statistics shows that sex education is important to young people as this will help reduce the risks of potentially negative outcomes from sexual behaviour like unplanned pregnancies and sexually transmitted diseases, while enhancing the quality of relationships.

If sex education is going to be effective, it needs to include opportunities for young people to develop skills for healthy sexual life, as it can be hard for them to act on the basis of only having information (Bandura, 1992). The kinds of skills young people develop as part of sex education are linked to more general life-skills. For example, being able to communicate, listen, negotiate, ask for and identify sources of help and advice, are useful life-skills and can be applied in terms of sexual relationships. Effective sex education equips young people with the skills to be able to differentiate between accurate and inaccurate information, discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception (Kirby *et al.*, 1991)

Effective sex education starts early, before young people reach puberty, and before they have developed established patterns of behaviour (Kirby *et al.,* 1994). The precise age at which information should be provided depends on the physical, emotional and intellectual development of the young people as well as their level of understanding. What is covered and also how, depends on who is providing the sex education, when they are providing it, and in what context, as well as what the individual young person wants to know about (Adams and Marshal, 1998).

Statement of the Problem

Mageta Island is a fishing community. Fishing accounts for the main source of employment in Mageta Islands. The population of the Island peaks to about 15,000 people during fishing seasons. During the periodic government fish ban months, the population goes down to 8,000 people. The Island is made up of about five beaches. Lake Victoria, the world's second largest freshwater lake, is famous for its rich harvests of tilapia and Nile perch. In a study, it was revealed that the region has one the highest HIV-prevalence and child mortality rates in Kenya. It is estimated that 54.4 per cent of school-aged children are not in school (Aid link, 2003; Boywa and Bukachi, 2003).

Most inhabitants of Mageta Islands are very traditional and strictly follow their cultural practices. This includes wife ‘inheritance’- where a male in-law ‘marries’ a widow. In a study on the association between HIV prevalence and widow inheritance, Agot (2004) reports that 1063 of the 1662 widows screened by February 2004 tested positive for HIV. Of the HIV positive widows, over 70 percent reported having had unprotected sex since the death of their spouses, 69 percent of them through sexual cleansing or inheritance. It therefore emerges that widows form a critical core transmitter

group, besides being themselves at risk of co-infection by other sexually transmitted diseases or cross infection by different variants of HIV. Therefore, this paper looks at the effect of this and other cultural practices that pose sexual health risks and, education of the people on such risks.

Objectives of the study

The study sought to establish the main sources of sexual health education in the region; identify risky sexual behaviors within the community; as well as socio-cultural factors that hinder sexual health education. In addition, it aimed to identify and discuss socio-cultural and economic factors affecting accessibility to sexual health education in Mageta Islands.

Rationale of the study

The study was germane in two ways. It is a contribution to the theoretical knowledge about sexuality education in Mageta Island. The study was an attempt to increase available knowledge in the field of sexuality, HIV/AIDS, cultural effects and education in Mageta island and other regions of similar background. There is potential practical utility of the knowledge obtained. It is hoped that the knowledge created through the study will contribute information that can drive the formulation of policy for a more effective implementation of the sexuality education program in the region.

As well, it is hoped that policy makers within the government and non-governmental organisations (NGOs) focusing on sexuality education and sexual health will embrace some of the recommendations made by this study and either implement them as is or restructure them into more focused action programs. As well, the study is

expected to motivate other scholars to undertake more studies focusing on the socio-cultural practices that should be harnessed as a way of ensuring healthy sexual life.

Theoretical framework

The study used the Health Belief Model framework. The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health-related behaviors. This is done by focusing on the attitudes and beliefs of individuals (Becker, Radius, and Rosenstock, 1978). The HBM was first developed in the 1950s in response to the failure of a free tuberculosis health screening program in the United States. Since then, the HBM has been adapted to explore a variety of health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS.

