Asian Journal of Medical Sciences 3(1): 26-31, 2011
ISSN: 2040-8773
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Received: November 11, 2010 Accepted: December 25, 2010 Published: February 25, 2011

The Influence of Peers and Other Significant Persons on Sexuality among Secondary School Students in Kisumu District, Kenya

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Abstract: Young people's sexual relations are often unplanned, sporadic and, sometimes, influenced by social pressure. The purpose of this study was to determine the role of peers, church groups and parents on sexuality among adolescents attending secondary schools in Kisumu District. This was a cross sectional survey targeting adolescents from randomly selected secondary schools in Kisumu District. Data was collected from 384 respondents using self-administered pre-tested questionnaire, and analysed by SPSS. Out of 384 respondents, 53.4% reported that they had ever had sex while the rest had not. Respondents who consumed alcohol, attended social activities such as parties and discos were more likely than those who did not to be sexually active, and to have engaged in casual sex with strangers or people not well known to them. Residence with both parents and maternal influence was associated with decreased sexual activity and condom use but paternal influence revealed no meaningful association with the respondents' sexual behaviour. Respondents who perceived their peers to be sexually active were more likely to be sexually active. Peer education should be encouraged. Religious groups and parents should be included in AIDS prevention programmes.

Key words: Behaviour change, HIV prevention, parents, peers, youth

INTRODUCTION

An estimated 10.3 million young people aged 15-24 years are living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndromme (AIDS) worldwide, and more than half of all new infections (over 7,000 daily) are occurring among young people (WHO, 2006). Over 50% of Kenyan youths are sexually active by the age of 20 years. Youths are vulnerable to HIV because of risky sexual behaviour, drug abuse and their poor access to HIV information and preventive services. Kenya is one of the hardest hit countries by HIV and AIDS, with sexual contact accounting for up to 90% of AIDS cases. In Kisumu 70% of 15-19 year olds are sexually active with age at first intercourse occurring before 15 years among girls. Sexual relations typically occur before adolescents have gained experience and skills in self-protection, acquired adequate information about sexually transmitted infections, and can get access to sexual health services. Young people's sexual relations are often unplanned, sporadic and, sometimes, influenced by social pressure or force from others. This study was motivated by the fact that Kisumu is one of the high HIV and AIDS prevalence sites in Africa. Since sexual contact accounts for the majority of AIDS cases, it is possible that Kenyan adolescents engage in risky sexual behaviour, which puts them at increased risk of contracting HIV. The purpose of this study was to determine the role of peers, church groups and parents on sexuality among adolescents attending secondary schools in Kisumu District. These findings may be useful in providing guidelines to ensure that the youths' involvement in sexual activity is delayed.

METHODS

Study design: This was a cross sectional survey targeting adolescents from randomly selected secondary schools in Kisumu District.

Study area: The study was conducted in Kisumu District, Nyanza Province, Kenya. The district has 58 secondary schools with a student population of 56,319. Kisumu was chosen for the study because it is one of the high prevalence sights in Africa (UNAIDS, 2004).

Study population and size: The study targeted both male and female adolescents from randomly selected secondary schools in Kisumu District. Data was collected from 384 (Mugenda and Mugenda, 1999) respondents, comprising of 206 male and 178 female students.

Sampling procedure: A multistage random sampling method was used as follows:

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- All the secondary schools in Kisumu District formed the primary sampling frame and were clustered according to: boys, girls and mixed schools. These clusters formed the sampling units in the study. Clustering the secondary schools ensured that all the different segments in the sampling frame were represented.
- There are 58 schools in Kisumu District comprising 7 girls' schools, 9 boys' schools and 42 mixed schools. The researcher purposively sampled 2 girls' schools, 2 boys' schools and 10 mixed schools so that the ratio of the girls', boys' and mixed schools could be reflected in the sample.
- The schools in each cluster were then selected at random using the lottery method. This ensured that each school in the three clusters had an equal and independent chance of being included in the sample thus avoiding selection bias. A total of 14 schools were sampled.
- Up to 10% of the students per selected school were interviewed. In mixed schools a ratio of 1:1 was used for male and female students. The 10% ensured that the total number of students sampled did not deviate too far from the desired sample size.
- Only students aged between 15-19 years were included in the study. Their ages were obtained from the school registers before they were placed in the secondary sampling frame.
- Individual students were selected for the study using systematic random sampling. In systematic random sampling every nth student is selected at random in the secondary sampling frame (every stream in a school formed a secondary sampling frame). To obtain a truly random sample a list of all the students in a secondary sampling frame were randomized. Once this sampling frame was randomized the researcher then decided on the sampling interval.
- To decide on the sampling interval the researcher first calculated 10% of the total population in a school. The result was then divided by the number of streams in the school to determine the sample size per class. The sampling interval (n) was then calculated by dividing the number of students in a class by the class sample size.

