

**INFLUENCE OF TEENAGE SEXUAL BEHAVIOUR ON
ACADEMIC PERFORMANCE AMONG PUBLIC SECONDARY
SCHOOL STUDENTS IN BUNGOMA SOUTH SUB-COUNTY,
KENYA**

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**A Thesis Submitted in Partial Fulfilment of the Requirements of the Award of the
Degree of Master of Education in Guidance and Counseling of Masinde Muliro
University of Science and Technology**

May, 2018

DECLARATION

Declaration by the Student

This thesis is my original work and has not been presented for a degree or any other award.

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DEDICATION

This work is dedicated to my children: Irene, Annie, Ivy, Anita and Tim.

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I thank the Almighty God for his grace, guidance and strength that has seen me through the entire study. My immeasurable gratitude goes to my supervisors Dr. Poipoi Moses and Dr. Opiyo Atieno Rose for their tireless effort and guidance in making the study a success. I am also grateful to my course lecturers in the department of Educational psychology; Dr. Bota Kennedy, Ms. Were Dinah and others for imparting the requisite knowledge and advice which made completion of this course possible. To my friends and course mates whom I cannot mention all, I appreciate the honourable support during this noble work. Sincere thanks to secondary schools visited in Bungoma South Sub-County for their co-operation in data provided that is the basis for the study. I also recognize my parents, Julius and Antonina Gadi for giving me a foundation to the fountain of knowledge. My husband Albert Aki and children Irene, Annie, Ivy, Anita and Tim for their encouragement and support during the study.

ABSTRACT

Sexual activities among adolescents have been reported to be on the increase. The trend across the world shows that many adolescents are initiating sexual activity from as early as 10 years with many disastrous effects on their lives, health and education. These behaviors predispose teenagers to academic risks by reducing their motivation to learn, as well as their feeling of connectedness to academic performance. The purpose of the study was to investigate the influence of teenage sexual behavior on academic performance among public secondary school students in Bungoma South Sub-County, Kenya. The objectives of the study were to: establish the influence of teenage homosexuality, heterosexuality, contraceptive use and guidance and counseling programs on academic performance of secondary school students. The Social Cognitive Theory and Social Learning theories developed by Albert Bandura guided the study. Descriptive survey and correlational research designs were used. The study population comprised 3,774 form 3 students, 52 Deputy Head teachers and 52 Guidance and Counseling teachers in public secondary schools in Bungoma South Sub-County. Data was collected using questionnaires, interview schedules and Focus Group Discussions. The instruments were validated by supervisors and research experts' opinion and were adjusted based on their recommendations. The reliability coefficient of the instruments was set at .70 and .829 was achieved from the piloted set of tools. Both descriptive and inferential methods of data analysis were employed. In descriptive analysis, mean, frequencies and percentages were used while in inferential statistics; Pearson's r was employed to test the significance of hypotheses. Findings of the study were analysed using descriptive and inferential statistics. Findings indicate a slight positive correlation between teenage homosexual behaviour and academic performance, which was statistically significant ($r = .189$, $n = 384$, $p = .01$). There was low significant positive relationship between risks associated with teenage homosexual behaviour and academic performance among the learners. Moreover, results show negative relationship between teen heterosexuality and academic performance ($r = -.703^{**}$, $p < .00$). The more teenagers are actively involved in heterosexual activities the more their minds are pre-occupied with possible disruption to education. In addition, there exists a significant and positive relationship between teen contraceptive use and academic performance ($r = .955^{**}$, $p < .00$). The majority, 35.17% of the respondents disagreed that presence of health programs did influence their academic performance. The study recommends special attention to be given to students with a view to integrate them to conform to societal expectations. Sex education to be introduced in schools before adolescence, so as to ensure teenagers go through the transition from adolescence to adulthood without compromising their education goals. The guidance and counseling departments should be strengthened to enhance their effectiveness and stakeholder participation should be encouraged.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
APRC:	Austin Pregnancy Resource Center
B.S.C.H.I.S:	Bungoma South Sub-County Health Information Systems
CDC:	Centers for Disease Control
G/C:	Guidance and Counseling
GED:	General Education Development test
GPA:	Grade Point Average
HIV:	Human Immunodeficiency Virus
KAIS	Kenya AIDs Indicator Survey
KEMRI:	Kenya Medical Research Institute
KNBS:	Kenya National Bureau of Statistics
PRAMS:	Pregnancy Risk Assessment Monitoring System
STD:	Sexually Transmitted Diseases
S.T.I:	Sexually Transmitted Infections
UNAIDS:	United Nations Program on HIV and AIDs
UNICEF:	United Nations Children Fund
WHO:	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Overview

This study was concerned with the investigation of the relationship between teenage sexual behaviour and academic performance. It sought to research the proposition whether teenage sexual behaviour has a bearing on students' academic performance. The study focused on public secondary schools in Bungoma South Sub-County where not only the prevalence rate was established, but also the influence of the relationship on academic performance. Essentially, this introductory chapter sought to lay the foundation for the perspective of teenage sexual behaviour and academic performance among students. It contains brief background information, purpose of the study, objectives, research questions, assumptions, justification, scope, limitations and significance of the study.

