

**PERCEPTIONS ON GIRL-CHILD RISKY SEXUAL BEHAVIORS AND ROLE
OF GUIDANCE AND COUNSELING IN PUBLIC MIXED DAY SECONDARY
SCHOOLS IN SIAYA DISTRICT, KENYA**

BY

IRENE AKOTH RAWAYO

**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
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MASENO UNIVERSITY

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ABSTRACT

Statistics indicate that 29% of the girl-child in Siaya District experience early pregnancy compared to 23 % for Kenya despite the presence of guidance and counseling. Sexual debut in the district is at 16 years compared to Kenya's average of 19 years. Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) prevalence for females aged 15-19 in Siaya District is 23% against 3.5% for males of the same age. The purpose of this study therefore was to establish perceptions on girl-child risky sexual behaviors and role of guidance and counseling in addressing it in public mixed day secondary schools in Siaya District. Objectives of the study were to: determine prevalence rate of girl-child risky sexual behaviors, establish perceptions on factors that contribute to girl-child risky sexual behaviors, establish perceptions on psychosocial effects of risky sexual behaviors on the girl-child and establish perceptions on role of guidance and counseling in addressing girl-child risky sexual behaviors. The study was based on a conceptual framework showing how girl-child risky sexual behaviors (dependent variable) are perceived and the role of guidance and counseling (independent variable) in addressing it. Descriptive survey research design was adopted. Population comprised of 1,385 form two girls, 86 deputy head-teachers and 86 guidance and counseling heads of departments (HODs). Simple random sampling was used to select 420 girls, 26 deputy head-teachers and 26 guidance and counseling HODs. Questionnaire and interview schedules were used to collect data. Reliability of the instruments was determined through test-retest method in a pilot study of 125 girls, 8 deputy head-teachers and 8 guidance and counseling HODs. Reliability coefficient of the instruments was determined at 0.78. Content and face validity was ascertained by experts from the department of Educational Psychology, Maseno University. Quantitative data was analyzed using descriptive statistics such as frequency counts and percentages. Qualitative data was transcribed, organized into emergent themes and sub-themes and reported. The study found prevalence rate of: 51.7 % (premarital sex), 44.7 % (early sexual debut) and 33.8 % (pregnancy). Peer pressure, poverty and mass media contributed to risky sexual behaviors the most. Perceived effects of risky sexual behaviors were; poor concentration in class 370 (88.1 %) and shame 356 (84.8 %). Majority of girls 337 (80.2%) felt that they would not approach teachers for counseling on sexual matters. The Study concluded that girls involved in risky sex which affected them psychosocially and yet guidance and counseling did not adequately address the matter. It was recommended that premarital sex be addressed and resources for counseling program be provided. The study will add new knowledge to literature and assist in sensitizing teachers, parents and students on psychosocial effects involved in girl-child risky sexual behaviors.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

According to the Program for Appropriate Technology in Health (PATH, 2006), sexual desires among girls begin to appear with the onset of puberty. At this stage, sexual activity is often associated with risks which include unwanted pregnancies, sexually transmitted infections and HIV/AIDS. These however are sexual health topics that are often not spoken about openly and as a result, false information is spread (Oye, Obi, Mohd & Bernice, 2012). False information about sex may include; “all teen girls have sex” or “you can’t get pregnant the first time you have sex”. When young people believe this false information, they may act in ways that are harmful to themselves and others (Academy for Education Development, 2009).

In many countries, female adolescents have become increasingly prone to engaging in habitual risky sexual behaviors such as, early sexual initiation and unprotected sex. In a study involving 14-20 years old girls in Cambodia, Yi, Poudel, Palmer, Yasuoka and Jimba (2008) found that 12.7% of the sample reported sexual intercourse in the past three months preceding the study, 34.4% reported having more than one partner and 52% did not use condom in their last intercourse. According to the study, higher likelihood of risky sexual behavior was significantly associated with high levels of community and family violence, depression, drug abuse and lower levels of family support.

A study conducted in Nigeria revealed that possible reasons that made girls to indulge in risky sexual behaviors included peer influence. Peers exerted great influence on the adolescents by various means; these included exposure to pornographic films, romantic

novels and discussion on sexual issues (Omotere, 2012). In Botswana, alcohol use was found to be significantly associated with risky sexual behaviors and trans-generational sex (Weiser, Heisler, Leiter, & Korte, 2006). Further, studies carried out in selected African countries such as Burkina-Faso, Ghana, Malawi and Uganda revealed that there was evidence that young females of age 14-19 from poor families were more vulnerable to STIs because of early sexual debut and non-use of condoms compared to males of similar wealth status (Nyovani, Zulu & Ciera, 2007). According to (Parents Protect, 2012) early sexual debut could be as a result of sexual molestation.

According to (Wile, 2010), taking risks is generally necessary for teenagers to discover, develop and consolidate their identity; however, teens who risk with sex are likely to suffer adverse effects. A study carried out in Uganda by Atuyambe, Mirembe, Annika, Kirumira and Faxelid (2008) found that risky sexual behavior was a stigmatizing experience for young women if it led to pregnancy. According to the study, girls who became pregnant experienced negative attitudes from family and community members forcing them to hide and only come out at night or leave their homes for other places where they were not known. The researchers further found that such girls suffered psychosocial effects such as rejection, violence, stigma and despair from both family and community members. Another study conducted in Nigeria revealed that risky sexual behaviors led to psychosocial consequences such as regrets, loss of self respect, loss of family support and depression (Abdullahi & Abdullah, 2013).

Since young females are at risk of consequences of indiscriminate sexual behaviors, there is a need to come up with programs that are geared towards enlightenment and appropriate education about sex and sexuality (Esere, 2008). For these reasons, school

guidance and counseling (SGC) programs could provide preventive interventions by providing training in assertiveness and sexual communication skills which may help encourage safer sex among girls (Loew, 2011). In a study to explore the importance of counseling in Malawian secondary schools in addressing the psycho-social dilemmas facing students, Kashoni (2009) found that school counseling reduced dropout rates, minimized misbehavior and improved pupils' self esteem and self worth. He further argued that guidance and counseling helped the students to make informed choices.

The Ministry of Education through the Kamunge report (1988) recommended that guidance and counseling in Kenyan schools be integrated with other topics including sex education. However, a study done by Wango (2006) revealed that talks given to students on sex in Kenyan schools were often vague. This led to a mismatch between issues that required guidance and counseling and those addressed by the guidance and counseling programs. The study further noted that there was a need to develop a syllabus for the guidance and counseling program so as to know which areas to address. Moreover, according to Orago (2011) there was need for empowering the girl-child through guidance and counseling to enable her to participate in decision making with regard to her sexual choices. Although sex education was recommended by the Ministry of Education, schools in remote rural and deprived urban areas such as Siaya are often ill prepared to handle sex education since many have not even seen the recommended curriculum (CSA, 2008). This created a gap as to whether sexual information on risky sexual behaviors was readily available to students in the District to enable them make informed choices.

A study conducted by the Kenya Human Demographic Survey (2008) revealed that, 3 in 5 new HIV infections in Siaya District were aged 15-24 years. Out of these, the females were the most affected. The study estimated HIV/AIDS among females aged 15-19 years at 23% against 3.5% for their male counterparts. The same study estimated teen pregnancy rate at 29% annually against the Kenya national rate of 23%. Sexual debut for girls in the District was also found to be earlier than other areas hence higher risks of unwanted pregnancies, STIs and HIV/AIDS. Despite these statistics, reviewed literature indicated limited published data on sexual behaviors of public mixed day secondary school girls in the District; these could result in inadequate measures being put in place and hence the need for such a study. For this reason, perceptions on girl-child risky sexual behaviors and the role of guidance and counseling in addressing it in public mixed day secondary schools in Siaya District needed to be determined.

1.2 Statement of the Problem

According to Kenya Demographic Human Survey (2008) reports, the prevalence rates of sexually transmitted disease such as HIV/AIDS among females aged 15-19 years in Siaya District was estimated to be 23% against 3.5% for their male counterparts. The report also indicated that 29% of female students in public secondary schools in the District still experienced early pregnancies. This is despite the existence of school guidance and counseling programs in the District. The District also had the highest cases of abortion in Kenya; 3 in 5 cases of abortion among 14- 21 years old girls were reported in local health institutions daily (Standard Newspaper, 30th June 2013). Reports from Center of Adolescence (2008) further showed that the average sexual debut in the Siaya District was 16 years which was much earlier compared to 19 years in other Districts. This was

an indication that the girl-child's wellbeing was at stake and therefore needed urgent intervention; yet no study focusing on girl-child sexual behaviors in Siaya District had been carried out. The present study therefore attempted to establish perceptions on girl-child risky sexual behaviors and the role of guidance and counseling in addressing it public mixed day secondary schools in Siaya District.

1.3 Purpose of the Study

The purpose of this study was to establish perceptions on girl-child risky sexual behaviors and the role of guidance and counseling in public mixed day secondary schools in Siaya District.

1.3.1 Objectives of the Study

Objectives of the study were to;

- i. Determine prevalence rates of girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District.
- ii. Establish perceptions on factors that contribute to girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District
- iii. Establish perceptions on psychosocial effects of risky sexual behaviors on the girl-child in public mixed day secondary schools in Siaya District.
- iv. Establish perceptions on role of guidance and counseling in addressing girl- child risky sexual behaviors in public mixed day secondary schools in Siaya District.

1.3.2 Research Questions

The study was guided by the following research questions:

- i. What are the prevalence rates of girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District?
- ii. What are the perceptions on factors that contribute to girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District?
- iii. What are the perceptions on psychosocial effects of risky sexual behaviors on the girl-child in public mixed day secondary schools in Siaya District?
- iv. What are the perceptions on role of guidance and counseling in addressing girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District?

1.4 Assumptions of the Study

The following assumptions guided the study:

- i. Girls in public mixed day secondary schools in Siaya District are involved in risky sexual behaviors.
- ii. Several factors contribute to girl-child risky sexual behaviors.
- iii. Risky sexual behaviors affect the psychosocial wellbeing of girls involved.
- iv. Guidance and counseling has a role in addressing girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District.

1.5 Scope of the Study

The study was carried out in public mixed day secondary schools in Siaya District in the year 2012. It focused on perceptions on girl-child risky sexual behaviors and the role of guidance and counseling in addressing it public mixed day secondary schools in Siaya District. Reports from the Siaya District Education Office (DEO, 2011) showed that the highest dropout rates due to pregnancy occurred at form two. According to Center for Evaluation of Global Action (CEGA, 2011) high pregnancy rate is an acceptable indicator of risky sexual behavior. Thus form two girls were targeted for this study. According to Kabiru and Orpine (2008) most boarding schools are single gender schools; thus, girls are less likely to have opportunities to have sexual intercourse unlike in mixed day secondary schools where both genders cohabit. Public mixed day secondary schools therefore provided a more social environment suitable for this study.