The HBM is based on the core assumption that an individual will take a health-related action (for example, use condoms) if he/she: 1) feels that a risky health condition (e.g., unplanned pregnancy or HIV) can be avoided; 2) believes that by taking a recommended action, he/she will avoid a risky health condition (i.e., using condoms will be effective at preventing unplanned pregnancy or HIV); and 3) believes that he/she can successfully take a recommended health action (i.e., he/she can use condoms with confidence) (Becker, Radius, and Rosenstock, 1978; Kelly, Mamon, and Scott, 1987).

The HBM is defined in terms of constructs representing the perceived risk and net health benefits: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. These concepts were proposed as accounting for people's 'readiness and ability to act successfully' (Champion, 1984; Rosenstock, 1974).

The HBM implies that once people have known the dangers of risky sexual behaviors like (poor health, unplanned pregnancies, and sexually transmitted infections) they will change. The benefits of health behaviors like feeling good, enjoying good health and being successful should act as incentive or a source of motivation to individuals to live a healthy sexual life.

In this study therefore, HBM is used to define the population at risk in Mageta Island. Both the adults and the young people are at risk of poor health and the outcome includes unplanned pregnancies and high HIV/AIDS prevalence. It also state action that should be taken to contain the effects like provision of sex education through various media. Information is likely to lead to positive change and healthy outcome.

Literature review

Sex Education in Africa

Although survey information on sexual matters obtained through personal interviews undoubtedly suffers from certain types of misreporting, levels of non-response to questions on age at first sexual intercourse or timing of recent sexual intercourse have been found to be quite low, typically under five percent (Blanc and Rutenberg, 1990). This suggests that in general, respondents are not as uncomfortable discussing the issue as had previously been believed and are usually willing and able to answer questions of this type. In some countries, the fact that a high proportion of young people do not attend school rules out school based sexuality education for all but a minority of young people (Blanc and Rutenberg, 1990).

Available means of communicating information on sexuality education in Africa like television; radio and newspapers are not widespread in rural and remote areas. Those

who have access to such media are very few and this poses a challenge to expand sexuality education in most parts of Africa.

In Africa, young women who are married or who have given birth are not considered for sexual education and this has led to unplanned pregnancies, unsafe abortion, STIs/HIV and general poor health. Due in part, to cultural reasons, many parents do not allow their children who are between 12-24 years to be taught condom use and this further complicates sexual education plans. Alan, (1995), reveals that a bigger proportion of people have multiple sexual partners and this is yet another indicator that sexuality education is vital in our society today.

Culture, Sex and Social Dynamics: A Kenyan Perspective

There are essentially two layers of cultural influences in every Kenyan. The first is the traditional tribal value system, and the second consists of Western influences. Sexual values, traditions, and behaviour arise from the matrix of these influences, which vary among individuals. One family may speak a tribal mother tongue, continue traditional practices of initiation, bride wealth, and taboos, while another may speak Swahili or English predominantly, take many values from Christianity and the media, and feel free of tribal tradition. Several factors influence these differences: degree of urbanization, tribal intermarriage, religion, and level of education (Lore, 1998)

There are contrasts in sexual norms among different ethnic groups. In some groups such as the Luo, women who give birth before marriage are disgraced, while in other groups this is seen as a valuable sign of fertility. Virginity in women is highly prized in some tribes as evidenced by the dowry paid for the bride. Among the Kikuyu,

an impotent husband may provide another sex partner for his wife. Among the Nandi, a married woman can continue to have sex with her former lover or other members of her husband's age set. In contrast, the Maragoli regard extramarital sex as adultery. Therefore, the sexual culture shock in urban areas comes not only from contact with Western ideas and media, but also from interaction with diverse traditional value systems.

