

The Role Of The Family In Early Adolescent Sexuality And Reproductive Health In Kisumu Slums

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Abstract

This study addresses the issues of family communication on sexuality and reproductive health, between the family and adolescents. The need for the study arose from the fact that in spite, of information received by adolescents on sexuality and reproductive health there are still, problems/ challenges on sexuality and reproductive health. This study set out to; assess The role of the family in early adolescents sexuality and reproductive health and specifically, establish the family level of understanding of adolescence, establish the nature or problems faced by adolescents, identify the nature of challenges against effective participation of the family and to establish how families cope with sexuality and reproductive health among early adolescent During the study the adolescents revealed that they were aware of the dangers of premarital sex (100%) but the level of awareness varied, with some only aware of one or two dangers. They listed unwanted pregnancies, Sexual Transmitted Diseases, majority of the pupils (95.0%) had heard of condoms, of the 22 girls who were interviewed only 31.8% had started undergoing menstruation. The study revealed that out of 40 respondents 12 had, had sexual intercourse but only 3% indicated that it was a painful experience and therefore unlikely to withstand. 75% however found it an enjoyable experience, 91.7% of the early adolescent who had sexual encounters did not use condoms therefore engaging in irresponsible sexual behaviors. One pupil admitted to have contracted STD as a result of irresponsible sex.

The study also revealed that majority of parents (73.5%) is not aware of their children needs, only 27.5% talked about sexuality and reproductive health. The level of awareness is low and this is worsened by negative attitudes towards the topic as was suggested by 20% of the respondents. There is an indication that cultural factors promote shyness to both parents and their children to talk about matters of sexuality and reproductive health freely Moreover the majority of the parents has attained secondary education but is aged above thirty five (60%). The result of this study showed that a majority of parents are not aware of their children's need at the stage of early adolescent. This was corroborated by the pupils who contend that information is inadequate.

What is striking is that 67.5% of LX respondents are normally not satisfied with the content of information revealed to them by friends, parents and teachers There is need for dissemination of relevant knowledge and information of relevant knowledge, to not only children at adolescent stage but also their parents and teachers to ensure the cycle of triangular awareness is completed among the school teaches, house, parents and adolescent children This research aimed at addressing pertinent issues in family communication and information sharing on sexuality and reproductive health. Attempts are made to determine the role of family communication and factors that influence communication in the low-income earners of Kisumu city, Kenya.

This study was both qualitative and quantitative. Data was generated from both secondary and primary sources. Winam division of Kisumu district was purposively selected for the study. The study employed stratified sampling to select schools from each three zones within the division The study made use of individual interviews, supplemented by Focus Group Discussions (FGD's), case histories and Direct observations, that were guided by observation guide or checklist. Data collected were analyzed by using excel and statistical package of social sciences (SPSS) and farther presented using descriptive statistics. The study, on the basis of its finding recommended that:

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I. Literature Review

Related literature has been reviewed under the Following sub-heading; Adolescents' sexuality and risk taking behavior

Adolescents sexuality and sexual risk taking.

Adolescence is a critical period in development of attitude about sex and sexual behaviour. According to Epstein et al 1989, adolescents hold diverse views on health and health problems depending on their development stages, gender, and racial, social economic and educational status. The sexual behaviour of young people may expose them to the risk of sexually transmitted diseases including HIV/Aids, unwanted pregnancy, date rape and sexual violence. Problems associated with adolescent sexuality are increasing STDs and teenage pregnancy continues to be problems in developed and developing countries.

Highrisk behaviours characteristics of adolescence can result to significant morbidity and mortality. Premarital sexual contacts are a common phenomenon in many regions worldwide, of course in varied degrees. The breakdown in traditional Family systems, urbanization and rapid erosion of many customs and traditions and the opening up of the society to the outside influence, mixture of traditions and imported culture has brought interesting scenes into reproductive health. For example, sex discussion among teenagers is treated with increased openness, talk about girl boy relationship dominate discussions in the adolescents. Free limes Factors contributing to increased sexual activity. Several studies have shown that age at first intercourse is declining, suggesting that that today's studies have shown that few adolescents use contraceptives and are at risk of pregnancy (Kiragu, 1991; Me Cauler and Salter, 1996, Kiragu and Zabib 1995).

This result in such unfortunate situations as dropping out of school, poverty, early marriage and contracting sexually transmitted diseases (DHS Chart book, 1995, Kane et al. 1993, Ilinigumbo 1995) young people start childbearing early they are of physiologically mature, a study of Nyeri, Kisii, Kilifi, Mem and former south Nyanza districts 15% of the girls were married before the age of 15 years; among rural adolescent 22% start childbearing early as opposed to 17.5% their urban counterparts. Youri (1993) has shown that among adolescent that got pregnant while in school, 47% had an abortion while 53% gave birth. Rogo (1992) has documented that over 90% of adolescent pregnancy is unwanted consequently the resort to abortion. Early and unwanted pregnancy is a major cause for discontinuity of education among school going female adolescent; according to pregnancy crisis ministries, girls as young as 15 years are procuring a from both professional and back street commercial abortionists.

Young people often use crude and dangerous methods and objects to induce abortion. Unsafe abortion among the youth is associated with inaccessibility to contraceptive services and information. A 1999 a study of sexual activity among 15years old and found that over 50% were sexually active with first intercourse occurring at age 13 to 14 years of age. The study as confirmed that out of the 50%, (89%) of the sexually active, had not used any form of contraceptives. A study of UNICEF also found out that more than 40% of male students aged between 14 to 18 years had multiple sex partners and only (i. 8% at every intercourse reported having used condoms. So while sexual activity among adolescents is high, contraceptives use remains low leading to high levels of teenage pregnancy and related consequences. Studies carried out by WHO show that contraceptives knowledge together with Family Life Education (FLE) encourages safer sexual behaviours among sexually active adolescents. In a related study Turyasingura, 1989, Ageyei et al, 1990 found out that youth in Uganda as early as this time adolescents in Uganda were faced special risks.

The average age of first intercourse then is about 15 years old. Being that is the average then this might imply some youths are starting early even as early as 10-12. Out of school boys and girls were even more vulnerable, non-attendants reported first sexual intercourse at a younger age on average at about 13.6 years (Kaahariuza, 1991, TurindeKibali 1992). Another study carried out by Ilinigumugabo 1995 involving 1058 female 8 adolescents' 9% of them attempted fell ill, and 25% had to be hospitalized. The early sexual debut is a key factor in spread and transmission of HIV/AIDS. Studies conducted in Kisumu indicate that some 18% of adolescents' girls become HIV positive within one year of sexual debut and that by age 19 some 33% (about 3 out of 10) are already infected.

Age at marriage has increased over the past two decades, but still remains low in many communities. Women from Nyanza and Coast provinces marry early at around 18 years, while those in Nairobi have the highest age at marriage at about 22 years. A study of six districts (Nyeri, Kisii, Kericho, Kilifi, Mem and South Nyanza) revealed of schooling on South and the level of education, those with more years marrying at later ages than with few years of education.

Nyanza district, 15% of girls were married before the age of 15 years. These are variations based on both residences. In many Sub-Saharan countries, the percentage of adolescents getting married before the age of 18 years ranges from 75% in Mali and Niger to around 15% in Botswana, Namibia and Yaounda. In Kenya, early marriage is higher in rural areas and those areas reporting lower levels of education. Marrying at younger ages means that young people start childbearing early before they are physiologically mature. This can have serious social and health consequences.

Early marriage is a consequence of several factors key among them being early pregnancy, lack of alternative opportunities for girls and a desire for higher bride wealth for parents. There are variations however based on residence, level of education and socioeconomic status. The youth site curiosity, peer influence, pleasure, expectations of gifts and money and forced sexual intercourse as reasons for indulging in sex. This

group of young people must be provided with accurate and timely information and skills that will enable them postpone their initiation of sexual activity.

II. Site Description, Location And Size

Kisumu District is in Nyanza province and borders Nyando District to the East, Nandi District to the northeast, Vihiga District to the north and Siaya District to the northwest, Bondo District to the West and Kachuonyo District to the South. It lies within longitude 33 20' E and 35' 20E and latitude 0 20'S and 0.5S. The district covers a total of 918.5km² and has four administrative divisions namely Winam, Maseno, Kombei and Kadibo. Areas and population of The District by Division

Division	Area in Km	Population	Population
Winam	395.0	350365	887.0
Maseno	168.7	69969	441.0
Kombei	192.1	63969	332.9
Kadibo	162.7	51901	318.9
Total	91.5	5355771	

Source: District commissioner's office, Kisumu 2001 The district has three parliamentary constituencies viz: Kisumu Town East, Kisumu town west and Kisumu rural. Kisumu Town East covers Kadibo and part of Winam and a small part of Maseno Division and Kisumu Rural constituency covers Kombei and part of Maseno Division. Winam division, which is the focus of the study, is the largest division in terms of area 395km² and has the highest density. It is the division, which holds the provincial and District headquarters Kisumu City, the largest in Western Kenya is found in this division. The main attraction to the town is the availability of jobs and business opportunities.

21 colleges and training institutions There are pockets of poverty in Kisumu city particularly in the slum settlements such as Obunga, Bandani, Nyalenda, Nyawita and Manyatta. This has extended pressure on social amenities such as housing, water and sewerage systems. The town has a ready market for most products thereby promoting the growth and development of agricultural, industrial and the service sectors. However, slum dwellers, street children and orphans and the unemployed youth are a threat to the security. The actual study area refers to the slums settlements including low income residential areas, schools and population. These are > Rweya > Otonglo > Kanyamedha. Kisumu district envisages glaring short term and medium term challenges outstanding among them are Revival or closed factories for cotton, sugar and the molasses plant which stalled, fish processing factories, water and sewerage systems in the city and the growing unemployment and HIV/AIDS pandemic.