1.6

Limitations of the Study

i.

Four (0.95%) of the students did not complete the questionnaire as required. Therefore some information may have been missed out. However, because the percentage was small, its effect on the study's findings was not significant.

Study

The findings of the study will be used to create awareness to policy makers, students, school counselors, teachers and parents on prevalence of girl-child risky sexual behaviors such as premarital sex, early sexual debut and multiple sexual partners. It will also be useful in sensitizing parents, teachers and students on factors contributing to risky sexual behaviors such as, peer pressure, poverty and mass media. The study will further be used to formulate policies by Teachers' Service Commission and Ministry of Education on empowering guidance and counseling program in schools to address girl-child risky sexual behaviors. It will also help increase awareness on the risks involved in pre-marital sex such as pregnancies and STIs and assist school counselors, parents and teachers to be aware of the psychosocial effects of girl-child risky sexual behaviors such as poor concentration in class, stress and depression; and the need to address the problem. The study will also add new knowledge on girl-child risky sexual behaviors to the already existing ones.

1.8 Conceptual Framework

This study was based on a conceptual framework showing perceptions on girl-child risky sexual behaviors and role of guidance and counseling in addressing the problem. In this study, the independent variable was role of guidance and counseling in addressing girl-child risky sexual behaviors. According to Biswalo and Shayo (2011) guidance and counseling helped to address both personal and social challenges facing students. Guidance and counseling can therefore be used to create awareness on risky sexual

behaviors such as premarital sex, early sexual debut and multiple sexual partners. It can also be used to sensitize the girls on the dangers of risky sexual behaviors such as unwanted pregnancies, STIs and HIV/AIDS. Research shows that girls who are involved in risky sexual behaviors experienced psychosocial consequences (Meeker, 2010). Therefore, guidance and counseling can also be used to address the psychosocial effects of risky sexual behaviors such as low self esteem, stress, depression and stigma. These can be done through guidance and counseling, workshops, debates and seminars. During counseling sessions girls can also be educated on their right to say 'no' to sex or negotiate for safe sex (Tenkorang & Matica, 2008). This would help improve girl-child's self efficacy.

The guidance and counseling teachers can also encourage girls to always go for individual counseling whenever they have problems by assuring them of utmost confidentiality on issues which they share. This would help the girls to be more open and honest during individual or group counseling and thus help the counseling teachers to address emerging problems in time. Awareness campaigns can also be organized by use of posters, banners, videos and magazines to sensitize the girls on the dangers of risky sex such as HIV/AIDS, sexually transmitted infections (STIs) and unwanted pregnancies. This would help the girls to make informed choices. According to Kenya Education Staff Institute (KESI, 2011), young people are easily reached and influenced by other young people. Therefore the guidance and counseling program can also encourage peer counseling among students. This can be done by organizing seminars and trainings for the peer counselors with the aim of equipping them with information and skills to reach other girls so as to help them realize the dangers of risky sex.

However, despite the fact that guidance and counseling can influence girl-child's risky behaviors, there were intervening variables in this study; this included school rules and regulations, girls' attitudes, personalities, religions, and family values. Regardless of the much that guidance and counseling department can do to address girls' risky sexual behaviors, individual girl's attitudes, personalities, religious beliefs and family values matters; thus a girl with a negative attitude towards life or counseling would not benefit much from the guidance and counseling program and is therefore likely to continue engaging in risky sexual behaviors. On the other hand, a girl whose family values or religion has taught her to abstain from sex is likely to avoid risky sexual behaviors even when guidance and counseling has not played its role well, this would lead to lower prevalence of premarital sex, early sexual debut and unwanted pregnancies; conversely a girl who comes from a family background that does not esteem sexual purity is likely to engage in risky sexual behaviors despite the role of guidance and counseling. Girls with higher self esteem and a positive attitude towards themselves are also likely to overcome effects associated with risky sexual behaviors such as stress, depression and emotional pain without much input from guidance and counseling program compared to girls with lower self esteem. Similarly, school rules and regulations that bars girl from being in school when they are pregnant even though not recommended by the Ministry of Education (MOE) can also be deterrence to risky sexual behaviors and hence reduce premarital sex and pregnancies as opposed to schools where such rules are not observed.

The dependent variable in this study was girl-child risky sexual behaviors such as premarital sex, early sexual debut, negative attitude towards condoms use and multiple sexual partners. The study therefore assumed that when guidance and counseling

adequately play its role by creating awareness through seminars, individual counseling, group counseling, peer counseling, posters and videos, there is a likelihood of less risky sexual behaviors, hence a reduction in premarital sex, early sexual debut and number of sexual partners; and an increase in condom use. This would in turn mean that psychosocial effects of risky sexual behaviors such as stigma, emotional pain, rejection and shame would also be reduced. Adequate intervention through guidance and counseling would also help to expose and address factors that contribute to risky sexual behaviors such as mass media, peer influence and drug abuse. Conversely when guidance and counseling fails to play its role adequately, there would be a higher prevalence of premarital sex, multiple sexual partners and early sexual initiation. This would increase the girl-child's exposure to dangers of risky sexual behaviors such as unwanted pregnancies, HIV/ AIDS and STIs. Failure by guidance and counseling would also lead to higher prevalence of psychosocial effects such as stigma, poor concentration in class and emotional pain. The researcher has further demonstrated how the independent, intervening and dependent variables interact in Figure 1.

**INDEPENDENT
VARIABLE**

**DEPENDENT
VARIABLE**

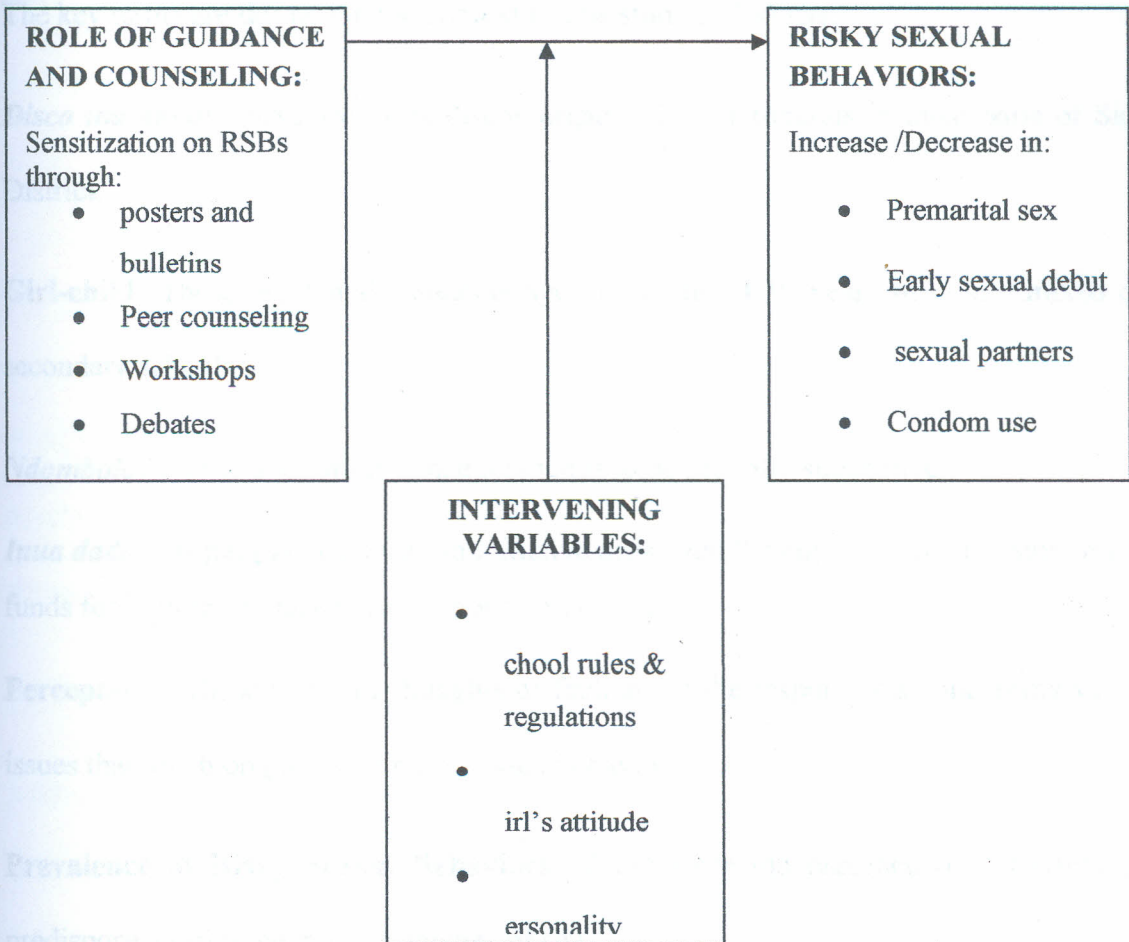


Figure 1: A Conceptual framework showing perceptions on girl-child risky sexual behaviors and role of guidance and counseling program in addressing it.

Source: Researcher

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1.9 Definition of Operational Terms

The key terms are defined in the context of this study as follows:

Disco matanga: These are night discos organized after funerals in most parts of Siaya District.

Girl-child: These are female students aged between 14-19 years in public mixed day secondary schools.

Ndombolo: This is a vigorous dance that tends to be sexually suggestive.

Inua dada campaigns: This was an initiative organized through citizen television to raise funds for buying sanitary pad for poor Samburu girls

Perceptions: These were the thoughts or feelings of the respondents concerning various issues that touch on girl-child risky sexual behaviors.

Prevalence of Risky Sexual Behaviors: These were the presence of behaviors that predispose a girl to negative outcomes of sex.

Psychosocial Effects: These were the effects of risky sexual behaviors on the mental and social wellbeing of the girl-child.

Risky Sexual Behaviors: These are sexual behaviors that predisposed a girl or groups of girls to negative outcomes such as HIV/AIDS, STIs, pregnancy, abortion or emotional pain. Indicators of risky sexual behaviors included, pre-marital sex, early age at sexual

debut, pregnancies, multiple numbers of sexual partners, and negative attitude towards condom use

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The researcher attempted to review related literature touching on girl-child risky sexual behaviors based on the study objectives in the following order; prevalence rate of girl-child risky sexual behaviors, factors that contribute to girl-child risky sexual behaviors, psychosocial effects of risky sexual behaviors on the girl-child and role of guidance and counseling in addressing girl-child risky sexual behaviors.