1.2 Background of the Study

Teenage sexual behavior is a major concern; this is not only to the Kenyan government, but across the world. Parents, religious leaders and society in general are equally concerned about this phenomenon. This is because of the implications of teenage sexual behaviour on education and the health of teenagers. The adolescent stage among teenagers is a period of turmoil marked with enormous vibrancy, discovery, innovation and hope and also the time when many of them initiate sexual relationships and involvement (Kirby, 2012). This can be a challenging time for young people (Kim, Sheridan & Holcomb, 2009) who often engage in risky sexual behaviours (Linbee, 2000). According to (Neman 2014), student sexual behavior evinced by the disquieting statistics indicated massive school drop outs resulting from teenage pregnancies, abortions, HIV/AIDS infections, STI transmissions and death. These consequently resulted in a myriad of social, health and academic problems, low education attainment or dropping out of school. Several studies in Sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents (Ochieng', 2013). In the last three decades, a substantial

increase has been observed in the proportion of adolescents who engaged in sexual activity while at school (Kirby, 2012).

Studies however have found negative associations between teenage sexual activity with academic outcomes at secondary school that are not explained by prior confounding influences. A few studies found longitudinal associations between sexual debut and declined academic performance in US secondary school students (Sprigs & Halpern, 2008). Sexual debut before age 16 was associated with decreased early adulthood participation in tertiary education (sprigs & Halpern, 2008). (Madkour, 2010) conducted a comparative study of five countries (Scotland, Finland, France, Poland and United States). They asserted that sexual activities among adolescents have been reported to be increasing worldwide. They concluded that early sexual activity is a risk behavior that is inversely associated to school attachment and academic performance.

A number of studies have related adolescent sexual activities to education; the latter has usually been conceptualized as consequence (Amba, 2010) reported that about one-half of the students in grades nine through twelve in the United States are sexually experienced. Sexual activity begins at young ages, with 14.6 percent of boys and 13.0 percent of girls initiating before age 15, and even higher rates in certain subgroups (Arcidiacono, 2009). The prevalence of sexual activity among adolescents raises substantial concerns, largely because of associated risks such as unplanned pregnancy and sexually transmitted disease. The proportion of high school students who were sexually active has remained steady since 1997, approaching nearly 50% for all high school students with almost 70% of youth experiencing sexual debut by age 18 (Eaton, 2007); (Grunbaum, 2001). Approximately 7.1% of American youth report sexual debut prior to 13, with more male than female youth reporting early sexual debut; by age 16, approximately 30% of females and 34% of males have had sexual intercourse (Finer, 2007).

Global studies also reveal that about 16 million teenage girls aged 15-19 years and 2 million girls under the age of 15 years give birth annually. In addition, statistics indicate that 41% of teenagers had ever had sexual intercourse, 30% had had sexual intercourse

during the previous 3 months prior to the study. Of these, 43% did not use a condom , while 14% did not use any contraceptive the last time they had sex, Only 10% of all students had ever been tested for HIV among U.S. high school students surveyed in 2015 (CDC, 2016).Sexual risk behaviors place teens at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy. Young people (aged 13-24) accounted for an estimated 22% of all new HIV diagnoses in the United States in 2015 (CDC, 2015). Among young people (aged 13-24) diagnosed with HIV in 2015, 81% were gay and bisexual males (CDC, 2015). Half of the nearly 20 million new STDs reported each year were among young people, between the ages of 15 to 24. (CDC, 2014) and nearly 230,000 babies were born to teen girls aged 15–19 years in 2015 (CDC, 2015). A National Survey on Sexual Health and Behavior (NSSHB) 2009 involving more than 800 teenagers, aged 14 to 17 years also revealed that a lot of U.S. teenagers engage in masturbation. The report further added that both sexes engage in early sexual activities although boys start earlier than girls, do it more often than girls and both had a likelihood of engaging in sexual relations with a partner and an increased condom use.

