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CONDOM USE, AWARENESS AND PERCEPTIONS AMONG SECONDARY SCHOOL STUDENTS IN KENYA

Mucugu Pauline
Maasai Mara University
Joash Migosi[†]
South Eastern Kenya University
Jonathan Mwania
South Eastern Kenya University

ABSTRACT

Risky sexual practices are rampant among adolescents in Kenya. The sexual practices include unprotected sexual intercourse. Consequences of risky sexual behaviour include poor performance in school and infection with sexually transmitted diseases. This study sought to assess the levels of awareness and perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District, Kenya. This study adopted an ex post facto survey research design because the research design does not influence the cause or the effect of the current status of the phenomenon under study. The target population included 12,319 students and 52 teacher counsellors in the 52 secondary schools. A sample of 372 students and six teacher counsellors was selected from six schools. Thestudy utilised 36 mixed secondary schools. Proportionate-stratified random sampling was used to draw the sample of 372 students from six schools. Data was collected through the administration of questionnaires. Data collected was analyzed using descriptive and inferential statistics with the aid of SPSS version 11.5 for windows. One of the findings was that the students expected the Guidance and Counselling departments in their schools to play an assertive role in creating awarenesson sexuality issues affecting them. Following the finding, the study recommended that the Guidance and Counsellingprogramme be strengthened in the schools to enhance the awareness of sexual behavior and its related consequences.

Keywords: Awareness, Perception, Condom use, Sexually transmitted diseases, Secondary schools, Students

† Corresponding author
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1. INTRODUCTION

The population of the adolescents has been on the increase globally, representing more than 17 percent of the total population (Global Health Initiative, 2012). More than 90 percent of this adolescent population lives in developing countries (Global Health Initiative, 2012).

It is estimated that by the year 2025, adolescent population in the world will have doubled (Youth Net, 2000). This unprecedented increase in adolescent population poses an enormous social and economic challenge. In Kenya, for example, 75 percent of the population is under 30 years of age (Central Bureau of Statistics, 2004). The population between 15- 24 is at 22 percent (Central Bureau of Statistics, 2004).

In mid 1900s, public health attention in developing countries focused on adolescent reproductive health needs in response to increasing number of unwanted pregnancy. However, in recent years, this attention has shifted to sexuality and reproductive health needs (Erulkar *et al.*, 2003). In Kenya, adolescent sexuality and reproductive health needs and problems have been documented in studies (Government of Kenya, 2003).

These studies have shown high incidences of teenage pregnancies, abortions, sexually transmitted diseases (STDs) and Human Immuno Deficiency Virus and Acquired lmmuno Deficiency Syndrome (HIV/AIDS).

This is compounded by the fact that the majority of them lack information about the risks of early and unprotected sexual activities (F.P.A.K., 2000). The median age of sexual debut decreased from 18.8 years to 16.8 years according to data gathered by the government (Government of Kenya, 2005).

The majority of abortion seekers are young unmarried girls Kiragu (2000) while 41 percent of school pregnancies are terminated through abortion (Kiragu, 2000). Trends of HIV/AIDS are extremely high among youth; particularly girls aged 15-19 years and young women 20-24 years (F.P.A.K., 2000).

Approximately, 11.8 million adolescents are living with HIV/AIDS in the world. Out of all the new HIV/AIDS infections, 60 percent occur among the adolescents with more girls being infected than boys (Youth Net, 2000). Cases of early pregnancies have also increased from 3 percent at the age of 15 years, to 45 percent at the age of 19 years. Only 20.4 percent of the sexually active adolescent female aged 15-19 years reported using modern contraceptives (F.P.A.K., 2000).

Increasing early childbearing is exposing young mothers to risks of maternal morbidity and mortality. Adolescent mothers are more likely to drop out of schools (F.P.A.K., 2000). Despite the consequences of engagement in early and unprotected sex, the rate of contraceptive use among the adolescents is low though its prevalence rate has increased overtime (F.P.A.K., 2000).

Secondary schools students are in the adolescent stage where sexual desires and anxieties are high (Central Bureau of Statistics, 2004). Spear, 2000 adds that this phase is known for its rejection of the standards of the adults and behaviour.

Problems and delinquency normally originate from this phase. This is a trying period because of the conflict an adolescent is going, through not knowing whether he is still a child or already an adult.

Majority of them are tempted to engage in sexual activities that expose them to all sexual related risks (Anyango, 2005). In a school environment, sexual behaviour of students varies with the types of schools. For example, students in day and co-educational schools are more likely to engage in risky and unsafe sexual behaviours than those in boarding and unisex schools (Kiragu, 2000). Among the boarding school students, sexual activities are higher during school holidays than among day scholars (Kiragu, 2000).

Studies have indicated that the adolescents lack adequate reproductive health education to enable them to make informed decisions. This has reduced their levels of awareness and perceptions about the available methods for safe sexual behaviour.

Awareness and perceptions could assist adolescents in delaying their initiation into sexual activities or protect those who are already involved in sexual activities. African traditional societies had well-established systems of preparing young people for adult sexual roles and responsibilities. However, traditional systems have weakened and in some places, become extinct and have left adolescents poorly informed (World Bank, 2005).

In realisation of this information gap, the Kenya Education Commission of 1964 (Ominde Report) and the Presidential Working Committee on Education and Training for this Decade and Beyond of 1988 (Kamunge Report) discussed students' reproductive health education. The Ominde Commission and the Kamunge Commission recommended that Guidance and Counselling be part of the learning programme in institutions of learning.