2.2 Prevalence Rate of Girl-child Risky Sexual Behaviors in Schools

According to the Center of Evaluation for Global Action (CEGA, 2011), risky sexual behaviors can be measured through established proxies like premarital sex, HIV/STIs infection rates, levels of condom use, numbers of sexual partners, age at sexual debut and pregnancy rates. The sexual drive is very strong and once indulged it becomes very difficult to control (Lutomia & Sikolia, 2007). It is for these reasons that even after being educated on the dangers of irresponsible sexual behavior and of immorality, school girls may still feel compelled to take risks.

According to the National Research Council and Institute of Medicine in USA (NRCIM-USA, 2009), 14% of high school students aged between 15-19 years have had sexual

intercourse with four or more partners over their lifetimes; despite this, only 44% of female students reported using condoms as compared to 60% for their male counterparts. Abortion rate among 15-19 years old girls accounted for 16.2% of all abortions. The study however revealed that pregnancy rates had declined and that only 4% of girls aged 15-19 gave birth in 2009 compared to 11% in the year 2000. These findings are in agreement with Human Research Council (2008) which found that 1 in 7 American girls have had sex by the time they turn 15 and that 14.5% of girls in the 12-14 years age group had already had sex compared to 10.8% of boys in the same age group. Guttmacher Institute (2006) also reported high pregnancy rate (7.5% per annum) among 15-19 years old girls in America. These findings revealed high prevalence rates of risky sexual behaviors among adolescent girls in United States of America.

In Transkei South Africa, teenagers make up to a quarter of all mothers. In a research to establish the prevalence of sexual activities and associated risk factors among adolescent school girls, Buga, Amoko and Ncayiyana, (2006) found that, 74.6% of the 1,072 study population were already sexually experienced and had been pregnant at least once. The implications of this finding is corroborated by the fact that at least 28% of South African girls in the 15-24 years age bracket are HIV positives as compared to 4% their male counter parts (Kamau, 2013).

In a study done among youths aged 13-20 years old in Maputo, four out of five schools revealed that girls tended to use condoms only for contraceptive purposes rather than for prevention of Sexually Transmitted Infections as compared to boys, who had more knowledge of condom use. The study also revealed that age group 13- 19 was already exposed to STIs. Although knowledge of HIV/AIDS was found among participants in the

study, there was no translation of that knowledge into adoption of safer sexual behaviors (Machel, 2007). Research findings by the Orago (2011) concurred with Machel (2007); according to the findings, girls feared getting pregnant more than STIs hence most girls preferred to take morning pills to prevent pregnancy rather than use condoms which would prevent both pregnancy and STIs. This showed that the girl-child was more exposed to the dangers of risky sexual behavior hence the need to come up with relevant statistics that may help to highlight the urgency of a solution. It is for this reason that the present study sought to establish the prevalence rate of risky sexual behaviors among girls in public mixed day secondary schools in Siaya District.

A study done by Kibombo, Neema and Ahmed (2007) showed that among young people aged 15-19 years in Uganda, STIs prevalence rate among women was 2.6% compared to only 0.3% among men in the same age bracket. From these statistics, it was clear that there is a need to understand adolescent girls' sexuality and address it if the spread of HIV/AIDS, STIs and other consequences of risky sex is to be prevented.

United Nations AIDS (2008) report in Kenya estimated that of the 15-24 year olds, 4.6-8.4% of women, and 0.8-2.5% of men were infected with HIV suggesting that indeed infection occurs during youth and more so, among girls. Despite this statistics, a study done by the Center for Study of Adolescence (CSA, 2008) found that young females don't have the information they need to make decisions on sexual matters; hence HIV/AIDS prevalence in Kenyan women of age 15-24 was 5% compared to only 1% for their male counterparts. The CSA (2008) also established that dropout rates in schools, particularly for girls, were too high in that up to 13,000 Kenyan girls drop out of secondary schools every year as a result of pregnancy.

Studies conducted in primary schools in Nyanza Province revealed that, 63% of youths both male and female belonging to the Luo community had engaged in sex by age 16 (Tenkorang & Matica, 2008). The findings showed that although girls had a higher abstinence self efficacy than boys, more female students were sexually active as opposed to boys. This was attributed to cultural positioning of girls in sexual encounters which impeded their ability to act on their convictions or negotiate for safer sex. This seems to be in accordance with the Kenya Demographic and Health Survey report (2008), which found that annual teen pregnancy rates in Nyanza Province was 26% against Kenya's national rate of 23%. Therefore the girl-child should be equipped with relevant information so as to reverse the above trend.

A study based on HIV/AIDS education program delivery and behavioral changes among Kenyan secondary students revealed that female students in Siaya District experienced early pregnancy which was an indication that the girl-child in the District involved in unprotected sex (Ongunya, Indoshi & Agak, 2009). The current study attempted to establish perceptions on girl-child risky sexual behaviors and the role of guidance and counseling in addressing it in public mixed day secondary schools as opposed to Ongunya *et al.*, (2009) which focused on, objectives and actual HIV education program delivery and behavioral changes among Kenyan secondary school students.

National Research Council and Institute of Medicine in USA (2009), was done in USA hence results could not be generalized to Kenya while the present study was carried out in Siaya District in Kenya for easier generalization to Kenya. The present study was also different from Tenkorang and Matica (2008) in which primary school pupils were sampled as opposed to the current study which used secondary school students for the

research. It was hoped that the difference in age between primary and secondary school students would yield different results. Furthermore, Buga, Amoko and Ncaiyna (2006) carried out their research in the year 2006 while the present study was done in 2012. Increase in the use of social media such as internet, face book and twitter over the years may have influenced the current study differently.

2.3 Factors that Contribute to Girl-child Risky Sexual Behaviors in Schools

In this section, related literature touching on factors that contribute to risky sexual behaviors were reviewed in the following order; influence of mass media, influence of alcohol and drug use, influence of poverty and influence of peer pressure.

2.3.1 Influence of Mass Media

According to a survey done in Netherlands, 45% of adolescent females had watched sexually explicit materials through the internet, magazines, videos and television in the past 12 months. There was a direct association between watching sexually explicit media and risky sexual behavior although the association was modest (Hald, 2013). Park (2008) also states that American teens exposed to sexual content on TV the most were twice as likely to become pregnant before reaching age 20 as compared to teens who watched less of this material.

Televisions, movies and music are not the only mass media influence; the internet provides teens with seemingly unlimited access to information on sex as well as steady supply of people willing to talk about sex with them. Sexual predators know this and manipulate the young people into online relationships and later set up time and place to meet them. This exposes the teenage girls to high risk behaviors (Park, 2008). Similarly,

according to Center for Disease Control (CDC, 2009), internet surfing and “sexting” (sending and receiving electronic sexual texts) may contribute to risky sexual behaviors. Center for Study of Adolescence (CSA, 2008) further states that exposure to suggestive or explicit media, films, and magazines influence adolescent sexual behavior.

Research also reveals that sexually arousing material whether it is on film, print or set to music is freely available to teenagers in Nigeria. Such information is usually presented out of context of the prescribed sexual norms of that society hence exposing the teenagers to risky sexual behavior (Sibongile, 2007). In another study done in Ethiopia, findings revealed that increased number of unfiltered pornographic films contributed to pre-marital sex (Assefa & Wirtu, 2011).

Electronic media such as television, video, internet, radio and print media such as magazines have exposed the youths in Kenya to sexual pornography and stimulate them to all forms of sexual behavior (Lutomia & Sikolia, 2007). Furthermore Lutomia and Sikolia (2007) argued that music such as pop music and way of dance such as *ndombolo* is done in a manner that centers around sex as though it were encouraging the youth to emulate the same. They further stated that there were many pornographic materials in circulation in Kenya which came into the hands of students. Such materials ended up destroying the moral outlook of the students and some of them ended up practicing homosexuality or lesbianism (Lutomia & Sikolia, 2007). This finding is confirmed by Otanga and Wangeri (2013) who found that in Mombasa, 4.6% females aged 17-19 had watched pornography or other sexually explicit movies.

The reviewed literature lacked any information on the influence of mass media on the sexual behavior of secondary school students in Siaya District; hence there was a

knowledge gap concerning Siaya District. The present study attempted to provide data on perceived influence of mass media on the sexual behaviors of the girl-child in public mixed day secondary school in the District. In Otanga and Wangeri (2013), the study was limited to urban student population of Mombasa; findings could therefore not be generalized to rural student population in Siaya District. The present study attempted to fill this gap by providing data from rural schools in Siaya District. Moreover, in Lutomia and Sikolia (2007) and Assefa and Wirtu (2011), findings were based on qualitative information; hence they did not support their findings with statistical data. In the present study, supportive data was used.

2.3.2 Influence of Alcohol and Drugs Use

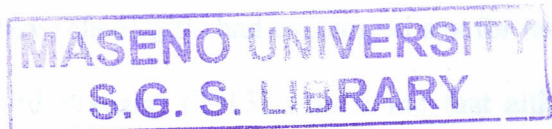
A study done in Brazil revealed that drug use influenced sexual behavior. According to the study, 55.7% of those who reported abusing drugs used condoms consistently as compared to 65.4% among those who did not report using drugs. Girls were less likely than boys to use condoms consistently without a noticeable influence of drugs (Bertoni *et al.*, 2011). Furthermore, according to McKinley Health Centre Illinois (2012), alcohol lowers inhibition about engaging in sex and increases perception of attractiveness for both men and women; this promotes possibility of engaging in casual sex. According to this study 65% of young people aged 15-19 years reported alcohol or drugs being involved in their more recent sex encounter.

In Cape Town South Africa, 12% of female students who abused methamphetamine were more likely to have had sex, to have been pregnant and to have been diagnosed with an STI than students who had never used drugs (Pludemann, Flisher, Mathews, Carney & Lombard, 2008). Similarly, a study done in Uganda found that alcohol was associated

with increased HIV transmission risks and possible disease progression by blunting ones monitoring behavior. The use of alcohol thus increased the likelihood of having multiple or casual partners and unprotected sex (Zablotska, 2006).