All the four divisions of Kisumu are seriously plagued by HIV/AIDS menace; prevalence in the district stands at 38% up from 30% in 1999 and is among the highest in the country. This has impacted negatively on the district population since it has affected the most productive age bracket leading to death of persons in their prime age. A considerable percentage of the population in Kisumu is youthful, about 42% of the population is below 15 years, while 73% is below 30 years. Those aged 60 and above account for only 3.4% of the population. 53% of the people who live in Kisumu district live below poverty levels. Poverty in the district is attributed to environmental economic, HIV/AIDS menace and social cultural factors. An agricultural activity, which is the mainstay of about 90% of the population, has been affected by inadequate and unreliable rainfall patterns. This study will be carried out in a sample of schools in the 4 education Divisions /ones, namely Urban Southern, Eastern and the Western Division.

III. Data Presentation And Analysis

Introduction

A qualitative study attempts to understand behavior and institution by getting to know the persons included and their values, rituals, symbols, beliefs, and emotions (Nachmias and Nachmias, 1996). By using qualitative method, researchers are able to collect data and explain phenomena more deeply and exhaustively. In qualitative research data is in the form of text, materials, photographs which describe events and occurrences. Data collection and analysis in qualitative research go hand in hand and are done simultaneously (Mugenda and Mugenda, 1999). In this study, data gathered from in depth interviews with educational officials, observation and informal discussion is presented.

This chapter therefore, presents data obtained from 10\$ respondents who were either interviewed face to face or engaged in Focus Group Discussions. The collected data are summarized, organized, presented, analyzed and interpreted using descriptive and inferential statistics such as percentages, frequency distribution measures of central tendency used in this study is mean.

Data collection and analysis is guided by the objectives of the study. The first objective being to establish the family level of understanding of sexuality and reproductive health among early adolescence. The

second objective is to establish the nature of problems of sexuality and reproductive health as experienced by early adolescence at the family level. The third to identify the challenges against effective participation of the family in sexuality and reproductive health among early adolescence

This chapter presents an analysis of the data and the findings under the following subheadings:

Early adolescence and their Families level of understanding of sexuality and reproductive health among early adolescents

Problems of adolescent sexuality and reproductive health at family level

Challenges hindering effective participation of the family in sexuality and reproductive health

How families cope with sexuality and reproductive health problems/ challenges

Background information of respondents

This section looks at the distribution of respondents in terms of schools and zones.

The main respondents were 40 primary school pupils of ages between 10 and 15 years. These ages were meant to capture the early adolescence period including the early and late mature. They were drawn from three schools in Kisumu municipality namely Kanyamedha, Buoye and St. Vitaliis Nanga. St Vitaliis Nanga primary school is within a moderate socio-economic environment while Kanyamedha and Buoye are from low and very low socio-economic environments respectively. These schools were from separate zones Otonglo, Southern and Rweya. These zones have differences in poverty levels and urbanization levels. Focus Group Discussions were conducted by separating the sexes in each of the schools to encourage openness and openness. The researcher also interviewed the main respondents' parents and 20 teachers drawn from the three schools filled in the Questionnaires. The key informants interviewed included the chiefs from the three locations under which the schools fall, the divisional officer (D O) and the district officer. Other key informants included a committee member from each of the schools.

Distribution of respondents in terms of schools and zones of study

SCHOOL	ZONE	PUPILS	PARENTS	TEACHERS
Kanyamedha	Otonglo	17(42.5%)	17(42.5%)	6(30.0%)
Nanga	Southern	11(27.5%)	11(27.5%)	7(35.0%)
Buoye	Rweya	12(30.0%)	12(30.0%)	7(35.0%)
Total		40(100.0%)	40(100.0%)	20(100.0%)

The respondents were categorized according to gender as shown in table below. However, there is no statistically significant difference between the sexes. Averagely the females tend to be more than the males; presenting a national outlook whereby the females tends to be more than males.

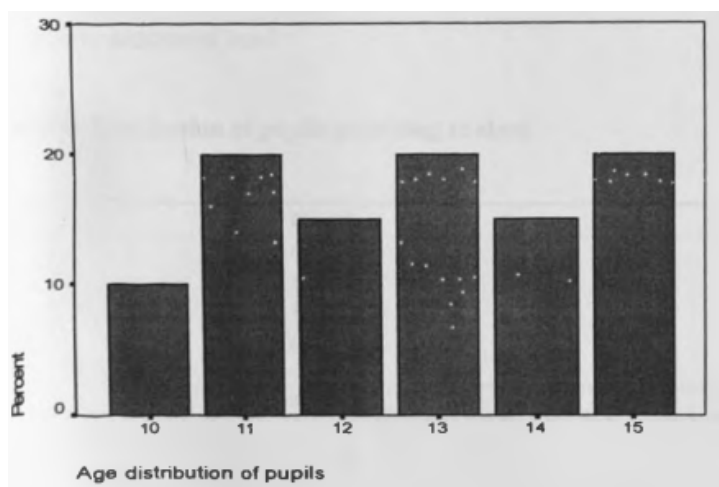
Distribution of the respondents according to their sex

Respondents	Male	Female	Total
Students	18(44.4%)	22(55.6%)	40(100.0%)
Parents	15(37.5%)	25(62.5%)	40(100.0%)
Teachers	9(45.0%)	11(62.5%)	20(100.0%)

Distribution of the pupils sampled in terms of their age

The ages of pupils interviewed ranged from 10 to 15 years. These were distributed as shown in figure 1 below. The majority were 11,13 and 15 years old with 20% each. 12 and 14 years old were 15 % each and the 10 year olds formed 10% of the pupils interviewed. These ages are in line with the rationale of the study which focuses on early adolescents' sexuality and reproductive health.

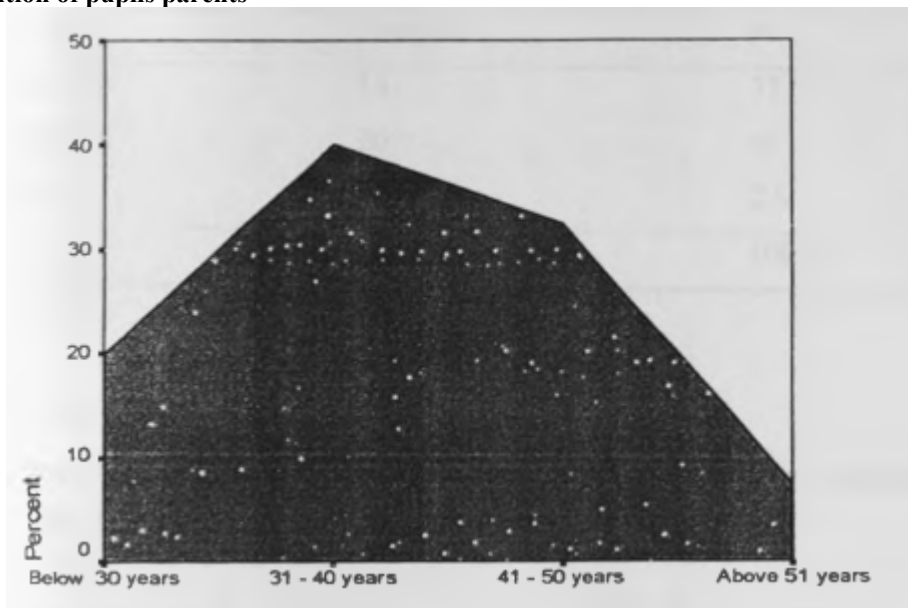
Age of the respondents



Age of the pupils parents

The survey showed a fairly young parental population Only 7.5% of the parents interviewed were above 51 years old and 32.5% between 41 and 50 years. Majority of the parents were aged between 31 and 40 years; 20% were aged below 30 years.

Age distribution of pupils parents



Distribution of pupils according to class

The interviewed students were from classes' four to eight. This is mainly to capture the ages of early adolescent hood.

Distribution of pupils according to class

Class	Number	%
Four	6	15
Five	12	30
Six	12	30
Seven	6	15
Eight	4	10
Total	40	100

Religious distribution of respondents

The researcher sought to find out the religious affiliations of the pupils The study revealed that all the respondents are religious with 97.5% of the population being Christians

Distribution of the respondents according to their faith

Religious	Number	%
Catholic	13	32.5
Protestant	26	65.0
Muslim	1	2.5
Total	40	100.0

Type of family

The pupils revealed that a majority of them (87.5%) come from monogamous families with only 12.5% are from polygamous families.

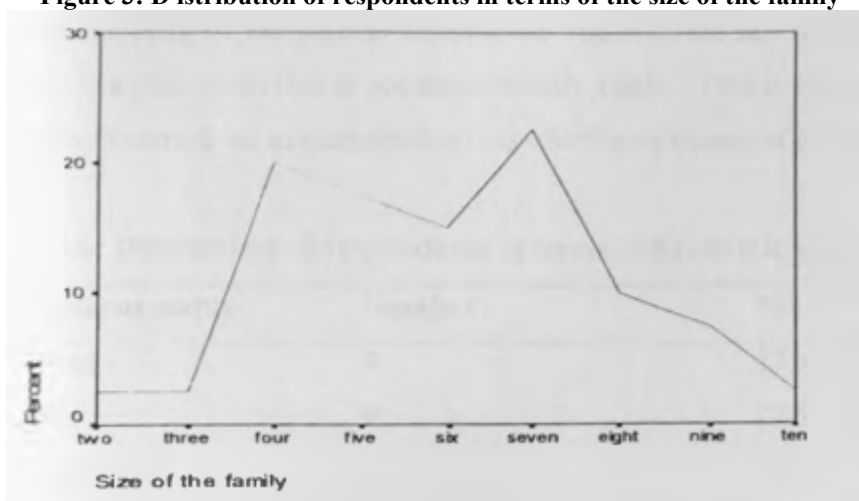
Distribution of respondents according to the type of family

Type of family	Number	%
Monogamous	35	87.5
Polygamous	5	12.5
Total	40	100.0

Size of the family

The sizes of the families ranged from two to ten people. Majority of the families are large (75%) have more than four members.

