FACTORS INFLUENCING HIGH RISK SEXUAL BEHAVIOURS AMONG SECONDARY SCHOOL STUDENTS IN NAKURU EAST SUB-COUNTY, NAKURU COUNTY, KENYA

BY

ANN NJOKI MURAYA

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BY
ANN NJOKI MURAYA
MDSNKR2067/17

This dissertation is submitted in partial fulfillment of the requirements for the award of a Master of Development Studies (MDS) from St. Paul's University

Supervisors:
DR PETER KOOME
DR WAMUYU T WACHIRA

AUGUST 2018

DECLARATION

This dissertation is my own work and is not the result of anything done in collaboration. It has not been previously presented to any other institution. I agree that this dissertation maybe available for reference and photocopying at the discretion of the University:

Signature: ..... Date.....22/08/2018.....

Ann Njoki Muraya

MDS/NKR/2067/17

This research project has been submitted for examination with our approval as University Supervisors

Signature: ..... Date.....22/8/2018.....

Dr. Peter Koome PhD

Faculty of Social Sciences

St Paul's University

Signature: ..... Date.....22/8/2018.....

Dr. Wamuyu T Wachira PhD

Faculty of Social Sciences

St Paul's University

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DEDICATION

I thank my family more so my mum for all the support, encouragement and standing by my side throughout this study.

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I thank God for good health and strength as I was doing this work. I thank my supervisors Dr. Peter Koome and Dr. Wamuyu T. Wachira for their guidance through this work from the beginning. Their vast knowledge and experience in scientific research has added value to my work.

I owe gratitude to my family for support and patience throughout my studies. I thank my classmates for their friendship and support as we worked together towards our success in the project.

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ABSTRACT

Approximately 2.6 million adolescents worldwide are infected with HIV and AIDS every year with sexual transmission as the most common way of contact. According to the National Aids Control Council youths aged 15-24 years have recorded a high number of sexually transmitted infections. The evidence of increased number of youths infected with HIV and AIDS is proof that they are engaging in high risk sexual behaviour. Despite running abstinence and sex education campaigns, research shows that most adolescents in Africa are still engaging in high risk sexual behaviour. This study filled the gap by finding out why this new infections are still a challenge despite the awareness campaigns and sex education provided. Nakuru East Sub County was chosen since it was strategically located among all locations of interest to the study such as slums, suburbs, and middle class locations. To enable this, the study was based on three objectives which include; to establish the relationship between peer pressure and high risk sexual behaviours, to determine the contribution of parental characteristics to high risk sexual behaviour among adolescents, and to assess the role of individual factors in high risk sexual behaviour among adolescents. The study focused on 5 public day secondary schools in Nakuru County, specifically Nakuru East Sub-county which has five sub locations. A total of 28 students were sampled per school from Form 1 to 4, which summed up to 138 students in Nakuru East Sub County. Primary data was gathered from 138 students through questionnaires. Interviews were conducted among the school principals. Quantitative data was analysed through statistical package for social sciences (SPSS) using cross tabulation to determine the frequency and percentage of the responses. Pearson chi-square was used to determine significance level which was $p<0.05$. Qualitative data was utilised to support the quantitative data. Information on high risk sexual behaviours has significant policy implications in adding to the knowledge of designing and implementing family planning and HIV and AIDS prevention programs in developing countries. The study also contributed to the academic research done on high risk sexual behaviours among adolescents. The study results indicate that peer pressure influences the students' decisions on sex and relationships. It also highlights parents' absentism in their children's life and the individual factors that influence high risk sexual behaviour such as alcohol and drugs. Equally, peer pressure, parental factor and personal attributes have an influence on high risk sexual behaviour among secondary school students. In conclusion, inclusion of sex education in the school curriculum is of essence as it will promote an all round knowledge among Secondary school students in the Kenya context.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
FGD	Focus Group Discussions
HBM	Health belief Model
HIV	Human Immunodeficiency Virus
HRSB	High risk sexual behaviour
NGOs	Non Governmental organizations
SLT	Social Learning Theory
SPSS	Statistical Package for Social Sciences
STI	Sexually transmitted diseases

DEFINITION OF TERMS

Adolescence It is a development stage of change in physical and psychological development that generally occurs during the period from puberty to legal adulthood.

Secondary school: An education institution that provides secondary education and the building where this takes place

Student: This is someone who attends an educational institution

Sexual debut: Start of sexual experience

High Risk Sexual Behaviour: A behaviour that happens before maturity and puts people at risk of to infection of sexually transmitted infections.

CHAPTER ONE
INTRODUCTION

1.0 Overview of the Chapter

This chapter presents the background of the study, objectives, statement of the problem, significance of the study, purpose, scope, limitation and assumption of the study. It goes further to point out the various problems associated with high risk sexual behaviours and the factors that may contribute to this behavior among the youth.

1.1 Background of the Study

Most high risk sexual behaviours begin at adolescence stage. These risky sexual behaviours are associated with risky decisions such as unprotected sex. The term high risk sexual behaviour is used because it contributes to infection of sexually transmitted diseases among them HIV and AIDS. This is because adolescents engage in sexual relationships at an early age while still in school with no proper guidance on sexual health (Ahmadi, 2016).

Global efforts in regard to HIV and AIDS prevalence were aimed to reduce high risk sexual behavior among young people (Kharsany, 2016). However, knowledge on the intentions of adolescents to engage in abstinence or protective sexual behaviours was still lacking in many countries around the world, especially in Africa where prevalence of AIDS is the highest. According to Widman, Choukas-Bradley, Helms, & Prinstein (2016) considering the characteristics that come with adolescents physical and mental conditions, the health of adolescents is of importance. As a transition stage, adolescents are exposed to high risk behaviours which may affect their future health and wellbeing including physical and psychosocial harms (Mberu, Haregu, Kyobutungi, & Ezeh, 2016).

A study by Kar, Choudhury, & Singh, (2015) adolescents' physical, cognitive and emotional maturity can increase the risks of their reproductive and sexual adverse consequences. According to Santhya and Jejeebhoy (2015) on sexual health risks, boys were reported to be engaged in pre marital sex more than the girls. A report done by Kenya Demographics and Health Survey (2014), 15% of women aged 20-49 had their sexual debut by age 15; 50 percent by age 18; and 71 percent by age 20. More

focus has been directed to issues regarding high risk sexual behaviours among adolescents in the past due to the increasing infections of HIV virus among this population. According to ("Global AIDS Update 2015," n.d.) the highest number of recent HIV and AIDS infections are adolescents aged 15-24 years.

In Nakuru County, youths represent 21% of the population and according to National Aids Control Council ("2015 National AIDS Control Council," n.d.) 41,217 people were living with HIV in the county with 15 % being young people. The study seeks to find out the factors that that influence adolescent's involvement in high risk sexual behavior in Nakuru East Sub-County, Nakuru County. Government organizations such as National Aids Control Council have made efforts on providing safety measures such as promotion of abstinence and sex education campaigns. Despite the efforts, the HIV and AIDS prevalence is still on the rise among the young people. This study seeks to fill this gap by finding out the possible influences of high risk sexual behaviours among adolescents despite the efforts made to curb the spread of HIV and AIDS among young people. The research will take place in public day secondary schools Nakuru County, Nakuru East-Sub County, Kenya. High risk sexual behaviours include unprotected sexual intercourse, early sexual debut, multiple sexual partners, having a high risk partner and unprotected anal/ mouth to genital contact. The factors that may influence high risk sexual behavior among young people include peer pressure, parental factor, and personal attributes.

1.2 Statement of the Problem

According to Okigbo (2015) risky sexual behaviours among adolescents are associated with an irresponsible sexual decision. High risk sexual behaviour involves early sexual debut at teenage, it is also unprotected exposing adolescents at risk of sexually transmitted infections such as HIV and AIDS. The study seeks to find out the factors influencing these high risk sexual behaviours among secondary school students. Youths have been on the spot due to the high number of sexually transmitted infections such as HIV and AIDS. Sexually transmitted diseases have affected approximately 21% of young people in Nakuru County ("2015 | National AIDS Control Council," n.d.). The study further reveals that the effects associated with high risk sexual behaviours are evident due to the high number of youths tested with sexually transmitted infections and unplanned pregnancies some leading to abortion which in turn leads to death and dropping out of school.

Close parental monitoring has been found to delay sexual debut and involvement in risky sexual behavior (Okigbo, 2015). Peer pressure has been regarded as one of the influences to high risk sexual behaviours among adolescents (Marteleto, Lam, & Ranchhod, 2008), this comes in terms of the behaviour they engage in and choices they make as they grow.

According to United Nations ("Global AIDS Update 2016," n.d.) report, youths especially those under the age of eighteen are vulnerable to sexually transmitted diseases than the older people. There are barriers that hinder adolescents from accessing health related services such as HIV testing and counseling. These include fear of stigmatization and discrimination hence becoming reluctant to seek services such as sex education and counseling. According to ("2013 National AIDS Control Council," n.d.) 16% of everyone living with HIV and AIDS are youths. UNAIDS report (2014) found that 29 percent of all new HIV and AIDS infections in Kenya are adolescents and youths. Despite the much effort to contain the HIV and AIDS infection among the youth, the problem has persisted. This research seeks to find out what could be the factors influencing the involvement of high risk sexual behaviours among secondary school students despite the efforts made to solve this problem. Despite the large peer influence among adolescents, few studies have done a research on the influence of peer pressure to high risk sexual behaviour. Studies have also not taken root to find out how parental characteristics and individual factors that have contributed to irresponsible sexual decisions made by the youth.

1.3 Objective of the Study

1.3.1. General Objectives

The goal of the study was to find out factors influencing high risk sexual behaviour among secondary school students in Nakuru East Sub-County, Nakuru County.

1.3.2. Specific Objectives

The specific objectives of the study were to:

i. Determine the contribution of parental characteristics to high risk sexual behaviour among secondary school students in Nakuru East Sub-County, Nakuru County.
ii. Establish the relationship between peer pressure and high risk sexual behaviours among secondary school students in Nakuru East Sub-County, Nakuru County.

iii. Assess the role of individual factors in high risk sexual behaviour among secondary school students in Nakuru East Sub-County, Nakuru County.

1.4 Research Questions

i. What is the contribution of parental characteristics to high risk sexual behaviour among secondary school students?
ii. What is the relationship between peer pressure and high risk sexual behaviour among secondary school students?
iii. What is the role of individual factors in high risk sexual behaviour among secondary school students?

1.5 Significance of the Study

According to Kenya National Bureau of Statistics (2014) Nakuru County has a population of 1,959,880 with 21% representing youths. As of 2015, National Aids Control Council (2015) confirmed that a total of 41,217 people were living with HIV and AIDS in the county with 15% being young people aged between 15-24 years. The number of youths living with HIV as of 2015 annual estimate in the county is 6,167 and 268,586 nationally. New youth HIV/AIDS infections are 455 in the county and 35,776 countrywide (National Aids Control Council, 2016).

This study on the factors influencing high risk sexual behaviours among secondary school students Nakuru East Sub-County, Nakuru County is significant as it will contribute to the knowledge addressing the factors that influence high risk sexual behavours among adolescents as well as help in contributing to the formation of measures that will prevent sexually transmitted diseases including HIV and AIDs and unplanned pregnancies among the youth.

High risk sexual behaviours are of concern for healthcare workers and also the government agencies (Khamisa & Mokgobi, 2018). Starting the discussion on the risky sexual behaviours will help strategize programs that will change the life of young in Nakuru East Sub-County people (Marteleto, Lam, & Ranchhod, 2008). Such programs will not only prevent unplanned pregnancy, but will also reduce the prevalence of Sexually Transmitted Infections, including HIV and AIDS. The study will contribute knowledge to the government agencies and stakeholders who form programs that are aimed at reducing high risk sexual behaviors among the youth

(Tsui, McDonald-Mosley, & Burke, 2010). The study will also be of academic importance in contribution of a wide knowledge on the subject.

1.6 Scope of the Study

The study focused on factors that may influence high risk sexual behaviours among secondary school students in Nakuru East Sub-County, Nakuru County. The Sub-County has five sub-locations. The Sub-County has 16 public mixed day secondary schools. The research focused on one school per sub-location to enhance the effectiveness of the study. Nakuru East Sub-County was considered since it is strategically located across all areas i.e. slums, suburbs and middle class locations. This scope helped the study in finding out the various indicators influencing high risk sexual behaviours such as the environment a child is raised, parental factor, family structure, illiteracy, and peer influence. Nakuru East Sub-County has five sub locations which include Biashara Ward, Nakuru East Ward, Menengai Ward, Kivumbini Ward, and Flamingo Ward.

1.7 Limitation of the Study

The students could hold back from participating in the discussion since the topic was sensitive. The researcher addressed this by assuring them that the work was purely for academic use and the information would not be shared with the public.

1.8 Assumption of the Study

The assumptions of this study were that parental characteristics, peer pressure and individual factors have influence on high risk sexual behaviours among secondary school students.

CHAPTER TWO
LITERATURE REVIEW

2.1. Introduction

This chapter focused on the theoretical review, empirical review and Conceptual framework.

2.2. Theoretical Review

Theoretical review incorporates theories that support the study on factors that influence behaviour among adolescents which is important in any study that seeks to find out the root causes of high risk sexual behavior.

2.2.1. Social Learning Theory (SLT)

Social learning theory was proposed by a Canadian psychologist (Albert Bandura, 1977). The theory holds that human behaviour is influenced by the environment one grows up around; hence, a youth will adopt high risk sexual behaviours because he or she has been raised in an area where this behaviour was considered normal**.** According to Bandura (1992) most human behaviour is learnt by observation through modeling. The theory explains human behaviour in terms of reciprocal interaction between cognitive, behavioral, and environmental influences. The theory encompasses attention, memory and motivation. It spans both cognitive and behavioral frameworks.

In line with the social learning theory, adolescents are likely to adopt drug taking habits if they have observed their parents raise them under the influence of drugs. Adolescents are likely to adopt high risk sexual behaviours if they have been raised in a society that normalized such behaviours. This also includes the environment where there are no measures to sensitize the youths on risky sexual behaviours such as early sexual debut and pre-marital sex. According to Romer (2010) the social learning theory is relevant to the study as adolescents will rely much on the behaviours they have observed over time. The behaviours they observe in their locality since childhood will be highly recorded in their thoughts and there is a high chance of adopting it since it becomes a way of life for them. This theory is relevant to the study since it contributes to the research on youth's behavioral practice leading to the influence engagement in high risk sexual behaviours. This is because sexual

behaviours are learned and adolescents lack role models who portray healthy sexual behaviours.

2.2.2. Health Belief Model

The health belief model was developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels who worked in the United States Public Health Services. It is a psychological model that tries to elaborate and predict health behaviors by focusing on the beliefs of individuals. The model was developed to respond to the failure of a free tuberculosis (TB) health screening program. Since then, the HBM has been used to explore various health behaviors, including sexual risk behaviors and the transmission of HIV and AIDS (Yaya et al., 2014).

It explains health behaviours with focus on the attitudes and beliefs of individuals. The model explains that people will adopt health actions if they feel that a health condition can be avoided. They will also take action if the person believes that by taking a recommended action, he/she will avoid a negative health condition, for example use of condoms will be effective at preventing HIV and AIDS. They will further take action if the person believes they can use recommended action with confidence.

The health belief model was presented in four constructs which represent the perceived threats and benefits. The first is perceived susceptibility which involves ones opinion on chances of getting a condition such as a sexually transmitted infection. The second is perceived severity which looks at the seriousness of a condition i.e lack of using protection such as condoms may cause HIV and AIDS infection. The third is perceived benefits which explain that the action (use of condom) will prevent HIV and AIDS infection.