A research done in Western Kenya by Magu, Wanzala, Mutugi and Ndali (2012) found that many youths experimented with alcohol and abused other substances. They further found that this behavior compromised judgments and increased chances of engaging in risky behaviors. According to Otieno and Ofulla (2009), 57.9% of secondary school students in Kisumu District had consumed alcohol in their lives; drug abuse was also found to be wide spread in the District among both genders. According to reports from Tembea non-governmental organization (NGO) based in Ugunja in Siaya District, drugs such as cannabis and alcohol were the most available and commonly abused drugs in public secondary schools in the District (Tembea, 2011).

The present study differed from Sibongile (2007) in which both sexes in private, mixed day and boarding secondary school population was involved. In the present study, the researcher focused mainly on mixed secondary schools and more specifically on the girl-child since studies reveal that mixed school girls are more predisposed to premarital sex than their counterparts in boarding schools (Kabiru & Orpine, 2008). In Magu *et al.*, (2012) and Tembea (2011), no direct link was made between alcohol and drug abuse and risky sexual behavior. The current study therefore attempted to establish perceptions on the influence of alcohol and drug abuse on girl-child risky sexual behaviors in Siaya District.



2.3.3 Influence of Poverty

In the Pacific countries, young girls were drawn to risky sexual behavior with older richer men due to the material benefits associated with such relationships (Fiji Women Crisis Center, 2004). In Nigeria, research indicated that 16% of a sample of 2000 teenagers confessed having sex for money while 20% of teenage boys from the same sample indicated that they had given their girlfriends money in exchange for sex (Sibongile, 2007). This shows the role that poverty plays in risky sexual behavior. Further, Sibongile (2007) found that poverty was the major factor in risky sexual behavior; she found that learners compete amongst themselves as to who will carry the child of a rich man in the area. She added that parents mentioned that if their children were involved with an older rich man, they saw that as a source of income and belonging to a higher social class. Similar sentiments are expressed by Mujune (2007) who argued that high poverty levels in Uganda made parents and guardians fail to provide for their children. This together with challenges of living as HIV/AIDS orphans exposed young girls to early engagement in sex to earn a living.

In Kenya, poverty and material deprivation have been found to push girls into activities that expose them to sexual exploitation and survival sex in exchange for food and money. In such situations the young girls are not in a position to negotiate for safe sex and are often at risk of pregnancy and STIs including HIV/AIDS (CSA, 2008). A study done by CSA (2008) found that 56% of all secondary school girls had exchanged sex for money. Similar findings are echoed by Otanga and Wangeri (2013) who found that although adolescents across all economic status in Mombasa were engaged in risky sexual

behaviors, a higher percentage of risky sexual behavior was reported among adolescents from low income brackets. In Siaya District where poverty index stood at 58.02% against the Kenya national rate of 36% (SDSP, 2005-2010), the girl-child was at a higher risk of temptation to offer sex in return for something as simple as lunch (Lutomia& Sikolia, 2007); hence the need of such a study.

The current study differs from Otanga and Wangeri (2013) in which only 217 students were sampled as opposed to 420 in the current study; this was more representative of the larger population, thus improved generalization as compared to Otanga and Wangeri (2013). Furthermore, in Sibongile (2007) both boys and girls were sampled while in the present study only girls were sampled since studies reveal that they are most affected by risky sexual behaviors compared to boys (Orago, 2011). A study focusing on girls was thus needed to better inform policy makers so that effective prevention or intervention measures may be formulated. Moreover, in Mujune (2007), the sample consisted of out of school population. His findings may therefore not apply to secondary schools; thus a gap was created for the current study which focused on secondary school girls.

2.3.4 Influence of Peer Pressure

According to Sheetal (2008), adolescent girls in America indulge in sex for a variety of reasons including peer pressure. Similarly, Dayan (2007) argued that peer pressure can have a negative influence on adolescents. According to him, sometimes an adolescent who is not a risk taker may take part in dangerous behaviors because their peers are doing so. Hence perception of norms and behavior among peers had a significant impact on adolescent girls' behavior in America.

In Sibongile (2007), learners and parents in Nigeria noted that competition amongst girls who had working boyfriends and those who had student boyfriends was a factor that caused escalation of teenage pregnancy. Girls with working boyfriends carry expensive phones; wear expensive perfumes and jewels which the others cannot afford, so they end up having sex with older men to maintain the status quo. Similar incidences occurred in Uganda where it was reported that negative peer influence had amplified the love of money and luxurious life among many young girls leading to indulgence in trans-generational and cross-generational sex for quick gains (USAID-Uganda, 2007).

In Kenya, research shows that other risky behaviors such drug abuse positively correlated to peer pressure (NACADA, 2009).- Similar sentiments are expressed by the Kenya Education Staff Institute (KESI, 2011) who revealed that adolescence risky behaviors such as drug abuse are influenced by peer pressure.

Sibongile (2007), focused on factors that contribute to girl-child risky sexual behaviors such as peer pressure yet no attempt was made to establish the effects of these behaviors.

In the current study, perceptions on psychosocial effects of RSBs were established thus adding more knowledge to the existing literature. Moreover, in NACADA, (2009) and KESI (2011) peer pressure was positively correlated to drug abuse yet no such correlation was attempted between peer pressure and risky sexual behaviors. The present study sought to fill this gap by establishing the perceptions on influence of peer pressure on girl-child risky sexual behaviors. In Sheetal (2008) and Dayan (2007) only closed ended questionnaires were used to collect data; responses were thus limited. In the present study both questionnaire and interview schedules were used. This enabled the researcher to gather information that could not be captured through the questionnaire.

2.4 Psychosocial Effects of Risky Sexual Behavior on the Girl-child

According to Meeker (2010), risky sexual behaviors led to empty relationships, feelings of self contempt and worthlessness. Girls were also found to be more likely to report that they felt used as a result of their sexual encounter as compared to their male counterpart who expressed a bravado feeling after sexual encounters (Schreiner, 2010). However Mier (2007) disagrees; according to her study done in the USA, only a small proportion of girls are affected mentally by premarital sex (Mier, 2007). Thus, her study concluded that the majority of girls did not experience depression or low self esteem as a result of risky sex.

In South Africa, teen pregnancy which results from premarital sex is likely to expose the girls to social stigma, being less likely to be married, lower family income, increased dependency ratio and poverty (UNFPA, 2007). According to Alo (2008) there was evidence of a large number of unintended pregnancies in Nigeria many of which got terminated in backstreet clinics and high rates of Sexually Transmitted Diseases (STDs) among 15-24 year olds. Alo (2008) further argues that the consequences of premarital sex are higher for females than for males. It is for this reason that this study focused on risky sexual behavior amongst the girls.

According to Center for Study of Adolescence (CSA, 2008), risky sexual behavior has led to girls contracting HIV/AIDs whose prevalence among girls aged 15-24 is about 5% compared to only 1% among their male counterparts. Center for Study of Adolescence (2008) further argues that about 33% of girls in secondary schools in Kenya have had sexual intercourse which is often unprotected. According to KESI (2011) the rapid spread of HIV infection among young people is a cause of worry since about 1/3 of those living

which HIV/AIDS are aged 15-24 years. High level of sexual activity is associated with other risks such as, pregnancies, unsafe abortions, and social stigma (CSA, 2008).

A research done by CSA (2008), found that unsafe abortion is one of the most common consequences of teen pregnancy. Up to 250,000 abortions occur every year. A study conducted by the Ministry of Health in 56 health facilities in Kenya showed that 4 out of 10 of those who died from abortions were adolescents of 15-19 years old while another study conducted in a rural District in Nyanza found that 80% of unsafe abortions involved young women of below 20 years (KDHS, 2008).

Sexual behavior has attracted a lot of attention in this era of HIV/AIDS, thus majority of literature such as Alo (2008), KESI (2011) and CSA (2008) have focused majorly on the physical effects of risky sexual behaviors such as abortion, pregnancy, HIV/AIDS and STIs. However, few studies have focused on the psychosocial effects of risky sexual behavior and more so, on the girl child. There was therefore a dearth of knowledge in this specific context. The present study attempted to improve the existing data base by focusing on perceived psychosocial effects of risky sexual behaviors on the girl-child. Furthermore, in both Meeker (2010) and Mier (2007), the studies were limited to the objective of establishing the psychosocial effects of RSBs on the girl-child. However, in the present study, other variables such as role of guidance and counseling in addressing girl-child risky sexual behaviors were considered.

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2.5 Role of Guidance and Counseling in Addressing Girl-child Risky Sexual Behaviors

Rothney and Farwel (2008) attempted to assess the vocational, educational and social activities of two groups at six months, two and a half years and six years after high school graduation. The experimental group consisted of 343 subjects who had been counseled compared to 342 members of a control group who had received no counseling while they were in senior high school. In another study in the USA 81% of school counselors were effectively using counseling intervention to address bullying in their elementary schools (Charlton, 2009). The same study found that counselors were also effective in their overall counseling skills

A study done by Alemu (2013) found that guidance and counseling did not have clearly defined roles and responsibilities in Ethiopian schools. He further argued that only 1/3 of the school communities were aware of the guidance and counseling programs; the services were therefore poorly utilized especially among girls. However a study done by Ajila, Adeyemo and Owojori (2008), found a significant relationship between activities of the school counselor and the practice of precautionary measures in prevention of HIV/AIDS among secondary school students. It thus concluded that counselors played a crucial role in contributing to the students' self understanding and growth.

According to Biswalo and Shayo (2011), guidance and counseling in the educational system of Tanzanian schools should come in to help boys and girls alike to develop their capacities to the full. This includes intellectual, social, physical, and moral capacities. They further argued that school guidance and counseling services in Tanzania had helped

students to overcome learning difficulties and other school related problems as well as challenges related to adolescents.

Biswalo and Shayo (2011) seem to agree with Kinare (2008) who sought to find out the perception of students on the importance of guidance and counseling among 216 students from public and private secondary schools in Getembe Division in central Kisii in Kenya. Kinare (2008) found that guidance and counseling programs contributed to reduction of indiscipline cases among the students. However, his findings revealed that students were not certain of the importance of guidance and counseling in providing information on health matters such as HIV/ AIDS and STIs. Thus in Kinare (2008), the role of school counseling in addressing HIV/ AIDS and STIs related matters remained uncertain. The present study therefore attempted to establish perceptions on the role of guidance and counseling in addressing risky sexual behaviors amongst girls in public mixed day secondary schools girls in Siaya District.

According to KESI (2011), the social fabric has been broken down, family values keep changing and the modern parent in Kenya has very little time for the children. The burden of the youth has thus been shifted to schools. The youth require intervention measures in order for them to grow into responsible citizens; this can better be addressed through guidance and counseling services in a school setting (KESI, 2011). At the moment, the Ministry of Education has HIV/AIDS prevention and sex education that focuses on upper primary and secondary schools, but no specific time is allocated for sex education learning, leaving teachers and school heads to fit in the subject at their own discretion (Center for Study of Adolescence, 2008).