The first student was selected blindly using a table of random numbers after which the remaining students were selected at regular intervals (n) from the secondary sampling frame. This process was continued per stream until the required school sample size was achieved.

Data collection and analysis: Primary data were collected from the students using self-administered pre-tested questionnaires between January 2005 - March 2005 to elicit response on the social influence on their sexual behaviour. The questionnaire was adopted from a questionnaire developed by the World Health Organization, targeting the sexual behaviour of young people. Permission for the study was granted by the School of Graduate Studies of Maseno University, Ministry of education officials, and heads of the selected schools. Informed consent was obtained from the respondents. The questionnaires were self-administered and the school teachers were requested to leave the classrooms while the respondents completed the questionnaires so as to minimize any discomfort by the students. Confidentiality and anonymity was assured and participation was voluntary. The questionnaires were edited for accuracy, completeness and uniformity before entry and analysis using the Statistical Package of Social Sciences (SPSS).

RESULTS

Out of 384 respondents, 205 (53.4%) reported that they had ever had sex while the rest had not. Those who were sexually active comprised of 132/205 (64.4%) males, and 73/178 (35.6%) females. The age range was between 15 to 19 years old.

Attendance of social parties, alcohol use and religion: Results of the students' characteristics are shown in Table 1. There were more male (40%) than female (20.2%) students who reported that they go to clubs/parties ($p = 0.01$). Only 9.1% students admitted that they drunk alcohol, mostly boys (10.7% vs. 7.3%). The predominant religious group was protestant. Attendance of religious services was high. The majority of students (69.3%) reported that they attended religious services at least once a week and only 1.3% never attended religious services at all. Overall, girls attended religious services more frequently than the boys.

Attitude of students: In Table 2, although there were more males (57.8%) than females (38.2%) who had pressure from their peers to have sex ($p = 0.01$), in general most students (58.1%) believed that it was wrong to have premarital sexual intercourse between male and female students who love each other, even if they use methods to prevent pregnancy (75%). Both male (54.9%) and female (50%) students do not agree that girls should be forced to have sex, and that one should not have sex with strangers (61.7%). The latter was emphasized by female (67.4%), more than the male (56.8%) students. More boys (88.9%) than girls (37.6%) reported that their friends had prior exposure to sexual intercourse but they did not know if they used condoms regularly or not (78.6%).

Students' communication with parents: As shown in Table 3, boys (60.3%) found it easier than girls (53.5%)

Table 1: Social characteristics of the study population

Characteristic	Male N = 132	Female N = 73	Total N = 205	p-value
Social activities and alcohol use				
Attends clubs or parties	70 (40%)	36 (20%)	106 (27.6%)	0.01
Uses alcohol	22 (10.7%)	13 (7.3%)	35 (9.1%)	
Religion				
Protestant	126 (61.2%)	81 (48.3%)	212 (55.2%)	
Catholic	66 (32.0%)	84 (47.2%)	150 (39.1%)	
Muslim	9 (4.4%)	6 (3.4%)	15 (3.9%)	
None	5 (2.4%)	2 (1.1%)	7 (1.8%)	
Attendance of religious services				
Everyday	31 (15.0%)	33 (18.5%)	64 (16.7%)	
At least once a week	139 (67.5%)	127 (71.3%)	266 (69.3%)	
At least once a month	23 (11.2%)	13 (7.3%)	36 (9.4%)	
At least once a year	9 (4.4%)	4 (2.2%)	13 (3.3%)	
Never	4 (1.9%)	1 (0.7%)	5 (1.3%)	