The Commission of Inquiry into Education System in Kenya of 1999 (Koech Report) later on recommended that reproductive health education and even HIV/AIDS education be introduced in school curriculum in primary and secondary schools. HIV/AIDS education is now being taught as an integrated subject in primary and secondary schools in Kenya.

However, despite these government initiatives including establishment of Guidance and Counselling programme in secondary schools, there is relatively limited information about the level of awareness and perceptions of students about contraceptive use in the prevention of Sexually Transmitted Diseases.

Secondary school students in Nakuru North District, Kenya as adolescents have not been spared from the potential consequences of unsafe and unprotected sexual activities that expose them to STDs and pregnancy.

This is in spite of the availability of contraceptive use to protect them. This necessitated the need to assess the level of awareness and perceptions of condom use among secondary school students in the prevention of STDs

1.1. Purpose of the Study

This study sought to assess the level of awareness and perception of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District.

1.2. Objectives of the Study

This study was guided by the following specific objectives:

(i) To establish the level of perception of students about condom use in the prevention of STDs.

(ii) To assess the relationship between the level of awareness and perception of students about condom use in the prevention of STDs.

(iii) To find the relationship between the level of awareness and perception on condom use in the prevention of STDs and the sexual behaviour among students.

2. METHODOLOGY

This study adopted an ex post facto survey research design. The study was conducted in Bahati Division in Nakuru North district in Rift Valley province. The target population for this study included all Form Two and Form Three students, teacher counsellors from the 52 secondary schools in Bahati division. The 52 secondary schools had a total student population of 12,319 in the year 2007 (District Education Office, Nakuru North District, 2007).

The researcher selected six schools using random sampling. The schools were co-educational. These are schools with boys and girls learning together. From the sampling procedures, the 372 students and six teacher counselors formed the sample size for this study. Data was collected using two structured questionnaires (students and teacher counsellor) administered to the selected respondents.

Piloting of the instruments was done to assist the researcher in establishing the reliability of the instruments Cronbach's Coefficient Alpha was computed for each instrument. A reliability coefficient of 0.72 was obtained which confirmed that the reliability of the instruments was guaranteed. Data was analysed using descriptive and inferential statistics.

3. RESULTS

A total of 372 students were enrolled in the study. There were six schools which were identified over the fifty two in Nakuru North District. Majority of the students (95.1%) were aged between 14-18 years. There were more male students (58.9%) in the study than female students (41.9%).

With the awareness level established, it was important to establish their perception on the effectiveness of the prevention methods. Table 1 shows that majority of the students rate abstinence as the most effective method in the prevention of STDs. Condom use and being faithful to one partners are perceived as being the most effective by a similar proportion (12.1%) of the respondents.

Table-1. Most effective Method of STD Prevention

Type of Preventive method	Frequency	Percent
Abstinence	282	75.8
Faithful	45	12.1
Condom	45	12.1
Total	372	100.

An examination of results in Table 1 shows that knowledge of students on the contraceptives available as effective methods of STD prevention was limited to the condom.

The students were asked to state their awareness on whether their fellow students actively use condoms or not. According to Table 2, 54% of the students said they were aware of condom use among students in secondary schools. Table 2 shows that only 46% had no knowledge on fellow students engaged in sexual activities using condoms.

Table-2. Source of Condoms

Awareness	Frequency	Percent
Yes	199	53.5
No	173	46.5
Total	372	100.0

The results in Table 2 imply that majority of the students in secondary schools in Bahati division sexually active and that, they also actively use condoms.

The awareness, and use of condoms by students, raises another pertinent question of the source of condoms. In table 2, 199 out of 372 indicated awareness of condom use by students. The 199 respondents indicated various sources of condoms.

Table 3 shows that the local retail shops were the most popular (59%) source of condoms available to students. Medical facilities are a known source to 26% of the students. Other respondents said they could access condoms from home and entertainment spots. Only 4% of the students have no knowledge of where they would access condoms.

Table-3. Source of condoms

Source	Frequency	Percent
Retail shop	118	59.3
Medical facility	52	26.1
From home	15	7.5
Entertainment spots	7	3.5
Don't know	7	3.5
Total	199	100.0

The results in Table 3 indicate that retail shops are closer to most students and therefore the students can access condoms. The proprietors of retail shops would not mind selling condoms to students the study deduced.

The students' have the resources to buy condoms since some pointed out that the price of a three pack condom was only Ksh.10(less than 1 dollar) and therefore affordable. Besides medical facilities where condoms are provided for free (through a condom dispenser) are not popular with students.

Students were asked to state the source of information regarding contraceptives available to them. The results in Table 4 indicate that 21% of the students are aware of such information is available at the VCT centres with an almost equal proportion (20%), can be provided by the Guidance and Counseling master or mistress.

Incidentally 17% of the students surveyed have no idea of where they can obtain information concerning contraception methods.

Results in Table 4 indicate that most students do not regard guardians as a good source of information on contraceptives. The table indicated that only 4.6% of the students consulted their guardians for information on contraceptives.

Students would rather get information from the VCT centers. Besides it is encouraging to find that a good proportion of the students are aware that such information can be obtained from Guidance and Counselling masters or mistresses. From the results, peers and the media would still play a significant role in providing information to students about use of contraceptives.