In Siaya District, guidance and counseling programs have existed in public secondary schools since 1978, first as a form of career guidance and later as spiritual and behavioral counseling. Later the program was restructured to replace corporal punishment in line with the Ministry of Education policy (Republic of Kenya, 2001). However despite the development of school guidance and counseling program in the District, reports indicated that teen-pregnancies, abortions and STIs are still rampant (SDSP, 2005-2010). This left a gap as to whether guidance and counseling effectively addressed matters related to girls' sexual behaviors.

Rothney and Farwel (2008), Biswalo and Shayo (2011) and other reviewed literature indicated the presence and importance counseling services in schools, however none considered the aspect of relating guidance and counseling to girl-child risky sexual behaviors. In this study the researcher was interested in establishing the perceptions on role of guidance and counseling in addressing girl-child risky sexual behaviors. Furthermore, the present study differed from Kinare (2008) in that whereas this previous study was carried out in Central Kisii District, the present study was done in Siaya District. It was hoped that the difference in geographical location and cultural backgrounds would yield different results.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the following areas were addressed; research design, area of study, target population, sample size and sampling techniques, instruments for data collection, reliability of research instruments, validity of research instruments, data collection procedures and data analysis.

3.2 Research Design

This study adopted a descriptive survey design. Descriptive design is a scientific method which involves observing and describing the behavior of a subject without influencing it in any way (Shuttleworth, 2008). It is a method that involves asking a large group of people questions concerning the current status of the subjects in the study (Oso & Onen, 2002). Such a survey is only concerned with conditions or relationships that exist, opinions that are held, processes that are ongoing, effects that are evident or trends that are developing (Fraenkel & Wallen, 2000). This design was suitable for the study because it enabled the researcher to collect data without manipulating the subjects. It also enabled the researcher to obtain current perceptions held on girl-child risky sexual behaviors.

3.3 Area of Study

The study was conducted in public mixed day secondary schools in Siaya District. Siaya District in this study referred to the former larger Siaya. Presently, it has been subdivided into four independent Districts namely; Ugenya, Gem, Ugunja and Siaya. The parliamentary constituencies in the District are Ugenya, Ugunja, Alego-Usonga and Gem. Geographically it lies between latitude $0^{\circ}, 26''$ to 018° North and longitude $33^{\circ}, 58''$ East and $34^{\circ}, 33''$ West. Siaya District has three major geographical areas namely, dissected uplands, moderate lowlands and Yala swamp. These have different relief, soils and land use pattern (SDSP, 2005-2010). The total area of the District is approximately 1,523 square kilometers. Siaya District is the largest rural district in Kenya with a total population of about 522,524 (SDSP, 2005-2010).

Major educational institutions in the District included; 86 public mixed day secondary schools, 10 girls' boarding secondary schools and 6 boys' boarding secondary schools, totaling to 102 public secondary schools in Siaya District. Other educational institutions include public and private primary schools, private secondary schools, Siaya Medical Training College, Siaya Institute of Technology and several Village Youth Polytechnics; the District's literacy levels stands at between 60-70%. (SDDP, 2005-2010). The District has a low population growth rate of 2% which is attributed to HIV/AIDS prevalence.

The importance of the present study lies in the uniqueness of Siaya District with its high prevalence of sexually transmitted disease such as HIV/AIDS among females aged 15-19 years estimated at 23% against 3.5% for their male counterparts (KDHS, 2008). The District also reported the highest cases of abortion in Kenya; 3 in 5 cases of abortion among 14- 21 years old girls are reported in local health institutions daily (Standard

Newspaper, June 30th 2013). Such high prevalence meant that the girl-child in Siaya District was at a greater risk of contracting STIs including HIV/AIDS and hence the need of such a study. According to the United Nations General Assembly Special Session on AIDS declaration, there is need for vastly expanded access to information, education and skills especially among the youth to reduce the risks of vulnerability to HIV/AIDS and STIs (MOE, 2004). For this reason, perceptions held on girl-child risky sexual behaviors and the role of guidance and counseling in addressing it in mixed day secondary schools in Siaya District needed to be determined.

3.4 Study Population

A total of 1,385 form two girls, 86 deputy principals, and 86 guidance and counseling HODs from public mixed day secondary schools in Siaya District were targeted for the study.

3.5 Sample Size and Sampling Techniques

Simple random sampling was used in this study. Simple random sampling is where a subset of individuals (sample) is chosen from a larger set (population). Each individual is chosen entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process. This minimizes biases and simplifies analysis of results (Mugenda & Mugenda, 2003). In this study, there were a total of 1,385 form two girls, 86 deputy head teachers and 86 guidance and counseling HODs in 86 public mixed day secondary schools in Siaya district. According to Mugenda and Mugenda (2003) 9% or 10% of the target population may be used for pilot study. In the current study 9 % of; 1,385 (125) girls, 86 (8) deputy principals and 86 (8) guidance and

counseling HODs were thus involved in the pilot study. This group was not included in the actual study, leaving an accessible population of 1,260 girls, 78 deputy principals and 78 guidance and counseling HODs. Therefore a list of female students totaling to 1,260 were obtained from 78 public mixed day secondary schools in the district. Each student was assigned a random number as follows; 1, 2, 3.....1,260 (Ary, Jacob & Razavieh, 1996). When a population runs into thousands, a researcher may use 10% of the study population as the sample size (Ary, Jacob & Razavieh, 1996). However, according to Gay (2004) a larger sample size such as 1/3 of the population is more suitable to reduce the sampling error; the researcher chose to use a larger sample size so as to reduce any sampling error. A third (33.3%) of 1,260 girls was thus randomly selected with replacement to constitute a study sample of 420. Similarly a third of 78 school counseling HODs and 78 deputy principals were randomly sampled to constitute 26 guidance and counseling HODs and 26 deputy head teachers respectively. Simple random sampling was used because it gave each participant an equal opportunity of being chosen thus minimizing any bias. The study population and sample size is given in Table 1.



Table 1:

Study Population and Sample Size

CATEGORIES OF POPULATION	ACCESSIBLE POPULATION	SAMPLE SIZE	
		<i>f</i>	(%)
Girl-child	1260	420	33.3%
Deputy Head			
Teachers	78	26	33.3%
HODs Guidance and			
Counseling	78	26	33.3%

Source: Researcher

3.6 Instruments for Data Collection

Research instruments used were; questionnaire and interview schedules. A questionnaire is a research tool through which respondents are asked to respond to similar questions in a predetermined order (Gay, 2004). A questionnaire may be open-ended, which allows the respondents more freedom of response or closed ended, which facilitates consistency of response across respondents. In this study closed ended questionnaire was used to gather information from students. An interview schedule on the other hand is a personal discussion about interviewees' feelings concerning an issue. It is a qualitative research method that uses structured questions to uncover information on a topic of interest and allows interviewees to express opinions and ideas in their own words. It also provides in-depth data which is not possible to get using a questionnaire (Mugenda & Mugenda, 2003). Interview schedules were used to gather information from deputy head teachers

and school counseling HODs. For research ethics purposes, consent was obtained from parents to collect data from the minors.

3.6.1 Students' Questionnaire

Closed ended questionnaire was used. The questionnaire targeted information such as prevalence, contributing factors and psychosocial effects of girl-child risky sexual behaviors. The students' questionnaire was also used to gather information on their perceptions on the role of guidance and counseling in addressing girl child risky sexual behaviors. Items were in the form of a five-point Likert scale. This type of scale is used to register the extent of agreement or disagreement with a particular statement on attitude, beliefs or judgment (Borg & Gall, 1996). A high point value on a positively stated item indicates a positive attitude and a high total score on the test is indicative of a positive attitude. A value of three represents a neutral response or lack of commitment by the respondent. A value below three depicts a negative response. The values of the Likert scale were thus as follows; Strongly Agree (SA)=5; Agree(A)=4; Undecided (U)=3; Disagree (D)=2; Strongly Disagree (SD)=1 (**Appendix A**).

3.6.2 Interview Schedule for Deputy Head Teachers

Interview schedules were administered to deputy head teachers. This allowed the researcher to record expressive or emotive non-verbal responses that may have indicated the importance of particular questions (Borg & Gall, 1996). It was used to gather information on perceptions on girl-child risky sexual behaviors and role of guidance and counseling in addressing it in public mixed day secondary schools of Siaya District (**Appendix B**).

3.6.3 Interview Schedule for School Counseling HODs

Structured interview schedules were administered to guidance and counseling HODs through a face-to-face interview to allow them air their views freely. The counselors were asked about their perceptions on; prevalence, contributing factors, psychosocial effects of girl-child RSBs and the role of guidance and counseling program in addressing the issue. Information obtained from the interview was used to supplement students' questionnaire (Appendix C).

3.6.4 Reliability of the Research Instruments

Reliability refers to the degree of consistency between two measures of the same kind. An instrument must measure consistently if it is to be reliable. This means that an individual should obtain the same results on another administration of the same instrument (Kathuri & Pals, 1993). In this study, reliability was determined by carrying out a pilot study through a test-retest method within a two weeks interval using 125 students, 8 deputy head teachers and 8 guidance and counseling HODs. Reliability coefficient index for the students' questionnaire was 0.78 at a p -value of 0.05.

3.6.5 Validity of the Research Instruments

Validity refers to the extent to which the test measures what it is supposed to measure (Kathuri & Pals, 1993). It is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study (Mugenda & Mugenda, 2003). Face and content validity of the instruments were ascertained by experts in the area from the Department of Educational Psychology, Maseno University. Their comments were incorporated to improve the research instruments.

3.7 Data Collection Procedures

Notice of intended research study was served to the Provincial Director of Education, Nyanza Province, the District Education Officer, Siaya and to the various heads of the targeted schools. Thereafter the researcher made a visitation to the sampled schools to brief the heads about the research and discuss with them about the possible date of data collection. Parents of sampled girls were also duly informed of the intended study through the head teachers. On the agreed date, before administration of the instruments, the researcher gave a brief introduction of herself and also about the research to the respondents. The study sample was assured of utmost confidentiality of the information that was to be obtained during the study. Thereafter the girls were gathered in a group and the research instruments administered. After the completion of the exercise the researcher collected the questionnaires back and thanked them for their cooperation. The researcher also interviewed the deputy principals and school counseling HODs, recorded their responses and thereafter left the station.