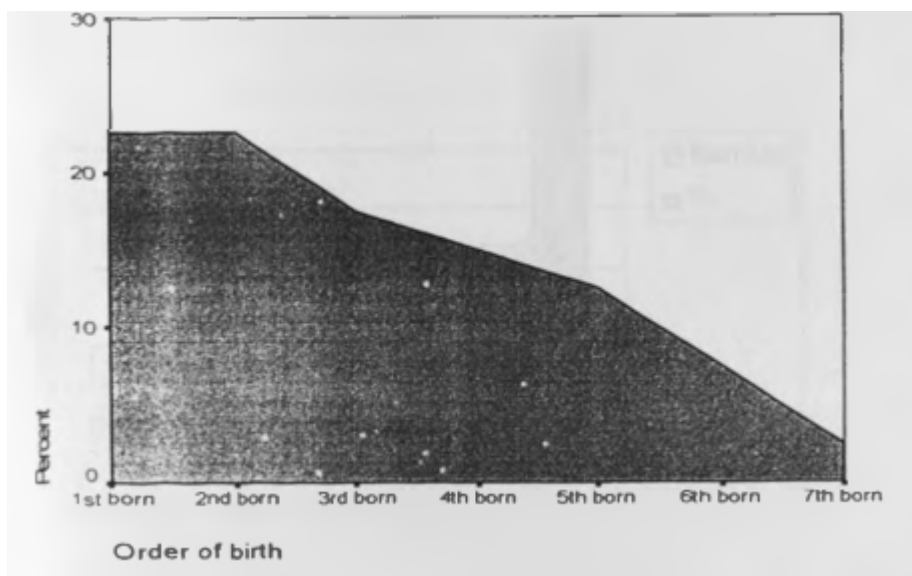
Figure 3: Distribution of respondents in terms of the size of the family



Position of birth

Majority of the pupils interviewed are either first or second bom (50%). There is a general decline from 22.5% (first bom), 22.5% (second bom), 17.5% (third bom), 15.0% (fourth bom), 12.5% (fifth bom), 7.5% (sixth bom) to 2.5% (seventh bom).

Distribution of respondents according to birth



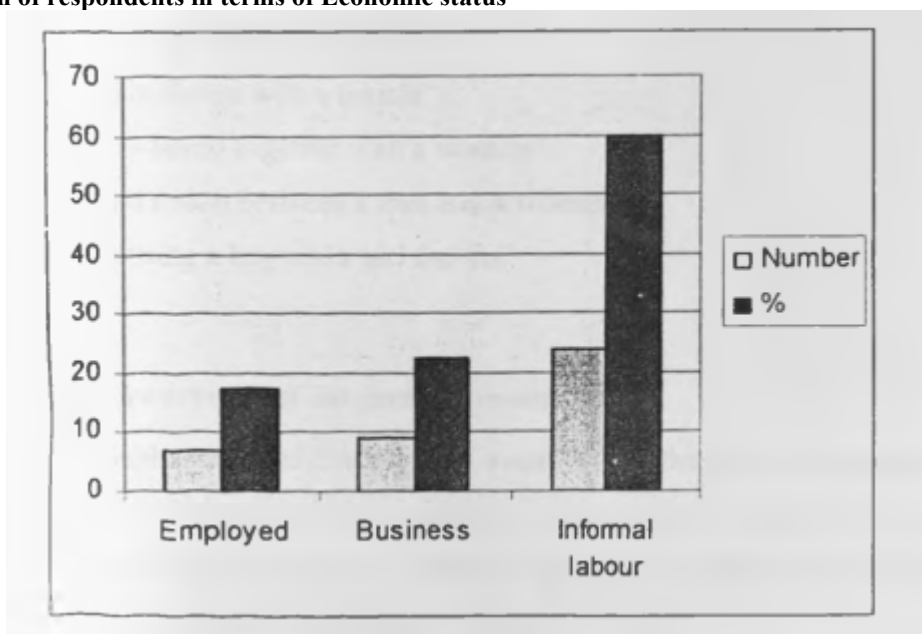
Economic status

A clear majority of the parents interviewed (82.5%) are not formally employed. This represents a population that is not economically stable. This is explained by the fact that the study is carried out in slum settlements which are pockets of poverty.

Distribution of respondents in terms of Economic status

Employment status	Number	%
Employed	7	17.5
Business	9	22.5
Informal labour	24	60.0
Total	40	100.0

Distribution of respondents in terms of Economic status



To establish early adolescences and their families level of understanding

This section looks at the level of understanding of adolescences and their families in sexuality and reproductive health.

Knowledge, Attitude and practice

This sub-section looks at the knowledge level of the early adolescents about sexuality; their attitude and practice on the topic.

Understanding of the term sexual intercourse

Although the pupil respondents could not define exactly the meaning of sexual intercourse; they seemed to understand its meaning. Only three of out of the 40 students (7.5%) interviewed were not aware of its meaning.

Asked what they understood by the term sexual intercourse; they gave the following responses:

- “Bad things”
- “A boy sleeping with a girl”
- “Doing bad things”
- “Having sex with opposite sex”
- “A male sleeps with a female”
- “A man being together with a woman”
- “Sexual union between a man and a woman”
- “Something a boy and a girl can do”

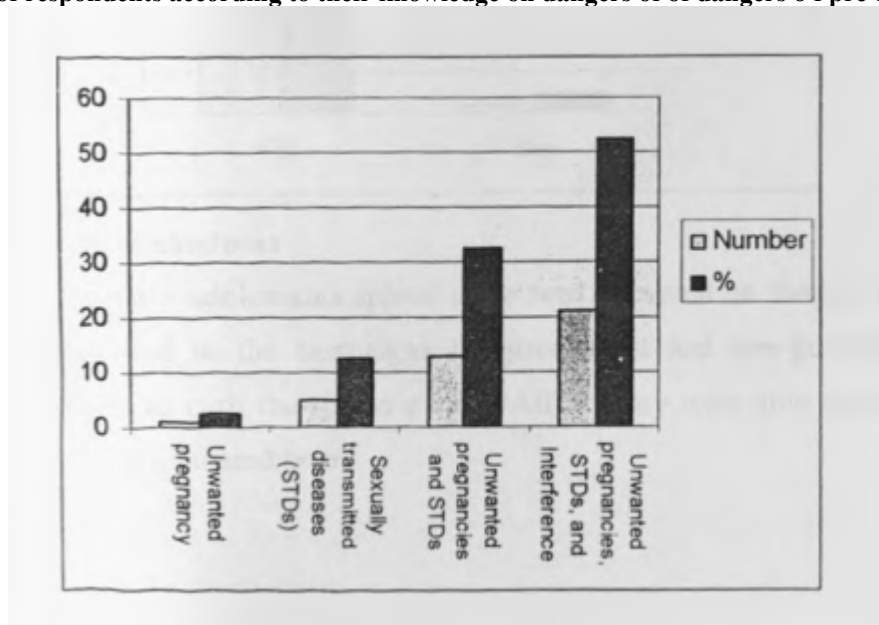
Awareness of dangers of pre-marital sex

The pupils revealed that they are aware of the dangers of pre-marital sex. However, the level of awareness varies, with some only aware of one or two dangers. They listed unwanted pregnancy and sexually transmitted diseases as the major dangers of premarital sex as shown in table 4.7 below:

Distribution of respondents according to their knowledge on dangers of dangers of pre-marital sex

Dangers of pre marital sex	Number	%
unwanted pregnancy	1	2.5
Sexually transmitted diseases (STDs)	5	12.5
Unwanted pregnancies and STDs	13	32.5
Unwanted pregnancies, STDs, and Interference with Education	21	52.5
Total	40	100

Distribution of respondents according to their knowledge on dangers of of dangers of pre-marital sex

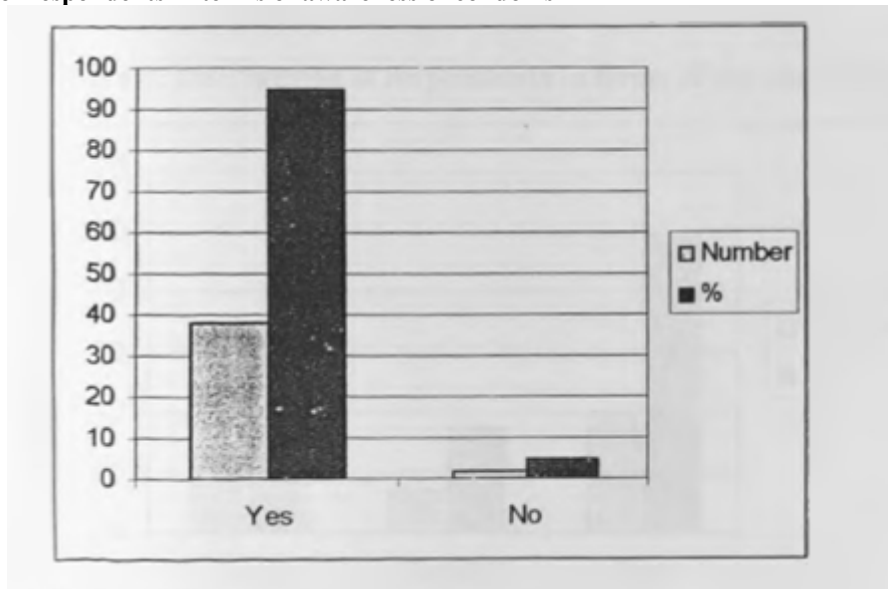


Awareness of Condoms

Majority of the pupils (95.0%) have heard of condoms. They are also aware that they are used for family planning and prevention of STDs. They further revealed that condoms can be obtained from hospitals, shops, chemists and VCT centres. Asked who should use a condom, they were in agreement that they are used by

males in particular fathers and old men. One pupil said that they are used for sex outside marriage Another pupil said that condoms should be used by those over 15 years old. Some female students were categorical that they should be used by boys.