Table-4. Source of Information about Contraceptive Methods

Source	Frequency	Percent
Media	37	9.9
VCT	78	21.0
Medical facility/officer	62	16.7
Guidance and counseling master/mistress	75	20.2
Peers	41	11.0
Guardians	17	4.6
Don't know	62	16.7
Total	372	100.0

The researcher also sought information on what students would prefer as a policy to be adopted by schools regarding possession of condoms. Table 5 shows that 35% of the students would prefer a policy that offers Guidance and Counselling to students found in possession on condoms at school.

According to Table 5, seventeen percent (17%) and 16% would prefer suspension or expulsion meted on students found in possession of condoms at school. An estimated 13% of the students were of the view that schools should adopt a no interference policy on possession of condoms at school.

Table-5. Recommended School Policy on Condom Possession

Policy	Frequency	Percent
Expulsion	60	16.1
Suspension	63	16.9
Offer counseling	131	35.2
Punishment	47	12.6
Nothing	49	13.2
Total	372	100.0

Results in Table 5 indicate that students are divided between policies that would encourage punishment for students found in possession of condoms and policies that would encourage Guidance and Counselling to such students.

Students were asked a set of 14 questions aimed at establishing their level of awareness on the correct practice in the use of condoms as contraceptives. The 14 items were listed as statements for which students were to state whether they strongly agreed, agreed, were undecided, disagreed or strongly disagreed with the statements.

Some statements were positive in the sense that if a student strongly agreed with them then the student level of awareness on the correct use of condoms was high. On the other hand strongly agreeing to negative statements would indicate that the student did not know how to use condoms correctly.

Table 6 indicates that majority of the students knew correct practices in the use of condom when engaging in sexual acts. Approximately 94% of the students surveyed agreed that it is necessary to check the expiry date of the condom before use.

On the other hand most respondents (90.3%) disagreed with the statement that said the same condom could be reused. Some students (67.4%) said that condoms were not 100% effective and reliable. The students were found to have a high level of awareness on the correct use of condom.

Table-6. Awareness of correct Use of Condoms

Statements	SA		A		U		D		SD		TOTALS		Mean
	F	%	F	%	F	%	F	%	F	%	F	%	
1. It is necessary to check the expiry date of the condom before use	277	74.5	71	19.1	10	2.7	6	1.6	8	2.2	372	100	4.6
2. The same condom can be used more than once during a sexual intercourse	4	1.1	5	1.3	27	7.3	65	17.5	271	72.8	372	100	1
3. Condoms are 100% effective and reliable	17	4.6	53	14.2	51	13.7	121	32.5	130	34.9	372	100	1,5
4. Condoms are necessary obstacle and an expense in a relationship	72	19.4	99	26.6	107	28.8	48	12.9	46	12.4	372	100	3.2
5. Condoms can be stored anywhere and still be effective	15	4.0	21	5.6	58	15.6	118	31.7	160	43.0	372	100	2
6. Condom use denies young people an opportunity to get pleasure from sex	60	16.1	54	15.4	93	25.0	75	20.5	90	24.2	372	100	3
7. Condom use affects the sexual performance of the user	57	15.3	74	19.9	113	30.4	77	20.7	51	13.7	372	100	3
8. Condom use is necessary if one has a partner	93	25.0	95	25.5	64	17.2	45	12.1	93	25.0	372	100	3
9. Partner has to agree on the use of condom during sexual intercourse	163	43.8	134	36.0	32	8.6	18	4.8	25	6.7	372	100	4
10. Condoms are made for married people only for family planning purposes	72	19.4	44	11.8	36	9.7	75	20.2	145	39.0	372	100	3
11. You can get STDs if you have sex only once or twice without a condom	34	9.1	22	5.9	28	7.5	63	16.9	225	60.5	372	100	3
12. Using latex condoms will help prevent the spread of STDs	40	10.8	74	19.9	103	27.7	77	20.7	78	21.0	372	100	2
13. There is a significant risk of HIV transmission with condoms due to pores	155	41.7	84	22.6	61	16.4	41	11.0	31	8.3	372	100	4
14. Using one condom at a time is recommended	116	44.6	116	31.2	43	11.6	18	4.8	29	7.8	372	100	3

Results in Table 6 reveal that the respondents were not certain on some statements, for example, a mean of 0.91, derived from 113 respondents divide by 372 sampled respondents, multiplied by 3 being the value of the Likert scale.

The respondents said they were undecided whether condom uses affects or does not affect sexual performance of the user.

Besides, there were mixed reactions on whether condom use is necessary or not if a person has one sexual partner. A mean of indicated that there is significant risk of HIV transmission with condom due to pores and therefore would not trust them much.

The issue whether condoms have pores or not has been controversial. The argument that condoms often contain pores, which are larger than the virus, is inconclusive. However, the virus is found in fluids, where exchange of fluids is preventable.

Students were presented with a set of 10 perception statements. They were required to state whether they strongly agree, agree, are undecided, disagree or strongly disagree with the statement. Agreement to positive statements indicates a higher perception towards condom use while agreement to negative statements would denote poor perception and vice versa.

Table 7 gives the results on students' perception regarding the use of condoms.