3.8 Data Analysis

Quantitative data collected from the questionnaire was analyzed using descriptive statistics such as frequency counts and percentages. The data was sorted, edited, coded and tabulated. Once coding was completed responses were tallied to establish frequencies which were then converted to percentages of the total responses. Qualitative data from the interview schedules were transcribed, organized into themes and sub-themes and presented in text form on an on-going process.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

In this chapter results of the study are presented and discussed based on respondents' perceptions. The presentation and discussion of results was based on the following objectives;

- i. To determine the prevalence rate of girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District.
- ii. To establish perceptions on factors that contributes to girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District.
- iii. To establish perceptions on psychosocial effects of risky sexual behaviors on the girl-child in public mixed day secondary schools in Siaya District.
- iv. To establish perceptions on role of guidance and counseling in addressing girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District.

4.2 Prevalence Rate of Girl-child Risky Sexual Behavior in Public Mixed Day Secondary Schools in Siaya District

In regard to objective 1, students were asked to state whether they had ever engaged in sex, their age at first sexual encounter and whether they had ever been pregnant. Results are presented in Tables 2, 3 and 4 respectively. The researcher further obtained the perceptions of students on prevalence of risky sexual behaviors by administering closed ended questionnaires using Likert's five point scale. The results are shown in Table 5.

Table 2:

Students' Responses on whether they had Engaged in Sex (n=420)

Have you ever engaged in sex?	Frequency	Percentage
Yes	217	51.7%
No	203	48.3%

Table 2 shows that 217 (51.7%) of the students had involved in sexual encounter at least once while 203 (48.3%) had never had sex. This means that more than half the number of girls in mixed day secondary schools in Siaya district had been involved in sex. This finding agrees with (Tenkorang & Matica, 2008) who found that about half the number of girls in Nyanza Province had engaged in sex. The findings in the present study also agrees with Buga, Amoko and Ncayiyana, (2006) who found that, 74.6% of his 1,072 study population were already sexually experienced and had been pregnant at least once. This similarity could mean that pre-marital sex is an established trend which therefore needs to be addressed.

4.2.1 Girls' Age at First Sexual Intercourse

The researcher further attempted to establish girls' age at sexual debut. The results are shown in Table 3.

Table 3:**Age at First Sexual Encounter (n=217)**

Age in years	Frequency (f)	Percentage (%)
8	13	6.0
9	23	10.6
10	04	1.8
11	47	21.7
12	20	9.2
13	10	4.6
14	50	23.0
15	08	3.7
16	24	11.1
17	18	8.3

In Table 3, 47 (21.7%) and 50 (23%) of the respondents indicated their sexual debut at 11 and 14 years respectively which accounted for the highest frequencies. According to (PATH, 2006) sexual activity begin at the onset of puberty; this figures could thus mean that the majority of girls experienced the onset of puberty between 11 and 14 years. The earliest sexual debut was at 8 years; this could either mean that girls are entering puberty age as early as 8 years or that they may have been sexually molested (Parents Protect, 2012). Early sexual debut lengthens the period of exposure to unwanted pregnancies, multiple sexual partners, HIV/AIDS and STIs (Ankomah *et al.*, 2011). This finding thus

suggests that risky sexual behaviors are prevalent among girls in Siaya District which could be attributed to their inability to make informed choices (CSA, 2008).

The deputy principals' interview schedule further confirmed that most students had been involved in sex by the time they got to form one; this is usually around the age 14-15 years. One of the deputy principal stated that;

Most of the girls become sexually active at a very early age and it is very sad that sometimes adults including teachers are involved. One of the students who got pregnant in form two was being interrogated to establish who made her pregnant. She revealed that her primary school teacher was responsible. On further interrogation the girl admitted that she had had an affair with the teacher since she was in class six.

Both the students' questionnaire and the guidance and counseling HODs interview schedule thus revealed that girls initiated sexual intercourse at an early age which suggests that this could be the on-going trend. These findings are in agreement with Human Research Council (2008) which found that 1 in 7 American girls have had sex by the time they turn 15 and that 14.5% of girls in the 12-14 years age had already had sex. The findings of the present study however differs with Center for Study of Adolescence (2008) who found the average age at sexual debut among females in Siaya district to be 16 years, while the earliest age at first sexual encounter was 12 years; this was older compared to 8 years at sexual debut in the present study. The difference could be attributed to girl-child's increased exposure to media facilities such as mobile phones, face book, twitter and the internet whose usage and accessibility has increased over the years (Assefa & Wirtu, 2011).

4.2.3 Number of Girls that had been Pregnant

To further establish the prevalence rate of girl child risky sexual behaviors, girls were asked whether they had ever been pregnant. Their responses are shown in Table 4.

Table 4:

Girl-child Responses on whether they Ever had been Pregnant (n=420)

Have you ever been pregnant?	Frequency	Percentage (%)
Yes	142	33.8
No	278	66.2

Table 4 shows that 142 (33.8%) of the students had been pregnant at least once while 278 (66.2%) indicated that they had never been pregnant. This means that about one third of the girls' population had been pregnant. When asked whether teenage pregnancy was a common problem in school, 86.4% of the students agreed, while only 13.6% of the respondents disagreed (Table 5). This figure indicates high rates of pregnancies and implies high prevalence of risky sexual behaviors among girls in public mixed day secondary schools of Siaya district.

During interviews with deputy head teachers, 26 (100%) of the respondents noted that most girls were involved in risky sexual behaviors. According to the respondents, this was evidenced by high drop-out rates due to pregnancies. In one school, a deputy teacher thus explained;

In the year 2007, we enrolled 24 girls in form one but by the time the students were in form four in 2010, only 8 girls had not been pregnant. We attribute the pregnancy problem to unhealthy boy-girl relationships which is very rampant among our mixed day secondary school students.

When guidance and counseling teachers were asked in an interview schedule to state their perceptions on the most common counseling case they handled in a year, 20 (77%) out of 26 (100%) cited pregnancy as the most recurring counseling issue in their stations.

One of the counseling teachers thus explained the dilemma;

Whenever we realize any change of behavior in a girl whether socially academically or physically, such a girl is usually called for guidance. In most cases it turns out that such girls are pregnant. We are nowadays used to handling several pregnancy cases especially around the second term. This is so because most girls mess up during the long December holidays and by second term those who are pregnant begin to show.

The views from the deputy principals' and guidance and counseling HODs' interview schedules agreed with that from the students' questionnaires. These perceptions are also in line with Guttmacher Institute (2006) which reported high pregnancy rate (7.5% per annum) among 15-19 years old girls in America. Buga, Amoko and Ncayiyana (2006) in their study on the prevalence of sexual activities and associated risk factors among adolescent school girls in South Africa found that 75% of the 1,072 respondents had been pregnant at least once. The similarities with the present study could mean that teenage pregnancy is a common phenomenon across all cultures. The present study however differed with National Research Council and Institute of Medicine in USA (2009) in which pregnancy rate was reported to be on the decline; in the present study, pregnancy rate seemed to have increased from 29 % in KDHS (2008) to 33.8% in the current study. This difference could either mean that more American girls are using contraceptives or engaging less in sex compared to girls in Siaya.

4.2.4 Girls Perceptions on Prevalence Rate of Girl-Child Risky Sexual Behaviors

The researcher also sought the perceptions of the students on girl-child RSBs to further establish the prevalence of this problem. A five-point Likert scale was used to obtain their responses as shown in Table 5.

Table 5:

Girls' Perceptions on Prevalence Rate of Risky Sexual Behavior (n 420)

Prevalence of risky sexual behaviors

in public mixed day secondary schools	SA	A	UD	D	SD
	f(%)	f(%)	f(%)	f(%)	f(%)
1. Most girls have been involved in sex with more than one partner	205(48.8)	109(26.0)	66(15.7)	19(4.5)	21(5.0)
2. Most girls do not use condoms whenever they engage in sex	134(31.9)	138(32.9)	41(9.8)	61(14.5)	46(10.9)
3. Most girls have engaged in sex at least once	223(53.1)	112(26.6)	15(3.6)	39(9.3)	31(7.4)
4. Teenage pregnancy is common among girls in school	249(59.3)	114(27.1)	-(0.0)	26(6.2)	31(7.4)
5. Most girls are aware of HIV/AIDS pandemic and other STIs	246(58.6)	103(24.5)	10(2.4)	39(9.3)	22(5.2)
6. It's better to get an STI than get pregnant	32(7.6)	7(1.7)	50(11.9)	56(13.3)	275(65.5)

Table 5 shows students' perceptions on prevalence of risky sexual behaviors. When the respondents were asked whether girls were aware of the dangers of HIV/AIDS pandemic and other STIs, 349 (83.1%) agreed, 10 (2.4%) were undecided while only 61 (14.5%) disagreed. This suggests that most girls were aware of the dangers of HIV/AIDS and other STIs. However despite this level of awareness, there seemed to be minimal signs of behavior change as was indicated by 284 (67.6%) respondents who agreed that most girls don't use condoms whenever they had intercourse, 52(12.4%) were undecided while 84 (20%) disagreed. Up to 86.4% of the respondents agreed that teenage pregnancy was common among the girl-students, which further confirmed that girls don't use protection during sexual intercourse. Moreover, 314 (74.8%) of the respondents were of the view that most girls had been involved in sex with more than one partner, 66 (15.7%) were undecided, while 40 (9.5%) disagreed; this further indicates lack of attitude change towards risky sexual behaviors despite being aware of HIV/AIDS pandemic and other STIs.

The researcher also sought the perceptions of the guidance and counseling HODs through an interview schedule. During the interviews, 26 (100%) of the guidance and counseling HODs confirmed that most girls were aware of the HIV/AIDS pandemic and other STIs. The respondents confirmed that this was so because resource persons had been invited in their various schools to talk to the girls about the dangers of HIV/AIDS. They also indicated that girls have been told about HIV/AIDS and STIs in various other forums including school assemblies and in the process of teaching curriculum subjects. However, one of the HODs stated that this knowledge had not been deterrence to risky sexual behavior given the rate of pregnancy among the girls.

Findings in this study shows that despite much awareness about HIV/AIDS there is little in terms of behavioral change; this is line with Ongunya *et al.*, (2009) who conducted a study in Siaya District and found that although knowledge HIV/AIDS was high, it did not translate to behavior change. Similarly, Machel (2007) reported that there was no translation of knowledge of HIV/AIDS into adoption of safer sexual behaviors among Zambian youths. According to Machel (2007) and KDHS (2011), girls tended to use condoms only for contraceptive rather than protective purposes despite high exposure to STIs. The discordance between awareness of HIV/AIDS and behavior change may be explained by the general adolescence cross-cultural tendencies to want to experiment with risks such as sex and drugs at the expense of the effects of such risks (Gusman & Bosch, 2012).