Despite political misgivings, the Ministry of Health has embarked on an extensive AIDS-education program. Devised by a national committee that has been relatively free of political pressure, it has centered on educating basic health providers and community leaders. This includes professionals such as physicians and nurses, as well as herbalists, midwives, ritual circumcisers, and "market mamas," the influential local traders. Consequently, grassroots understanding of the causes of AIDS is high. Sex and AIDS education (with condom distribution) is included, and given in mother tongues. Studies done by Marie Stopes Institute shows that even university-educated youth respond to safer-sex education when it is given in their mother tongue, even though they may be fluent in English and Swahili (Lema, Rogo, and Kamau, 1996)

Traditionally, sex education was undertaken as part of the initiation process. It, however, began much earlier in the extended family and social structures of particular ethnic groups. Sex instruction does not often come from parents. In the presence of their children, they are expected to avoid any words, acts, or gestures of a sexual nature. Cultural norms may allow openness about sexual matters with a grandparent, however, and among the Kisii a grandmother could be the confidant of her grandchildren on their sexual experiences.

A small child will remain with its mother until about age seven. At this point, in some tribes, boys move in with their father or older boys. In other groups (Maragoli and Luo) both boys and girls go into separate huts with older children or into the homes of an elderly couple. These village dormitories provide socialization, sex education, and opportunities for sexual experimentation. The last is conducted in secret, although girls often "fail to notice" a youth visiting in the girls' dormitory. Two lovers might also go into the bush. A father and older sons might build a private hut for a son who reached puberty; especially since initiation ceremonies might be held only every few years. Under these circumstances, young men have free rein to engage in sexual activities. In slang, these huts are sometimes referred to as "the office," and "going to the office" means having a girl over for sex (Lema, Rag and Kamau, 1996).

Sexuality education: A Luo Traditional Perspective

Most inhabitants of Mageta Islands are Luo. Marriage is an important institution among the Luo and it is looked at as an opportunity to expand a clan. An adolescent Luo male is traditionally expected to build himself a '*simba*', a grass thatched mud walled house. It was in this *simba* that a boy could host his age mates and female friends who are potential wives. A man was not considered fit for marriage if he did not build his own *simba*. Evans-Pritchard (1950) reports that when girls visited the *simba*, social interaction involved everything but sexual penetration since that was regarded as shameful and it would be known on her wedding day.

Virginity was highly regarded and a girl was supposed to honour her husband by keeping herself pure until marriage. Pritchard points out that a Luo girl was allowed to date more than one man from whom she would find the best choice. This implies that

there were free association between boys and girls. The construction of a hut was to cultivate into the youth a culture of hard work and being responsible. Dating and courtship were healthy signs of good upbringing. Certainly, this is not the case today.

Stories, legends, riddles, and proverbs are an important part of Luo culture. They are traditionally recited in the *siwindhe,* the home of a (widowed) grandmother. Luo boys and girls gather there in the evenings to be taught the traditions of their culture. In the *siwindhe*, grandmothers preside over storytelling and verbal games. Riddles take the form of competitive exchanges where winners are rewarded by "marrying" girls in a kind of mock (pretend) marriage ceremony. Proverbs are another part of the *siwindhe* discussions and are common in everyday use. The traditional set had a very strong structure that could be used across sex education. The *siwindhe* offers a measurable level of confidentiality and the use of proverbs; sayings and riddles were aimed at learning through self-discovery. It was based on the concept that what one discovers as an individual, is his or hers and cannot be forgotten easily.

Among the Luo, adolescence usually marks initiation of the young into adulthood. Traditionally, girls get tattoos on their backs and had their ears pierced. Girls spent time in peer groups where conversation centered on boys and their personal attributes. Sex education was mainly conducted by older female relatives, usually aunts and grandmothers, who gave advice in a communal sleeping hut used by teenage girls. Lovers sometimes made secret arrangements to meet near these huts although premarital pregnancy was strictly forbidden. Today, neighborhood and boarding schools have replaced communal sleeping huts and elders, although sex education is not taught in these schools.