There is a growing evidence of young men having sex with men (MSM) exploratory behaviour among boys in Bangladesh; though no national data on young MSM is available. Studies from USA also reported similar findings (Coker, 2000). A need assessment study for prevention of HIV/STIs among MSM in the age group of 21 to 30 years in Dhaka revealed that the mean age of first sex with other males was mostly between 10 to 12 years (Rani *et al.*, 2003). Most of them sold sex with seven or eight clients per night and 40% did not know anything about condoms. Premarital sex, particularly if it occurs outside of a stable union that will lead to marriage, is considered socially as a taboo. In addition, (Robinson, 2007) study highlighted problems experienced by homosexuals as missing school, underachieving, or dropping out of school due to student to student cruelty/ harassment and bullying due to emotional and psychological distress.

Several studies in Sub-Saharan Africa have documented high and increasing premarital sexual activities among adolescents (Ochieng', 2013). In the last three decades, a substantial increase has been observed in the proportion of adolescents who engaged in

sexual activity while at school (Kirby, 2012). Adolescents are known to be an adventurous group, and often engage in risky behaviours such as smoking, drinking alcohol, using drugs, and early unprotected sexual activity (Linbee, 2000). Sexual debut may also lead to emotional problems, such as depression and low self-esteem (Meier, 2007), which could impede school work (Grimm, 2007). Low academic achievement and aspirations have been widely identified as risk factors for early sexual debut in longitudinal studies (Helfand, 2008). There has been less research on associations between teenage sexual debut and subsequent academic underachievement. Such associations may not involve causal effects: sexual debut and a decline in academic aspirations and performance during adolescence may lie on the same developmental trajectory, with shared antecedent risk factors.

Previous studies reveal that students' sexual relationship is on the increase and common in most of African schools (Espey, 2008). The trend is gradually changing and the incidence of student-adolescents' or youths' engaging in sexual relationship is high and may constitute problems (Ngalinda, 1998) including social, health and academic. The Nigeria Demographic and Health Survey of 1999 reported that the median age at first sexual intercourse for girls is just over 16 years. By ages 18 and 20, 63% and approximately 80% respectively have experienced sexual intercourse. Several other studies have reported high rates of sexual activities among Nigerian teenagers (Unuigbo, 1999). Over 16% of teenage females reported first sexual intercourse by age 15, while among young women aged 20 – 24 nearly one-half (49.4%) reported first sex by age 18. Also, among teenage males 8.3% reported first sex by age 15 while 36.3% among those aged 20 – 24 reported first sexual intercourse by age 18 (Feyisetan, 2002).

Evidence from a growing body of research indicates that between one in seven and one in three young men and fewer than one in ten young women had ever engaged in pre-marital sex (Jaya, 2008). Practices such as homosexuality, lesbianism, and sexual orgies are indulged in just for the reason of experimentation and peer influences, owing to a wealth of uncensored information they are exposed to, through an intensifying wave of westernization, the internet, and electronic media. Perhaps this explains why adolescence has also been described as a time of 'storm and stress' and is marked by a period of self-

discovery and innovation. It is characterized by transitions in emotional, social and cognitive development. Adolescent sexuality is now considered a normative aspect of development, and is no longer equated with danger (Tolman, 2009). This can be a challenging time for young people who are becoming aware of their sexual and reproductive rights and needs, and who rely on their families, peers, schools and health service providers for affirmation, advice, information and the skills to navigate is sometimes a difficult transition to adulthood.

In low and middle income countries, one in five girls has given birth by the age of 18. In the poorest regions of the world, the figure rises to over one out of three girls while an estimated 3 million of the subset undergo unsafe abortion (WHO, 2012). Every day 2500 young people are infected and an estimated of 1.8 million to 2.4 million within the age group 10-19 were living with HIV and AIDs in 2009. Most of them live within Sub Saharan Africa (UNICEF, 2011). Statistics indicate that in Kenya 260,000 teenagers are living with HIV against a population of 1.6 million living with the condition (Oduor, 2015). Further reports indicate that by the age of 19, 7 in 10 teenagers have had sex (Gutmacher, 2012). In Thailand and Philippines, family structure was associated with premarital sex; youths living with one parent have higher rate of sexual activity than those living with both parents (Choi, 2007).