Adolescents will use condoms if they learn that it will prevent them from getting sexually transmitted diseases such as HIV and AIDS. Cues to action remind of safety measures through sex education and abstinence campaigns. Youths will adopt measures in sexual health if they feel that sex education and campaigns have communicated the risks involved after taking certain actions. Finally, Self efficacy which portrays ones confidence in using the action, say the youth can confidently abstain or adopt safety measures

According to Becker & Rosenstock (1984) the health belief model is a conceptual framework that can be applied to understand health behavior and possible reasons for not using the recommended health action. In this case, it can be used to determine why adolescents involve in high risk sexual behaviours despite the knowledge of its effects such as sexually transmitted diseases. It can also contribute to the academic research on topics related to Sexual risk and HIV and AIDS prevention. The model is significant to the study in finding out the reasons that influence adolescent's involvement in irresponsible sexual behaviour such as unprotected sex.

2.3 Empirical review

The empirical review details the three variables; peer pressure, parental characteristics and individual factors as influences of high risk sexual behaviour.

2.3.1. Parental Factor as an influence to high risk sexual behaviour.

This section discusses the influence of parental factor to high risk sexual behaviour.

Parenting Style and high risk sexual behaviours

Adolescence is a growth stage for young people as they transition to adulthood. A research done by Wang, Stanton, Deveaux, Li, & Lunn (2015) on parent-child monitoring and communication on sexual risk behaviour reveals a direct effect between unhealthy sexual behaviour and parental monitoring and communication. Close supervision of adolescents revealed low sexual engagements than those adolescents who had less parental monitoring or supervision (Dessie, Berhane, & Worku, 2014).

A study done by Kincaid, Jones, Sterrett, & McKee (2012) on maternal care found that the mother child relationship with teenagers was found to be directly associated with the delay of the first sexual experience for the adolescents. These findings reveal that parental relationships have a greater impact in the adolescent's sexual attitude and behaviour in the early teen years as compared to the later years and that parental influence in terms of decision making decrease as the adolescent becomes older (Dessie, Berhane, & Worku, 2014). The study further expounds that those children who regarded their parents as best friends had a late sexual debut compared to those who had no open communication with their parents. This reveals the importance of communication in instilling values to children as they grow up.

Parental monitoring involves the parents concern of where the children are spending their time. Close friendly relationship between parents and children has been associated with delay in sexual debut (Okigbo et al, 2015). Positive parent child relationship is protective against sexual risk in adolescents (Rogers, Ha, Stormshak, & Dishion, 2015). Children whose parents are strict in monitoring their behaviour during pre-adolescence also have a delayed sexual debut unlike those who are less monitored (Ferrey et al., 2016). Mothers frequent communication with their adolescents about the social and moral consequences of sexual activity instilling moral values and teachings on healthy relationships (Flores & Barroso, 2017). Parental monitoring appears to be an important factor for the development of youth sexual health problems.

There is an increasing awareness of an important influence among parent child relationships on the sexual behaviour of young people in Africa (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2011). Intervention programs that focus on the role of parenting on improving sexual and reproductive health have been implemented and described in a World Health Organization review (2007). There has been an effort to explore parent-child relationships in East Africa and specifically family communication. A study by Asampong, Osafo, Bingenheimer, & Ahiadeke (2013) indicate that among adolescents, a low level of parental supervision provides the opportunity for irresponsible sexual activity. Africa is able to change the narrative in media by passing laws that allow creation of content that work directly with parents and their children to improve their communication about sexuality and sexual health (Öhman, Eriksson, & Goicolea, 2015). Adolescents whose parents discourage sexual activity are less likely to engage in sexual activity hence a delay in sexual debut (Juma, Askew, Alaii, Bartholomew, & van den Borne 2014). The modern parenting involves parents or guardians who have minimal control on children's behaviour change due to absenteeism.

Family economic status and high risk sexual behaviour

Adolescents' engagement in high risk sexual behaviours may be influenced by the family economic status (Moye, Marson, & Edelstein, 2013). According to Mmari, Kalamar, Brahmbhatt, & Venables (2016) young people brought up in low income households have an early sexual debut and have more sexual partners than their peers

raised in high economic households. Growing up in a background that is poor with parents not able to give their children a sustainable livelihood due to lack of resources, most teens fall prey of engaging in risky sexual behaviours. They are exposed to harsh negative environment which affects their ambition since they develop less education goals due to their social economic status (Muirhead 2015). They instead seek solace from their peers who are undergoing the same challenges. This is where they experiment sex and drugs (Abdi & Simbar 2013).

Low social economic status is attached to disconnect in the family as parents could be struggling to make ends meet. This symbolizes that parents are most likely not available for the children to guide and monitor them as well as instill some values as compared to the families raised in favorable households (Conger, Conger, & Martin 2010). Children from these families mostly grow up without role models to look up to within the family as well as outside in the locality. Due to neglect, adolescents are exposed to unsafe conditions which make them prone to external abuse (Ssewanyana et al., 2018). This has seen many flee from home going to the city in search of work, early marriage or end up in the streets. The lack of connectedness to the family contributes to poor decision making among the adolescents (Blum, Astone, Decker, & Mouli, 2014). This pushes them away from confiding in adults within their home on what they are going through, hence opting to talk to other troubled adolescents.

Due to lack of knowledge about reproduction as well as lack of mentors, adolescents are more likely to engage in unsafe sex (Herman et al., 2013). Due to the urge of having a sustainable life adolescents have a high chance of engaging with multiple partners who are much older than them such as sugar mummies and sugar daddies, for financial gains. Children brought up in well up families may portray a different kind of behaviour. Here, the family is connected and parental monitoring is paramount. Therefore, early sexual debut among adolescents is not experienced.

Most young people infected with HIV and AIDS in Kenya are infected during their teenage years through unprotected sex (HIV and AIDS report, 2007). According to Kenya demographic survey (2008) adolescents between 15-24 years had a sexual debut before the age of 15 years. Findings reveal that adolescents who had an early sexual debut experienced pressure to have unprotected sex based on their background of low economic status (Moses Ngware 2018). Study done by National Coordinating

Agency for Population and Development (2010) further show that 56% of adolescents in Kenya aged between 15-24 years exchange sex for money at some point due to adverse economic status, need to fund education and pressure to live a luxurious life.

Family structure in relation to high risk sexual behaviour

Parents' marital status, family structure and stability have been regarded as influences to adolescents' sexual behaviour. According to Ankomah, Mamman-Daura, Omoregie, & Anyanti (2011), teenage girls will have a delayed sexual debut if their parents were already engaged at the time of their birth. The parents who were already married at the birth of their child revealed a lower percentage of the teenager's early sexual debut. Parents who separated at the time of a child's birth revealed poor communication and an influence in early sexual debut.

On average, adolescents from divorced families tend to earlier engage in irresponsible sexual behaviour and have more sexual partners than peers who have not experienced parental breakup (Manning, Cohen, & Smock, 2011). Adolescents whose parents expressed more positive attitudes towards teen sexual activity revealed having had sex with multiple partners at teenage (Shandra & Chowdhury, 2012). According to Bastien, Kajula, & Muhwezi, (2011) Kenyan children raised by present father and mother are less likely to be involved in high risk sexual behaviours at a young age. This could be due to constant communication, and involvement in the child's life.

2.3.2. Peer Pressure as an influence to high risk sexual behaviour

Peer pressure has been regarded as one of the influential factors among adolescents (Marteleto, Lam, & Ranchhod, 2008). The influence comes in the behavior they engage in and choices they make as they grow . The intensity of adolescent's sexual activity in Sub-Saharan Africa is less researched . Vast knowledge of this issue would be easy to formulate sexual and reproductive health interventions (Bingenheimer, 2015). Adolescents are influenced by attitudes of their peers about pre-marital send also use of contraception.

According to Kirby (2007) when teenagers are inclined to their peer's sexual behaviour, there is a higher chance to engage in early sexual behaviour. When the youth believe that their peers prefer to use condom they are also more likely to use condoms (Ochako et al., 2015). This means that, teenagers are most likely to adopt the

behaviours that their best friends are invoveld. They are also likely to engage in irresponsible sexual behaviours such as many partners if their friends are also doing the same. Therefore, value systems among peers spread among themselves. If peers are well educated in sexual health matters and believe abstinence is the best way to keep them safe from sexually transmitted infections, then there is a high probability that they will not be involved in pre-marital sex (Noroozi, Taleghani, Merghati-khoei, Tavakoli, & Gholami, 2014).

Peer influences are a major concern in adolescents' development of health related behaviours (Brechwald, 2011). Irresponsible sexual behaviour could be influenced by norms in the peer group. When the students meet in the school setting they are able to quickly influence each other's behavior. Research shows that having friends who express delay in their sexual debut is much likely to influence more peers to not engage into risky sexual behavior (Mmbaga 2012). Parental knowledge of their children's best friends may be a useful tool of monitoring as it provides a heads up to parents if an adolescent is engaged with peers whose behaviour is questionable, and provides assurance to parents that an adolescent is okay if the friends are known to be of positive influence (Bourdeau, Miller, Duke, & Ames, 2011). Peer pressure is among the key influences into of irresponsible behaviour change in the life of an adolescent.

Peer influence affects both the boys and girls as they constantly battle with the need to fit in their group or social circle (Bearman & Moody, 2009). This comes with pressure to adopt the peer behaviours some of which could include risky sexual behaviours (Tomé, de Matos, Simões, Camacho, & Alves Diniz, 2012). This is why the rate of sexually transmitted infections has been high among the youth between 15-24years. Peers move in packs and influence each other on the materials to watch such as pornography, the places to visit and also the clothes to wear (Collins, 2015). Girls from low income areas such as slums face major challenges in their transition from childhood to adulthood (Aarø et al., 2014). Most are initiated to these risky sexual behaviors at an early age by their older friends. The environment is not safe for the girl child since parental monitoring is minimal (Ahmed et al., 2015). Others are raped and also engage with multiple partners in order to get money for education and to keep up with the peer pressure.

In a study done by Udell, Sandfort, Reitz, Bos, & Dekovic, (2010) boys indicate an early sexual debut than girls. Peers influence each other by justification of a transition from childhood. They engage with multiple partners with lack of knowledge on the effects that come with it. Peer attitude is the factor that leads to these behaviours. This could be caused by the adolescent's rebellion towards parental guidance, teachers and members of the community (Hughes & Kwok, 2007). All this has brought adverse effects in the society by infections of sexually transmitted diseases such as HIV and death related problems due to abortion caused by unplanned pregnancies among the girls. Recent studies indicate that adolescents are having an early sexual debut at an average of 15 years old, the sexual act is usually unprotected which gives rise to early pregnancy, spread of sexually transmitted diseases such as HIV and AIDs (KDHS 2009). Most of these adolescents are pressured by their peers to get money in order to live a luxurious life.

2.3.3 Individual Factors as an Influence to high risk sexual behaviour

Individual factors are those personal decisions that could influence high risk sexual behaviour among secondary school students. This includes alcohol abuse, knowledge on sex education, gender and religious attachment as discussed below.

Alcohol Abuse in relation to high risk sexual behaviour

A recent survey done in the United States of America, National Household Survey on Drug Use and Health (2014), reported that youths aged between 12 and 20 years had an alcoholic drink every month, 18% of young people in that age group revealed drinking alcohol at least every week , and 6% recorded that they were heavy drinkers. Consumption of alcohol has been regarded as one of the factors for HIV and AIDS transmission in sub Saharan Africa (Chersich, Bosire, King'ola, Temmerman, & Luchters, 2014). Alcohol abuse has been mentioned as a contribution towards high risk sexual behaviour, including unprotected intercourse, multiple sexual partners and prostitution. Alcohol is consumed in different places including family functions and traditional ceremonies such as circumcision and dowry payment. Research done in Africa has found a relationship between alcohol and high risk sexual Behaviour among adolescents (O'Connell et al., 2013). Study shows that alcohol consumption triggers improper decisions which lead to involvement in irresponsible sexual behaviours among the youth.

Young people can easily access alcohol since it's packaged and supplied to different easily accessible outlets. Alcohol abuse among students leads to irresponsible and risky sexual decisions (Mabille, 2009). Research shows that most unplanned pregnancies and STIs happened while the adolescents were drunk (Lewis, Hutton, Agee, McCaul, & Chander, 2015). Alcohol is easily accessible and that makes it one of the main abused drug among students. Secondary school students who consume alcohol are prone to high risk sexual behaviours as compared to non drinkers (Bello et al., 2017). The study further suggests that alcohol and drug use influenced irresponsible sexual behaviour among adolescents aged 15-24 years. The consumption of alcohol by secondary school students was mainly associated with peer pressure. After alcohol consumption adolescents loose the negotiation power on use of protection hence leading to unprotected sex (Flores et al., 2014)

Gender in relation to High risk sexual behaviour

Men and women have different perspectives about high risk sexual behaviours. Young men have an early sexual debut compared to girls (Peltzer & Pengpid, 2015). They also have more casual partners unlike the female counterparts. This expresses the high risk associated with the behaviour with high chance of sexually transmitted infections (Romero-Estudillo, González-Jiménez, Mesa-Franco, & García-García, 2014).Women tend to get into a relationship due to love and trust. There is also an increased use of oral contraceptives by the girls which has led to reduction in use of condom. This depicts that adolescents are more concerned in avoiding pregnancy and are less concerned with sexually transmitted infections such as HIV and AIDS (Romero et. al, 2014).

Religion in relation to high risk sexual behaviour

Hutchison (2010) did a research on the effects of religion on the decisions made by adolescents. It revealed that religious adolescents had a delayed sexual debut and were well informed about irresponsible sexual behaviour. The values instilled in church and parental guidance are adapted hence the youths are able to distinguish the good and the bad decisions. They are also less likely to be influenced by peers negatively.

A research done by Fentahun, Assefa, Alemseged, & Ambaw (2012) indicated that adolescents, who perceived religion to be important in their life, had few or no sexual

relationships before marriage. According to a research done in Nigeria, there is a relationship between religious commitment and the sexual attitude among adolescents, (Amoako-Agyeman, 2012).

The religious institutions in Kenya have developed programs aimed at educating Kenyan youth about sexual issues. Youths have been encouraged and supported to form rights clubs facilitated by teachers. Through such clubs, the religious institutions and their partners have been able to organize discussions with youths about puberty, sexually transmitted diseases, and HIV and AIDS. Through drama and other informal education techniques, youths have been assisted to understand sexual maturation and implications of irresponsible sexual behaviour.

Knowledge on Sex education in relation to high risk sexual behaviours

Research shows that successful management of negative sexuality among the youth is providing appropriate and adequate adolescent and youth reproductive health information and services. A study done by Katz et al., (2013) found that young people are not making responsible decisions on sexual health issues which have immediate or serious repercussions on their health. This is attributed to the fact that they are not well educated on matters sexual health. Despite the knowledge and awareness availed to the adolescents, the information is still scarce and there is need for more information. Another study by Ruglis & Freudenberg (2010) studied that schools can provide youths with a knowledge base on sexual health matters which may allow them to make informed decisions and help them shape a healthy lifestyle. The adolescents are denied useful information which could help them lead responsible lives. This information is the candid sex talk from parents and counselors.

2.4 Conceptual Framework

A conceptual framework is defined as a framework that diagrammatically shows the interaction among study variables. Figure 2.1 shows the conceptual framework for the present study.