Distribution of respondents in terms of awareness of condoms



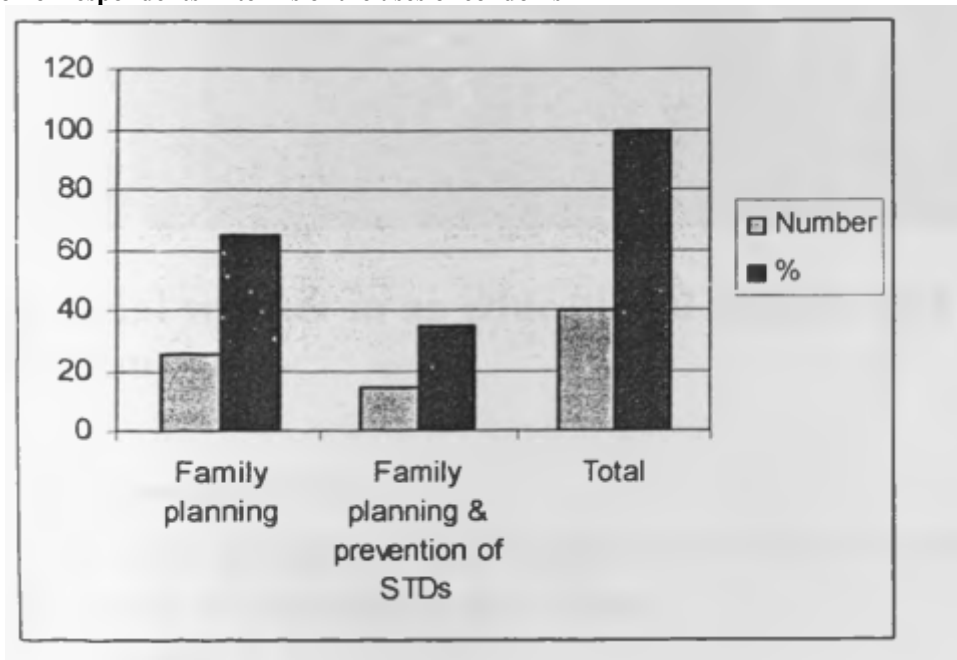
Uses of condoms

The early adolescents appear to be well informed on the use of condom. This may be attributed to the campaigns by government and non-governmental organizations on efforts to curb the spread of HIV/AIDS. They were able to indicate why condoms are used as tabulated below

Distribution of respondents in terms of the uses of condoms

Use of condoms	Number	%
Family planning	26	65
Family planning & prevention of STD's	14	35
Total		100

Distribution of respondents in terms of the uses of condoms



Call for free access to the pill



A social worker in an educational session with the youth in Kisumu

Awareness of AIDS

In order to find out whether the pupils are aware of HIV/AIDS the researcher asked them what AIDS is. The following were their responses:

- “A bad disease”
- “A disease that weakens the immunity system”
- “A killer disease”
- “Acquired immune deficiency syndrome”
- “A disease caused by HIV”
- “A disease that makes people thin”
- “An incurable disease”
- “A sexually transmitted disease”

The respondents were further asked how they thought people get AIDS. Their responses were summarized as follows: Blood transfusion. Sharing sharp objects. Unprotected sex with infected persons, Circumcision, Deep kissing and Sharing toothbrushes

In addition the respondents recommended the following methods to avoid HIV/AIDS: Abstinence, Avoid sharing sharp objects, Being faithful to one partner, Blood screening before transfusion, Educating the masses on HIV/AIDS, Advocate for use of condom, HIV testing before engaging in sexual intercourse, Sterilization of blades.

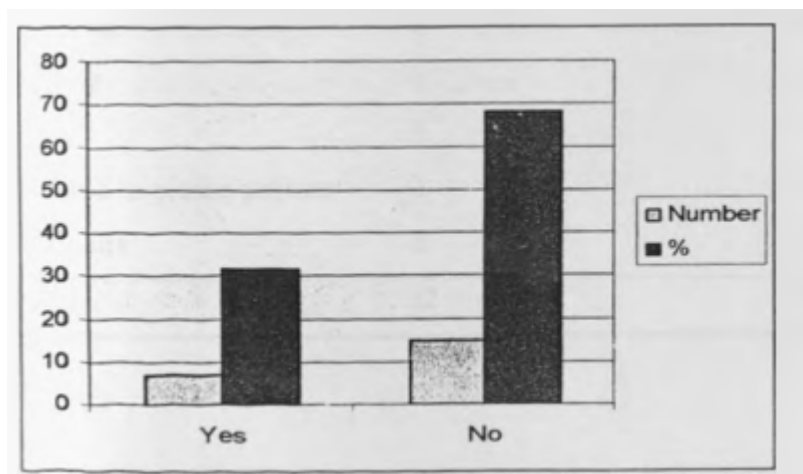
Sex Experience and Practice

This sub-section seeks to find out the actual sexual experiences of the early adolescents.

Menstruation

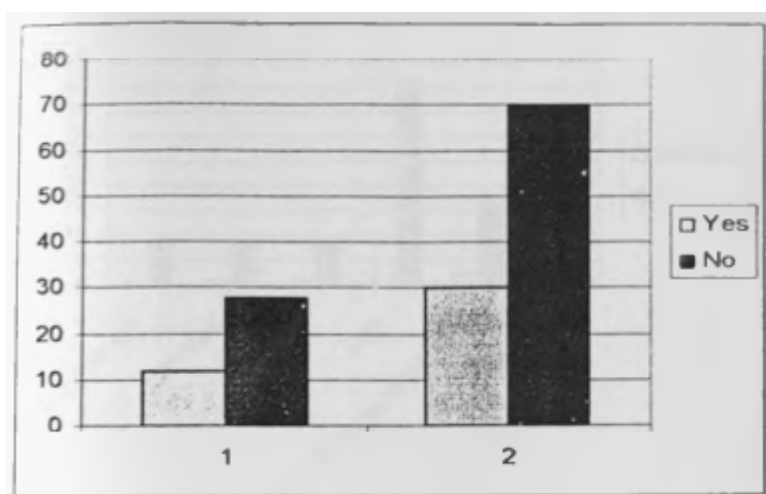
Girls who were interviewed, only 3.8% had started undergoing menstruation. 68.2% had not started menstruating. When they asked what is the cause of menstruation the girls had completely no idea.

Distribution of respondents according to their experience in menstruation.



Sexual intercourse

The pupils interviewed only 30% admitted to have had sexual intercourse. 70% had not had **Distribution of respondents according to their sexual experience**



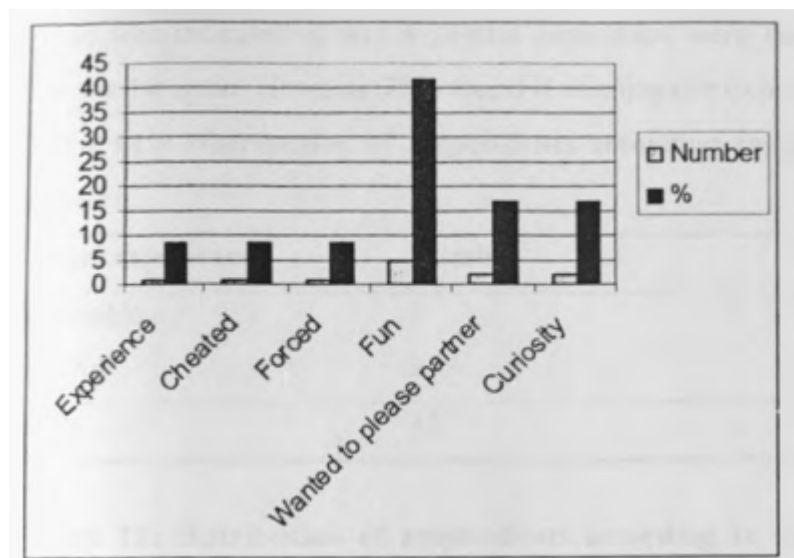
Reasons for engaging in sexual intercourse

Those who admitted to have had sex gave the following reasons for their pre-marital sex encounter

Distribution of respondents in terms of reasons of engaging into sex

Reason	Number	%
Experience	1	8.3
Cheated	1	8.3
Forced	1	8.3
Fun	5	41.7
Wanted to please partner	2	16.7
Curiosity	2	16.7
Total	12	100.0

Distribution of respondents in terms of reasons of engaging into sex



Sexual partners

The researcher sought to find out the ages of the respective sexual partners to the interviewed pupils. The study reveals that majority have had sex with their peers as shown in table 4.10

Respondents report about the ages of their sexual partners Age of sexual partners

Age of sexual partners	Number	%
7	1	8.3
11	2	16.7
13	4	33.3
14	2	16.7
17	1	8.3
20	1	8.3
30	1	8.3
Total	12	100.0

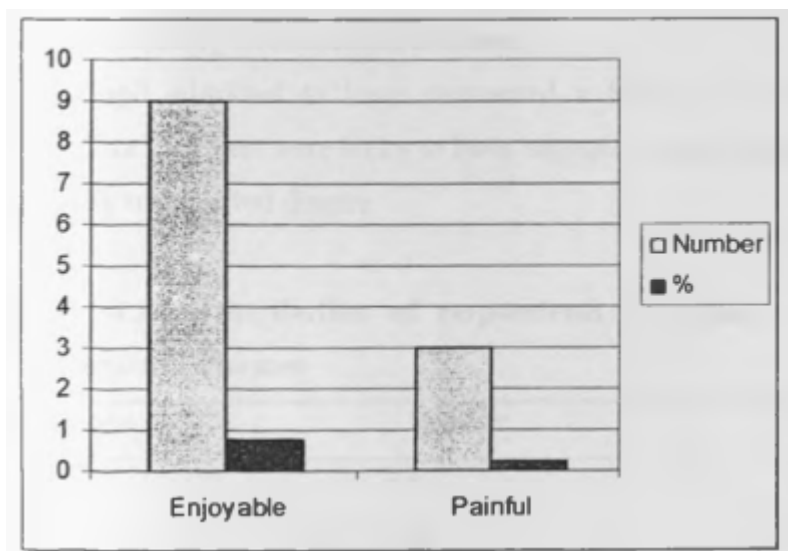
Sexual experience

Those who indicated it was a painful experience were only 3% therefore unlikely to withstand it again. However 75% found it an enjoyable experience.