Table-7. Students' Perception on Condom use

Statements	SA		A		U		D		SD		TOTALS		
	F	%	F	%	F	%	F	%	F	%	F	%	Mean
1. Regular use of condom affect fertility	79	21.2	77	20.7	110	29.6	56	15.1	50	13.4	372	100	3
2. Condoms can help prevent HIV/AIDS and pregnancy	73	19.6	101	27.2	46	12.4	83	22.3	69	18.5	372	100	2.69
3. It's possible to tell if a person has STDs so as to use a condom	26	7.0	30	8.1	64	17.2	89	23.9	163	43.8	372	100	2
4. There is no cure for HIV/AIDS	266	71.5	47	12.6	17	4.6	17	4.6	25	6.7	372	100	4
5. Adolescents are sexually active and can get pregnant or impregnate a girl	192	51.6	117	31.5	30	8.1	30	4.3	17	4.6	372	100	4
6. Having unprotected sex can lead to pregnancy and STDs	231	62.1	84	22.6	20	5.4	20	4.3	17	4.6	372	100	4
7. Abstinence, faithful to one partner and condom use prevent the spread of STI or HIV/AIDS	166	52.7	95	25.5	27	7.3	27	6.5	30	8.1	372	100	4
8. Condoms don't offer complete protection against STI or HIV/AIDS	163	43.8	120	32.3	35	9.4	35	7.5	26	7.0	372	100	4
9. Advertisement and information about condom use is immoral	51	13.7	69	18.5	61	16.4	92	24.7	99	26.6	372	100	3
10. Condom use is an indication that one is promiscuous	51	13.7	40	10.8	134	36.0	69	18.5	78	21.0	372	100	3

The results in Table 7 show that approximately or the students were uncertain on whether regular use of condoms affects ones fertility. Besides approximately 42%of the students either agrees or strongly agreed to the statement that regular use of condoms affects fertility. These perceptions by students are contrary to scientific research.

Another misguided perception was on whether condoms could help prevent spread of HIV/AIDS and pregnancy. According to table 7, 41% of the respondents agreed or strongly agreed to the statement that condoms cannot help prevent HIV/AIDS and pregnancy while 12% were undecided on whether to agree or disagree with the statement.

Condoms use has been advocated for as an effective way of HIV/AIDS and pregnancy prevention. Condom use has been highly rated in the prevention of HIV/AIDS and pregnancy. Theoretically, the use of the condom can prevent HIV and pregnancy by almost 100%. In reality, however "use errors" reduce effectiveness protection to 85%. The "use errors" include incorrect use of condoms.

However, majority of students are in agreement that adolescent are sexually active and can get pregnant or impregnate a girl. They also agree to the fact that having unprotected sex can lead to pregnancy and STDs and that there is no cure for HIV/AIDS.

Besides, majority of the students disagree, or strongly disagree, to the statement that it is possible to tell if a person has STDs so as to use a condom. On the perception that condom use is an indicator of promiscuity, 36% of the students were uncertain while 24% either agree or strongly agree with that line of thinking. They would therefore be hesitant to use condoms for fear of being perceived to be promiscuous.

The researcher sought information the sexual behaviour of a student. The students were asked several items relating to sexual behaviour of students. Since it is difficult for students to give a true picture of their sexual life/ behaviour, the questionnaire was made such that the students were questioned about the sexual behaviour of their fellow students. The responses were then taken as a reflection of the general sexual behaviour of students.

Students were asked whether or not they have any knowledge of students' involvement in sexual activities in their schools. The results are depicted in Table 8. According to the results, 91% of the students were positive that some students in their school are already involved in sexual behaviours. Only 9% of the students were are not aware of such behaviours in their schools.

Table-8. Students' Involvement in Sexual Behaviour

Involvement	Frequency	Percent
Yes	338	90.9
No	34	9.1
Total	372	100.0

The results in Table 8 indicate that it is common knowledge that students are sexually active and engage in sexual activities.

Bad behaviour among school going teenagers/ adolescents is often as a result of influence or pressures from forces within and without the school environment. This study sought to establish sources that influence students into early sexual behaviours since 338 respondents indicated that some students in their school were involved in sexual activities. Table 9 gives the sources of student influence in sexual behaviour. Majority of the students indicated that peer pressure is to blame for students' engagement in sxua1 activities. The students that were influenced by peers were 84%.

Table-9. Source of Students' Influence in Sexual Behaviour

Source	Frequency	Percent
He/she seduces the partner	94	25.3
He/she is seduced by the partner	103	27.7
A friend arranges it for them	33	8.9
He/she is forced into the relationship	28	7.5
He/she is influenced by peer pressure	311	83.6

Table 10 shows that the most popular source of influence was peer pressure. A normal seduction process where a male or female student entices their partner into sexual activities was

also noted. Only a paltry 8% of the students said sexual activity was a result for being forced by the partner. These results showed students who were in their adolescent stage were strongly influenced by their peers who felt that sexual activities are acceptable and are carried out by many adolescents in-thing.

Although adolescents engage in sexual activities at an early age, information were sought from them on when they think should be the right time for sexual relationships. Table 10 gives their responses.

Table-10. Appropriate Age of Sexual Relationships

Age	Frequency	Percent
10 – 14 yrs	10	2.7
15 – 19 yrs	43	11.6
20 – 24 yrs	18	4.8
After marriage	301	80.9
Total	372	100.0

Results in Table 10, showed that 81% of the students interviewed felt that the right time for sexual activities should be after marriage. However, 12% of the students were of the view that sexual relationships should start as early as 15 to 19 years while 3% thought that 10 to 14 years olds are ready for sexual relationships.