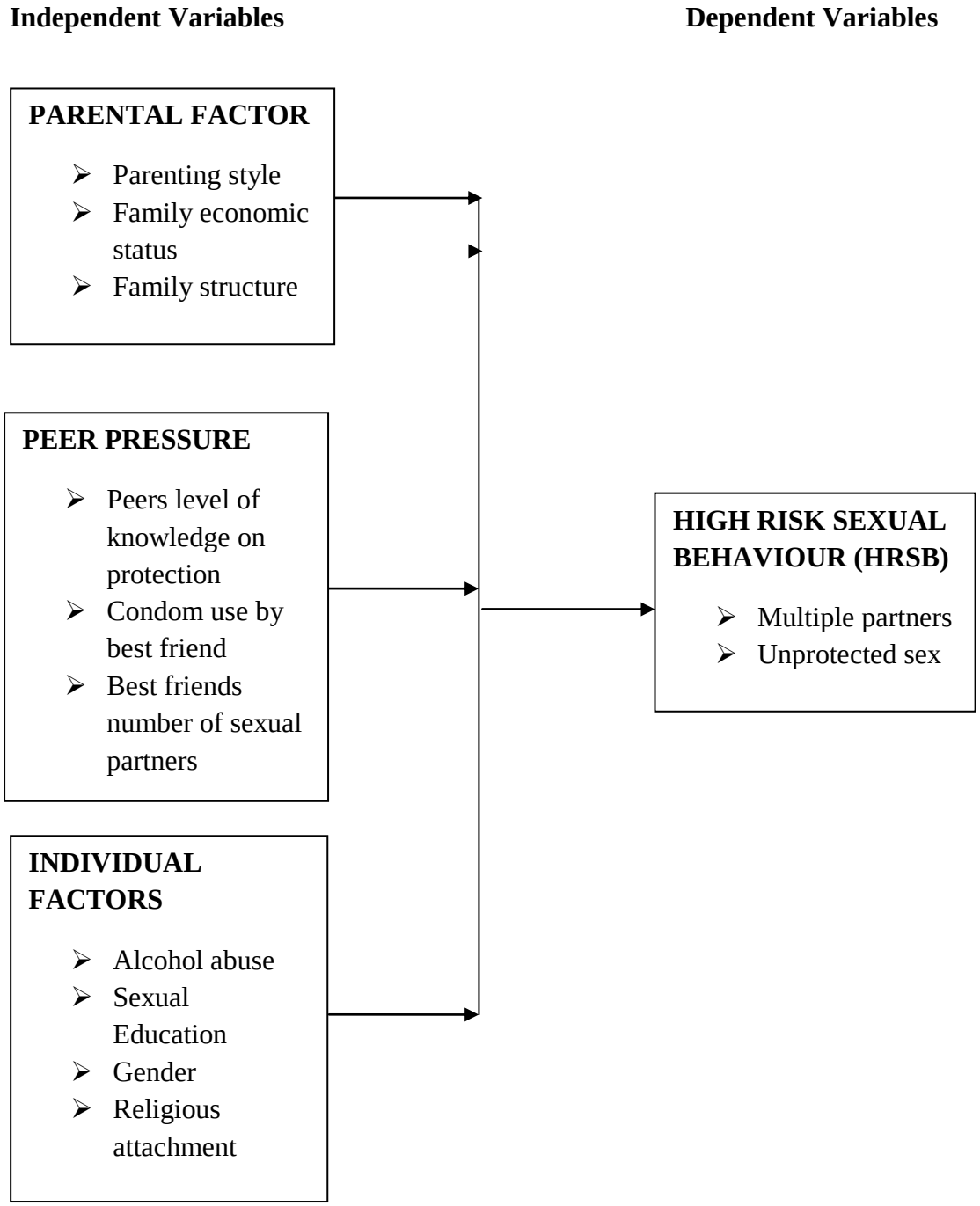


Figure 2.1: Conceptual framework for the study of factors influencing high risk sexual behaviours among secondary school students.

Source: Researcher (2018)

As shown in figure 2.1, there were two sets of variables namely independent and dependent variables. Independent variables included parental factor, peer pressure, and individual factors. High risk sexual behaviour was the dependent variable. Each variable was operationalized by various measurable parameters. Parental factors had; Parenting style, family economic status and family structure. Peer pressure was characterized by; peer level of knowledge in protection, condom use by best friend, best friends' number of sexual partners. Parameters for individual factors included; alcohol abuse, sex education, gender and religious attachment. Moreover, high risk sexual behaviour was measured by multiple partners and unprotected sex.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides discussions relating to population, sampling and data types are provided. This chapter also provided an explanation of the design of the study and rationale for its use.

3.2 Research Design

The study used cross sectional design. This design provided a framework for the collection of data since it involved a onetime study about subjects without a follow up. This was ideal for this study since the collection of data took place in public day secondary schools. The researcher booked an appointment through the school principal where the day was scheduled. This was effective as the researcher walked in to the schools and did the required study to completion without having to go back again. This design allowed the researcher to find out factors relating sexual risk behaviours among high school students in Nakuru East Sub-County.

3.3. Study Population

The study population involved secondary school students and the principals. The accessible study population was secondary school students from form one to form four in public mixed secondary schools in Nakuru East Sub County, Nakuru County which has 19 public secondary schools in the five sub locations. Among the 19 public secondary schools in Nakuru East Sub-County, there are two national schools and one girls' boarding school. These three were excluded from the study since the research involved only mixed public day secondary schools. Therefore the research focused on the 16 mixed day public secondary schools. This is because most of the students in the day schools had grown up from within the locality and are at a better position to participate in the research. The researcher focused on Nakuru East Sub County because the area is strategically located in all areas of interest for this study such as slums, suburbs and the middle class areas. This was important since the study will focus on one school per Sub Location with a sample of 28 students per school.

3.4. Sampling design and procedure

Simple random sampling method was used in this study to select the schools. Nakuru East sub County has 5 Sub Locations. All the 16 public day secondary schools were listed on a piece of paper, classified per sub-location and the researcher randomly picked one secondary school per sub location. In every school 28 students were sampled through questionnaires. The students had to be in secondary school, either male or female and willing to participate. The principals of the schools were interviewed to get more insight of adolescents and irresponsible sexual behaviour in the schools.

The sample size was calculated using the following formula:

Sample size was calculated by the minimum sample size needed for accuracy in estimating proportions. This will consider the standard normal deviation set at 95% confidence level (1.96), percentage or response (50% = 0.5) and the confidence interval (0.05 = ±5). The formula is:

$$n = \frac{z^2 (p) (1-p)}{C^2}$$

Where:

z = Standard normal deviation at 95% confidence level

p = those who have knowledge of high risk sexual behaviours

c = confidence interval

1.96*1.96 (0.9) (0.1)/0.05*0.05=138

138/5=27.6 / 28

138- The study population

27.6 rounded up to 28-the study population per school

The study sampled 138 students in Nakuru East Sub-County; the figure 27.6 was rounded up to 28 students per school in order to work with a whole figure. The research involved 7 students per class inclusive of both boys and girls. The researcher used the class list to pick the students per class at intervals. The class list had a column for the boys and girls; through this the sample the students were selected

using systematic random sampling to enhance balance on both genders in relation to the boy girl ratio in class. The gender that exceeded the other had many respondents in this case if the girls were more than the boys, the researcher picked four students out of the seven. The interviews were done to five principals representing the five secondary schools. The focus group discussions involved boys and girls separately from form one to form four. The focus group discussion had eight students for the girls and also for the boys from each school. The researcher randomly picked two students per class to participate in the focus group discussion. The total number of respondents who participated in the focus group discussion was sixteen per school. Therefore the total number of respondents in the focus group discussion in the five schools was 80 respondents.

3.5. Data Collection Instrument

Quantitative data was collected using a questionnaire as the main data collection tool. The questionnaire was self administered to a total of 138 respondents and later analyzed. Questions were in line with the research objectives. The questionnaire was considered since it required less time to administer and there was less opportunity for bias as they were presented in a consistent manner. The researcher distributed questionnaires personally and collected them in the same procedure after completion. Qualitative data was collected through focus group discussion with the students and interviews with the principals. The Principals were interviewed to get a deeper view of the adolescent's sexual behaviours and their progress.

3.6. Data Collection procedure

The researcher obtained the permits and consent before embarking on data collection. A letter of introduction was obtained from the university. This was followed by a permit from the National Council of Science, Innovation and Technology (NaCoSTI). The researcher later obtained a letter from the Ministry of Education. The researcher booked an appointment with the school principals who gave a go ahead for the research to take place. Questionnaires were distributed by the researcher to the students and they were allowed to fill them. The researcher then collected them in the same procedure after completion. Data from the interviews and focus group discussion was recorded through an audio recorder and also the researcher had an

assistant who was recording in writing to avoid distortion of information. The data was later decoded by the researcher.

3.7. Data Analysis and Presentation

Quantitative method was used in this study to analyse the results addressed in the study's objective. The Statistical Package for Social Sciences (SPSS) was utilised to analyse the quantitative data. Cross tabulation was applied to determine the response frequency and percentages. Pearson chi-square was utilised to show the significance level where $p<0.05$ was the statistically significant level. The findings were presented on frequency tables. Qualitative data was applied to support the study through interviews and focused group discussions.

3.8. Ethical Considerations

The study considered several ethical issues. The researcher obtained documents of authorization to carry out the research such as, a letter from the university, a letter from the National Commisssion for Science, Technology and Innovation (NACOSTI) and a research permit. In addition, the researcher did not disclose the identity of the respondents to outsiders thus assuring privacy. To further gain credibility in carrying out the research, the respondents were not required to disclose their identity in writing. The researcher further assured the respondents that the work was purely for academic studies and that they were free to leave the research at any stage. The researcher also ensured that confidentiality, anonymity and the 'do no harm principle' was observed considering that this was a sensitive research dealing with young people.

CHAPTER FOUR
DATA ANALYSIS PRESENTATION AND DISCUSSIONS

4.1 Introduction

This chapter covers the analysis of the collected data which was carried out utilizing the questionnaires, key informant interviews, and focus group discussions. The results are presented according the study objectives. The results will be discussed as stated in the study objectives.

4.2. Response rate

A total of 138 questionnaires were distributed to the sample students in Nakuru East Sub County. 120 questionnaires were returned having filled in accordance with the given instructions. It was observed that 10 of these questionnaires were spoilt while 7 were never filled as the respondents' walked out before they began the survey. Therefore, the response rate was 87.6%. The focus group discussions were done successfully to the boys and girls. The focus group discussions were conducted by the researcher with the girls and the boys separately. This was to enhance openness and freedom of expression to the sensitive topics. The Focus group discussion had eight respondents per school both boys and girls included. There were 16 respondents per school for the focus group discussion and 80 respondents in the five schools sampled. The interviews were conducted by the researcher to five principals who represented each of the public day schools in Nakuru East Sub-county, Nakuru County. The focus group discussion and interviews were recorded through audio and also a research assistant who helped in writing the responses. The information was later decoded by the researcher.

4.3. Characteristics of the Respondents

The study determined the distribution of respondents' according to various characteristics. These include, age, gender, form, religion and religion.

4.3.1. Age of student respondents

The study examined the distribution of sampled respondents according to their age. The results are indicated below.

Table 4.1: Percentage distribution of respondents according to age

Age in years	Percent	Frequency
14 to 15	**34.2**	**41**
16-17	**29.2**	**35**
18 and older	**36.7**	**44**
Total	**100**	**120**

Source: Field data (2018)

As indicated in the Table 4.1 above, majority of respondents were aged 18 and older. 34.2% were aged between 14 to 15 years. While 29.2% were 16 and 17 years old. The average age of the respondents was 16.15 years old while the median was 16. This was taken to analyze the respondent's characteristics.

4.3.2. Level of education of respondents

The study further examined respondents according to their Form in school as indicated in Table 4.2 below.

Table 4.2 Distribution of respondents' according to their form in school.

	Percent	Frequency
Form 1	**21.7**	**26**
Form 2	**25.8**	**31**
Form 3	**26.7**	**32**
Form 4	**25.8**	**31**
Total	**100**	**120**

Source: Field data (2018)

The Table 4.2 above shows the frequency and percentage of the respondents across the classes. The Form one respondents were, 25.8% in form two, 26.7% in form three, and 25.8% in form four

4.3.3. Distribution of respondents by gender

The gender of the respondents below was taken to analyze the respondent's characteristics.

Table 4.3 Percentage of distribution of respondents according to their gender

Gender	Percent	Frequency
Male	**52.5**	**63**
Female	**47.5**	**57**
Total	**100**	**120**

Source: Field data (2018)

As seen from Table 4.3 above, the male respondents were 52.5% and female respondents were 47.5%. The percentage difference proportion between the male and female respondents was 5%.

4.3.4. Distribution of respondents by religion

Religion of the respondents as analyzed below illustrates the characteristics of the respondents.

Table 4.4. Percentage distribution of respondents according to religion.

Religion	Percent	Frequency
Christian	**91.7**	**110**
Muslim	**8.3**	**10**
Total	**100**	**120**

Source: Field data (2018)

Christians represented 91.7% of the respondents while Muslims represented 8.3%. This had a percentage difference proportion of 83.4%. Majority of the respondents were Christians.

4.4. Parental factor as an influence to high risk sexual behaviour

The first objective of the study was to examine the effect of parental factor on high risk sexual behaviour among high school students. The variables used to measure this were; Level of parental monitoring, parents' level of education, parents/guardians occupation and family structure. The study sought the respondents' opinion as regards the extent to which the parental factors influence high risk sexual behaviour. The responses are highlighted below.

4.4.1 Distribution of respondents who have had sexual intercourse according to parental factors

Table 4.5 Percentage distribution according to Parents level of education

Characteristics	Categories	Percentage distribution	
		Had sex	Not had sex
Head of household level of education	**Primary**	**90.0**	**10.0**
	Secondary	**30.0**	**70.0**
	College	**39.0**	**61.0**
	University	**44.8**	**55.2**

Chi-square value=11.400; P=0.010

Source: Field data (2018)

Table 4.5 above illustrates the influence of parent/guardians level of education on high risk sexual behaviour among the students. 90% of the respondents whose parents had attained primary education admitted having had sexual intercourse while 10 percent did not. Thirty percent whose parents attained secondary school education only, 39 percent whose parents went to college and 44.8 percent whose parents had attained university education also confirmed to having had sexual intercourse. According to these results, we can conclude that children whose parents attained primary school education only were more likely to report that they have had sexual intercourse. We could therefore attribute the behaviour to general lack of parents/guardians proper guidance on sex education among adolescents whose parents had attained primary school education.

A research done by Bergsman et al. (2008) on parents level of education, the study found that parents who were achieved higher learning education were more likely to be involved in their childs' life on matters sexual health, and this reduced the adolescents likelihood of involving in high risk sexual behaviour. The researcher probed further during a focus group discussion where the students were asked if they were free to discuss sexual health topics in their household. Most of the students in this group confirmed that their parents did not initiate the topic on sex education and therefore they depended on sessions given by guest speakers and online content.

The study further looked at parental monitoring as shown in Table 4.6 below.