Table 2: Attitude of students towards sexual issues

Characteristic	Male	Female	Total	p-value
Pressure from peers to have sex				
Yes	119 (57.8%)	68 (38.2%)	187 (48.7%)	
No	87 (42.2%)	110 (61.8%)	197 (51.3%)	0.01
Believe premarital sex between male and female students was wrong				
Agree	120 (58.3%)	103 (57.9%)	223 (58.1%)	
Disagree	68 (33.0%)	55 (30.9%)	123 (32.0%)	
Don't know	18 (8.7%)	20 (11.2%)	38 (9.9%)	
Believe sex between male and female students was not wrong if they use methods to prevent pregnancy				
Agree	39 (18.9%)	26 (14.6%)	65 (16.9%)	
Disagree	148 (71.8%)	140 (78.7%)	288 (75.0%)	
Don't know	19 (9.2%)	12 (6.7%)	31 (8.1%)	
Casual sex with strangers or people not well known to respondent is all right				
Agree	6 (2.9%)	5 (2.8%	11 (2.9%)	
Disagree	190 (92.2%)	159 (89.3%)	349 (90.9%)	
Don't know	10 (4.9%)	14 (7.9%)	24 (6.3%)	
Sometimes a boy has to force a girl to have sex if he loves her				
Agree	113 (54.9%)	89 (50.0%)	202 (52.6%)	
Disagree	74 (35.9%)	76 (42.7%)	150 (39.1%)	
Don't know	19 (9.2%)	13 (7.3%)	32 (8.3%)	
Most of the respondents' friends think that having sex with strangers is all right				
Yes	32 (15.5%)	22 (12.4%)	54 (14.1%)	
No	117 (56.8%)	120 (67.4%)	237 (61.7%)	
Don't know	57 (27.7%)	36 (20.2%)	93 (24.2%)	
Have any of the respondents' friends had sex?				
Yes	112 (88.9%)	67 (37.6%)	179 (46.6%)	
No	11 (8.7%)	15 (8.4%)	26 (6.8%)	
Don't know	3 (2.4%)	96 (53.9%)	179 (46.6%)	0.01
Most of the respondent's friends who have sex with someone use condoms regularly				
Yes	27 (13.1%)	12 (6.7%)	39 (10.2%)	
No	26 (12.6%)	17 (9.6%)	43 (11.2%)	
Don't know	153 (74.3%)	149 (83.7%)	302 (78.6%)	0.02

Table 3: Communication with parents

Characteristic	Male	Female	Total	p-value
Communication with father				
Easy	94 (60.3%)	69 (53.5%)	163 (57.2%)	
Difficult	54 (34.6%)	50 (38.8%)	104 (36.5%)	
Do not see him	8 (5.1%)	10 (7.8%)	18 (6.3%)	
Communication with mother				
Easy	116 (72.0%)	124 (84.9%)	240 (78.2%)	
Difficult	40 (24.8%)	18 (12.3%)	58 (18.9%)	
Do not see her	5 (3.1%)	4 (2.7%)	9 (2.9%)	0.03
Ever discussed sex with father				
Yes	49 (31.4%)	41 (31.8%)	90 (31.6%)	
No	107 (68.6%)	88 (68.2%)	195 (68.4%)	
Ever discussed sex with mother				
Yes	64 (39.8%)	105 (71.9%)	169 (55.0%)	
No	97 (60.2%)	41 (28.1%)	138 (45.0%)	<0.01

Table 4: Coercive, casual and commercial sex

Characteristic	Male	Female	Total	p-value
Coercive sex				
Ever been forced into having sexual intercourse				
Yes	20 (9.7%)	38 (21.3%)	58 (15.1%)	
No	186 (90.3%)	140 (78.7%)	326 (84.9%)	< 0.01
Number of forced sex partners				
One	12 (60%)	25 (65.8%)	37 (63.8%)	
>One	8 (40%)	13 (34.2%)	21 (36.2%)	<0.01
Nature of first sexual intercourse				
Forced	8 (7.1%)	28 (38.4%)	36 (17.6%)	
Willing	124 (93.9%)	45 (61.6%)	169 (82.4%)	<0.01
Casual sex				
Ever had casual sex with a stranger or someone not well known to respondent				
Yes	20 (9.7%)	7 (3.9%)	27 (7.0%)	
No	186 (90.3%)	171 (96.1%)	357 (93.0%)	0.03
Number of casual sex partners				
One	10 (50%)	5 (71.4%)	15 (55.6%)	
>One	10 (50%)	2 (28.6%)	12 (44.8%)	
Commercial sex				
Paid/received money or gifts in exchange for sexual intercourse (commercial sex)				
Yes	28 (13.6%)	25 (34.20%)	53 (13.8%)	
No	104 (86.4%)	48 (65.8%)	331 (86.2%)	
Number of commercial sex partners				
One	14 (50%)	11 (44%)	25 (47.2%)	
>One	14 (50%)	14 (56%)	28 (52.8%)	

to communicate with their father, while more girls (84.9%) than boys (72%) found it easier to communicate with their mother. However, although more girls (71.9%) than boys (39.8%) had discussed sex with mother, such discussions with father were few and similar for both boys (31.4%) and girls (31.8%).

Sexual practices of the students: Results in Table 4 indicate that although only a few students (15.1%) had been forced into sex, this group comprised more female (21.3%) than male (9.7%) students ($p<0.01$), mostly by one sex partner (65.8%). Most male students (93.9%) had their first intercourse willingly compared to the females (61.6%). It was also noted more girls (38.4%) had been forced into first sex compared to the boys (7.1%) ($p<0.01$). Only few students (7%) had casual sex with strangers but this figure was higher for males (9.7%) compared to the females (3.9%). Whereas females had mostly one casual sex partner (71.4%), the males were equally distributed (50%) between one and more partners. More females (34.2%) were engaged in commercial sex than males (13.6%). Furthermore, girls (56%) compared to boys (50%) were more commonly involved in commercials sex with more than one partner.