Students were asked a set of 12 questions aimed at establishing their sexual behavior and their attitude towards particular sexual behaviours. Their responses are shown in Table 11.

Table-11. Students' Sexual Behaviour

Statements	SA		A		U		D		SD		TOTALS		
	F	%	F	%	F	%	F	%	F	%	F	%	Mean
1. There are not young to engage in sexual activities	54	14.5	51	13.7	34	9.1	63	16.9	170	45.7	372	100	2
2. They do not use any protection if they have a chance of having sex	69	18.5	100	26.9	82	22	65	17.5	56	15.1	372	100	3
3. They believe in abstaining from sex till when married to reduce chances of STDs/pregnancy	143	38.4	71	19.1	37	9.9	78	21	43	11.6	372	100	4
4. Believe that adolescent should use a condom or any other contraceptive if they have to engage in sex	83	22.3	101	27.2	58	15.6	63	16.9	67	18	372	100	3
5. Do not submit to sexual demands, coercion or wishes of peers	43	11.6	40	10.8	96	25.8	108	29	85	22.8	372	100	2
6. Engage in sex to please other friends and fit into the group	100	26.9	109	29.3	45	12.1	51	13.7	67	18	372	100	4
7. Students value the need for protection when having sex	86	23.1	97	26.1	66	17.7	83	22.3	40	10.8	372	100	3
8. Natural sexual desires and curiosity about sex has influenced students to engage in sex	191	51.3	103	27.7	40	10.8	20	5.4	18	4.8	372	100	2
9. Advertisement about condoms and knowledge from school have assisted students to avoid irresponsible sex	143	38.4	101	27.2	41	11	39	10.5	48	12.9	372	100	2
10. Engagement in sex has given students to a real men or women	33	8.9	39	10.5	36	9.7	69	18.5	195	62.4	372	100	2
11. Engagement in sex has given students the necessary experience to marriage	48	12.9	40	10.8	50	13.4	80	21.5	154	41.4	372	100	2
12. Having more than one sexual partner makes one to be viewed as a real man/woman	30	8.1	24	6.5	31	8.3	47	12.6	240	64.5	372	100	2

Table 11 respondents indicated various students' sexual behaviours. The results in Table 17 show that 46% of the students felt that they were young to engage in sexual activities. Approximately 45% of the students agreed or strongly agreed to the statement that they would not use protection if they had a chance of having sex.

Consequently, 22% were not sure if they would use protection or not in the event they had a chance to have sex. This indicates that only a few students consider using any protection in case they engage in sexual activities. The other hand only 38% of the students strongly believed that they would abstain from sex until marriage to reduce chances of STDs and pregnancy. An almost equivalent proportion (42%) were either uncertain or would not consider abstaining until marriage. The students' sexual behaviour is indicated in the statement whether they submit to wishes and pressures of peers.

A convincing 51.8% of students disagreed with the statement that students do not submit to influence of peers. Natural sexual desires and curiosity about sex was highly rated as influencing students to engage in sexual activities as was indicated by 79.0% of the students who agreed to the statement.

Guidance and Counselling has become an important part of the learning process in Kenyan schools. In realisation of the information gap, the Kenya Education Commission of 1964 (Ominde Report) and the Presidential Working Committee on Education and Training for this Decade and Beyond of 1988 (Kamunge Report) discussed students' reproductive health education.

The Ominde Commission and the Kamunge Commission recommended that Guidance and Counselling be part of the learning programme in institutions of learning. The Commission of Inquiry into Education System in Kenya of 1999 (Koech Report) later on recommended that reproductive health education and even HIV/AIDS education be introduced in school curriculum in primary and secondary schools. HIV/AIDS education is now being taught as an integrated subject in primary and secondary schools in Kenya.

This study sought information on what proportion of students actually go to the Guidance and Counselling department for information, and the kind of information that is available at the department.

Results in Table 12 show that 72% of the students visit the guidance and counselling departments in their schools to seek information on various issues. Only 28% of the students do not look for any information from the department, which is the main avenue on schools for relaying information.

Table-12. Seeking information from Guidance and Counselling Department

Seek information	Frequency	Percent
Yes	267	71.8
No	105	28.2
Total	372	100.0

The students were asked to state the kind of information they seek from guidance and counselling department. Majority, 60% of the students who visited the department, indicated that they sought information on sexuality and contraceptives, while 40% of the students who visited the

department were looking for information that was not related to sexuality and contraceptives. The results are shown in Table 13.

Table-13. Type of Information Sought

Response	Frequency	Percent
Sexuality and contraceptive	159	59.6
Other information	108	40.4
Total	267	100.0

Results in Table 13 show that majority of the students who go to the guidance and counselling department, were 267 of the sampled students, normally seek information on sexuality and contraceptives.

Students were asked to state the kind of information that guidance and counselling department provides. Table 14 provides results on the kind of information provided by the guidance and counselling department as mentioned by the students.

Table-14. Type of Information Provided by the Guidance and Counselling Department

Information	Frequency	Percent
Abstinence	125	53.2
Morality	22	9.4
HIV/AIDS and pregnancy prevention	34	14.5
Don't know	54	23.0
Total	235	100.0

Many respondents, 235, indicated that the Guidance and Counselling department was involved in contraceptive education. The majority of students (53%) indicated that Guidance and Counselling departments in their schools provided information on abstinence. Besides, 15% said their departments provided information on the prevention of HIV/AIDS and pregnancy.