Table 4.6 Distribution of respondents who have had sexual intercourse according to parental level of monitoring

Characteristic	Category	Percentage distribution	
		Had sex	Not had sex
Parents strict or lenient	**Strict**	**35.0**	**65.0**
	Lenient	**57.0**	**43.0**

Source: Field data (2018)

The findings as presented in Table 4.6 above, illustrated that 57% of students whose parents were lenient admitted to having had sexual intercourse as compared to 35% whose parents were strict. 65 percent whose parents were strict admitted that they had not had sexual intercourse compared to 43 percent whose parents were lenient. This analysis gives an indication that parental monitoring contributes to the shaping of behaviour among the secondary school students. It also reduces adolescents' engagement in irresponsible sexual behaviour. Level of parental supervision is another important familial consideration. Study done by Asampong, Osafo, Bingenheimer, & Ahiadeke (2013) indicates that among adolescents, a low level of parental supervision provides the opportunity for irresponsible sexual activity. This view was supported by one school principal who lamented the leniency of some of the parents in monitoring their children's behaviour. His observation sheds light on the link between parental level of monitoring and high risk sexual behaviour. The narrative below by one of principals confirms the analysis:

> *"We have had students who are charged with indiscipline cases such as use of alcohol and irresponsible sexual behaviour. We have noticed that most of the students parents are a bit lenient as they do not bother much with what is going on in their children's life as they leave them with house managers while the parents are working."(Interview, Principal 2, 2018).*

In addition, these views stress the importance of parental monitoring in a child's growth.

Table 4.7 Percentage distribution of respondents according to family structure

Characteristics	Categories	Percentage distribution	
		Had sex	Not had sex
Who do you live with	**Both parents**	**49.1**	**50.9**
	Father	**23.1**	**76.9**
	Mother	**30.8**	**69.2**
	Guardian	**52.9**	**47.1**

Chi-square value=5.211; P=0.0515

Source: Field data (2018)

Table 4.7 above illustrates the family structure and its influence in high risk sexual behaviour. The findings indicate that there was no clear relationship between family structure as an influence to high risk sexual behaviour among the students. Indeed, this was supported by the students who said that whether they came from a single parent or both parent families did not influence them to have sex. They instead said that their push to engaging in sexual behaviour was mostly influenced out of home by their friends. They further expressed that this could stop if their parents could adopt open communication on sex education. Contributing to this discussion one of them said:

> *Our parents should take initiative to ensure that we are aware of sexual health issues. This will help in sensitizing us on the dangers associated with pre marital sex.' (Focus Group Discussion . Female Participant 3, 2018).*

Table 4.8 Distribution of respondents according to parents/guardians occupation

Characteristics	Categories	Percentage Distribution	
		Had sex	Not had sex
Head of household's occupation	**Employed**	**42.0**	**58.0**
	Unemployed	**28.0**	**71.0**
	Own business	**44.0**	**55.0**

Chi square value =7.698; p=0.06

Source: Field data (2018)

Table 4.8 above illustrates the relationship between parents/guardians occupation as an influence to high risk sexual behaviour. Parents/guardians occupation in the study was used to determine the family economic status. The findings illustrate that there was no close relationship between family economic status and high risk sexual behaviour among secondary school students. One of the head teachers shared that most parents did not have time to spend with their children as they were busy working and 'chasing money'. Emphasizing on this he stated:

> *"Parenting has greatly contributed to irresponsible sexual behaviour, unlike in the past; currently there are a lot of absentee parents because put their careers first. Most adolescents do not have involving parents to talk to about the challenges they go through as adolescents." (Interview, Principal 2, 2018)*

4.4.2. Distribution of respondent's use of condom in relation to parental factor

The tables below represent the analysis of the respondents condom use in relation to parental factor.

Table 4.9 Distribution of respondents condom use by parents/guardians occupation

Characteristics	**Categories**	**Percentage Use of condom**	
		Used condom	**Not used**
Head of household's occupation	**Employed**	**90**	**10**
	Unemployed	**50**	**50**
	Own business	**52**	**48**

Chi-square value=7.698; P=0.021

Source; Field work (2018)

In Table 4.9 above, analyses the respondents' condom use according to parental factors. We note that there is a relationship between parental factors and respondents use of condoms. According to the parents/guardians occupation, the figure reveals that 90 percent of respondents whose parents'/guardians' were employed were recorded to be have engaged in sexual intercourse and used condoms compared to 10 percent who did not. Those whose parents were unemployed 50 percent used

condoms and 50 percent did not. On the other hand, 52 percent of respondents' whose parents' owned business used condoms in their last sexual act and 48 percent did not. Parents'/guardians' occupation is used in the survey to get a reflection of the families' economic status and the effect it has on the decisions made by the respondents. Therefore, the results of this study could conclude that respondents whose parents'/guardians' were employed and owned businesses were better financially as compared to the unemployed; in addition to the respondents' from these families received pocket money which they could be using to buy condoms. These results were supported by one of the boys during the focus group discussion who said that he used part of the pocket money to buy condoms as he was sexually active and that he needed to be safe. Unlike the boys, the girls who admitted to be sexually active said that they did not buy condoms. They were all in agreement that, *'Girls always wait for their boyfriends' to buy condoms as they are shy to do so'*. This could be one of the reasons that there are unplanned pregnancies among adolescent girls.

Table 4.10 Distribution of respondents condom use according to family structure

Characteristics	**Categories**	**Percentage distribution**	
		Used Condom	**Not used**
Who do you live with	**both parents**	**69.2**	**30.8**
	Father	**50.0**	**50.0**
	Mother	**75.0**	**45.0**
	Guardian	**66.7**	**33.3**

Chi-square value=0.802; P=0.849

Source: Field data (2018)

Table 4.10 above illustrates use of condom by students who have had sex according to the family structure. From the table, the students who stay with both parents recorded the highest in using condoms at 69.2 percent while 30.8 percent did not. However the results were not statistically significant which concludes that, whom the student lived with was not a main influence to the use of condom by students. This study supports Broadhurst & Mason (2017) also explained in his study that there was no clear relationship between family structure and sexual risk among adolescents. Interesting this same views were evident in the target group of the study where they shared that whom they live with was not a determinant but family disconnect is what led to

adolescents involvement in high risk sexual behaviours. They further shared that this led them to find solace from their friends and as a result learn much about sex and other sexual behaviours. To further support their claims, some of the students shared the following;

> *Our parents are separated or always in conflict, the family unit disconnects and there is no friendship or closeness. This makes one spend much time with friends who influence our decisions.'(Focus Group Discussion, Male Participant 6, 2018))*

One of the girls in the group supported her peers by noting that *'Family stability is an essential contributor of good behaviour since there is peace and closeness in the family.'(Focus Group Discussion. Female Participant 1. 2018).*

Table 4.11 Distribution of respondents condom use according to parents level of education

Characteristics	Category	Percentage distribution	
		Used condom	Not used
Head of households level of education	**Primary**	**55.6**	**44.4**
	Secondary	**50.0**	**50.0**
	College	**75.0**	**25.0**
	University	**83.0**	**16.0**

Chi-square value=3.792; P=0.285

Source: Field data (2018)

Table 4.11 above portrays the distribution of students' use of condoms according to parents' level of education. According to the results, head of household's level of education did not influence the use of condoms by the students who recorded to have engaged in sexual intercourse. This could be a conclusion that students' condom use was influenced by their own personal reasons and knowledge on sexual health. This was supported by one of the male students in the focus group discussion who said:

'Our parents do not influence our use of protective measures such as condoms. Like for me, I buy because I am aware that it is important to be safe from sexually transmitted diseases.' (Focus group discussion , mae participant 7, 2018)

4.4.3 Distribution of respondents' relationship status according to parental factor

The tables below represent an illustration of respondent's relationship status as influenced by parental factor.

Table 4.12 Respondent's relationship status in relation to parents/guardian level of education

Characteristics	Categories	Percentage distribution	
		Dating	Not dating
Head of household's level of education	**Primary**	**90.9**	**9.1**
	Secondary	**60.0**	**40.0**
	College	**53.2**	**46.8**
	University	**54.8**	**45.2**

Chi-square value=8.413; P=0.038

Source: Field data (2018)

Table 4.12 above illustrates the influence that parent's or guardians' level of education has on the student's engagement on sexual relationships. The level of education was used as a determinant of literacy and also measured the degree to which parents or guardians talked to their children on matters sexual health. As indicated, 90.9 percent of respondents whose parents reached primary school were dating compared to the 9.1 percent who were not. 60 percent of respondents who were dating and 40 percent who were not dating had parents'/guardians' who attained secondary school education. The respondents whose parents'/guardians' had furthered to college and university recorded a lower response of their dating experience. According to this result, we could conclude that parental level of education is important as it is associated with low level of student's engagement in high risk sexual relationships.

This could be that parents who had furthered education had the courage to engage their children on relationship talks and sexual health matters. This information was supported by the discussion done as the researcher interrogated the students on parents/guardians involvement on matters sexual health education. Among the students who said that they received sexual health talks from their home, their parents/guardians had furthered education as captured in the two narratives below: One of teen said;

> '*My uncle whom I stay with is a teacher and he frequently gives me talks on relationships' (Focus Group Discussion, Male Participant 3, 2018)*

While another shared about her sister being a mentor in relation to sex education as noted in her narratives below: ,

> *'My sister whom I live with is in the university and she invites me when they have counseling sessions and that's where I get educated on sexual health matters.' (Focus Group Discussion. Female Participant 6. 2018).*

The large number of students whose parents/guardians did not involve them in sex education said that their parents were shy and could not initiate the topic. Others feared starting the discussion with their parents because they could not predict their reaction.

The study further discussed in Table 4.13 the influence of parental monitoring on high risk sexual behaviour.

Table 4.13. Distribution of respondents' relationship status in relation to parental monitoring.

Characteristics	**Categories**	**Percentage distribution**	
		Dating	**Not dating**
Parents strict or lenient	**Strict**	**48.1**	**51.9**
	Lenient	**64.9**	**35.1**

Chi-square value=2.852; P=0.091

Source: Field data (2018)

From able 4.13 above we note that 51.9 percent of the respondents whose parents were strict were not dating while 64.9 percent who recorded their parents'/guardians'

being lenient were dating. This shows that parents'/guardians monitoring had an impact on the decisions the respondents made concerning sexual relationships. This echoes Dittus et al., (2015) who found that parental monitoring as an important factor for the development of value systems among the youth. Monitoring also helps with other family, peer and socio-demographic risks in the development of youth alcohol use problems. The students who admitted that they had strict parents/guardians were controlled on engagement into irresponsible sexual behaviour since there was close monitoring. This could be that children who are raised in a supportive, nurturing environment are likely to be more receptive to parental monitoring. Supporting these sentiments on influence of parental monitoring on sexual relationships among adolescents, one of the female students in the focus group discussion said:

> *'My mum always confirms whom I go out with and does not entertain night outs, the strictness has controlled the level of negative influence in my life.' (Focus Group Discussion , Female Participant 8. 2018).*

The students who had lenient parents or guardians said that they were free to do what they wished because no one asked them. One of them said;

> *'My guardian does not really care what I do therefore I am free to date.'(Focus Group Discussion , Male Participant 5, 2018),*

The principals who were involved in the key informant interviews were of the same idea with the students as they confirmed that parents had contributed to the involvement of students in high risk sexual behaviour. One principal expressed his view on this issue saying that:

> *'Most parents are too busy building their careers and do not have time to sit and be involved in parenting. There is no monitoring from the parents and this has caused the students to do whatever they want.'(Interview, Principal 2, 2018)*

4.5 Peer pressure as an influence to high risk sexual behaviour

The second objective of the study was to assess the influence of peer pressure to high risk sexual behaviour among secondary school students. The study used the following variables to assess this objective; best friend's relationship status, best friends'

number boyfriends/girlfriends, and use of condom by best friend. The study sought the respondents' opinion on the extent to which the above elements of motivation influenced their involvement in high risk sexual behaviours.

4.5.1 Influence of Peer pressure on relationship status

This section gives an illustration of influence of peer pressure on the respondents relationship status. The variables include; best friend's relationship status and use of condom by best friend.

Table 4.14 Distribution of respondents' relationship status according to best friends' relationship status

Characteristics	Categories/Number	Percentage distribution		Pearson Chi-square
		Dating	Not dating	
Does best friend have a boyfriend/girlfriend	**Yes**	**70.9**	**29.1**	Chi-square value=33.336; P=0.00
	No	**12.1**	**87.9**	
Number of best friends boyfriends/girlfriend	**1**	**60.0**	**40.0**	Chi-square alue=5.394; P=0.863
	2	**70.9**	**29.1**	
	3	**62.5**	**37.5**	

Source: Field data (2018)

As illustrated in Table 4.14 above, approximately 70.9 percent of respondents whose best friend was dating also had a boyfriend/girlfriend. 87.9% who said their best friends were not in a relationship were also not in a relationship. This study reveals that the decisions made by their best friends influenced their decisions on having a boyfriend or girlfriend. The next characteristic illustrates the relationship between number of best friends' boyfriends/girlfriends and the respondents relationship status. 60 percent whose best friends had one boyfriend/girlfriend were also in a relationship and 40 percent were not. Over 60 percent of respondents whose best friends' had two partners were also in a relationship compared to those who were not. This shows that although best friends' relationship status influenced the respondents' decision of having a boyfriend or girlfriend, the number of boyfriends or girlfriends was not significant on their decisions.

The relationship between peer pressure and high risk sexual behaviour was further confirmed by a focus group discussion done with the students who affirmed that peer pressure was key to the decisions they made on relationships and sex. The students shared their thoughts on this matter where the boys were positive about peer pressure being an influence on relationships and sex and said that what their friends did influenced their decision. One of the students shared that;

> '*Peer pressure is a main influence because we do not want friends to think that we are cowards in having a sexual relationship.' (Focus Group Discussion, Male Participant 3, 2018);*

While another supported the idea further by stating the following:

> *'Peer influence is something that we do not know how to overcome. It is what rules us mostly due to self esteem issues. We would love talks on self awareness.' (Focus Group Discussion, Male Participant 6, 2018).*

The girls on the other hand confirmed that peer pressure was an influence to most of the girls. With the guiding question, the girls opened up to the interviewer that some of their friends were having sexual relationships with older men outside school for money and all this was as a result of peer pressure from their close friends. They further said that their best friends contributed to some of them taking alcohol. One of them shared;

> *'Yes peer pressure is an influence to most girls as their decisions are based on what their friends are doing. (Focus Group Discussion , female participant 3, 2018.*

The discussion on peer pressure influence was further confirmed by the principals who said that it was something that affected most of their students. They said that they observe behaviour change from when students join Form one, they come in innocent and get influenced into dating, sexual intercourse, and drug use over time as they interact make friends whom they influence each other's behaviour. One of the principals said that;

> '*Peer pressure has been one of the major contributions. When teenagers meet, they share ideas, learn and adopt different things from each other' (Interview, Principal 1, 2018).*

The Table 4.15 below illustrates the influence of best friends on use of condom by the students

Table 4.15 Distribution of respondents' condom use in relation to best friends' condom use

Characteristics	Categories	Best friend's condom use Percentage distribution	
		Used condom	Not used
Best friend use of condom	**Yes**	**77.4**	**22.6**
	No	**50.0**	**50.0**

Chi-square value=2.746; P=0.058

Source: Field data (2018)

As indicated in Table 4.15.above, the study indicated that the teens' decisions to use a condom or not is influenced by their best friends. As presented, 77.4 percent of respondents whose best friends used a condom in their last sexual act also admitted to have used a condom while 22.6 percent did not. 50 percent of respondents whose best friends did not use a condom admitted to have used a condom. On the other hand respondents whose best friends did not use a condom also admitted to not using a condom while 50 percent used it. This reveals that peer influence on use of protection is high. This confirms the findings by Ochako et al., (2015) that when adolescents believe that their peers prefer to use condom, they are also more likely to also use condoms.