Distribution of respondents according to their sexual experience and practice

Sexual experience	Number	%
Enjoyable	9	75%
Painful	3	25%
Total	12	100.0

Distribution of respondents according to their sexual experience and practice



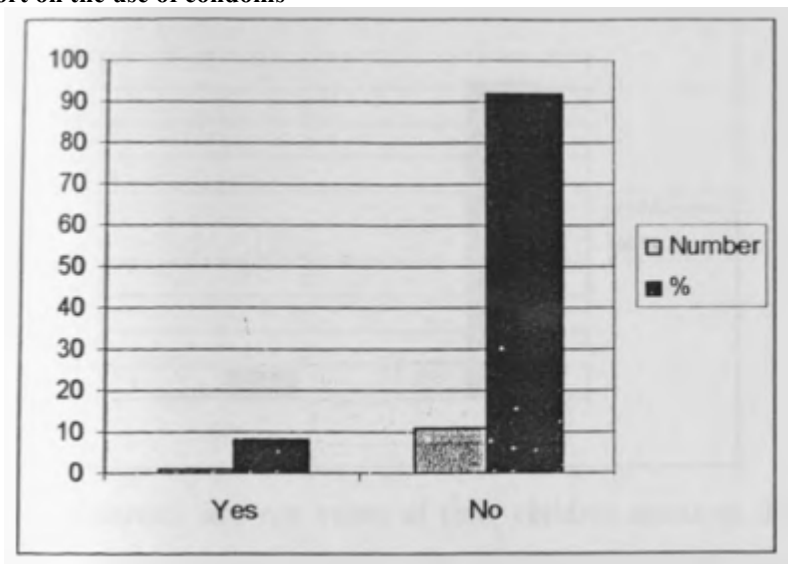
Safe sex

Majority of the early adolescents who had sexual encounters (91.7%) did not use condoms therefore engaging in irresponsible sexual behaviour.

Respondents report on the use of condoms

Response	Number	%
Yes	1	8.3
No	11	91.7
Total	12	100.0

Respondents report on the use of condoms



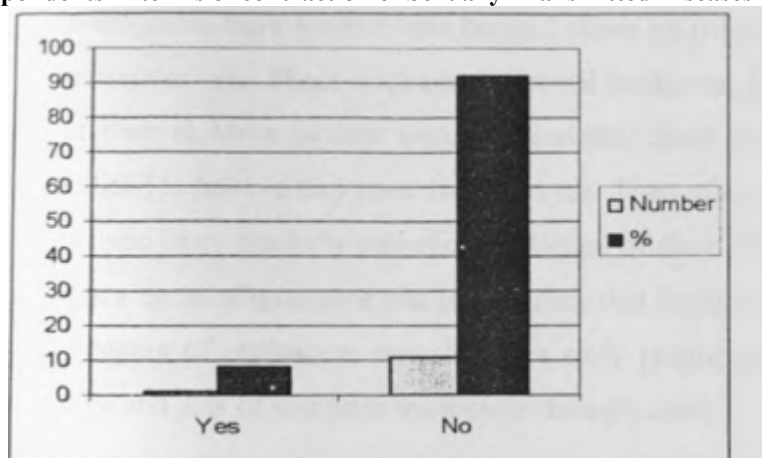
Sexually Transmitted Diseases

One pupil admitted to have contracted a STD as a result of irresponsible sexual behaviour. The rest were lucky to have engaged in unprotected sex and escaped without a sexually transmitted disease.

Distribution Transmitted Diseases of respondents in terms of contraction of Sexually Transmitted diseases

Response	Number	%
Yes	1	8.3
No	11	91.7
Total	12	100.0

Distribution of respondents in terms of contraction of Sexually Transmitted Diseases



Many parents are not aware of their children's needs at the stage of early adolescence. Most children do not know girls can have protected sex using condoms and parental influence is minimal compared to the influence of their peers. Since there is limited time (27.5%) to talk about sexuality and reproductive health, the level of awareness is low and this is worsened by negative attitudes towards the topic as suggested by 20.0% of the respondents. There is indication that cultural factors promote shyness by both parents and their children to freely talk about matters of sexuality. Moreover, the majorities of the parents have attained secondary education but are aged above thirty-five years (60.0%). The HIV/AIDS scourge has assumed prominence recently and these parents may not have been exposed to need for concerted efforts to educate adolescents on sexuality and reproductive health issues.

Furthermore, it is not prudent to assume that a literate population is informed of emerging issues like the need for creating awareness among adolescent youth on sexuality issues. This is compounded by not only lack of time but the fact that majority are in business (45%) and self-employing jobs like furniture making, blacksmith, driving, fishing and so on which take up all their time toiling to make ends meet. The socio-economic status contributes to their inability to manage their time effectively for the benefit of their adolescent children. A paltry 5% are professionals in knowledgeable domains like teaching.

Consequently, from the foregoing facts, the family level of understanding is perceived to be limited concerning adolescent sexuality and reproductive health. The parents who are knowledgeable have limited time bogged down by cultural factors and negative attitude to matters of sex. Those with poor parental background are not even aware of how to assist their children as they were not assisted. Some of their children feel parents are prejudiced to believe they must have had sex. Their main sources of information are their peers who have similarly pathetic knowledge of their adolescent status and needs. This creates a cycle of ignorance and indifference that impact negatively on the quest to check the dangers of adolescent sexuality like early pregnancies, STI infections, HIV/AIDS scourge and loss of energetic manpower through death.

The majority of respondents think condoms are meant for use by male adults only and their parents. In fact, none is referring to the unfaithful youth who have premarital sex. It appears they are oblivious of dangers of having unprotected sex by youth and adults alike. Since there is no mention of female condoms and being faithful to marital partners, this points to a very low level of understanding of sexuality and reproductive health matters.

Problems of adolescence sexuality and reproductive health of family level

This section looks at the nature of problems of adolescents' sexuality and reproductive health. It covers the counselors' point of view, focus group discussions and adolescents' views.

The following are some problems of adolescent sexuality and reproductive health as expressed by the respondents: Mass media influence. Shyness of adolescent children to divulge information and seek assistance on sex-related problems. Ignorance of parents, teachers and children. Early pregnancies through unprotected sex. Infection with sexually transmitted infections. Peer pressure to involve in love affairs, sexual harassment by their peers and adults. Distraction from learning. Unpreparedness for the immediate body changes.

Poor relationship with teachers and parents. Parental background, apathy and prejudices. Cultural factors that abhor, ignore, and make sexual matters secret. Problems of physical body changes and lack of protection. Limited time for discussion about sexual-related matters. Parents' occupation and socio-economic factors and generally communication barriers between children and their teachers and parents. From a counselor's point of view, the problems adolescents face are: Identity role crisis - The adolescents think and

want to be treated like adults. Pressure to relate with opposite sex, Quest for autonomy which the parents cannot provide. Rebellion against parents, Paying more attention to their peers than anybody else for advice, Undergoing rapid physical and emotional changes. Moods swing especially for girls, Many demands which cannot be met by parents and Curiosity to have sexual experience. The Focus Group Discussions revealed that pre - marital sex is rampant among the early adolescents. The girls cited demand for money to buy cosmetics as a contributory factor and generally curiosity. Peer pressure, pornography and suggestive dressings were fronted by the boys as major factors contributing to pre - marital sex. The age of first sexual encounter varied from 8-12 years across the boys and girls.

Majority confessed to having many sexual partners (2-5) despite being clearly aware of the implications. All of the respondents were aware of contraceptives but still did not use them during sexual encounter. They are also aware of HIV/AIDS transmission and prevention. The Focus Group Discussions also identified the media and the peers as the major source of information on sexuality. The parents and teachers are not consulted by the respondents due to fear and embarrassment Most are easily misled for instance a 10year old said, "I is convinced to have sex so that I can be like God "

Challenges against effective participation of the family in sexuality and reproductive health among early adolescence

This section looks at the challenges against effective participation of the family and reproductive health

Family information sharing

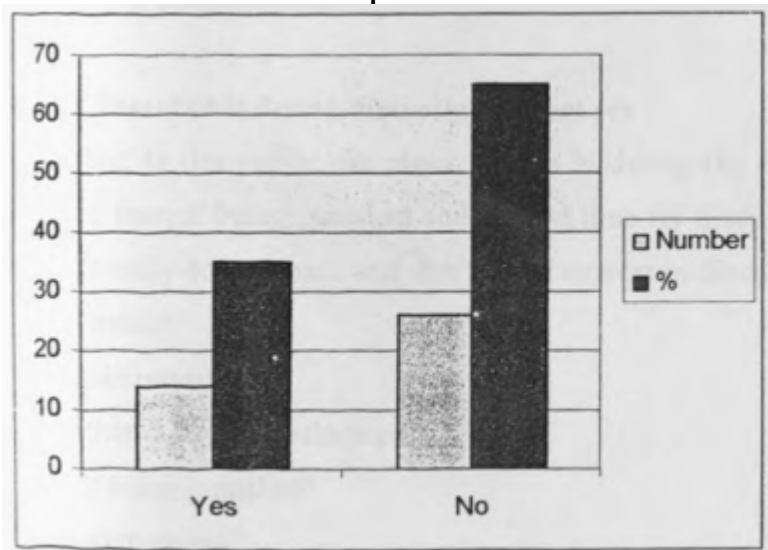
Discussion of sex with parents

The respondents who revealed that they discuss about sex with their parents were only 35% while a clear majority (65%) did not discuss. The discussions were initiated by parents in almost all cases (92.9%).