Methodology

To achieve its objectives, the study employed the use of interviews and non-participant observation. These provided an opportunity to gain insights into the dynamics of behaviour and experience of the group. Second, the researcher was able to assess subtle interactions between individual participant behaviours and the larger social context through observation. It was assumed that the inhabitants of the Islands themselves could provide the most relevant accounts of their personal experiences and feelings; and that a small sample (N=56) would yield sufficient data. Seeking the participants' voice was important in this study because "education is the construction and reconstruction of personal and social stories" (Connelly and Clandinin, 1990: 2). Further, the personal experiences as told by the participants elucidate experiences of success and frustration as defined by the participants themselves (Oloo, 2005).

Study Site

Mageta Islands, located on Lake Victoria, is part of Bondo District- an administrative town in Nyanza Province, Kenya. Bondo District has a population of 238,780 (2005 estimate). 47 percent of the population is aged 14 years and younger. Local industries are fishing and small scale subsistence farming. About 65 percent of the inhabitants of Nyanza Province live below the poverty line, which was calculated at 1,239 Kenyan shillings (US $17) per month in rural areas and 2,648 shillings ($35) in urban areas (www.irinnews.org). Bondo has HIV infection rate of 24.9 percent, one of the highest in Kenya

Mageta Islands were selected for research because of proximity to Uganda and Tanzania, whose citizens also inhabit the Islands alongside the Luo of Nyanza province

and Manyala from Western Province Kenya. Other factors included its close ties to Uganda where the Aids epidemics peaked earlier, the mobility associated with fishing, and the cultural tradition that are enshrined on sexuality.

Data Collection and Analysis

Data collection was by open-ended interviews. Fifty-six people, 28 males and 28 females aged between 15 and 60 years participated in the study. The questions and probes were:

1. What are some of the sources of sexual health education in the islands?
2. What are some of the risky sexual behaviors that you are familiar with?
3. What are some of the challenges that hinder sexuality education in the region?
4. What are some of the socio-cultural practices that, in your opinion, affect sexual health in Mageta Island?
5. What are some of the recommendations that should be put in place to address the challenges?

Qualitative analysis was inductive in nature and conducted simultaneously with data collection. Data were analyzed manually using the sequence of analytic procedures for qualitative research described by Miles and Huberman (1994) as a guide. First, codes were assigned to units of transcribed data to condense and describe the data. Then, coded passages with similar content were grouped together so as to form categories. Finally, thematic analysis was conducted and common themes were identified. Data analysis also relied on direct quotations to validate emerging themes.

Findings and Discussions

Sources of Sexual Health Education in the Islands

Domestic

		t				
						0
				. 0	. 0	

Table 2: Domestic sources of sexuality education

Sex education is more of a communal affair in the home setting. In line with most African cultural practices, the grandparents had the lion's share, 37.5 percent of responsibility in disseminating sexual education. As was expected, fathers played the least role, about 13 percent in young people's sexual education compared to mothers who scored about 20 percent. On the other side both the aunt and the uncle recorded 16 percent, and seven percent respectively. This implied that despite the fact of parents' reluctance to talk about child sexuality, they are still a valuable source of sexuality education information. The grandparents had the most visible role to play in sexuality education, the common African cultural sex education mode.

Institutions

Table 3: Institutions offering Sex education

Community based organization (CBO) and other self-help groups provided the most (64 percent) established sources of sex education. Surprisingly, schools provided the least amount of sex education at one percent in terms of sex education. Hospitals and videos recorded 18 percent. Other sources, which include traditional media, radio and newspapers, recorded nine percent, an indication that there was still room for other means of disseminating information like theatre and drama. Despite that, the proximity of the region to the mainland worked to the disadvantage of the locals in terms accessibility to sexuality education. Newspapers vendors cannot board ship to the mainland since this would increase the cost. Again, the remoteness of the Island has made it difficult for radio users to tune vital radio stations like Kenya Broadcasting Corporation stations.