The ones who did not use condoms may have been shy to buy over the counter due to fear of judgment by the adults. The students engaged in the conversation and narrated the influence of peer pressure to sexual behaviour, For instance one shared:

> '*Yes, friends pressure someone, for example my friend was influenced to masturbation which he was addicted to until he got help from the school counselor. (Focus Group Discussion, Male Participant 7, 2018).*

Interestingly one of the students shared his sentiment that was supported by the group members:

Peer pressure for me is a challenge. I come from the ghetto (slums), there is a gang that takes drug and engages in sexual behaviour. My friends from the gang are forcing me to join and am prompted to do so since I do not want them to see me as a coward and tease me.'(Focus Group Discussion, Male Participant 4, 2018)

The girls had different kind of peer influence. They said that they were in competition with each other where they needed to feel and look beautiful. One of them explained;

'Girls always want to be beautiful especially at our age. Those who cannot afford it, influence each other and start sleeping with older guys who are working class in order to give them money. (Focus Group Discussion , Female Participant 3, 2018)

The respondents' went on to tell the researcher that they were in need on self awareness talks as they believed it will empower them on how to say no to peer pressure. The boys expressed that it was hard to say no as men because they did not want to be judged. This was also researched by Tomé, de Matos, Simões, Camacho, & AlvesDiniz (2012) who found that for youths to fit in a group, they had to adopt the way of life of the peers which include high risk sexual behaviours such as an early sexual debut and unprotected sex. The boys expressed that most of their sexual relationships started as an influence from the elder boys from school. The researcher further probed and asked the students on where they learnt matters sex. Most of the boys and girls said that they learnt from their friends. This is because friends were easy to interact with and share information.

The principals confirmed the influence of peer pressure to high risk sexual behaviour as one of them confirmed:

'*Peer pressure is evident because I observe them in every step. The students influence each other's decisions on love relationships and also taking drugs where we have seen others dropping out due to addiction.'(Interview, principal 1, 2018)*

4.6. Individual factors as an influence to high risk sexual behaviour

The third objective of the study was to examine the effect of personal attributes on high risk sexual behaviour among high school students. The variables used to measure this include; Gender, age, religion, use of alcohol and other drugs and sex education.

Table 4.16. Distribution of respondents' relationship status according to personal attributes

Characteristics	Categories	Percentage distribution	
		Dating	Not dating
Age	**14-15**	**39.0**	**61.0**
	16-17	**50.0**	**50.0**
	18 and older	**70.5**	**29.5**

Chi-square value=8.708; P=0.013

Source: Field data (2018)

Table 4.16 illustrates the influence of age and respondents relationship status. Above, of the respondents who were in a relationship, 39 were aged 14-15 years, 50 percent between 16 and 17 years while 70.5 percent were 18 years and older. The table shows that, with an increase in age the number of respondents who were in a relationship increased. This could be due to growth in adolescence stage where they are attracted to the opposite sex. A study by Longmore, Manning, Copp, & Giordano, (2016) in his study revealed that half of all adolescents report romantic involvement by the age of 18 years. This is supported by one of the principals who was in agreement:

> '*The students are enrolled into form one very innocent and well behaved. But as they progress to form two onwards they interact with each other and start coupling. ' (Interview, Principal 5, 2018)*

Table 4.17 below looks at the influence of alcohol to high risk sexual behaviours.

Table 4.17 Influence of alcohol use on respondents relationship status

Characteristics	Categories	Percentage distribution	
		Dating	Not dating
Students alcohol use	**Yes**	**75.0**	**25.0**
	No	**29.1**	**70.9**

Chi-square value=25.081; P=0.00

Source: Field data (2018)

Table 4.17 illustrates the influence of alcohol use on relationship status. On alcohol use, 75 percent who admitted to be using alcohol were in a relationship as compared

to the 29.1 percent who had not used alcohol. This could be a confirmation that teenagers are involved in alcohol use and it's an influence to the decisions they made on having a boyfriend or girlfriend. This could be because they want to assert their independence and show they are grown. This was further discussed by the students who agreed that;

> *'Alcohol is an influence to high risk sexual behaviour since one is prone to make poor decisions such as multiple partners. (Focus Group Discussion, Male Participant 7, 2018*)

Another said that;

> *'Alcohol makes one deviate from studies due to addiction; this may lead to dating sugar daddies in order to get money to buy alcohol.'(Focus Group Discussion, Female Participant 4, 2018).*

Further the research sought to find out the influence of drugs on adolescents sexual relationships. The responses are illustrated below in Table 4.18 below:

Table 4.18 Influence of drugs on respondents' relationship status.

Characteristics	**Categories**	**Percentage distribution**		**Pearson chi-square**
		Dating	**Not dating**	
Have you smoked	**Yes**	**71.4**	**28.6**	Chi-square value=4.587;P=0.032
	No	**48.4**	**51.6**	
Use of Miraa	**Yes**	**73.3**	**26.7**	Chi-square value=3.422; P=0.01
	No	**53.0**	**47.0**	

Source: Field data (2018)

As in table 4.18, 71.4 percent who admitted to have smoked were in a relationship while 28.6 percent who had not smoked were in a relationship. 73.3 percent of those who used miraa were in a relationship while 53 percent who did not use miraa admitted to be in a relationship. These results on use of drugs indicate that drug and substance use influences the sexual behaviours among the students. Students engaged in the conversation where they shared their personal views for instance one of them said that;

'Drugs are a major influence as there are friends who have dropped out of school.'(Focus Group Discussion , Male Participant 3, 2018).

While another indicated;

'Drugs are addictive and due to lack of self awareness and peer pressure, students start having sex early influenced by drugs.'(Focus Group Discussion, Male Participant 7, 2018)

This study further sought to find out if gender was an influence to adolescents' engagement in sexual relationships. Table 4.19 below illustrates the findings.

Table 4.19 Influence of gender on respondents' relationship status

Characteristics	**Categories**	**Percentage distribution**	
		Dating	**Not dating**
Gender	**Male**	**57.1**	**42.9**
	Female	**50.0**	**50.0**

Chi-square value=0.609; P=0.435

Source: Field data (2018)

The Table 4.19 above revealed that male students were engaged in sexual relationships more than the girl students. The results reveal that gender was not a main influence on the student's engagement in sexual relationships. During the focus group discussion with the students it revealed that the girl students received more counseling than the boys. Due to frequent talks, the girls could be more conscious and had a delayed sexual debut. Rada (2014) did a research on boys and girls involvement in high risk sexual behaviours. The study found that boys had an early sexual debut than the girls. This was confirmed by one of the students who supported the statement saying:

The girls always get frequent counseling sessions while we don't.'(Focus Group Discussion, Male Participant 1, 2018)

Religion was one of the variables considered as influencing the students' sexual behaviour and it is illustrated in the Table 4.20 below.

Table 4.20 Influence of religion on respondents' relationship status

Characteristics	Categories	Percentage distribution	
		Dating	Not dating
Religion	**Christian**	**55**	**45**
	Muslim	**40**	**60**

Chi-square value=0.834; P=0.361

Source: Field data (2018)

The Table 4.20 reveals that religion did not influence the decisions that the students made on dating and sexual relationships. This means that it was not an influence to high risk sexual behaviour but rather contributed to shaping morals among the youth. Fentahun, Assefa, Alemseged, & Ambaw (2012) also had a similar study which revealed that adolescents who were religious were less likely to report cases of early sexual debut. When asked if religion contributed in shaping their behaviour, one of the students said:

> *'Church has contributed in shaping good morals. We have catholic women who visit to give us counseling and relationship talks.'(Focus Group Discussion, Female Participant 8, 2018)*

4.6.1 Distribution of respondents who have had sexual intercourse according to Individual factors

The Table 4.21 below indicates the influence of gender to high risk sexual behaviour.

Table 4.21 Influence of gender on respondents' involvement in sexual intercourse

Characteristics	Categories	Percentage distribution	
		Had sex	Not had sex
Gender	**Male**	**50.0**	**50.0**
	Female	**33.3**	**66.7**

Chi-square value=3.137; P=0.01

Source: Field work (2018)

As recorded in Table 4.21 above, 50 percent of male students had sexual intercourse while 50 percent had not. On the other hand, 33.3 percent of female respondents said they had sexual intercourse compared to 66.7 percent who recorded they had not had

sexual intercourse. This reveals that male students were more involved in sexual intercourse than the female students. This study is similar to one done by Romero-Estudillo (2014) who found that young men have an early sexual debut compared to girls. In this study one of the principal was in support as he shared on indiscipline among students.

> *'The highest reports that we get on indiscipline such as involvement in drugs and sexual behaviour are from the male students.'(Interview, Principal 3, 2018)*

Another said,

> *'Some of the sexual issues affecting the students is exposure to early teenage sex. Majority of the young boys as compared to the girls are very much engaged in sexual activity. Things that portray sexuality such as pornography, sexual music and programs are an issue that contributes to early sexual debut.'(Interview, principal 5, 2018)*

The Table 4.22 below further investigates the influence of sex education on high risk sexual behaviour.

Table 4.22 Distribution of respondents who have had sexual intercourse in relation to knowledge on sex education

Characteristics	Categories	Percentage distribution	
		Had sex	Not had sex
Sex education in school	**Yes**	**37**	**63**
	No	**56**	**44**

Chi-square value=4.532; P=0.014

Source: Field data (2018)

Table 4.22 illustrates that 37 percent of those who received sex education in school have had sexual intercourse while 63 percent had not had intercourse. On the other hand 56 percent who recorded not having sex education in school had sexual intercourse while 44 percent did not. This shows that sex education in schools was of great help as it influenced the decisions that the students made on sexual matters. Ruglis & Freudenberg (2010) contends that schools can play an important role in

providing youth with a knowledge base which may allow them to make informed decisions and help them shape a healthy lifestyle. The students that participated in the focus group seem to agree with this view. For example one of them shared:

> *'We love the talks we get from the guest speakers every month. We are taught on relationship and also sex education. These talks help us in our daily life and help us make proper decisions. (Focus Group Discussion, Female Participant 1, 2018)*

Another student in the group supported this view when he said:

> *'Sex education talks are enjoyable. We ask questions based on the challenges we go through and get help that help us as adolescents.'(Focus Group Discussion, Male Participant 7, 2018)*

The researcher probed further and found that sex education was not in the curriculum. Despite this the principal had mechanisms that helped their students get counseling sessions. One of the principal said,

> *'There is no sex education in the curriculum; we therefore have appointed one teacher who deals with counseling in the school. Also we invite guest speakers who speak to the students at least once a term.' (Interview, Principal 4, 2018)*

The study went ahead to analyze the influence of alcohol and drug use on respondents involvement in sexual intercourse in Table 4.23 below.

Table 4.23 Influence of alcohol and drug use on respondents involvement in sexual intercourse

Characteristics	Categories	Percentage distribution		Pearson chi-square
		Yes	**No**	
Students alcohol use	**Yes**	**67.7**	**32.3**	Chi-square value=37.114
	No	**10.2**	**89.8**	P=0.00
Have you smoked	**Yes**	**78.6**	**21.4**	Chi-square value=20.132
	No	**30.1**	**69.9**	P=0.00
Use of miraa	**Yes**	**80**	**20**	Chi-square value=11.508
	No	**36.2**	**63.8**	P=0.003

Source: Field data (2018)

Table 4.23 illustrates the categories on alcohol use and drugs, and results reveal that there is a relationship between alcohol use and drugs as an influence to sexual intercourse. Most students who admitted to have had sexual intercourse had used alcohol and other drugs in their last sexual act. This confirms that drugs and alcohol use influenced high risk sexual behaviour among the students. The students during a focus group discussion were in agreement that those who do not take alcohol have control in their decisions on sex. They also expressed that rape is common with students who are drug users as they lose self control. Similar research done by Mabille (2009) found that alcohol and drug abuse among students leads to irresponsible and risky sexual behaviour. This view was confirmed by one student who firmly said;

> *'Alcohol and drugs are a menace among the students. Its influence is major as one looses themselves and may sleep around with multiple partners. (Focus Group Discussion, Male Participant 2, 2018)*

The principals were also of the same view that alcohol and drugs had led to students drop out from school. One of them said:

> *'Alcohol and drugs is a contributor to high risk sexual behaviour. The students drink and engage in sex with multiple partners. Alcohol is easily accessible and affordable for the students.'(Interview, Principal 1, 2018.*

According to the study all students admitted that alcohol has a way that intrigues desire to be involved in risky sexual behaviour. The study probed further to investigate the use of condoms among the students who admitted to have been engaged in sexual intercourse. This is illustrated in Table 4.24 below.

4.6.2 Distribution of respondents who used condoms in their last sexual encounter in relation to Individual factors.

The tables below illustrate the respondent's use of condom in relation to individual factors.

Table 4.24 Use of condom by student in relation to gender

Characteristics	Categories	Percentage distribution	
		Used condom	Not used Condom
Gender	**Male**	**76.7**	**23.3**
	Female	**53.0**	**47.0**

Chi-square value=2.811; P=0.04

Source: Field data (2018)

Table 4.24 outlines the relationship between personal attributes and condom use by respondents. According to the gender of the respondents, 76.7 percent of the male students recorded to have used condom in their last sexual act while 23.3 percent did not. For the female respondents, 53 percent said they had used condom while 47 percent had not. This result can help us conclude that the students are aware of use of condoms for protective sexual measures. For the female, they may be depending on their boyfriends to observe protective measures hence the small margin of 6 percent between those who used condom and those who had not. In a similar study, Gonzalez (2014) found that men have more casual partners while the female are more cautious and tend to stick with one partner.

This information on the use of condoms was shared by one of the principal who said:

> *'Students are engaged in unprotected sex, we have had cases of early pregnancy in the school to our girls from which we later learn that the boys who are social workers in the farms are responsible.'(Interview, Principals 4, 2018).*

Some of the students also contributed to this discussion for instance one of them commented:

> *'Sometimes we commit to abstain but when one has a boyfriend we use condoms, but as ladies we expect our boyfriends to buy because of judgment.'(Focus Group Discussion , Female Participant 5, 2018).*

The research also sought to find out the influence of sex education on use of condom among the students who were involved in sexual intercourse as shown in Table 4.25 below.

Table 4.25 Use of condom by student in relation to sex education

Characteristics	Categories	Percentage distribution		Pearson chi-square
		Used condom	Not used	
Sex education in school	**Yes**	**75.9**	**24.1**	Chi-square value=2.108 P=0.01
	No	**55.6**	**44.4**	
Who gives the sex education talk	**Counselor**	**90**	**10**	Chi-square value=4.925 P=0.017
	Guest speaker	**66.7**	**33.3**	
	Chaplain	**75**	**25**	

Source: Field work (2018)

Table 4.25 illustrates the influence of sex education on students' sexual decisions. From the Table it is evident that students who admitted to be getting sex education talks said that they used condom during sex compared to the 24.1 percent who did not use. The gap could illustrate that sex education exposed the students with knowledge on sex and protection from sexually transmitted diseases. 55.6 percent of students who said they did not have sex education talks in school used condom and 44.4 percent did not. The study clearly tells us that sex education is a necessity for the students in shaping their behaviour as it educates them on irresponsible sex. This was further discussed by the students who said:

> *'We love the sex education talks as we learn a lot on sexual health issues and we also get to ask questions.'(Focus Group Discussion , Male Participant 1, 2018).*

This view received support from others in the group for instance one said:

> *'The talks are relaxing after the class sessions. And they are very important as we get to learn about the changes in adolescence as young men. We would love the talks to be part of class' (Focus Group Discussion, Male Participant 4, 2018)*

The researcher sought to find out who gives the sex education talks. As illustrated in table 4.25 90 percent of those who had talks with the counselors recorded to have

used condom in their last sexual act. This could be because counselors are professional and understand teenage issues and were open and detailed on articulating the affairs asked by the students. The students could also not be able to open up to their teachers as they feared them. This raises the issues of trust. This is supported in the narrative below by one of the female students:

> *'We love the counselors who come to our school. They give us a chance to write down the topics that we would love them to talk about. They also give us a chance to share and they answer appropriately.'(Focus Group Discussion, Female Participant 8, 2018)*

Another supported by sharing the following view:

> *'As much as we have school teachers who sometimes give us talks, we cannot ask very personal challenges because we do not want to be judged. We love the counselors who are called from universities because we do not fear asking those questions. (Focus Group Discussion , Female Participant 2, 2018)*

After this the research sought to analyze the influence of alcohol on condom use among the adolescents in Table 4.26 below.