Respondents report on discussion of sex with their parents

Response	Number	%
Yes	14	35
No	26	65
Total	40	100.0

Respondents report on discussion of sex with their parents



According to the pupils and the parents the discussions focused on the following areas: Values of abstinence, HIV/AIDS, Dangers of irresponsible sexual behaviour, Unwanted 49 teenage pregnancies. Choice of friends. Sexual intercourse. Moral values. Abortion and Drug use

Rating of discussions

Asked what they liked about the discussions, the respondents said

"I like the encouragement to abstain for a bright future"

"I like being told to finish school and not get AIDS"

"I like the message about shunning bad friends"

"They tell me not to have a boy friend"

They were categorical that the discussions are informative and good in promoting moral integrity. The respondents were further asked to list whatever they did not like about the discussions. They were quoted below:

- ”bad words”
- “Being forced to admit that I have had sex”
- “They don’t tell me the dangers of sex”
- “They hide some information”
- “The warning not be overtaken by peer pressure”
- “Being told that sex is bad”

Factors hindering discussions about sex

According to the pupils; the major factors hindering the discussions is embarrassment, shyness, fear of being punished and lack of time for discussions. Others are the parents are unfriendly to approach and don’t have interest in discussions about sex. They were quoted below.

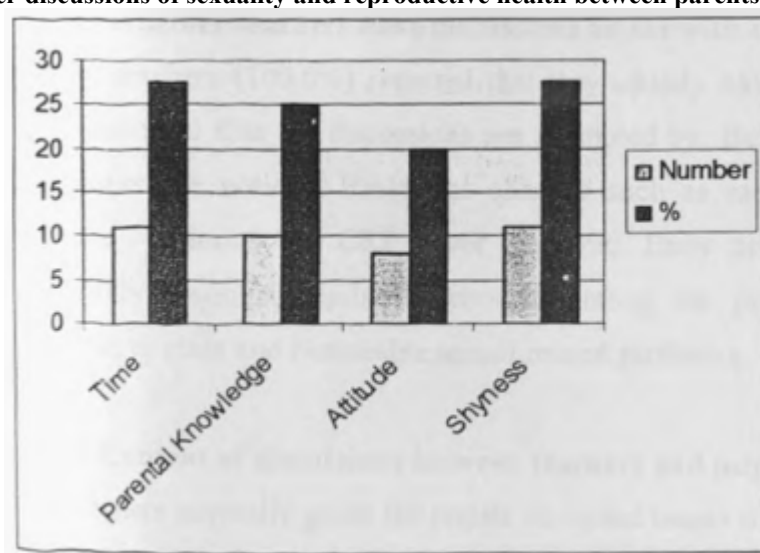
- “It is embarrassing”
- My father doesn’t like the topic”
- Fear of being punished”
- It is bad manners”
- Parents can start quarrelling when I initiate the discussion”
- Parents have no time for discussion”
- “I am not close to my father”
- “The parents feel am too young and that knowledge will spoil me”
- “I feel shy”

However, the parents cited time, parental knowledge, poor attitude and shyness as the major hindrances to discussions on sexuality. These are displayed in table 4.15 below:

Factors that hinder discussions of sexuality and reproductive health between parents and pupils

Factors	Number	%
Time	11	27.5
Parental knowledge	10	25.0
Attitude	8	20.0
Shyness	11	27.5
Total	40	100

F'actors that hinder discussions of sexuality and reproductive health between parents and pupils



Teachers opinions on discussing sexuality and reproductive health with early adolescents

The teachers were very supportive of discussions with their students (10-15 years) on sexuality and reproductive health. The following are their view points:

- “It is best to discuss with them because being still an ignorant age, it requires us to guide and counsel them”
- “Encourages good behaviour since the pupils are undergoing adolescence”

“It is healthy and useful; helps us to raise awareness to the youths on different functions of parts of their bodies and helps them take precautions.”

“It healthy due to vulnerability of the young adolescents”

“It is necessary to make them aware of STIs, AIDS, sexual problems and how to control themselves”

“It should be done by both teachers and parents because they will learn it somewhere else” “It is very important since this age bracket is equally affected by AIDS”

“It should be freely and openly discussed for the purpose of awareness creation”

“It is very necessary as it helps them understand themselves sexually and know more about reproductive health.”

Whether teachers have discussions on sex with the pupils

All the teachers (100.0%) reported that they usually have discussions with the pupils. They indicated that the discussions are prompted by: Behaviour changes - some queer behaviours are noticed. Biological changes such as menstruation occurring in class, Syllabus - science and CRE cover the topic, Early pregnancies, Emerging cases of immorality amongst pupils, Misconduct among the pupils, Spillage of relationship problems to class and Noticeable sexual related problems

Content of discussions between teachers and pupils

The teachers normally guide the pupils on varied issues of adolescence; emphasizing on abstinence and generally how to take care of themselves during adolescent hood. The Following areas are covered during the discussions as revealed by the teachers' respondents Drug abuse. Body and sexual behaviour changes in adolescents. Abstinence, Dangers of pre-marital sex. Preventive and control measures. Boy - girl relationships. Functions of reproductive organs, Menstruation, Masturbation, Sexually transmitted infections including HIV/AIDS, Handling of emotions during adolescence and Virtues and attitudes to develop towards social life A counselor noted the following as the challenges faced by the family in effective participation in sexuality and reproductive health: lack of awareness of the early adolescent stage. Parents negative attitude towards the needs of the child, Poor parent - child relationship. Lack of time for parents to talk to their children and do activities like cooking, singing and praying together, Inability by the parents to provide for the physical and socio-emotional needs of the adolescents and Rapid physical and emotional changes experienced by the adolescents at this stage. The challenges hindering effective participation of the family in sexuality and reproductive health/problems are: Mass media influence, Cultural factors where communities detest discussing sexual matters, Peer influences override family ties, Lack of role models in churches. Occupation of parents and their socio-economic status. Poor relationship between parents and children, Family priorities such that time is not allocated of discussing sexuality and Parental knowledge and understanding of issues of adolescent sexuality.

Mass Media Influence

There is a high frequency of influence occasioned by the mass media on issues of adolescent sexuality and reproductive health. The radio, television, newspapers and literature including posters play a significant role in disseminating information. This includes the pornographic literature and suggestive adverts which arouse sexual feelings of young adolescents. Role models come from media characters and not from parents or other members of the community like teachers and religious leaders. In the words of Architect Buck minister television for instance has become “a third parent” in many American households and indeed this is a case in Kenyan households. The media in Kenya is not properly censored and certainly provides information that exacerbates the already volatile problems of adolescent sexuality and reproductive health

Poor relationship with parents and teachers

According to the respondents, the children are afraid of their parents and fear punishment hence cannot discuss about sex Many parents start quarrelling if their children initiate discussion on sexual matters. They exhibit general apathy towards the topic “Father doesn't like the topic”. Moreover, they have no time for such discussions. On the other hand some teachers harass pupils and they fear discussing any such matters with their teachers. Teachers explain that pupils are shy and not willing to open up This poor relationship portends disaster to the child who is compressed between a hard rock (at home) and a hard surface (at school). Whenever communication is smooth at home and at school, the child definitely benefits and may carry a discussion from school to home and vice versa in a perfect communication setting beneficial to child understanding sexuality and reproductive health. Parents who subscribe to certain cultures/values will never discuss sexual matters with their children as it is considered a taboo. They are afraid of embarrassing themselves probably because they never got any talk about adolescence from their parents.

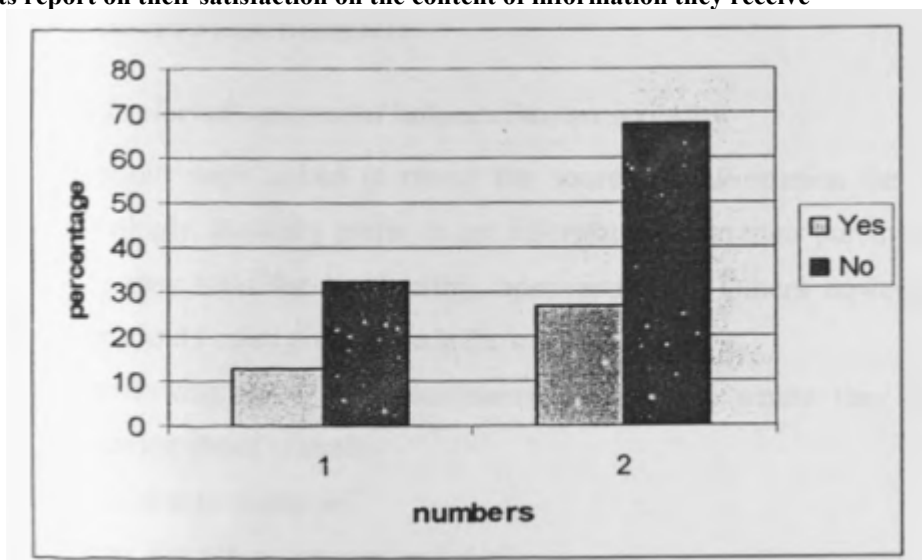
Peer influences override family ties

Majority have their sources of information as peers (friends) compared to those from family. Since their friends are also their peers, apparently peer influence overrides family ties. They explain that families have not time for them and don't explain well issues of sexuality. The youth decry lack of adequate information not only from parents but also from friends. 67.5% are not satisfied with the content of information they received with only 32.5% are satisfied with this information

Respondents report on their satisfaction on the content of information they receive

Response	Number	%
Yes	13	32.5
No	27	67.5
Total	40	100.0

Respondents report on their satisfaction on the content of information they receive



The respondents sought to explain why they perceive the content of information they receive as inadequate. They are quoted below:

- “I am not told the impact of sex”
- ‘The family doesn’t explain well”
- “I normally have no time for the peers”
- Parents have never told me and they know more”
- They don’t go into details”
- Sometimes the content is not beneficial; they are just bad words”

Factors hindering smooth communication between teachers and pupils

Age barrier. Unfriendliness of some teachers. Preference for advice from peers. Religious background. The pupils are shy, afraid and feel ashamed. The pupils fear being misinterpreted as engaging in premarital sex. Cultural factors which make sex issues a secret, Lack of proper knowledge by the teachers and parents, Poor approach by teachers and the pupils attitudes towards the teachers and parents

How families cope with sexuality and reproductive health challenges

According to statistics, extracted from the respondents, families appear to be coping with challenges of sexuality and reproductive health challenges to a small extent and peers play the most significant role. **4.6.1 Preferred sources of information on sexuality**

The pupils were asked to reveal the source of information they would most prefer. Interestingly, majority prefer to get information from their parents and family members whom they consider trustworthy, open and wise. Others however, preferred friends, teachers and health professionals for varied reasons.