Risky sexual behaviors and Socio-cultural practices in Mageta Island

There are a number of silent risky cultural behaviors that are practiced and are having serious health implications to the community at large. According to the Luo culture, sex is not exclusively linked to death. Sex is sacred and a lot of value is attached to it. A participant revealed that: *"A man has to have sex with his wife (*whether they live

together or are separated. Culturally, divorce is not recognised*) before cultivating his field. It is a ritual that has to take place at every stage of the farming process."*

Another participant said, *"If your parent dies, you have to have sex* (whether you were married or not. In the case of the latter, a woman may be brought to you, who may then become your wife*) or the spirits of the dead will haunt you"*. It is believed that going against such practices could result in death (due to 'chira' or curse). 35 percent of the respondents did not believe in the existence of HIV/AIDS. A participant said: *"This thing they call AIDS does not exist. I've seen men being sexually involved with women and the women's daughters. It is such unacceptable acts that lead to a curse, hence, deaths."*

In a situation where a married couple is unable to become pregnant, they often never go to the hospital for fertility test. Rather, they 'test' their fertility by having sexual relations outside marriage. In some cases, the woman may conceive and deliver kids with another man. It is no surprise that after delivering a baby, the woman may still go back to her wedded husband. This is what one woman who is separated from her husband and had a baby with a new lover had to say: *"If my first lover (husband) comes for me I would go back to him. Moreover, even if I die, our culture does recognize divorce, as such, I will still be buried in his home."* The Luo recognize only one monogamous marriage for women.

These sexual practices have health implications in the community and they poise challenges to effective sexuality education. The high prevalence of HIV/AIDS in the region and high mortality rate are blamed on these risky sexual behaviors.

Polygamy

Polygamous relationships and having multiple sexual partners is common in Mageta Islands. A number of female respondents (34 percent) said they have, at least once, had multiple sexual partners as means of revenge. One participant said: "*My husband has another wife in Bondo and one other sexual partner that I know of. He says that his father had four wives. I can't change him. So, I have a secret lover too."* This is a possible reason why there is a relatively higher prevalence of HIV/AIDS in the area.

Sexual Encounters

Fifty one percent of male respondents had their first sexual encounter between ages 15 and 19 years, 92 percent of whom did not use condom. 42 percent of the female participants lost their virginity before the age of 14. This finding calls for measures to be put to enable sexuality education to start at an early stage of ones life. This findings indicate that the relatively early exposure of sexual encounters reflect the fragmentation of culture, and the subtle defrozing of hitherto prohibitive cultural norms.

Respondents View on Wife Inheritance

b

V	p	7	8	9	
	e	5			
	e	1	3	3	
	d	2	4	3	0
	T	5	9	0	
M	S	1	3		
T		6	0		

Table 1: Views on wife inheritance

About one half of the respondents (49.1 percent) mentioned wife inheritance as being important to the society's well being. They mentioned such factors as social and

economic security to the widows and their children. Among those who had a negative view on wife inheritance (27 percent of the respondents), concerns raised were very important. A married female participant in her mid 40s asked: *"If the cause of the death of the widow's husband is not disclosed, how can a relative of the deceased have unprotected sex with the widow? May be she is HIV positive!"* Such an insightful view, though raised by only a small proportion of the respondents (25 percent), need to form a bigger part of sexuality education so that individuals have access to sexual health information.

Widow inheritance and sexual cleansing among the Luo ethnic community in Kenya are cultural practices that are nurtured and perpetuated by gendered socialization processes that put most decisions about women, including their sexuality, within the control of men. Because sex is an integral part of the two practices even when a widow is HIV-positive, both have been associated with the rapid spread of HIV in this community, and in other populations where the practices are still valued.

Shisanya (2004) argues that among the Luo, death of a spouse is believed to make widows 'unclean'; thus, they have to undergo purification before being accepted back into the society. The rituals are meant to neutralize the 'contagious death' and permit widows' free association with the rest of the community without posing any danger to them. Oduyoye (1995) posits that sometimes the purification process involves sexual intercourse between widows and their male in-laws to symbolically separate the deceased from the widow.