Table 4.26 Influence of alcohol and drugs on condom use among adolescents

Characteristics	**Categories**	**Percentage distribution**		**Pearson chi-square**
		Used condom	**Not used**	
Have you smoked	**Yes**	**57.1**	**42.9**	Chi-square value=2.092; P=0.014
	No	**76.9**	**23.1**	
Use of Miraa	**Yes**	**75**	**25**	Chi-square value=0.911; P=0.20
	No	**65**	**35**	
Students alcohol use	**Yes**	**67**	**32**	Chi-square value=0.837;P=0.01
	No	**71**	**28**	

Source: Field work (2018)

The table 4.26 illustrates that drug use influences high risk sexual behaviour. This outcome means that alcohol and substance abuse influenced high risk sexual behaviour. Students who admitted to be using alcohol and other drugs were likely to report having engaged in unprotected sex. This influence led to spread of sexually transmitted diseases including HIV and AIDS as well as unwanted pregnancy. From this study it is evident that alcohol and substance use is an influence to youths' sexual decision making. The narrative from one of the youths confirms this:

> *Taking alcohol at a young age may lead to involvement in unprotected sex since as one may make uninformed decisions.' (Focus Group Discussion, Female Participant 5, 2018).*

CHAPTER FIVE
SUMMARY CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter summarizes the study findings, gives the conclusions derived from the study, and finally comes up with some recommendations based on these findings, which are relevant for policy makers and further research. The objective of the study was to establish the relationship between peer pressure and high risk sexual behaviours; determine the contribution of parental characteristics to high risk sexual behaviours among high school students; and assess the role of individual factors in high risk sexual behaviour among adolescents.

5.2. Summary of findings

This section shows a summary of major study findings in line with the objectives of the study.

In order to establish relationship between risky sexual behaviour and various independent variables on the study, cross tabulation and chi-square tests were done. It was established that there were differentials in risky sexual behaviour across all characteristics of women. Factors that were found to be significant included; Peer pressure, parental monitoring, parental level of education, alcohol and substance use, gender and sex education.

5.2.1. Peer pressure as an influence to high risk sexual behaviour

The study generally observed that there was a relationship between peer pressure and high risk sexual behaviour among students. This was evident through the survey questionnaires, interviews, and focus group discussions where the students admitted that they learnt sex education from friends. This was because friends were easy to talk to and they shared the same challenges. They therefore could learn and explore together.

The study also established that when students joined Form one they were innocent and change of behaviour occurred after mingling and knowing each other. Through this there came the exchange of ideas and attraction to each other especially friends of the opposite sex. This encouraged coupling and dating. This association with each other influenced the decisions students made as individuals as they could now consult each other before taking action. It was also observed that sexual behaviour was

influenced by norms in the peer group. The study also found that the peers influenced each other on dating and use of condoms.

There was a close link on best friends' relationship status and the respondents also being involved in a relationship. It was observed that if a group of friends had a girlfriend or boyfriend; the respondents were most likely to also have one so as not to be rejected by the peers. The students also had an early sexual debut as all of them who admitted to have had sexual intercourse were still in high school. They were also aware of protection such as use of condom. Despite this awareness, some students admitted to not be using condoms. The study found that this could be due to ignorance, fear to buy over the counter due to judgment. Peer pressure stems to the location where the students lived and it was observed that the students were forced to make decisions due to fear of rejection, to fit in peer groups and also to avoid judgment from their friends. Students especially boys felt a need to prove that they were not cowards and therefore had to engage with sexual multiple sexual partners, alcohol and substance abuse which also led to crime.

The students also confirmed this when one stated the challenges he is facing as his friends were influencing him into a group that takes drugs and alcohol. He could not avoid it since he did not want to be regarded as a coward. So as to maintain the expenses incurred by buying drugs he had sort to steal in order to have some money. As derived from the focus group discussions, the students admitted to the peer pressure and accepted that this would change if they got help on how they could avoid it. The students said that they would love to be taught more on self awareness.

5.2.2. Parental factor as an influence to high risk sexual behaviour

The study observed that parental factor was an influence to high risk sexual behaviour. On parenting styles, open communication lacked. The students indicated that they did not have open communication with their parents regarding sex education. The study observed that the respondents needed to find assurance and guidance from their parents first before learning from the world. The students expressed that open communication from their parents would give them confidence as they go through normal adolescents' challenges.

The study also observed that the parents/guardians who were strict helped in controlling high risk sexual behaviours among the respondents as there was delayed

sexual debut among them. The lenient parents involved parents who did not question the whereabouts of the students and also did not bother knowing the friends that their children were hanging out with. This students expressed their freedom as they were not questioned back home. Further to this, parental monitoring was necessary to act as guidance on the good and bad behaviours.

The study also found that the major issue in parenting is absenteeism. Parents were not available in their children's life. This was confirmed by both the students and the head teachers who expressed that parents/guardians were busy chasing careers and money forgetting to slot in quality time to check on their children. The study derived that parent's decisions influenced the respondents in some cases such as their relationship with their spouses at home. The students who watched their parents/guardians fight, separate or divorce felt alienated and hence went to seek solace from their friends who went through the same challenges. The study observed that parents who had furthered their education were better positioned on peer issues and were exposed and knowledgeable on sexual health matters which helped in monitoring the students.

5.2.3. Influence of personal attributes to high risk sexual behaviours among students

The study observed that there were personal attributes that influenced high risk sexual behaviour such as alcohol use, drugs and substance use, sex education, gender and age of respondents. It was deduced that most of the respondents who admitted to be taking alcohol had unprotected sexual intercourse before eighteen years. This means that alcohol influenced behavioral change and led to the irresponsible decisions made by the students. Drugs and substance abuse was also an influence to high risk sexual behaviour as the principals confirmed that some students had been expelled from school due to use of drugs which could be passed on to other students.

According to the age of the respondents, the study observed that respondents above 16 years were more involved in sex. The study found that students' change of behaviour increased with the form. Those in form one reported less involvement in sexual behaviours but this progressed from form two to form four. This was attributed to association among students as they interacted. Also, adolescence came with changes and discovery hence the change of behaviour at 16 years and older.

On gender, the male were found to have an early sexual debut than the female respondents. This is because they needed to fit in a social group that engaged in the same behaviour. The ladies could be more cautious as they got into a relationship based on love and trust. Men were found to be open to casual relationships.

The study observed that sex education was at the center of the decisions that the students made on sexual health matters. The general research proved that sex education was a necessary topic to be included in the curriculum. The schools solve this problem by appointing one of the principals to handle the counseling sessions. They also called guest speakers and counselors who have talks with the students. The study observed that the students loved the sex education sessions as they helped them in their daily life. On the other hand, the male respondents said that they did not have much of the sex education talks like the girls. This could be regarded as neglect on the boy child because of the belief that he can hack life due to his masculinity.

The study also summarized that religion in churches and mosques was a source of good values and moral growth among the students.

5.3 Conclusion

The study analyzed a number of conclusions from the study finding. The conclusions were in line with the objectives of the study.

5.3.1. Peer pressure as an influence to high risk sexual behaviours

It was concluded that peer pressure was an influence to high risk sexual behaviour among high school students and the youth in general. It influenced the decisions they made on dating, sexual relationships, and sex. The study concluded that best friend's decisions on sexual relationships influenced the respondents' decisions. Peer pressure has led to students becoming drug addicts, having multiple partners and casual partners at an early age that is while till in teenage years. The study also concluded that fear of rejection and need to fit in were the main reasons that high school students that influenced their decisions to move with peer norms.

The students were aware of the dangers that unprotected sex had such as spread of sexually transmitted diseases and unplanned pregnancies. Despite this awareness there were still students who had unprotected sex with their partners. This was due to ignorance such that the girls trusted their partners and felt that they could use other forms of contraception to avoid pregnancy. This concluded that, adolescents were

more concerned and feared pregnancy more than the dangers associated with unprotected sex such as HIV and AIDS among other sexually transmitted diseases.
On condom use, the study concluded that respondents whose best friends used condoms were also likely to report having used condoms too. The study concluded that peer pressure could be one of the main influences of high risk sexual behaviours.

5.3.2. Parental factor as an influence to high risk sexual behaviour.

The study concluded that parental characteristics influenced the decisions that the students made in their life concerning sexual factors. The students valued the input of their parents/guardians on sex education and needed them to take up the task.

The study also concluded that parents were losing the focus on parenting leaving the role with the teachers as they were busy at work and looking for money. The head teachers recognized this and were working on ways they can sensitize the parents to be close to their sons and daughters from a young age.

The study also came to find out that the parental structure was not very significant on the influence to high risk sexual behaviours. The students attributed much of the behaviour change as an influence from their friends and media. Therefore, parental friendship with their children could help reduce irresponsible sexual behaviours by coaching and education on the dangers associated irresponsible sexual behaviour.

5.3.3. Individual attributes as an influence to high risk sexual behaviour

The study concluded that personal attributes were an influence to high risk sexual behaviours among the youth in various ways such as alcohol use, drug and substance abuse, gender, and sex education. The research concluded that alcohol use influenced the irresponsible decisions that were made by the students. Drugs and substance use was also a major cause of unprotected sexual intercourse leading to the spread of HIV and AIDS and other sexually transmitted diseases.

The study concluded that boys were engaged in irresponsible sexual behaviour more than the girls. The girls received talks frequently that helped them monitor their ways and the decisions they made. The study also concluded that sex education was a need that should not be ignored in the school so as to shape good behaviour. Although abstinence only and safer sex programs differ in their underlying values and assumptions regarding the aims of sex education, both types of programs strive to

foster decision making and problem solving skills in the belief that through adequate instruction adolescents will be better equipped to act responsibly in the heat of the moment.

5.4. Recommendation for the study

The study suggested several recommendations which if implemented could help reduce and ultimately stop high risk sexual behaviours among high school students in Nakuru East Sub-County.

The study suggested several recommendations which if implemented could help reduce and ultimately stop high risk sexual behaviours among high school students in Nakuru East Sub-County.

The study recommends the following:

The students should be taken through personal development sessions on self-esteem and self-awareness in order to be able to make firm decisions and prevent negative peer pressure. The school Principals should consistently hold counselling sessions with the students and also invite their views on peer pressure. This way they will be able to find the root causes of peer pressure and find solutions. The aim is to help in the reduction of high risk sexual behaviours. Equally, this will assist in the reduction of HIV and AIDS infection as well as unplanned pregnancies and youth mortality rates.

Parent-child communication be enhanced to assist in positively changing the behaviour of their children. Following the results of this study, parents should find time to spend with their children from a young age and much more in adolescence stage. While the relationship between the parents and their children is nurtured, the students will be free to communicate what they are going through as they will have built trust with their parents/guardians. The study further recommends parental monitoring in every development stage among adolescents in order to take note of behavioural changes among the students.

Inclusion of sex education in the Kenya school's curriculum in aim of addressing the high risk sexual behaviour among students especially at secondary school level. This will create an all-round transformative knowledge to the students. In addition, through this curriculum the students will be empowered academically, spiritually and also in

life skills. This will help in the development of not only the student behaviour but also in inculcating of the community values and self-awareness.

5.5 Suggestions for further studies

This research recommends further research in related studies. It is advisable for further studies to look at the importance of sex education in the Kenyan curriculum beside what is looked at in the study.

The study recommends further research on family structure and its influence in adolescent's change of behaviour.

The study recommends a study on effects of alcohol and drug abuse on sexual behaviour among adolescents.

The study recommends a study on influence of peer pressure on irresponsible sexual behaviour among the youth.

REFERENCES

Aarø, L. E., Mathews, C., Kaaya, S., Katahoire, A. R., Onya, H., Abraham, C., … de Vries, H. (2014). Promoting sexual and reproductive health among adolescents in southern and eastern Africa (PREPARE): project design and conceptual framework. *BMC Public Health*, *14*(1), 54. https://doi.org/10.1186/1471-2458-14 54

Abdi, F., & Simbar, M. (2013). The Peer Education Approach in Adolescents- Narrative Review Article. *Iranian Journal of Public Health*, *42*(11), 1200–1206.

Ahmed, A., Wan-Yuen, C., Marret, M. J., Guat-Sim, C., Othman, S., & Chinna, K. (2015). Child Maltreatment Experience among Primary School Children: A Large Scale Survey in Selangor State, Malaysia. *PLoS ONE*, *10*(3). https://doi.org/10.1371/journal.pone.0119449

Alimoradi, Z., Kariman, N., Simbar, M., & Ahmadi, F. (2017). Contributing Factors to High-Risk Sexual Behaviors among Iranian Adolescent Girls: A Systematic Review. *International Journal of Community Based Nursing and Midwifery*, *5*(1), 2–12.

Amoako-Agyeman, K. N. (2012). Adolescent religiosity and attitudes to HIV and AIDS in Ghana. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, *9*(4), 227–241. https://doi.org/10.1080/17290376.2012.745665

Ankomah, A., Mamman-Daura, F., Omoregie, G., & Anyanti, J. (2011). Reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*, *2*, 75–84. https://doi.org/10.2147/AHMT.S23649

Asampong, E., Osafo, J., Bingenheimer, J. B., & Ahiadeke, C. (2013). Adolescents and parents' perceptions of best time for sex and sexual communications from two communities in the Eastern and Volta Regions of Ghana: implications for HIV and AIDS education. *BMC International Health and Human Rights*, *13*, 40. https://doi.org/10.1186/1472-698X-13-40

Bastien, S., Kajula, L., & Muhwezi, W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive Health*, *8*, 25. https://doi.org/10.1186/1742-4755-8-25

Bearman, P. S., & Moody, J. (2009). Suicide and Friendships Among American Adolescents. *American Journal of Public Health*, *94*(1), 89–95. https://doi.org/10.2105/AJPH.94.1.89

Becker, M. H., & Rosenstock, I. M. (1984). Compliance with medical advice. In A. Steptoe and A. Matthews (Ed.), Health care and human behav-ior, pp. 135-152. London, UK Academic Press. - References - Scientific Research Publishing. (n.d.). Retrieved August 21, 2018, from http://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q))/reference/ReferencesPapers.aspx?ReferenceID=682710

Bello, B., Moultrie, H., Somji, A., Chersich, M. F., Watts, C., & Delany-Moretlwe, S. (2017). Alcohol use and sexual risk behaviour among men and women in inner-city Johannesburg, South Africa. *BMC Public Health*, *17*(Suppl 3), 65–75. https://doi.org/10.1186/s12889-017-4350-4

Bertozzi, S., Padian, N. S., Wegbreit, J., DeMaria, L. M., Feldman, B., Gayle, H., … Isbell, M. T. (2006). HIV/AIDS Prevention and Treatment. In D. T. Jamison, J. G. Breman, A. R. Measham, G. Alleyne, M. Claeson, D. B. Evans, … P. Musgrove (Eds.), *Disease Control Priorities in Developing Countries* (2nd ed.). Washington (DC): World Bank. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK11782/

Bingenheimer, J. B., Asante, E., & Ahiadeke, C.(2015). Peer influences on sexual activity among adolescents in Ghana. *Studies in family planning*, *46*(1), 1-19.