The following were their comments when asked where they would prefer to get information about sexuality.

- “Family due to openness”
- “Parents since they are wise and able”
- “Parents because they are readily available”
- “Parents because they can guide one well”

“Parents since they are trustworthy”
 Teachers and parents because they know about diseases”
 Teachers because they know more” “School because friends lie”
 “Newspapers because they are elaborate”
 Health professionals since they are trained and therefore more knowledgeable”
 Friends since am afraid of my father, they are more open”

How teachers cope with sexuality and reproductive health challenges

Faced with numerous problems of adolescent hood, the teachers devised the following is to address the problems Offering guidance and counseling, Offering AIDS education and community discussion. Being open to the pupils and facing realities of what affects them sexually. Creating awareness on challenges of adolescent hood. Creating friendly atmospheres with the children, Establishing a counseling team of trained teachers, Promoting formation of health clubs where pupils discuss amongst themselves, Sensitizing parents to be open with their children, Facilitating behaviour change. Infusing counseling measures in lessons and introducing straight talk discussions between teachers and pupils

A counselor proposed the following as the possible solutions to sexuality and reproductive health challenges: offer intensive guidance and counseling to enable the adolescents cope with the challenges, engage the early adolescents in co-curricular activities such as drama, music and church activities, engaging them in debates about sexuality and HIV/AIDS with their peers, parents should take time with their children and share ideas or activities with them, avoid caning unnecessarily but instead correcting them with love and not through coercion or threats, parents should try to make the children comfortable as much as they can afford and listening to their concerns and providing answers to their questions

The rating of usefulness of parents, health professionals, religion and family members in helping the adolescents cope with sexuality and reproductive health challenges

	Very useful	Fairly useful	Not useful	Don't know	Total
Parents	12(30.0%)	8(20.0%)	20(50.0%)	-	40(100.0%)
Health professionals	8(20.0%)	8(20.0%)	24(60.0%)	-	40(100.0%)
Religion	2(5.0%)	18(45.0%)	15(37.5%)	5(12.5%)	40(100.0%)
Other members of the family	11(27.5%)	11(27.5%)	15(37.5%)	3(7.5%)	

Suggestions of the Key informants on how to cope with Sexuality and reproductive health challenges amongst the pupils

Some committee members, chiefs and local city education director were interviewed to capture their views on early adolescent sexuality and reproductive health They noted that high cases of school drop outs in the area are due to teenage pregnancies They attributed the rising case of pre marital sex on: Bad company the children are getting involved in. Poverty in the area; thus the girls especially engage in commercial sex to get money, Curiosity among the adolescents and parental neglect; the parents are not free to talk to their children about sex They gave the following preventive measures to arrest the prevailing situation: parents to act as role models to their children, Massive sensitization on effects of drug abuse, counseling panels should be introduced in schools and introduction of feeding programs in schools to capture the children and also prevent it being abused as an avenue for sex for food

The peers have the greatest influences on issues of sex related matters. Their limited knowledge is considered more useful than parents input, health professionals and other members of the family. There is need to utilize this influence positively through peer education Although peers have the greatest influence, parents also have influences despite the shortcomings already discussed. Not only parents have limited knowledge and time for their adolescent children. The home environment is controlled by parents who act as role models. Parental religious affiliation turns out to be that of their children usually The impact of religion cannot be overlooked as it includes young and old alike. Faithful strict followers of religion abstain from premarital sex and preach faithfulness in marriage. Multiple sexual partners is also discouraged in Christianity which is dominant (95.6%) and only (4.4%) which condones polygamy up to the fourth wife. None of them encourages premarital sex hence adolescent involvement in sex is condemned The other members of the family equally play a significant role as models However it is difficult to effectively evaluate the percentage influence of the media versus the family peers, religion and significant others Finally health professional through non-governmental organizations and ministry of health play a significant role in disseminating crucial information to the public concerning sexuality and reproductive health matters.

The seminars and public awareness campaigns by health professionals cannot be overlooked. What remains to be done is the censorship of media against proliferation of adverse seductive literature and adverts

that arouse young adolescents' sexual feelings. Posters and pornographic literature that portray sexual relationship with opposite sex as symbols of success are flawed and require banning or regulation. Government policies must be geared at providing sound adolescents sexuality and reproductive health

IV. Summary, Conclusions And Recommendations

Discussions and specific conclusions from the research findings

Early adolescence and their families level of understanding in sexuality and reproductive health

The results of this study show that a majority of parents are not aware of their children's needs at the stage of early adolescents. This is corroborated by the pupils who contend that the information is inadequate. They claim whatever content given is not beneficial to them and is not detailed enough. What is striking is that 67.5% of respondents are normally not satisfied with the content of information received from friends, parents and teachers.

Moreover, cultural factors act as a barrier to dissemination of full information to the children. The breakdown of traditional set up has compounded the problem. The majority of the parents are young since (92.5%) were born fifty years ago when the traditional order had broken down. Their level of education of secondary (97.4%) does not provide them with additional knowledge in the fields of children behaviour at varied age levels, a key factor in understanding sexuality and reproductive health among early adolescents. The family is therefore perceived to have a limited understanding of adolescent sexuality because of social-cultural factors such as traditional taboos against the discussion of sex, being victims to modern age when sex discussions are shameful to parents, time constraints and adolescents over-reliance on their equally ignorant peers for information. This creates a cycle of limited information especially among the literate and semi-literate who have never participated in education at post secondary and college levels. No doubt the grave consequences include HIV/AIDS spread among the slum population, unexpected pregnancy at adolescent, premarital sex (77.3%), STI's and sometimes death of the productive population. There is need for dissemination of relevant knowledge and information to not only children at adolescent stage but also their parents and teachers to ensure the cycle of triangular awareness is completed among the school teachers, home Parents and adolescent children. This study sought to unearth the myriad problems encountered at this stage of adolescent to merit the study and possible solutions. The problem of access to seductive literature at an early age through mass media cannot be overemphasized. The study showed that the adolescent is exposed to radio, television, newspapers and pornographic literature that provoke an early awareness of sex without providing controls and checks. Whereas the parent is shy to explain the dangers of premarital sex due to traditional (cultural) taboos and ignorance, the adolescent friends pass on their limited knowledge and influence to their friends who engage in sexual intercourse even before reaching puberty. Worse still, according to the research adolescents are more likely to listen to their peers than parents, health professionals, religious teachings and other members of the family. Apparently they perceive parents as prejudiced about their sexual matters, have limited information and unconvincing. They indulge in premarital sex resulting in early pregnancies, STI's, HIV/AIDS and death. There is no mention of use of female condoms and 91.7% of respondents who had sex never used a condom. Sexual affairs distract the adolescent from pursuing his/her studies. The physical changes in the body catch the adolescent unawares prompting need to suddenly adjust or sail in imminent adolescent confusion. When he/she is aware of potential changes, adjustment becomes easier as opposed to lack of information and total disregard for adolescent plight. Furthermore poor relationship with parents and teachers dearly costs the adolescents important sources of information. Some parents and teachers are shy to address the topic just like the adolescent pupils. Parental background and apathy denies him/her a relevant source of information at home. The study reveals that some parents derive income from commercial sex and are least bothered explaining dangers of sex and virtues of responsible sex in adult marital stage. In addition, cultural factors have been cited as a major contributing factor inhibiting access to information. Sexual matters are considered a secret and adolescents fear asking questions lest they are labeled as sexual perverts. In fact, some parents' occupation with seeking for income in self employing jobs that are low paying exacerbates the already

Problems of adolescent sexuality and reproductive health at family level.

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They indulge in premarital sex resulting in early pregnancies, STI's, HIV/AIDS and death. There is no mention of use of female condoms and 91.7% of respondents who had sex never used a condom. Sexual affairs distract the adolescent from pursuing his/her studies. The physical changes in the body catch the adolescent unawares prompting need to suddenly adjust or sail in imminent adolescent confusion. When he/she is aware of potential changes, adjustment becomes easier as opposed to lack of information and total disregard for adolescent plight.

Furthermore poor relationship with parents and teachers dearly costs the adolescents important sources of information. Some parents and teachers are shy to address the topic just like the adolescent pupils. Parental background and apathy denies him/her a relevant source of information at home. The study reveals that some parents derive income from commercial sex and are least bothered explaining dangers of sex and virtues of responsible sex in adult marital stage. In addition, cultural factors have been cited as a major contributing factor inhibiting access to information. Sexual matters are considered a secret and adolescents fear asking questions lest they are labeled as sexual perverts. In fact, some parents' occupation with seeking for income in self employing jobs that are low paying exacerbates the already

Challenges hindering effective participation of the family in sexuality and reproductive health

In this study the mass media is cited as playing a significant role in adolescent sexual matters. Since he/she is more exposed to the mass media it effectively replaces the parent and teachers who have limited time. This age of information explosion provides a lot of information to slum dwellers and urban inhabitants alike. The radio, TV, newspapers and posters are the most common sources. These adolescents passively and actively acquire ideas on sex. Their peers who acquire this understanding pass it on to their friends who internalize and practice it. The leaders and health professionals, who rarely approach the adolescents on this important issue, have their efforts ignored by the adolescents. It is not clear from the study why adolescents are not satisfied with the content provided by health professionals. Apparently these youngsters develop a negative attitude to those likely to deny them what they refer to as fun and pleasure. They simply want to have experience and sometimes to please their partner. Moreover, they lack role models in their teachers and parents who they accuse of high handedness, prejudice and creating fear. Some parents clearly detest discussing the topic while others ply their trade in commercial sex. The family has hardly prioritized the discussion of sexuality and reproductive health as an important issue. This state of indifference and apathy could partly be induced by ignorance or being an ardent subscriber to cultural taboos against discussing sexual matters. The school and home environment do not provide a conducive atmosphere for enabling easy access to information on adolescent sexual status.