However the present study differs with that of Machel (2007) and Orago (2011) who found that girls preferred STIs to pregnancies. In the present study only 39 (9.3%) of the respondents agreed that sexually transmitted infection was better than getting pregnant, 50 (11.9%) were undecided, while the majority 331 (78.8%) disagreed. In Orago (2011) the research was carried out on the basis of girls' easy accessibility to anti pregnancy "morning pills" in Nairobi. Such pills may not be known or easily accessible to the current study population which is in a rural Kenyan district of Siaya; this could explain the different result in the current study.

4.3 Perceptions on Factors that Contribute to Girl-child Risky Sexual Behaviors

The second objective was to establish perceptions on factors that contribute to girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District. Data was collected using closed ended questionnaires and analyzed using frequency counts and percentages. Coding was done based on the five point Likert scale. The responses are

indicated in Table 6. Further information was also obtained from deputy principals and guidance and counseling heads of department using interview schedules.

Table 6:

Girls' Perceptions on Factors that Contribute to Girl-child Risky Sexual Behaviors (n=420)

Factors that contribute to risky sexual behaviors in mixed day secondary schools	SA	A	U	D	SD
	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
1. Influence from the media	149 (35.5)	148(35.2)	24(5.7)	45(10.7)	54(12.9)
2. To obtain money from Boy-friends	155(36.9)	191(45.5)	16(3.8)	27(6.4)	31 (7.4)
3. Peer influence	159 (37.9)	158(37.6)	32(7.6)	41(9.8)	30 (7.1)
4. Alcohol use and drug abuse	54 (12.9)	48(11.4)	15(3.6)	195(46.4)	108(25.7)
5. Poor family backgrounds	190(45.2)	114(27.1)	49(11.7)	26(6.2)	41 (9.8)
6. Inadequate information about sex	100(23.8)	89(21.2)	28(6.7)	81(19.3)	122(29.0)
7. Domestic problems between parents	78(18.6)	135(32.1)	48 (11.4)	62(14.8)	97(23.1)
8. To satisfy curiosity	105(25.0)	129(30.7)	39(9.3)	78(18.6)	69(16.4)

According to Table 6, 317 (75.5%) of the respondents agreed that peer influence contributed to risky sexual behaviors, 32 (7.6%) were undecided, and 71 (16.9%) disagreed. Three hundred and four (72.3%) agreed that poverty contributed to risky sexual behavior, 49 (11.7%) were undecided while 67 (16.0%) disagreed. Two hundred

and ninety seven (70.7%) agreed that the media contributed to risky sexual behaviors, 24 (5.7%) were undecided, while 99 (23.6%) disagreed. When asked whether domestic problems between parents contributed to risky sexual behaviors among the girls; 213 (50.7%) agreed, 48 (11.4%) were undecided, 159 (37.9%) disagreed. On whether lack of adequate information about sex contributed to risky sexual behaviors; 189(45.0%) of the respondents agreed, 28 (6.7%) were undecided while 203 (48.3%) disagreed. Moreover, only 102 (24.3%) of the respondents agreed that alcohol and drug abuse contribute to risky sexual behavior, 15 (3.6%) were undecided, while the majority of girls 303 (72.1%) disagreed.

More information on factors that contribute to RSBs was obtained from deputy principals using interview schedules. In an interview with the DHTs, 23(88.5 %) out 26(100%) of the respondents reported that poverty and mass media contributed to risky sexual behaviors. They explained that most students attended village dances or *disco-matangas*; these are night dances commonly organized after funerals and are often associated with sexual promiscuity. Such night discos were reported to be very common in the district especially during December holidays. The respondents also indicated that girls were also driven into risky sex due to curiosity and the desire to have money.

Similarly 26 (100%) of the guidance and counseling HODs mentioned poverty, peer pressure and mass media as contributing factors to girl-child risky sexual behaviors in their various schools. On mass media, one guidance and counseling teacher gave the following report;

Mass media has influenced girl-child risky behavior through night dances commonly known as *disco 'matanga'*. These are night dances that are normally organized after funerals. During such dances girls are involved in all manner of

immoralities including sexual immorality. Besides, most of the girls own mobile phones through which they easily communicate with their boy-friends and access sexual sites that could lead them to risky sexual behaviors.

During this interview, only 2 (7.7%) out of 26 (100 %) guidance and counseling HODs mentioned alcohol use and drug abuse as a contributing factor to risky sexual behaviors among secondary school girls. Most (92.3%) of the guidance and counseling HODs reported that the guidance and counseling department did not encounter serious cases to suggest that girls abused drugs. It was however not ruled out; one counseling teacher explained that at one time they realized that unhealthy boy-girl relationship was on the increase in their school. On further investigation, they discovered that some boys and girls who were involved in unhealthy boy-girl relationships were also abusing and peddling drugs.

This means that alcohol and drug abuse may have led to risky sexual behaviors in isolated cases. However most (92.3%) of the guidance and counseling HODs indicated that drug abuse was not a leading contributor to RSBs which was in agreement with the students perceptions; therefore peer pressure, poverty, and mass media seemed to contribute to girl-child risky sexual behaviors the most according to these respondents. In one school the guidance and counseling teacher revealed that, some girls were so poor to the extent that their parents could hardly meet their basic needs which forced teachers to sometimes intervene to help.

The information given by guidance and counseling HODs were in line with students opinions. The findings are also in line with Sibongile (2007) and Mujune (2007) who found that most girls involved in risky sexual behaviors due to poverty and peer pressure. Findings of the current study are also similar to Lutomia and Sikolia (2007) who found

that the media through songs, dances and films as well as drug abuse exposed the youths to risky sexual behaviors. The similarities with the current study may imply that adolescent girls experience similar challenges across the world. The current study was however different in that alcohol use and drug abuse seemed not to be a major contributor to risky sexual behaviors unlike in Zablotska (2006). In the interview with the guidance and counseling HODs, drug use among girl students in the district was not common; this may explain the difference with Zablotska (2006).

4.4 Perceptions on Psychosocial Effects of Risky Sexual Behaviors on the Girl-child in Mixed Day Secondary Schools in Siaya District

This objective was to determine perceptions on the psychosocial effects of risky sexual behaviors on the girl-child. The researcher sought the perceptions of the girl-child by administering closed ended questionnaires based on Likert's five-point scale. A value of four and above on a positively stated item indicated a positive response, a value of three represented a neutral response or lack of commitment by the respondent while a value below three depicted a negative response. The results are presented in table 7. Further information was also obtained from deputy principals and guidance and counseling heads of department using interview schedules.

Table 7:**Girl-child's Perceptions on Psychosocial Effects of Risky Sexual Behaviors (n=420)**

Risky sexual behaviors lead to					
the following consequences among	SA	A	U	D	SD
girls in your school	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
1. Self hatred	216 (51.4)	102 (24.3)	15 (3.6)	38 (9.0)	49 (11.7)
2. Loss of friends	209 (49.8)	97 (23.1)	09(2.1)	47 (11.2)	58 (13.8)
3. Low self esteem	163 (38.8)	162 (38.6)	34 (8.1)	30 (7.1)	31 (7.4)
4. Rejection by family	198 (47.1)	121(28.8)	23 (5.5)	48 (11.4)	30 (7.1)
5. Emotional pain	187 (44.5)	166 (39.5)	07 (1.7)	26 (6.2)	34 (8.1)
6. Poor concentration in class	284 (67.6)	86 (20.5)	- (0.0)	30 (7.1)	20 (4.8)
7. Shame	261 (62.1)	95 (22.6)	11 (2.6)	30 (7.1)	23 (5.5)

According to Table 7, the respondents were asked whether girls experienced self hatred as a result of risky sexual behaviors; 318 (75.7%) agreed, 15 (3.6%) were undecided, while 87 (20.7%) disagreed. Moreover 306 (72.9%) of the girls strongly agreed that risky sexual behaviors lead to loss of friends, 9 (2.1%) were undecided, while 105 (25.0%) disagreed. As to whether risky sexual behaviors lead to low self-esteem, 325 (77.4%) of the respondents agreed, 34 (8.1%) were undecided, while 61 (14.5%) disagreed. Rejection by family was also indicated as an effect of risky sexual behaviors with 319 (76.0%) agreeing, 23 (5.5%) were undecided while 78 (18.5%) disagreed. When asked whether risky sexual behaviors contributed to poor concentration in class among girls, 370 (88.1%) felt that it did while 50 (11.9%) disagreed. During the study 356 (84.8%) of

the respondents also felt that risky sexual behaviors led to shame, 11(2.6%) were undecided, while 53 (12.6%) disagreed. From the foregoing results, girls' concentration in class seemed to be affected by risky sexual behavior the most.

The researcher thereafter sought the perceptions of the guidance and counseling HODs using an interview schedule. When asked whether risky sexual behavior affected the girl-child, 26 (100%) heads of guidance and counseling agreed that risky sexual behaviors had psychosocial consequences on the girl-child. During the interview 20 (76.9%) out of 26 (100%) guidance and counseling teachers' cited rejection as one of the effects of risky sexual behaviors. One guidance and counseling teacher was of the opinion that most of the girls involved in risky sexual behaviors felt rejected by their friends and families and more so when pregnancies resulted from such behaviors. He mentioned that affected girls tended to display lower self esteem.

In another interview with the DHTs, 22 (84.6%) of the 26 (100%) deputy heads reported that risky sexual behaviors resulted in low interest in learning as most of the times such students would be day dreaming in class. The interview also revealed that risky sexual behaviors led to psychosocial consequences such as low self esteem, stress, depression, shame and isolation. These sentiments are echoed by Meeker (2010) and Schreiner (2010) who found that teenagers are often faced with consequences such as stress, social isolation and depression as a result of risky sex. However the present findings are contrary to Mier (2007) who argued that risky sexual behaviors had no impact on the psychosocial well being of adolescents. The disparity with the current study cannot be explained and therefore calls for further research.

4.5 Perceptions on Role of Guidance and Counseling in Addressing Girl-child Risky Sexual Behaviors in Mixed Day Secondary Schools in Siaya District

The fourth objective of the study was to establish perceptions on role of guidance and counseling program in addressing girl-child risky sexual behaviors in public mixed day secondary schools in Siaya District. The researcher used the five point Likert scale; the responses are shown in Table 8. Further information was obtained from deputy principals and guidance and counseling heads of department using interview schedules.