Blum, R. W., Astone, N. M., Decker, M. R., & Mouli, C. (2014). A conceptual framework for early adolescence: a platform for research. *International Journal of Adolescent Medicine and Health*, *26*(3), 321–331. https://doi.org/10.1515/ijamh-2013-0327

Bourdeau, B., Miller, B. A., Duke, M. R., & Ames, G. M. (2011). Parental Strategies for Knowledge of Adolescents' Friends: Distinct from Monitoring? *Journal of Child and Family Studies*, *20*(6), 814–821. https://doi.org/10.1007/s10826-011-9449-0

Brechwald, W. A., & Prinstein, M. J. (2011).Beyond homophily: A decade of advances inunderstanding peer influence processes. *Journal of Research on Adolescence*, *21*(1), 166-179.

Breuner, C. C., Mattson, G., Adolescence, C. O., & Health, C. on P. A. of C. and F. (2016). Sexuality Education for Children and Adolescents. *Pediatrics*, *138*(2), e20161348. https://doi.org/10.1542/peds.2016-1348

Broadhurst, K., & Mason, C. (2017). Birth Parents and the Collateral Consequences of Court-ordered Child Removal: Towards a Comprehensive Framework. *International Journal of Law, Policy and the Family*, *31*(1), 41–59. https://doi.org/10.1093/lawfam/ebw013

CAMPBELL, A. N. C., TROSS, S., & CALSYN, D. A. (2013). Substance Use Disorders and HIV/AIDS Prevention and Treatment Intervention: Research and Practice Considerations. *Social Work in Public Health*, *28*(0), 333–348. https://doi.org/10.1080/19371918.2013.774665

Chersich, M. F., Bosire, W., King'ola, N., Temmerman, M., & Luchters, S. (2014). Effects of hazardous and harmful alcohol use on HIV incidence and sexual behaviour: a cohort study of Kenyan female sex workers. *Globalization and Health*, *10*(1), 22. https://doi.org/10.1186/1744-8603-10-22

Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic Status, Family Processes, and Individual Development. *Journal of Marriage and the Family*, *72*(3), 685–704. https://doi.org/10.1111/j.1741-3737.2010.00725.x

Dessie, Y., Berhane, Y., & Worku, A. (2014). High parental monitoring prevents adolescents from engaging in risky sexual practices in Harar, Ethiopia. *Global Health Action*, *7*. https://doi.org/10.3402/gha.v7.25724

Dittus, P. J., Michael, S. L., Becasen, J. S., Gloppen, K. M., McCarthy, K., & Guilamo-Ramos, V. (2015). Parental Monitoring and Its Associations With Adolescent Sexual Risk Behavior: A Meta-analysis. *Pediatrics*, *136*(6), e1587–e1599. https://doi.org/10.1542/peds.2015-0305

Economic survey 2015 - Kenya National Bureau of Statistics. (n.d.). Retrieved August 21, 2018, from https://www.knbs.or.ke/download/economic-survey-2015/

Fentahun, N., Assefa, T., Alemseged, F., & Ambaw, F. (2012). Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education. *Ethiopian Journal of Health Sciences*, *22*(2), 99–106.

Ferrey, A. E., Hughes, N. D., Simkin, S., Locock, L., Stewart, A., Kapur, N., … Hawton, K. (2016). Changes in parenting strategies after a young person's self-harm: a qualitative study. *Child and Adolescent Psychiatry and Mental Health*, *10*. https://doi.org/10.1186/s13034-016-0110-y

Flores, D. V., Torres, L. R., Torres-Vigil, I., Bordnick, P. S., Ren, Y., Torres, M. I. M., … Lopez, T. (2014). From "Kickeando las malias" (Kicking the Withdrawals) to "Staying clean": The Impact of Cultural Values on Cessation of Injection Drug Use in Aging Mexican-American Men. *Substance Use & Misuse*, *49*(8), 941–954. https://doi.org/10.3109/10826084.2013.776084

Flores, D., & Barroso, J. (2017). 21st Century Parent-Child Sex Communication in the U.S.: A Process Review. *Journal of Sex Research*, *54*(4–5), 532–548. https://doi.org/10.1080/00224499.2016.1267693 Global AIDS Update 2016. (n.d.), 16.

Herman, L., Ovuga, E., Mshilla, M., Ojara, S., Kimbugwe, G., Adrawa, A. P., & Mahuro, N. (2013). Knowledge, Perceptions and Acceptability to Strengthening Adolescents' Sexual and Reproductive Health Education amongst Secondary Schools in Gulu District. *World Academy of Science, Engineering and Technology*, *7*(7), 1787–1802. http://nacc.or.ke/2015/

Hughes, J., & Kwok, O. (2007). Influence of Student–Teacher and Parent–Teacher Relationships on Lower Achieving Readers' Engagement and Achievement in the Primary Grades. *Journal of Educational Psychology*, *99*(1), 39–51. https://doi.org/10.1037/0022-0663.99.1.39

Hutchison, E. D. (2010). *Dimensions of Human Behavior: The Changing Life Course* (Fourth Edition edition). Los Angeles: SAGE Publications, Inc.

Influence of New Media on Adolescent Sexual Health: Evidence and Opportunities. (2015, November 23). Retrieved August 21, 2018, from https://aspe.hhs.gov/basic-report/influence-new-media-adolescent-sexual-health-evidence-and-opportunities

Introduction to Albert Bandura's Social Learning Theory - Deconstructed Research Report: Vicarious Reinforcement and Imitative Learning - CloudDeakin. (n.d.). Retrieved August 21, 2018, from https://d2l.deakin.edu.au/d2l/eP/presentations/presentation_preview_popup.d2l?presId=96946

Juma, M., Askew, I., Alaii, J., Bartholomew, L. K., & van den Borne, B. (2014). Cultural practices and sexual risk behaviour among adolescent orphans and non-orphans: a qualitative study on perceptions from a community in western Kenya. *BMC Public Health*, *14*(1), 84. https://doi.org/10.1186/1471-2458-14-84

Kar, S. K., Choudhury, A., & Singh, A. P. (2015). Understanding normal development of adolescent sexuality: A bumpy ride. *Journal of Human Reproductive Sciences*, *8*(2), 70–74. https://doi.org/10.4103/0974-1208.158594

Katz, I. T., Ybarra, M. L., Wyatt, M. A., Kiwanuka, J. P., Bangsberg, D. R., & Ware, N. C. (2013). Socio-cultural and Economic Antecedents of Adolescent Sexual Decision-Making and HIV-Risk in Rural Uganda. *AIDS Care*, *25*(2), 258–264. https://doi.org/10.1080/09540121.2012.701718

Kenya AIDS strategic framework 2014/2015-2018/2019 | UNESCO HIV and Health Education Clearinghouse. (n.d.). Retrieved August 21, 2018, from https://hivhealthclearinghouse.unesco.org/library/documents/kenya-aids-strategic-framework-20142015-20182019

Kenya Demographic and Health Survey (KDHS) 2014. Retrieved August 21, 2018, from https://www.knbs.or.ke/2014-kenya-demographic-and-health-survey-kdhs/

Kenya National HIV Estimates projections for 2008-2015. (2016, March 23). Retrieved August 21, 2018, from http://nacc.or.ke/kenya-national-hiv-estimates-projections-for-2008-2015/

Kenya National HIV Estimates projections for 2008-2015.National Aids Control Council (2016). Retrieved August 21, 2018, from http://nacc.or.ke/kenya-national-hiv-estimates-projections-for-2008-2015/

Khamisa, N., & Mokgobi, M. (2018). Risky sexual behaviour and human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) among healthcare workers. *Southern African Journal of HIV Medicine*, *19*(1). https://doi.org/10.4102/sajhivmed.v19i1.744

Kharsany, A. B. M., & Karim, Q. A. (2016). HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities. *The Open AIDS Journal*, *10*, 34–48. https://doi.org/10.2174/1874613601610010034

Kincaid, C., Jones, D. J., Sterrett, E., & McKee, L. (2012). A review of parenting and adolescent sexual behavior: The moderating role of gender. *Clinical Psychology Review*, *32*(3), 177–188. https://doi.org/10.1016/j.cpr.2012.01.002

Kirby, D. (2007). Emerging answers 2007.Research findings on programs to reduce teen

Klein, V. C., Rocha, L. C., Martinez, F. E., Putnam, S. P., & Linhares, M. B. M. (2013). Temperament and Behavior Problems in Toddlers Born Preterm and Very Low Birth Weight. *The Spanish Journal of Psychology*, *16*. https://doi.org/10.1017/sjp.2013.30

Lewis, D., Hutton, H. E., Agee, T. A., McCaul, M. E., & Chander, G. (2015). Alcohol use and unintended sexual consequences among women attending an urban STI clinic. *Women's Health Issues : Official Publication of the Jacobs Institute of Women's Health*, *25*(5), 450–457. https://doi.org/10.1016/j.whi.2015.04.009

Longmore, M. A., Manning, W. D., Copp, J. E., & Giordano, P. C. (2016). A Prospective Study of Adolescents' Sexual Partnerships on Emerging Adults' Relationship Satisfaction and Intimate Partner Aggression. *Emerging Adulthood (Print)*, *4*(6), 403–416. https://doi.org/10.1177/2167696816631098

Mabille, P. A. N. (2009). *The effect of alcohol abuse on high-risk sexual behaviour among students in Mafikeng* (Thesis). Stellenbosch : University of Stellenbosch. Retrieved from http://scholar.sun.ac.za/handle/10019.1/3322

Mabille, P. A. N. (2009). *The effect of alcohol abuse on high-risk sexual behaviour among students in Mafikeng* (Thesis). Stellenbosch : University of Stellenbosch. Retrieved from http://scholar.sun.ac.za/handle/10019.1/3322

Manning, W. D., Cohen, J. A., & Smock, P. J. (2011). The Role of Romantic Partners, Family and Peer Networks in Dating Couples' Views about Cohabitation. *Journal of Adolescent Research*, *26*(1), 115–149. https://doi.org/10.1177/0743558410376833

Marteleto, L., Lam, D., & Ranchhod, V. (2008). Sexual Behavior, Pregnancy, and Schooling among Young People in Urban South Africa. *Studies in Family Planning*, *39*(4), 351–368.

Mberu, B. U., Haregu, T. N., Kyobutungi, C., & Ezeh, A. C. (2016). Health and health-related indicators in slum, rural, and urban communities: a comparative analysis. *Global Health Action*, *9*. https://doi.org/10.3402/gha.v9.33163

Mirzaei, M., Ahmadi, K., Saadat, S., & Arash Ramezani, M. (2016). Instruments of High Risk Sexual Behavior Assessment: a Systematic Review. *Materia Socio Medica*, *28*, 46. https://doi.org/10.5455/msm.2016.28.46-50

Mmari, K., Kalamar, A. M., Brahmbhatt, H., & Venables, E. (2016). The Influence of the Family on Adolescent Sexual Experience: A Comparison between Baltimore and Johannesburg. *PLOS ONE*, *11*(11), e0166032. https://doi.org/10.1371/journal.pone.0166032

Mmbaga, E. J., Leonard, F., & Leyna, G. H.(2012). Incidence and predictors of adolescent‟searly sexual debut after three decades of HIV interventions in Tanzania: a time to debut analysis. *PLoS One*, *7*(7), e41700.

Morton, J. M. (2010). Toward an ecological theoryof the norms of practical deliberation. *European Journal of Philosophy*, *19*(4), 561-584.

Moses Ngware | PhD | African Population and Health Research Center, Nairobi | APHRC | Education and Youth Empowerment Unit. (n.d.). Retrieved August 21, 2018, from https://www.researchgate.net/profile/Moses_Ngware

Moye, J., Marson, D. C., & Edelstein, B. (2013). Assessment of Capacity in an Aging Society. *The American Psychologist*, *68*(3), 158–171. https://doi.org/10.1037/a0032159

Muirhead, F. (2015). *Changes in experiences and engagement of adolescent girls in Physical Education classes, during a school-based physical activity programme: a qualitative longitudinal study*. https://doi.org/10.13140/RG.2.1.2038.0329

NASCOP. (n.d.). Retrieved August 21, 2018, from http://www.nascop.or.ke/

National Academies of Sciences, E., Education, D. of B. and S. S. and, Board on Children, Y., Children, C. on S. the P. of Y., Breiner, H., Ford, M., & Gadsden, V. L. (2016). *Parenting Knowledge, Attitudes, and Practices*. National Academies Press (US). Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK402020/

Noroozi, M., Taleghani, F., Merghati-khoei, E. S., Tavakoli, M., & Gholami, A. (2014). Premarital sexual relationships: Explanation of the actions and functions of family. *Iranian Journal of Nursing and Midwifery Research*, *19*(4), 424–431.

O'Connell, R., Chishinga, N., Kinyanda, E., Patel, V., Ayles, H., Weiss, H. A., & Seedat, S. (2013). Prevalence and Correlates of Alcohol Dependence Disorder among TB and HIV Infected Patients in Zambia. *PLoS ONE*, *8*(9). https://doi.org/10.1371/journal.pone.0074406

Ochako, R., Mbondo, M., Aloo, S., Kaimenyi, S., Thompson, R., Temmerman, M., & Kays, M. (2015). Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. *BMC Public Health*, *15*. https://doi.org/10.1186/s12889-015-1483-1

Öhman, A., Eriksson, M., & Goicolea, I. (2015). Special Issue: Gender and Health. *Global Health Action*, *8*. https://doi.org/10.3402/gha.v8.27362

Okigbo, C. C., Kabiru, C. W., Mumah, J. N., Mojola, S. A., & Beguy, D. (2015). Influence of parental factors on adolescents‟ transition to first sexual intercourse in Nairobi, Kenya: alongitudinal study. *Reproductive health*, *12*(1), 73.

Okigbo, C. C., Kabiru, C. W., Mumah, J. N., Mojola, S. A., & Beguy, D. (2015). Influence of parental factors on adolescents‟ transition to first sexual intercourse in Nairobi, Kenya: alongitudinal study. *Reproductive health*, *12*(1), 73.

Paek, H.-J., Reber, B. H., & Lariscy, R. W. (2011). Roles of interpersonal and media socialization agents in adolescent self-reported health literacy: a health socialization perspective. *Health Education Research*, *26*(1), 131–149. https://doi.org/10.1093/her/cyq082

Peltzer, K., & Pengpid, S. (2015). Early Sexual Debut and Associated Factors among In-school Adolescents in Six Caribbean Countries. *The West Indian Medical Journal*, *64*(4), 351–356. https://doi.org/10.7727/wimj.2014.025

pregnancy and sexually transmitted diseases.