Jaboya concept

46 percent of the respondents identified 'jaboya' as a challenge to positive sexual health in Mageta. *Jaboya* refers to a client or customer who is also a lover. In Mageta Islands, sexual relationships between fishermen and women fishmongers in most cases happen because the catch is not always bountiful. Whenever fish are scarce, fishermen prefer to sell to the women, who often become their sexual partners - kind of giving sexual favors to ensure a consistent supply of fish for their trade.

The majority of women, who are possibly widows, separated, or have never married then become *jaboya*. If a *jaboya* is HIV positive, the men - some of whom have multiple *jaboya* – are then likely to infect their partners and or wives. *Jaboya* also refers to a rich woman who can fund fishing activities of a young man and in turn get sexual favours. The Jaboya concept and practice is one of the factors that affect hinder sexuality education in the region. A possible explanation for this is that a women fishmonger is likely to be tempted to trade sex for fish in her attempt to get more fish.

Discussions and Conclusions

The study set out with a finding on the scarcity of the sources of information. For instance community based organization, self help groups and voluntary testing centers provided most of the information on sex education. Other vital sources like radios, television and newspapers cannot be found easily in the Island. This can be explained by the Islands proximity to the mainland. The Island is 12km away from the mainland. It is encouraging to note that newspapers and magazines can be useful in disseminating information on sex education. This is confirmed by ARSRC, 2006 reports which reveals that for the first six months of 2004, overall, there was 1725 articles carried by the

selected newspapers and magazines out of which 489 (28 percent) were on HIV/AIDS, 412 (24 percent) on sexuality and sexuality education, 359 (21 percent) on reproductive health and rights, sexual violence 311 (18 percent), sexual orientation and identity 103 (six percent) while child marriage constituted 59 (three percent) articles.

In this study, it was clear that a number of risky cultural practices pose health problems to the people. The fact that men must have sex -married or not encourage extra marital affairs. Wife inheritance, polygamy and *jaboya* concept contribute immensely to HIV/AIDS spread and poor health. The finding is in agreement with Ntseane, (2003) which reveals that Bahereru ethnic group believes that every member of the clan who dies must be replaced (*Otusira*). On the eve of the burial an all night memorial service is conducted at the home of the bereaved. This service is conducted to thank the ancestors' spirits for the life of the deceased and to ask for a replacement. While the night service will be going on, small group of girls from the extended family of the deceased will be available for unprotected sexual encounters with relevant extended family male members.

Otusira is aimed at ensuring that one of the girls will conceive to replace the deceased. The traditional sex educators also teach young people that HIV/AIDS is curable since it is not part of the culture. It is also emphasised that sexual activities should be confined to the ethnic group because traditional medicine spirituality and spirits of the deceased or the ancestors prevent and cure sexually transmitted disease (Ntseane, 2003).

One youth had this to say: "We are told by our grandparents and male sexual partners that sex from Moherero to Mohereo should be unprotected because you cannot be infected with the HIV virus." (Ntseane, 2003: 8). In agreement, another said: " In

the urban areas we use condoms with boyfriends from other ethnic groups but with a Moherero boyfriend or cousins in Namibia I enjoy real sex because they will not accept condoms" (Ntseane 2003: 8).

The Barolong ethnic group in Botswana practice wife inheritance to ensure good parenting. The community believes that when the wife dies when children are still young the husband has to marry the young sister to the deceased because culturally she is the younger mother (*mmanngwane*) and she is bound to offer the best care to children (Ntseane, 2003).

Minimal accessibility to sex education due to several factors is yet another crucial area covered by the research. The research acknowledges the presence of deep adherence to 'negative' cultural practices, despite the popularity of Christianity and western cultures. However, the study recognizes the fact that, the process of urbanization and the increasing influences of western cultural precepts on many population groups had no link with the breakdown of traditional customs. This is not in agreement with Linchwe (1992) who posits that in Botswana, the increase in premarital sexuality and the increase in unmarried teenage pregnancy is seen by many authors as a consequence of the introduction of "western" values and ways of conduct. Interestingly and in Botswana, Letamo (1993) asserts that the disappearance of polygamy is due to the higher prevalence of premarital sexual activities.