Table 8:

Girls' Perceptions on Role of Guidance and Counseling in Addressing Girl-child Risky Sexual Behaviors in Mixed Day Secondary Schools (n=420)

These statements are true about guidance

counseling in your school	SA	A	UD	D	SD
	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
1. Guidance and counseling helps in addressing girls' personal problems	158(37.6)	144(34.3)	10(2.4)	50(11.9)	58(13.8)
2. Girls easily approach counseling teachers when they have sexual problems.	50(11.9)	33(7.9)	6(1.4)	98(23.3)	233(55.5)

3. Peer counseling helps girls to know about the dangers of risky sexual behaviors 45 (10.7) 62(14.8) 3(0.7) 34(8.1) 276 (65.7)
4. Counseling teachers talk to girls in groups about the dangers of risky sexual behaviors 228(54.3) 113(26.9) 8(1.9) 33(7.9) 38(9.0)
5. Books and magazines about HIV/STIs are available in school 55 (13.1) 100(23.8) 5(1.2) 123 (29.3) 137 (32.6)
6. Role models are often invited to talk to girls about the dangers of pre-marital sex 196 (46.7) 107(25.5) 12(2.9) 47(11.2) 58(13.8)
7. Videos, films and tape records are used to educate girls on the dangers of risky sexual behaviors 66(15.7) 57(13.6) 2(0.5) 155(36.9) 140(33.3)
8. Guidance and counseling is allocated enough time to address risky sexual behaviors 54(12.9) 59(14.0) 18(4.3) 175(41.7) 114(27.1)

According to Table 8, when asked whether guidance and counseling was helpful in addressing their personal problems in their respective schools, 302 (71.9%) of the girls indicated that it was a helpful, 10 (2.4%) were undecided while 108(25.7%) disagreed. This suggests a positive attitude towards counseling among girls. Despite a positive

attitude towards counseling, only 83(19.8%) of the respondents indicated that they would readily discuss issues of sexual nature with their teachers 6(1.4%) were undecided while 331(78.8%) disagreed. With regards to the usefulness of peer counselors, 107(25.5%) of the respondents agreed that peer counseling helped to address risky sexual behaviors, 3 (0.7%) were undecided while the majority 310 (73.8%) disagreed; thus according to most girls (73.8%), peer counseling did not seem to help in addressing girl-child risky sexual behaviors. On availability of books and magazines that touches on HIV/AIDS and the dangers of premarital sex; 155 (36.9%) respondents indicated that such materials are available to them, 5(1.2) were undecided while 260 (61.9%) disagreed. When asked whether role models were invited to give talks on the dangers of pre-marital sex in their schools, 303 (72.1%) of the respondents agreed, 12 (2.9%) were undecided while 105 (25.0%) disagreed. The respondents were also asked whether electronic equipments were used to sensitize them on risky sexual behaviors; 123 (29.3%) agreed, 2 (0.5%) were undecided while 295 (70.2%) disagreed. The respondents were further asked whether enough time was allocated for guidance and counseling to address girls' sexual problems; 113 (26.9%) agreed, 18 (4.3%) were undecided while 289 (68.8%) disagreed. This suggests that only a few schools (26.9%) seemed to provide enough time for the program and more so to address girl-child risky sexual behaviors.

In an interview, the researcher sought the perceptions of the deputy head teachers on whether guidance and counseling addressed girl child sexual behaviors. Sixteen (61.5%) out of 26 (100%) respondents indicated that guidance and counseling department is charged with the responsibility of assisting the girl child in their respective schools on matters that pertain to their growth and development including sexual issues. Six (23%)

of the deputy principals interviewed however felt that most of the girls are very secretive about their sexual issues and hence it was difficult for guidance and counseling to penetrate such barriers. Nineteen (73.1%) of the respondents further indicated that some parents were uncomfortable with their children being exposed to facts about sex. They explained that such parents thought that exposure to facts about sex would lead to, rather than deter risky sexual behaviors. This made it very difficult for the school through guidance and counseling to “intrude” into the girl-child’s world, they added. One of the deputy principals even described an event where a group of people had been invited in his school to give students a talk on HIV/AIDS; part of the talk involved demonstrating the use of male condom using a dummy. He narrated how a parent stormed into his office the following day demanding to know why her daughter had been exposed to such obscene demonstrations.

On the effectiveness of peer counseling, 20 (76.9 %) out of 26 (100%) guidance and counseling heads interviewed indicated that peer counseling was not very effective in addressing risky sexual behaviors. When asked whether the peer counselors were given any training, 8 (31%) of the respondents affirmed while 18 (69%) reported that no formal training had been given to the peer counselors in their respective schools. Moreover 18 ((69 %) of the counseling teachers intimated that workshops and seminars were never held to sensitize the girls on the dangers of risky sexual behaviors. The researcher also found that print and electronic materials were least used to address girl-child sexual behaviors since only 4(15%) out 26 (100%) heads of guidance and counseling department reported having used them. Further, 26 (100%) counseling HODs indicated that seminars and workshops were also rarely organized due to lack of enough funds. They also

reported that they lacked private counseling rooms and that students' negative attitude was also a hindrance to addressing girl-child risky sexual behaviors. In 26 (100%) of the schools that the researcher visited, either there was completely no guidance and counseling offices or it was a room within the larger staff office.

The foregoing results seemed to suggest that only 19.8% of the girls could approach their teachers on their sexual dilemmas and further, only 25.5% of the girls felt that peer counseling was of any help; however this disagrees with Rothney and Farwel (2008) and Charlton (2009) who found guidance and counseling to be effective in behavior change among American students. The difference can be explained by the fact that in the present study, guidance and counseling seemed to be limited by lack of; trained peer counselors, counseling rooms, relevant print and electronic materials and enough time for counseling. Such challenges were not mentioned in Rothney and Farwel (2008) or Charlton (2009). However, the current study seems to be in line with Kinare (2008) who found that the role of school guidance and counseling in addressing matters such as HIV/AIDS and STIs among students was uncertain.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Findings

Summary of the study's findings are presented based on the research objectives;

5.1.1 Prevalence Rates of Risky Sexual Behaviors among Girl-child in Public Mixed Day Secondary Schools

According to the study, up to 51.7% of the girls in public mixed day secondary schools had been involved in sex with the earliest sexual onset being at 8 years old. It was also established that 33.8% of the girls in public mixed day secondary schools in Siaya District had been pregnant. Further, it was revealed that 74.8% of the girl-child had been involved in sex with more than one partner. This was despite the fact that majority (83.1 %) of the girls were aware of HIV/AIDS pandemic and other STIs. It was also revealed that most girls (67.6%) did not use condoms for protection during sexual intercourse despite being aware of HIV/AIDS.

5.1.2 Perceptions on Factors that Contribute to Girl-child Risky Sexual Behavior in Public Mixed Day Secondary Schools in Siaya District

The study indicated that peer influence was perceived to be the key factor (75.5 %) contributing to girl-child risky sexual behavior, followed by poverty (72.3%) and mass media (70.7 %), domestic problems (50.7%), lack of enough information (45.0%) and drug abuse (24.3%). Further, Peoples' social life (*disco matanga*) also featured as key contributing factor to girl-child risky sexual behaviors as perceived by 26 (100%) of the guidance and counseling HODs.

5.1.3 Perceptions on Psychosocial Effects of Risky Sexual Behaviors on the Girl-child

Findings of the study indicated that the girl-child experienced poor concentration in class (88.1%), shame (84.8%), emotional pain (80%), low self esteem (77.4%) and loss of friends (72.9%). This all happened due to girl-child risky sexual behaviors thus affecting her psychosocial wellbeing.

5.1.4 Perceptions on Role of Guidance and Counseling in Addressing Girl-child Risky Sexual Behaviors

The study showed that 73.8% of the girls thought that peer counseling was not instrumental in sensitizing girls on the dangers of risky sexual behaviors nor did guidance and counseling contribute enough. Despite that, 19.8% of the girls were still comfortable to discuss their sexual matters with the counseling teachers.

Further, 70.2% of the girls believed that the guidance and counseling department did not provide adequate electronic material on the dangers of HIV/AIDS and other STIs. However, 68.8% of the girls felt that enough time was not allocated for the guidance and counseling program to enable it to address girl-child risky sexual behaviors in their respective schools.

5.2 Conclusions

From the study's findings the following conclusions were drawn;

From the study's findings, it was concluded that girls were involved in sex at an early age and that the majority of girls had more than one sexual partner without using condoms. This exposed them to risks such as pregnancies and HIV/AIDS.

Among the several factors that the researcher looked at, it was concluded that peer pressure and poverty were the key factors contributing to girl-child risky sexual behavior while lack of information and alcohol and drug abuse contributed the least. It was further concluded from the study's findings that poor concentration in class, shame, and emotional pain were the psychosocial effects experienced by girls.

The researcher also concluded that guidance and counseling was not instrumental enough in sensitizing the girl-child on the dangers of risky sexual behaviors. Further, time allocated to it to address the problem was not enough.

5.3 Recommendations

From the study's conclusions, the following recommendations were made;

1. That the girl-child should be enlightened more on the risks of pre-marital sex such as emotional pain, pregnancy, STIs and HIV/AIDS. This can be done through sex education which is part of the school curriculum. The girl-child should also be made aware of safe sex methods such as use of condoms.

2. Since poverty was one of the key contributors to risky sex in this study, the government should consider measures such as providing essential items like free sanitary towels to deter girls from engaging in risky sexual behaviors to obtain money for such items. Initiatives such as *inua dada* campaign promoted through citizen television and meant to provide free sanitary towels to poor samburu girls, should be intensified and extended to other parts of the country. Further, the role of peer pressure in influencing girl-child risky sexual behaviors should be addressed.
3. Poor concentration in class and shame were the key psychosocial effects of risky sexual behaviors, girls who are affected psychosocially should be identified, guided and counseled by the counseling teachers. The study further recommends that girls should be taught life skills so they can learn how to cope psychosocially whenever they are faced with sexual problems.
4. The study recommends that guidance and counseling programs in schools be strengthened by providing it with enough funds to facilitate peer counselors' training so as to equip them with skills of addressing girl-child risky sexual behaviors. The study also recommends that school administrators allocate adequate time to the counseling program. School administrators should also provide facilities such as counseling rooms, audio-visual materials, books, magazines and counseling literature to help make guidance and counseling more effective.



5.4 Suggestions for Further Research

Based on the study's findings the following areas were suggested for further research;

1. Factors that hinder the effectiveness of peer counseling program in secondary schools in Siaya District.
2. Factors that promote early sexual initiation among primary school pupils in Siaya District.

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