Purdie, M. P., Norris, J., Davis, K. C., Zawacki, T., Morrison, D. M., George, W. H., & Kiekel, P. A. (2011). The Effects of Acute Alcohol Intoxication, Partner Risk Level, and General Intention to Have Unprotected Sex on Women's Sexual Decision Making with a New Partner. *Experimental and Clinical Psychopharmacology*, *19*(5), 378–388. https://doi.org/10.1037/a0024792

Rada, C. (2014). Sexual behaviour and sexual and reproductive health education: a cross-sectional study in Romania. *Reproductive Health*, *11*(1), 48. https://doi.org/10.1186/1742-4755-11-48

Rogers, A. A., Ha, T., Stormshak, E. A., & Dishion, T. J. (2015). Quality of Parent-Adolescent Conversations about Sex and Adolescent Sexual Behavior: An Observational Study. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, *57*(2), 174–178. https://doi.org/10.1016/j.jadohealth.2015.04.010

Romer, D. (2010). Adolescent Risk Taking, Impulsivity, and Brain Development: Implications for Prevention. *Developmental Psychobiology*, *52*(3), 263–276. https://doi.org/10.1002/dev.20442

Romero-Estudillo, E., González-Jiménez, E., Mesa-Franco, M. C., & García-García, I. (2014). Gender-based differences in the high-risk sexual behaviours of young people aged 15-29 in Melilla (Spain): a cross-sectional study. *BMC Public Health*, *14*(1), 745. https://doi.org/10.1186/1471-2458-14-745

Ruglis, J., & Freudenberg, N. (2010). Toward a Healthy High Schools Movement: Strategies for Mobilizing Public Health for Educational Reform. *American Journal of Public Health*, *100*(9), 1565–1570. https://doi.org/10.2105/AJPH.2009.186619

Santhya, K. G., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle-income countries. *Global Public Health*, *10*(2), 189–221. https://doi.org/10.1080/17441692.2014.986169

Shandra, C. L., & Chowdhury, A. R. (2012). The First Sexual Experience Among Adolescent Girls With and Without Disabilities. *Journal of Youth and Adolescence*, *41*(4), 515–532. https://doi.org/10.1007/s10964-011-9668-0

Simons-Morton, B., & Farhat, T. (2010). Recent Findings on Peer Group Influences on Adolescent Substance Use. *The Journal of Primary Prevention*, *31*(4), 191–208. https://doi.org/10.1007/s10935-010-0220-x

Social Learning Theory Bandura Social Learning Theory. (n.d.). Retrieved August 21, 2018, from https://www.learning-theories.com/social-learning-theory-bandura.html

Ssewanyana, D., Mwangala, P. N., Marsh, V., Jao, I., van Baar, A., Newton, C. R., & Abubakar, A. (2018). Young people's and stakeholders' perspectives of adolescent sexual risk behavior in Kilifi County, Kenya: A qualitative study. *Journal of Health Psychology*, *23*(2), 188–205. https://doi.org/10.1177/1359105317736783

Teitelman, A. M., Ratcliffe, S. J., & Cederbaum, J. A. (2008). Parent–Adolescent Communication About Sexual Pressure, Maternal Norms About Relationship Power, and STI/HIV Protective Behaviors of Minority Urban Girls. *Journal of the American Psychiatric Nurses Association*, *14*(1), 50–60. https://doi.org/10.1177/1078390307311770

Tomé, G., de Matos, M. G., Simões, C., Camacho, I., & AlvesDiniz, J. (2012). How Can Peer Group Influence the Behavior of Adolescents: Explanatory Model. *Global Journal of Health Science*, *4*(2), 26–35. https://doi.org/10.5539/gjhs.v4n2p26

Tsui, A. O., McDonald-Mosley, R., & Burke, A. E. (2010). Family Planning and the Burden of Unintended Pregnancies. *Epidemiologic Reviews*, *32*(1), 152–174. https://doi.org/10.1093/epirev/mxq012

Udell, W., Sandfort, T., Reitz, E., Bos, H., & Dekovic, M. (2010). The Relationship Between Early Sexual Debut and Psychosocial Outcomes: A Longitudinal Study of Dutch Adolescents. *Archives of Sexual Behavior*, *39*(5), 1133–1145. https://doi.org/10.1007/s10508-009-9590-7

UNAIDS Global AIDS Update 2016 report released | ReproLinePlus. (n.d.). Retrieved August 21, 2018, from http://reprolineplus.org/news/unaids-global-aids-update-2016-report-released

UNAIDS Global AIDS Update 2016 report released | ReproLinePlus. (n.d.). Retrieved August 21, 2018, from http://reprolineplus.org/news/unaids-global-aids-update-2016-report-released

UNAIDS report (2014)shows that 19 million of the 35 million people living with HIV today do not know that they have the virus. (n.d.). Retrieved August 21, 2018, from http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/july/20140716prgapreport

UNAIDS Terminology Guidelines - 2015. (n.d.). Retrieved August 21, 2018, from http://www.unaids.org/en/resources/documents/2015/2015_terminology_guidelines

User, S. (2016, January 18). 2014 Kenya Demographic and Health Survey (KDHS). Retrieved August 21, 2018, from https://www.knbs.or.ke/2014-kenya-demographic-and-health-survey-kdhs/

Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B., & Stones, W. (2011). Parental control and monitoring of young people's sexual behaviour in rural North-Western Tanzania: Implications for sexual and reproductive health interventions. *BMC Public Health*, *11*, 106. https://doi.org/10.1186/1471-2458-11-106

Wang, B., Stanton, B., Deveaux, L., Li, X., & Lunn, S. (2015). Dynamic Relationships Between Parental Monitoring, Peer Risk Involvement and Sexual Risk Behavior Among Bahamian Mid-Adolescents. *International Perspectives on Sexual and Reproductive Health*, *41*(2), 89–98. https://doi.org/10.1363/4108915

Widman, L., Choukas-Bradley, S., Helms, S. W., & Prinstein, M. J. (2016). Adolescent Susceptibility to Peer Influence in Sexual Situations. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, *58*(3), 323–329. https://doi.org/10.1016/j.jadohealth.2015.10.253

Widman, L., Choukas-Bradley, S., Helms, S. W., & Prinstein, M. J. (2016). Adolescent Susceptibility to Peer Influence in Sexual Situations. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, *58*(3), 323–329. https://doi.org/10.1016/j.jadohealth.2015.10.253

World health statistics 2007. (2007), 12.WHO | Growth reference data for 5-19 years. (n.d.). Retrieved August 21, 2018, from http://www.who.int/growthref/en/

Yaya, I., Saka, B., Landoh, D. E., Patchali, P. M., Makawa, M.-S., Senanou, S., … Pitche, P. (2014). Sexual risk behavior among people living with HIV and AIDS on antiretroviral therapy at the regional hospital of Sokodé, Togo. *BMC Public Health*, *14*(1), 636. https://doi.org/10.1186/1471-2458-14-636

APPENDICES

Appendix I

Questionnaire (to be filled by the students)

INTRODUCTION

Dear Respondent,

My Name is Ann Njoki Muraya. I am a student at St. Paul's University undertaking a Master's degree in Development Studies. I am conducting a research study as part of the requirements of the course. This research questionnaire is an integral part of this study focuses on the factors that influence high risk sexual behaviours among high school students in Nakuru East Sub-County. I am kindly requesting that you assist me in by responding to this questionnaire. Please note that the information you give will be treated with confidentiality and anonymity.

You are requested to fill the questionnaire according to the guidelines provided. Kindly, tick against the correct answer. **Do not indicate your name.**

	QUESTIONS	RESPONSE	CODES (Tick where appropriate)
1	What is your age in years?		
2	Please indicate your gender	Male Female	1 2
3	What form are you?	Form 1 Form 2 Form 3 Form 4	1 2 3 4
4	Who do you live with?	Both parents Father Mother Guardian Others specify_____	1 2 3 4 5
5	What is your religion?	Christian Muslim Hindu Other(specify)___	1 2 3 4
6	How often do you attend church/mosque/temple?	Once a week Once a month Frequently Occasionally	1 2 3 4
7	What is your parent/guardian level of education?	Primary Secondary College university	1 2 3 4
8	Please indicate your parent/guardians occupation	Employed Un-employed Own business Other_____	1 2 3 4
9	Where did you first learn about sex education?	Parents/guardian Brother/sister Books/magazines Television programs Internet Friends	1 2 3 4 5 6 7
10	Does your parent/guardian monitor the friends you hang out with?	Yes No	1 2
11	Are your parents strict or lenient	Strict	1

		Lenient	2
12a	Does your best friend have a boyfriend/girlfriend?	Yes No	1 2
B	If YES above, how many do they say they have? _____		
13	Does your best friend use condom in their sexual relations?	Yes No	1 2
14 a.	Do you have sex education talks in your school?	Yes No	1 2
b.	If yes, who gives the talk?	Counselor Guest speaker Principal Chaplain 	1 2 3 4 5
15	Have you ever used any alcohol?	Yes No	1 2
16	Have you ever smoked?	Yes No	1 2
17	Have you used miraa?	Yes No	1 2
18	Do you have a boyfriend/girlfriend?	Yes No	1 2
19	Have you had a sexual intercourse?	Yes No	1 2
20	How many sexual partners do you have? _____		
21	In your last sexual encounter, did you and your partner use a condom?	Yes No	1 2

Appendix II

Focus Group Discussion with Students

My Name is Ann Njoki Muraya. I am a student at St. Paul's University undertaking a Master's degree in Development Studies. I am conducting a research study as part of the requirements of the course. This research questionnaire is an integral part of this study focuses on the factors that influence risk sexual behaviours among high school students in Nakuru East Sub-County. I am kindly requesting that you assist me in by responding to this questionnaire. Please note that the information you give will be treated with confidentiality and anonymity. Please also note that you are free to leave the study whenever you want and you will not be victimized for doing so.

QUESTIONS

1. What is your opinion about sexual health education?
2. Does your school offer sexual health education?
3. If yes, who gives the talks?
4. What topics are taught?
5. Are you allowed to share during these talks?
6. What do you like about the talks?
7. What do you not like about the talks?
8. Do you think the sexual health information you learn in class is helpful in changing sexual behavior?
9. Do you feel free to discuss with your parents/guardian on sexual health issues?
10. What kind of parent child communication do you think would work in shaping good behavior among the youth?
11. What is the contribution of alcohol to risky sexual behavior among the youth?
12. What is the main source of sexual information for youths?
13. How has religious institutions shaped your behavior?

Appendix III

Interview Guide for Principals

My Name is Ann Njoki Muraya. I am a student at St. Paul's University undertaking a Master's degree in Development Studies. I am conducting a research study as part of the requirements of the course. This research questionnaire is an integral part of this study focuses on the factors that influence risk sexual behaviours among high school students in Nakuru East Sub-County. I am kindly requesting that you assist me in by responding to this questionnaire. Please note that the information you give will be treated with confidentiality and anonymity. Please also note that you are free to leave the study whenever you want and you will not be victimized for doing so.

QUESTIONS

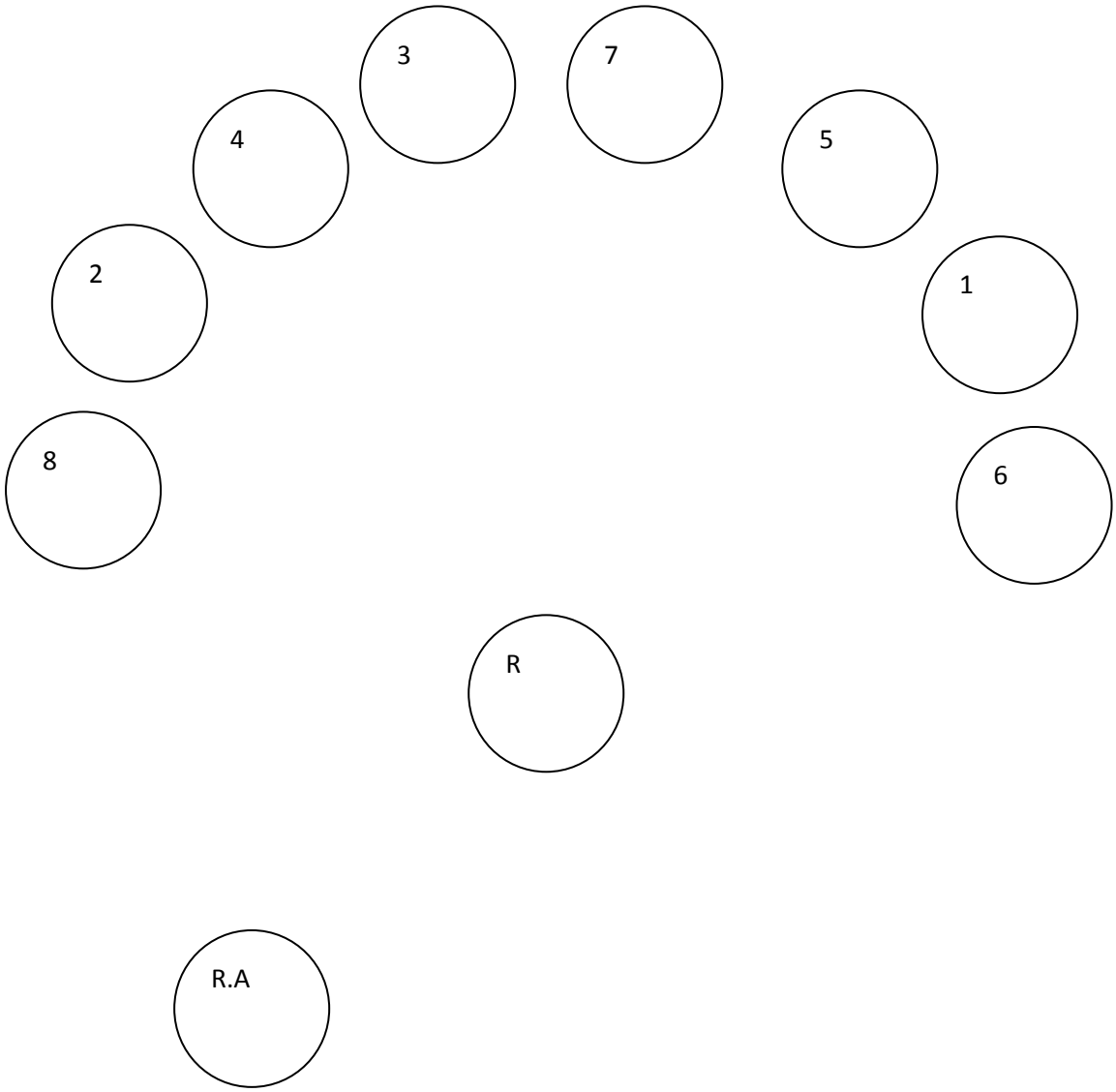
1. What kind of sexual issues affect students
2. Is there a sex education curriculum education in your school?

   (If there is none the researcher will probe to find out if the respondent considers such a curriculum important. If there is one then the researcher will proceed with the questions that follow).
3. Share on how this is taught in the school

   (The researcher will probe to find out who teaches it, when is it taught etc)
4. Do you think the curriculum on sexual education should be reviewed?
5. If yes, what areas do you think should be reviewed?

   (The researcher will let the respondents suggest)
6. Do you think parenting has contributed to irresponsible sexual behaviour among the youth?
7. In your opinion how has peer pressure affected student's change of behaviour?
8. What kind of sex education mechanisms are being used to reduce high risk sexual behaviors among the youths?

Appendix IV: Focus Group Discussion Structure



Numerals-Focus group participant numbers

R-Researcher

RA-Research assistant

Appendix V: Letter of Research Organization



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/18/54103/21693**

Date: **14th March, 2018**

Ann Njoki Muraya
St. Pauls University
P.O. Private Bag - 00217
LIMURU.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Factors influencing high risk sexual behaviours among high school students in Nakuru East Sub-County, Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **Nakuru County** for the period ending **14th March, 2019.**

You are advised to report to **the County Commissioner and the County Director of Education, Nakuru County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nakuru County.

The County Director of Education
Nakuru County.

National Commission for Science, Technology and Innovation is ISO9001:2008 Certified