However, 23% of the students have no knowledge on the kind of information provided by the Guidance and Counselling departments in their schools. This is an indication that either they do not visit the departments or the departments do not create awareness among the students on the kind of information they can offer.

When asked if the guidance and counselling department should take an active role in creating awareness on contraceptives in schools, 81% of the students supported the idea as shown in Table 15. An even higher percentage of the students said the department should be involved in creating awareness on sexuality.

Table-15. Creation of Awareness on Contraceptives and Sexuality

Response	Contraceptive		Sexuality	
	Frequency	Percent	Frequency	Percent
Yes	300	80.6	318	85.5
No	72	19.4	54	14.5
Total	372	100.0	372	100.0

The results in Table 15 show that students expected the Guidance and Counselling departments in their schools to play a more assertive role in creating, awareness on contraceptive use and sexuality.

The third objective sought to determine the relationship between level of awareness on the correct use of condoms and perception towards condom use. To achieve this objective awareness and perception indices were developed from a set of questions that students were asked to establish their level of awareness and perception.

To develop the awareness index an average score was obtained from the student's responses on the 14 statements about awareness on the correct use of condoms. The statements were organized into positive and negative statements.

The positive statements were: its necessary to check the expiry date of the condom before use; condoms are not 100% effective; partners have to agree on the use of condom during sexual intercourse; you can get STDs if you have sex only once or twice without a condom, using latex condoms will help prevent the spread of STD's; and using one condom at a time is recommended.

The scores for these statements were 5,4,3,2 and 1 for strongly agree, agree, uncertain, disagree and strongly disagree respectively.

The negative statements were: the same condom can be used more than once; condoms are unnecessary obstacles; unnecessary expense in a relationship'; condoms can be stored anywhere and still be effective; condom use denies young people an opportunity to get pleasure from sex; condom use affects the sexual performance of the user, condom use unnecessary; if one has one partner; condoms are made for married people only for family planning; and there is risk of HIV transmissions with condoms due to pores.

Responses to these statements were scored 1,2,3,4 and 5 for strongly agree, agree, uncertain, disagree and strongly disagree respectively. The scores for the 14 items were then summed to come up with an awareness index ranging from a possible score of 14 to 70. The higher the score, the higher the level of awareness.

To develop the perception index, a similar procedure was applied but on a set of 10 statements measuring perception. The index therefore ranged from a possible minimum of 10 and a maximum of 50.

Table-16. Descriptive Statistics on Level of Awareness and Perception Indices

Index	N	Minimum	Maximum	Mean	Std Deviation
Level of Awareness	372	31.00	65.00	50.4220	5.77912
Perception	372	23.00	50.00	37.2634	4.53622

To establish the relationship between level of awareness and perception, Pearson's Correlations was employed. The results for Pearson's Correlations statistics are shown in Table 17.

Table-17. Correlation between Level of Awareness and Perception

		Level of awareness	Perception
Level of awareness	Pearson's Correlation	1	
	Sig. (2-tailed)		
	N	372	
Perception	Pearson's Correlation	0.334(**)	1
	Sig. (2 tailed)	0.000	
	N	372	372

**Correlation is significant at the 0.01 level (2-tailed)

The Pearson's correlation coefficient between level of awareness and perception is 0.334 significant at 0.01 level. These results establish a statistically significant and positive relationship between the level of awareness and perception of students about condom use in the prevention of STDs. This implies that awareness on condom use among students improves their perception towards its usefulness in the prevention of HIV/AIDS and pregnancy.

Objective four was developed to find out the relationship between of level of awareness and perceptions about condom use in the prevention of STDs on the sexual behaviour among students. To achieve this objective a sexual behaviour, index was developed and correlated with awareness and perception indices.

To develop the sexual behaviour index, responses from the 12 items that sought information on students' behaviour were scored. Responses on positive statements were scored 5,4,3,2 and 1 for strongly agree, agree, uncertain, disagree and strongly disagree while negative statements were scored M the reverse. The index therefore ranged from a minimum possible 'score of 12 to a maximum possible score of 60. The actual score for the index actually ranged from a minimum of 15 to a maximum of 54 with an average of 39.09. A Pearson correlation was then run to establish the direction and magnitude of impact of level of awareness and perception on students' sexual behaviour. The results are shown in Table 18.

Table-18. Correlation Between Level of Awareness and Perception and Sexual Behaviour

		Level of Awareness	Perception	Sexual Behavior
Level of Awareness	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	172		
Perception	Pearson Correlation	.334(**)	1	
	Sig. (2-tailed)	.000		
	N	372	372	
Sexual Behavior	Pearson Correlation	144(**)	.084	1
	Sig. (2-tailed)	.005	.104	
	N	372	372	372

** Correlation is significant at the 0.01 level (2-tailed).

The results in Table 18 show that while there is statistically significant and positive relationship between level of awareness and sexual behaviour of students, the relationship between perception and sexual behaviour is positive but not statistically significant at the 0.05 level. The implication of this result is two-fold.

First, the students' level of awareness on the use of condoms positively influences that students' sexual behaviour. Second, that how students perceive condom use does not necessarily influence their sexual behaviour. In the first instance, it could be that having information on condom use might in itself lead to students trying out sexual activities.

There were six teachers counsellors from the six selected schools in Bahati division. Some teachers' counsellors partially completed their questionnaires.