The child is more at school than home yet teachers are not playing a significant informative role. Time restrictions and unavailability deals a major blow to ensuring adolescent sexuality and reproductive health issues are comprehensively accorded due attention. The helpless adolescents eventually bear the adverse consequences of contracting diseases, unexpected pregnancies with irresponsible peers and likelihood of drop outs from school.

How families cope with sexuality and reproductive health challenges

In this study, the families tend to play a dismal role in helping adolescents to cope with challenges of sexuality and reproductive health. This is attributed to a number of factors including time availability by parents, parental background, their occupation and cultural taboos that consider sex matters as secret. In this study it becomes clear that adolescents are willing to listen more to their peers and peer education is encouraged. Parents, health professionals and significant other members of the family also provide useful information on sex related matters although adolescents consider their output as little compared to the contribution of their friends.

The teachers tend to play their role of guidance and counseling, formation of health clubs, encouraging pupils to be free, open and face reality, sensitizing parents to be friendly to their children and initiating peer education. Teachers also infuse issues related to adolescent sexuality in their lessons and provide individual counseling when such matters arise. In fact schools also provide HIV/AIDS awareness education and implementation. Since pupils spend 75% of their valuable time in school, the teachers play a key role on issues of adolescent sexuality and reproductive health challenges. Many families abdicate this noble responsibility to schools and yet it is expected to be a concerted effort between parents, teachers and peer educators. The unfriendly relationship existing between the adolescents and their teachers, adolescents and their parents must first be overcome to enable all these players effectively tackle the challenges of adolescent sexuality and reproductive health.

The health professionals have to step up their campaigns even using mass media which has a significant influence on adolescent sexuality. Literature, posters, radio, television, and newspapers are useful tools in disseminating information and must be utilized by health professionals, social workers, parents and

educators to pass relevant information on adolescent sexuality. In mass media influence on adolescent sexuality has been experienced and recognized.

Summary and Conclusions for this study

Relevant studies carried out in Kenya have identified the need for families to understand the problems and challenges of early adolescents, on sexuality and reproductive health issues. It has become very clear that girls and boys engage in sexual relationships even before reaching puberty. The majority (61.9%) had not started menstruating at the time of engaging in sexual relationship where 22.7% had started having sexual intercourse. The study also explored how families cope with adolescent sexuality and reproductive health problems. The following research objectives were thus addressed:

- Investigate the family level of understanding of sexuality and reproductive health among early adolescents.
- To find out the nature of problems of sexuality and reproductive health as experienced by early adolescents at the family level
- Examine the challenges hindering effective participation of the family in sexuality and reproductive health
- Determine how families cope with sexuality and reproductive health problems/challenges.

The study is not only a qualitative but also a quantitative study. Data were collected from focus group discussion, a survey by use of questionnaires and content analysis. The focus discussion group provided information about perceptions, feelings, opinions and attitudes concerning issues of adolescent sexuality and reproductive health. Descriptive survey is useful in revealing knowledge and attitudes of not only adolescents towards reproductive health, but also teachers and parents contribution towards adolescent sexuality and reproductive health problems/challenges. The study targeted early adolescents at 10-15 years in slum areas of Kisumu (Buoye, 64 Kanyamedha and Nanga). Kisumu is a cosmopolitan city housing almost all social, cultural, economical and religious groups in Kenya.

Purposive sampling is used to select that participating schools in the slum settlements. Conclusions. It has been noted that the family have inadequate information concerning adolescent sexuality and reproductive health issues due to educational, social, cultural, economic and religious constraints. The information available to them is scanty and they are normally not satisfied with the content. The adolescents appear to dismiss their parents, health professionals, religions and significant others as providing inadequate information that cannot enable them cope with sex related matters. The majority appear to endorse their peers as providing useful information in helping them cope with sex related matters. This information seems inadequate and in helping them to understand and implement the use of condoms for preventing STI and HIV/AIDS. The majority did not use condoms and appear to suggest they are for male adults or married people only. Adolescents have mentioned the mass media predominantly as sources of information about sex issues, radio, newspapers, television, posters and literature. However, they are dissatisfied with the content. These sources of information including the family and friends do not provide sufficient relevant information to enable them to cope with the problems/challenges of adolescent sexuality. Parents are roundly blamed for passing inadequate information. Some of the parents are too harsh to approach.

Poor parent/adolescent relationship is a deterrent to free reception of the message on adolescent sexuality. Moreover, parental ignorance, social-cultural attitudes and economic status contribute significantly to problems of adolescent sexuality. The young parents are not socialized on issues of adolescent sexuality; hence hardly attempt to tell their children. The nature of their employment in slum areas dictates that they devote all their time in search of income. No time is spared for talking to early adolescents concerning sexual related matters. Many are willing to listen to their parents as a source of information. Sex matters are also treated as secret in most communities. Teachers similarly view themselves unable to effectively assist the adolescent because of poor teacher/pupil relationship. They fear harassment by teachers and consider age barrier as blocking smooth communication between the teachers and the pupils. Some teachers have limited knowledge due to unavailability of induction courses. Pupils are shy and unwilling to discuss sex issues. The issue of child upbringing environment is used to explain whether child will communicate freely or shy off.

Implications and Recommendations for the study

The study findings have vital implications in the different fields of social, cultural, legal, educational and economical domains.

Social Implications to the prescription of Social action

The results of this study showed that the home and school environment play a significant role in socializing the early adolescent in matters of sexuality and reproductive health. The cordial relationship of the adolescent with his/her parents is inevitable if information on sex related issues is to be internalized and utilized positively. Besides, teachers ought to cultivate smooth communication channels with adolescents in order to

instill a sense of responsibility and discipline in the mind of the adolescent as a preventive measure. Another vital implication of the study is the relatively high esteem bequeathed to friends (peers) in delivering their half baked content to their peers. They show approval of the information on sexuality delivered by their friends.

Cultural implications to proposed remedial measures

A typical past society regarded sex as a taboo among unmarried young people. Talk about sex is preserved for initiation ceremonies when mature males and females were preparing to take adult roles. The admission of sexual intercourse at early adolescent even before menstruation is a recent phenomenon that surpassed cultural imaginations. The drift to sexual intercourse irrespective of age and gender reflects the breakdown in traditional family systems and increased risks of STIs including HIV/AIDS among adolescents, furthermore the study showed that few adolescents use protective gadgets like condoms and are at risk of pregnancy. This view is confirmed in other studies (Kiragu, 1991; Me Camler and Salter, 1996; Kiragu and Zabib, 1995).

Young people are increasingly usurping the adults preserve and indulging in sex unrestricted due to breakdown of traditional order, media adverts, freedom and family communication. Parents lack time to educate their children on adolescents' sexuality and reproductive health. The adolescents propagate abstinence theoretically but practice sex at an early adolescent stage for various reasons ranging from forced, fun, pleasure, and to please their partners notwithstanding the risks. Social and religious groups should intensify efforts to teach young people moral values because families have played a dismal role in addressing adolescent sexuality and reproductive health issues. Music which is loved by the youth could be used as an important tool of socialization to decry moral decadence and teach vital issues concerning sex related matters among adolescents.

Legal Implications on Enforcement of Legislation

The study reveals that mass media sourced of information like radio, television, newspapers, pornographic literature and posters play a major role in socializing youth to practice sex at early stages. This deterrent measures through acts of legislation regarding pornography and seductive adverts. The following measures are therefore recommended for action:

- Legislation and enforcement in cases where relevant legislation exist regarding pornographic and seductive adverts, they should be strengthened.
- The media council must be pressurized to self-regulate and censure its own operations to safeguard the morals of the adolescents and youth in general.
- Banning television channels that broadcast seductive literature. The information explosion through internet sources might be hard to ban. However, radio channels, newspapers and television stations can be forced to broadcast favourable ideas
- Establishment of guidance and counseling centers accessible to the public at subsidized rates. It should be a government policy to establish and finance such centers in order to bridge the gap created by poor communication with parents at home and teachers at school

Educational Implications

The study revealed that peers of the adolescents played a key role in influencing their understanding of adolescent sexuality and practicing sex at that early stage. This poses great risk to this young age group since their peers don't have substantial adequate information on issues of sexuality and reproductive health. Consequently, there is a need to establish and reinforce peer education programmes. According to this study, the adolescents conceded that information provided by peers is very useful (55.6%) and not useful (26.7%).

The existing mistrust between adolescents and their parents, poor regular communication on adolescent issues and socio-cultural impediments imply that peers should be empowered to influence fellow friends in order to effectively overcome the challenges posed by mass media sources. The health professionals according to this study are only 18.2% considered very useful and not useful (59.1%). This reinforces the need to make greater use of peer education to stem this challenge. This can be initiated in schools and any organized social groups. Any sex education inclusion in the syllabus programmes should target male and female adolescents alike as both sexes are affected. The relevant information should be incorporated as an integral part of the curriculum.

There is a great need of training teachers, social workers, parents and youth on issues of adolescent sexuality and reproductive health matters.

Recommendations for further research and Implementation

- Research should be intensified on family communication between adults and adolescents concerning sexuality and reproductive health in urban areas.

- Devise ways of improving health education to enhance understanding and practices on sex related issues and reproductive health among early adolescents.
- Government should enact laws governing sexual education and reproductive health.
- The role of the media in enhancing adolescent sexuality and reproductive health should be investigated
- Determine and initiate relevant poverty eradication programmes among commercial sex workers to provide alternative sources of income thereby free families to discuss sexuality and reproductive health matters.
- Find out the impact of mass media censure in controlling sex among adolescents in urban areas
- Replicate a similar study on a wider scale to cover urban areas and slums in other cities for effective comparison.

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