Other challenges that have contributed to inaccessibility to sexuality education include a predominant culture of silence with regard to matters of sexuality. Thus, for example, most parents do not discuss sexual health with their children. In many African societies, speaking about sex is traditionally a taboo subject especially between parents

and children. Previously, sexual education was given through initiation rites and/or by the grandparental generation. These practices are dwindling, though there are some ongoing experiments in utilising tradition for sexual education (Fuglesang, 1997). In Zimbabwe, information about puberty and growing up was traditionally the responsibility of the paternal aunts for girls and the maternal uncle for boys. This practice is, however, less effective today because of the mobility and socio-economic disparities in modern society (Basset and Sherman, 1994). Today, young people often find out about sexuality and reproductive health from varied and sometimes unreliable sources such as the media, movies, or from peers.

As well, though not far from the nearby town of Kisumu, Mageta Island is considered remote and thus isolated from most activities including print media and television. A respondent said: *"The youth in rural areas cannot get the necessary information on. In our community, a young girl does not know about contraceptives."*

Conclusions

The study has examined sources of information on sex education, risky sexual behaviors and cultural practices, challenges facing sexuality education in Mageta Island. The Island has few sources of sex education. A number of risky sexual practices in the island were identified. These included multiple sexual partners, unsafe sex, wife inheritance, and the *jaboya* concept. Most of the respondents were sexually active and their sexual debuts were marked long before they entered marriage.

Recommendations

Based on the findings above, the following recommendations are made:

- The government should erect a booster to ensure that inhabitants can listen to radios and watch programs on sexuality.
- As discussed above, the girl child is at risk of being exploited sexually by being lured into risky sexual behaviors. It is therefore vital to empower the girl child by her gaining an education, and finally, empowering the womenfolk of Mageta Island both politically and economically.
- In most African traditional societies, certain cultural values were harnessed as a way to promoting sexuality education. (Ocholla-Ayayo *et al.,* 1993) Reveals that amongst the Luos and the Luyias the woman who remained virgin until her wedding was given gifts of goats and cash. This motivated young women to maintain their virginity and hence live a healthy life devoid of STIs and children out of wedlock.
- The *Jaboya* aspect of lifestyle is today entrenched into the people's culture. This is because of its perceived sexual, social and economic benefits. Affirmative action geared towards favouring economic independence, especially among women, is important.
- There is need to carry out further research on various aspects of the people's culture. It is through this that 'positive' traditional customs can be encouraged while risky practices, such as widow inheritance without ascertaining the cause of the husband's death, can be discussed to help reduce potential sexual health risks.

References

Adams H. and Marshal A. (1998). Off target messages: Poverty, risk and sexual rights. *Agenda* (39): 87-92.

Africa Regional Sexuality Resource Centre (2006). ARSRC: Media Report no. 03-09-05.

Agot, W. (2004). Empowering HIV-positive widows to modify subordinating sexual norms: The case of Bondo District, Kenya. Retrieved online on October 12, 2006 from http://www.cies.org/NCS/2004_2005/ncs_kagot.htm

Aidlink (2003). Homecare support for HIV/ AIDS sufferers – Bondo and Siaya, Kenya. (Retrieved online on October 2, 2006 from http://www.aidlink.ie/projects.htm)

Alan, G. (1995). *Institute,* h*opes and realities: Closing the gap between women's aspirations and their reproductive experiences*. New York, NY.

Bandura, A. (1992) Self-efficacy mechanism in psychobiologic functioning, self - efficacy: thought control of action pp. 155-189 Washington: Hemisphere.