Majority of the teachers' counsellors affirmed that students involved themselves in sexual activities. Five teachers affirmed that students involved themselves in sexual activities. One out of 6 teachers' counsellors said that students do not involve themselves in sexual activity. This represents 16.6% of the teacher counsellor. The teacher counselors observed that the evidence of students' involvement in sexual activities included teenage pregnancies among school girls, students' comments, coupling among boys and girls, ST1s among students.

The researcher sought to determine if students had adequate information about their sexuality and risks of early sexual activities. Five teacher counsellors affirmed that the students had adequate information about their sexuality and consequences of early sexual activities. This represents 83.3% of teacher counsellors in the study.

One teacher counsellor indicated that student do not have adequate information. The information was disseminated by the Guidance and Counselling Department to the students. The information disseminated about their sexuality and related consequences to ones sexual behavior. Majority of the teacher counsellors (83.3%) indicated that information on students' sexuality and risks of early sexual activities was passed on the students of all classes (F1-4) in their schools. One teacher counsellor indicated that they targeted F2 and 3 students only. The teacher counsellors indicated that providing information to students was important because it created awareness about sexuality and related risks of sexual behaviour.

The information was important because students would make informed choices on sexuality issues affecting them the teacher counsellor indicated that information was important in enhancing good behaviour.

The main channels involved in disseminating information to students included group discussions, magazines in the school library, personal counselling, inviting personal resources persons, peer counselling, using assembly time, use of audio-visual facilities. The teacher counsellors offered multiple responses.

Four (66%) of the teacher counsellors indicated that students were aware of available contraceptive methods for prevention of STDs. Two of the teachers indicated that students were not aware of available contraceptives. 66% of the teacher counsellors (4) indicated that the Guidance and Counselling department in the school did not provide information on contraceptive methods. 33.3% of the teacher counsellors (2) indicated that the department provided information on abstinence, risk of early sexual activities, contraceptives, their advantages and disadvantages.

Four (4) teacher counsellors did not comment on the question. It is worth noting that 66% (4) of the teacher counsellors indicated that the students sought information on their sexuality and contraceptives use.

According to the research 50% (3) of the teacher counsellors indicated that students sought information on adolescent changes; how to acquire life skills e.g. assertiveness- on how to deal the opposite sex, how to control sexual desires (self control) and on abstinence. Teacher counselors have a responsibility of promoting life skills (Straight Talk, 2004).

Students sought information from the Guidance and Counselling, Department according to most of the teacher counsellors.33.3% indicated that student's had never sought information, while 15.6% indicated that student had rarely sought for information This was an indication that students were sensitive over issues of sexuality and contraceptives use. The teacher counsellors (83.3%) indicated that they had not adequately addressed the issue of sexuality and contraceptive use. Only one teacher counsellor out of the six indicated that the Guidance and Counselling Department in the school was adequately addressing the issue. This may be an indication of the wider picture in many secondary schools.

One (16.6%) teacher counselor indicated that the school's Guidance and Counselling Department had not create awareness of condom use because it conflicted with religious beliefs; the use of the condom would encourage students to engage in pre-marital sex; it is not officially approved by the Ministry of Education and they lacked information on contraceptive use The other teacher counselors did not answer the question on the role of the Guidance and Counselling Department in creating awareness and changing the perception of students on contraceptive use. The teacher counsellors indicated that they created self awareness, awareness of contraceptive use, encouraged abstinence and appropriate behaviour. This is according to 4 of the 6 teacher counselors.

Teachers' counsellors indicated various factors hinder safe sex practices. They include curiosity about sexual activities, myths and misconceptions about condom use, rejection by a partner, peer pleasure, mass media, and pornographic material and for some ignorance.

4. DISCUSSION

Most secondary schools students in Kenya are in the adolescent stage (Youth Net, 2000). Most secondary schools students are between 14 to 18 years of age (Government of Kenya, 2005). Youth Net (2000) says that adolescence is a time when the adolescents undergo a lot of changes and growth. They undergo a lot of cognitive changes. Boys are more than girls yet girls are more vulnerable. The current national enrolment at the secondary school level in Kenya for boys is at 54% while that of girls is at 46% (Government of Kenya, 1999).

Peer influence has been proved to be a factor that contributes to early sexual activities (Family health International, 2000). Students who were in their adolescent stage were strongly influenced by their peers who felt that sexual activities are an "in-thing" (Family health International, 2000). Natural sexual desires and curiosity about sex was highly rated as influencing students towards engaging in sexual activities.

This was indicated by 79.0% of the students, who agreed to the statement. This supports Mutie and Ndambuki (1999) who indicated that adolescents experience intense sexual demands at a time

when they generally lack cognitive maturity to make decisions pertaining to their sexuality. Majority of the students in secondary schools in Bahati division sexually active and they also actively use condoms. In 2005 , three quarters of sexually active 15-19 year olds in Canada who had been with multiple partners in the past year and/or who were not married or in a common law relationship reported using a condom the last time they had intercourse (Roternmann, 2008).

The proportion who reported becoming sexually active at a very early age decreased. However among those who were sexually active, there was no significant change in the likelihood of having multiple partners or, for males using condom or while some adolescents have adopted measures to reduce their risks of sexually transmitted infection and unwanted pregnancy others reported high risk behaviour (Roternmann, 2008).