DISCUSSION

The HIV transmission continues to increase at alarming rates despite interventions. The social environment is critical to young people. In this study, out of 384 respondents, 53.4% reported that they had ever had sex, especially the boys. It was noted that more boys attended social functions like parties/clubs, drunk alcohol and less frequently attended religious services. Religious leaders have a wide reach, influence and capacity to mobilize communities to respond to HIV and AIDS. There is strong evidence that religion among adolescents is related with delayed onset of sexual activity (Le Gall *et al*., 2002). Adolescents' identification with a religious group provides role models that discourage sexual activity but do not offer help with contraception for adolescents who become sexually active. Furthermore, adolescents who consumed alcohol and/or attended social activities such as parties and discos were more likely than those who did not to be sexually active and to have engaged in casual sex with strangers or people not well known to them.

Partner turnover rate is greater during adolescence and the early twenties than in later years. This is true not only for numbers of casual partners, but also for those relationships perceived as being regular and monogamous (Grunseit and Kippax, 1997). In Kiambu and Narok districts in Kenya, over 80% of boys admitted to having had sex more than once and with more than one sexual partner (Njau, 1993). Epidemiologically, there would be no global HIV pandemic in the absence of multiple sex partnerships. The rate of change of multiple sex partnerships, especially concurrent partners, is crucial to the spread of sexually transmitted infections, including HIV. Moreover, HIV viral load and therefore infectiousness is dramatically increased during the early stages of HIV infection. This means that transmission would be particularly heightened by frequent partner change among newly infected persons. For millions of adolescents, sex is linked with coercion, violence and abuse, sometimes even by family members or adults with privileged relations (WHO, 2001). In addition, they are also influenced by other young people and made

vulnerable by the attitudes and behaviour of the significant adults in their lives, such as parents, teachers and service providers (WHO, 2004). In our study, most girls had been forced into first sex and were more commonly engaged in commercial sex with more than one partner as opposed to the boys. Commercial sex here is defined as giving money, gifts or favours in exchange for sex. Having a history of sexual abuse substantially increases sexual risk behavior and attitude. Adolescents with a history of sexual abuse have greater difficulty practicing safe sexual behaviors than do those who have not been sexually abused (Buzi *et al*., 2003). Our results indicate that most boys were under pressure from their peers to have sex, and in fact most of their peers were already sexually active. Adopting safer sex practice will lead to reduction not only of HIV and AIDS, but also sexually transmitted infections among young people. In order to adapt a practice, one needs to have the right knowledge, skills and positive feeling towards that particular practice. It is therfore important that peer education focussing on the right skills and information on HIV and AIDS is encouraged.

Parents exert substantial influence on the youth's sexual behaviour in three ways: by communicating with them, by acting as role models and by providing supervision (Kennedy *et al*., 1997). In our study, boys found it easier to communicate with their father and girls with their mother. Communication of adolescents with their parents on sexual matters positively influences their contraceptive use and is associated with increased communication between adolescents and their sexual partners and their self-efficacy in negotiating safer sex (DiClemente, 2001). Open discussion with parents can help postpone sexual activity, protect from risky behavior and support the healthy sexual socialization of youth (Leland and Barth, 1993). In Accra, Ghana, results of a study suggested that communication about HIV and AIDS between students and parents or other family members increase the chances of the students engaging in protected sex (Adu-Mireku, 2003).

In conclusion, it is evident that several factors work together to influence adolescent sexual behaviour. These include peers, parents and religious affiliations. Female respondents were more vulnerable to sexual coercion than their male counterparts. Boys' peer pressure may have influenced their willingness to engage in multiple casual sex. Need exists to evaluate peer-led HIV and AIDS education programmess, to determine efficacy of this approach with audiences to whom risk reduction information is targeted. Religious groups and parents should be included in AIDS prevention programmes. The persistence of HIV epidemic indicates that more effective, sustainable preventive interventions are needed, particularly for youths in low-income populations. While Education on HIV and AIDS should be continued, more time should be spent on interventions focusing on behaviour change practices It is very difficult to change any behaviour, and especially sexual behaviour, once it has become a habit (UNICEF, 2001). Successful prevention programmes among young people are ones that equip adolescents with the knowledge, skills and attitudes that will keep them safe from infection before they become sexually active. The government of Kenya in recognition of the vulnerability of the youth has integrated HIV and AIDS education programmes into existing school curricula.

Sexually active respondents were more likely to be those who consumed alcohol, attended social clubs or parties and perceived their peers to be sexually active. Residence with both parents and maternal influence was associated with decreased sexual activity. Thus appropriate peer education and parents should be included in AIDS prevention programmes.

ACKNOWLEDGEMENT

We wish to acknowledge Maseno University, Research assistants and all the participants for their contribution towards this study.

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