Bassett, M and Sherman, J (1994) Female Sexual Behavioral and the risk of HIV infection: An Ethnographic Study in Harare,Zimbabwe.Women and Aids Research Program, Report series no.9 Washington,D.C.ICRW

Becker, M. H.,Radius, S. M., and Rosenstock, I. M. (1978). Compliance with a medical regimen for asthma: a test of the health belief model, *Public Health Reports, 93*, 268-77.

Boywa, J. and Bukachi, J. (2003). Experts root for basic literacy. Retrieved from *Daily (Nation newspaper* on September 23, 2006 from http://www.nationaudio.com/News/DailyNation/18062001/Features/Features5.html)

Brown, A. D *et al*. (2001). *Sexual relations among young people in developing countries: evidence from WHO case studies*. Geneva, Switzerland: WHO.

Connelly, F. M. and Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, June-July*, 2-14.

Darroch, J.E. *et al*. (2001). Differences in teenage pregnancy rates among five developed countries: The role of sexual activity and contraceptive use. *Family Planning Perspectives* 33: 244-250.

Evans-Pritchard, T. (1950). Marriage customs of the Luo of Kenya. *Journal of the International African Institute,* 20(2): 132-142.

Fuglesang, M. 1997. “Lessons for Life: Past and Present Modes of Sexuality Education in Tanzanian Society.” *Social Science and Medicine* 44(8): 1245-1254.

Grunbaum J.A *.et al.* (2004). Youth risk behavior surveillance, United States, 2003. *MMWR CDC Surveillance Summaries* 53 (SS-2): 1-95.

http://www.irinnews.org/S_report.asp?ReportID=50407&SelectRegion=East_Africa

Kelly, G. R., Mamon, J. A., and Scott, J. E. (1987). Utility of the Health Belief Model in examining medication compliance among psychiatric outpatients. *Social Science & Medicine*, 25, 1205-1211.

Kirby, D. *et al.*, (1994) School-based programs to decrease sexual risk behaviours: A review of effectiveness. *Public Health Report 109*: 336-360.

Kirby, D., Barth, R., Leland, N. and Fetro, J. (1991) Reducing the risk: A new curriculum to prevent sexual risk-taking, *Family Planning Perspectives* 23: 253-263.

Lema, V.M., Rogo, K.O. and Kamau, R.K. (1996). Induced abortion in Kenya: Its determinants and associated factors. *East Africa Medical Journal* 73(3):164-8.

Letamo, G (1993) *Modernization and premarital dyadic formations in Botswana.* International Population Conference, Montreal, International Union for the Scientific Study of Population. Canada.

Linchwe, K. (1992). The subject of traditional teaching and socialization practices on the incidence of teenage pregnancy. *Report of the Proceedings of a Conference on Teenage Pregnancy in Botswana*, February 9-10, 1989, National Institute of Development Research and Documentation: 13-6.

Lore, W. (1998). Health services and the adolescent situation in a rural setting: The Kenya experience. Letter to the Editor. *African Journal of Health Sciences* 5(1).

Miles, M. B. and Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Mosher, W. D. *et al*. (2005). Sexual behavior and selected health measures: Men and women, 15-44 years of age, United States, 2002. *Advance Data* 2005; #362:1-56.

Ntseane, P.G. (2003), Cultural Dimensions of Sexuality: Empowerment Challenges for HIV/AIDS Prevention in Botswana. University of Botswana.

Ocholla-Ayayo, A.B.C., Wekesa, J.M. and Ottieno, J.A.M. (1993) *Adolescent pregnancy and its implications among ethnic groups in Kenya.* International Population

Conference, Montreal, International Union for the Scientific Study of Population. Canada.

Oloo, J. A. (2005). Strategies for facilitating success of Aboriginal students: The case of Simon Fraser University. Unpublished Master of Public Policy capstone project, Simon Fraser University, Vancouver, BC, Canada.

Shisanya, A.C. (2004). Sex with an ugly man: Cleansing widows in the era of HIV/AIDS in Siaya District, Kenyatta University, Nairobi, Kenya.

.United Nations Population Fund. (2003). *State of the world's population*. New York, NY: UNFPA.