The results of the research indicate that it is common knowledge that students are sexually active and engage in sexual activities. These results support the findings by Central Bureau of Statistics (2004), which showed that in Kenya 44% of adolescents between 15 and 19 years have experienced sexual activities. Youth Net (2000) findings shows that students are the world's most poorly informed about the risks of HIV/AIDS, means of transmission and their own vulnerability. Of all the sexually transmitted diseases, HIV/AIDS is perhaps the most frightening because it has no cure (Katherine, 1999).

The need for condoms is growing as HIV/AIDS and other sexually transmitted infections spread. Making condoms more accessible, lowering their costrs, promoting them extensively and helping to overcome social and personal obstacles that limit their use are some of the widely advocated strategies that can be used to save lives lost due to HIV/AIDS (United Management Consultants, 2000).

Sexual intercourse at an early age, having multiple sexual partners and unprotected sex put teens at risk of sexually transmitted infection (STI) and of unwanted pregnancy (Roternmann, 2008). So the younger the person is when she or he becomes sexually active the longer they are at risk of unwanted pregnancy of contracting a sexually transmitted infection (Katherine, 1999).

In Canada by 2005 43% of teens aged 15 -19 reported that they had had sexual intercourse at least once down from 47% in 1996 – 1997. This is in line with the trend in Kenya where the median age of sexual debut decreased from 18.8 years to 16.8 years according to KDHS (2003) and the findings of the research.

Behaviour change among the students is necessary in avoiding unhealthy sexual lifestyles. They, concur with the fact that abstinence is the most effective way of preventing the spreading to STDs including HIV/AIDS (Weirtreich and Benn, 2004). Abstineence is known to be the best strategy to reduce HIV/AIDS (Ravai *et al.*, 2003) Many young people do not know the proper use of condoms. They prefer not to use them at all (Weirtreich and Benn, 2004).

Many teens do not use effective contraceptive methods, and those who do are likely to use them infrequently or incorrectly (Weirtreich and Benn, 2004). (Crosby *et al.*, 2005) suggest the discomfort experienced when using the condom may suggest why many young men and women become less motivated to use it. The discomfort includes being too tight or loss of sensation.

The discomfort would be antecedent of condom breakage, incomplete use and less motivation to use condoms. Students' knowledge on the contraceptives available as effective methods of STD prevention was limited to the condom as indicated by results of the research. This could be because

the condom is the only effective contraceptive in the prevention of STDs according to the research results. The cost of a pack according to the research is Ksh 10 (less than one dollar). In Ethiopia the cost for a pack of condoms differs from place and during day and night time. However, many respondents that were involved in a survey considered the cost of a pack of condom to be cheap (not expensive). They pointed out that they faced little problems in getting the condoms (United Management Consultants, 2000).

In Ethiopia, the level of awareness and the utilization of condom, the survey results showed that most people (88%) know about the condom. However, only a third reported having ever used it. The recognition giving to the condom as a widely accepted mode of HIV/AIDS prevention by the community is in line with the fact that protection and self and partners from STI and HIV is the main reason for condom use and discussion about condom in Ethiopia.

Students showed awareness of various sexual issues (Central Bureau of Statistics, 2004). Young people need skills to deal with these pressures and expectations without putting themselves at risk (Government of Kenya, 2005). The Ministry of Education, Sports and Culture in Zimbabwe developed a policy that advocated for support of life skills building and abstinence. There were arguments that condom break and leak. The church is reluctant to speak about the condom use to prevent infection limits young people's option (Ravai *et al.*, 2003).

Majority of the teacher counsellors, indicated that information on students' sexuality and risks of early sexual activities was passed on the students of all classes (F1-4) in their schools. The teacher counsellors indicated that providing information to students was important because it created awareness about sexuality and related risks of sexual behaviour. However, some student's had never sought information, while some student had rarely sought for information. This was an indication that students were sensitive over issues of sexuality and contraceptives (Central Bureau of Statistics, 2004). Evidence from the focus – group discussions in Zimbabwe indicates that adolescents are aware of this conflict between choice of strategy and sometimes conceal their condom use in order not to disappoint adults. In some cases, their moral conflict gives young people limited choices about reproductive behavior. Moreover adults should reconsider their moralizing concerning young people's sexual activity and support real rather than limited choices with regards to adolescents reproductive health (Ravai *et al.*, 2003).

The parents do not discuss adolescent reproductive health with their children they advise them on abstinence. Adolescents hide the condoms for their parents. Teachers do not discuss condom with students (Ravai *et al.*, 2003).

5. RECOMMENDATION

The study made the following recommendations in view of the above conclusions. There is need to sensitize students on the dangers of early sexual activities through effective Guidance and Counselling programmes. This can be done by enhancing the life-skills that students have so as to help them overcome pressure and influences that make them engage in early sexual activities. The study noted that peer pressure contributes immensely in influencing students towards engaging in early sexual behaviour.

The perception on condom use among students for the prevention of STDs and HIV/AIDS needs to be enhanced. The perception on condom use can be corrected and strengthened. The

Ministry of Education, in collaboration with the Ministry of Health can hold campaigns that target students with student appropriate messages on the perception of condom use.

Stakeholders in the education sector should formulate policies that will enhance responsible sexual behaviour among pupils and students to be in line with the millennium goals. One of the millennium goals is education for all especially universal primary education. Another millennium goal is to combat HIV/AIDS by reversing the spread. These policies aim at enhancing responsible sexual behaviour and improving enrollment in schools.

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