Studies conducted in Malawi by (Chipeta, 2012) revealed that by age 18, most teenagers have had sex with prevalence rates at 60% for the girls and 53% for boys. The condom is the most preferred contraceptive although its use is as low as 3% among the female and 13% among the male teenagers. In Rwanda the situation is not different since 41% of the teenagers have their sexual onset before age 15. The study shows that more males initiate sex earlier than females before the age of 15 at 50.4% and 26.7% respectively (Madkour, 2010). Similar studies by (Ebrahimi, 2013) on perceptions of teenagers on sexual debut and contraceptive use in Uganda indicated the median age for girls is 17.1 and for boys 18.3, with 76% female and 57% male (15-19) being sexually active. The prevalence of sexual debut, median age and contraceptive use by teenagers seem to differ by gender and country which are bound to have a subsequent effect on education. Focus on the later studies has been placed on the link between the sexual debut and contraceptive use.

However, the current study sought to establish teenage contraceptive use, its implications and challenges/ and its impact on academic performance.

In Mali, and Burkina Faso 30-40% teenagers are sexually active in contrast to Senegal at 4% making it one of the lowest in Sub Saharan Africa. The median age at first sex in Mali is 15.9, Burkina Faso 17.5 and Senegal 19.6 again one of the highest age in Africa. For the sexually active 15-19 year olds Burkina Faso is at 24%, Mali 30% and Senegal 3% (Dann, 2012). In Ivory Coast, Mozambique, Namibia and Togo sexually active teenage females using contraceptives only comprise 10%-18% of 15-19 year olds (Kennedy, 2012); (Guttmacher, 2012) These statistics have a bearing on students' performance as regards to timing of first sexual initiation. Young people often face enormous pressure especially from peers to engage in sex, unlicensed erotic video films and the desire for economic gain. As a result of this, significant number of adolescents are involved in sexual activities at an early age (Bridges, 2013), (Jaya, 2008) studies of college students, teachers and parents highlights that at least half of the respondents had their first sexual experience between the ages of 15 and 24 years, at least 38% reported occasional masturbation and larger proportion of women than men reported that their first sexual activity had been with a partner of the same sex. Condom use was inconsistent and almost never occurred in the first few instances of commercial sex.

(Myalkado,2014) reported that school girls' pregnancy is the salient indicator of the existence of sexual activity in schools in Tanzania. They also reported that pregnancies in secondary schools increased from 6.5 percent in 2006 to 20.4 percent in 2009 (URT, 2010). The existence of students' sexual relationship fuelled by self-sexual desire through sexual exploitation was a common practice in Tanzanian schools. It was also found that most sexually active students performed poorly in their studies and faced several problems that significantly compromised their academic lives.

Another issue of concern to sexual and reproductive health specialist is contraceptive use among teenage students and its influence on academic performance. In the context of many African cultures, the situation is the reverse where sex remains part of a sacred

norm and most young people who live with their parents or relatives are discouraged from accessing sex related devices such as condoms for fear of being identified as promiscuous (Mberu, 2008) or being reprimanded. It is for similar reasons that health care providers in Malawi, South Africa and other countries are identified as cruel to young people, consequently hindering them from accessing sexual and reproductive information and services (Woodkate, 2012) .As a result, teenage contraceptive use in Africa is as low as 37% (Kennedy & Gray, 2011; (Guttmacher, 2012) .In African countries like Ghana and Nigeria the factors determining sexual activity and contraceptive use are somewhat similar to those across Africa. They include age, gender, educational level, social economic status, self-efficacy (peer influences), number of sexual partners, need to prove sexual prowess, sexual coercion (pressure from boyfriend and peers), religiosity, knowledge and perceived risk of sexually transmitted infections which have a bearing on academic performance.

In Kenya, there is an established trend of diminishing population of students with regard to academic performance. Forty-six percent of high school students report ever having had sex and thirty-four percent reported being currently sexually active. Sexual intimacy is a part of many students' lives (Wanjala, 2015). (Zabin, 1995) reported that the single most important predictor of sexual activity among teenagers was the use of alcohol, drugs, or tobacco in Kenya. In particular, (Aspy, 2012) found that teenagers with lower grades were more likely to have participated in risky behaviors such as unprotected sex. Problems relating to physical health and other non-health issues may be associated with a set of psycho-social problems that impact negatively on development and welfare of young people hence predisposes teenagers to poor academic performance (Basch, 2010).

There are rising cases of underage pregnancies in Western part of Kenya with statistics showing that 36 girls in some schools were found pregnant in one term (The Weekly Western Chronicle, 2016). Furthermore, statistics show that teenage pregnancy rate is 30 per cent, HIV AND AIDS prevalence 6.6 per cent, (RoK, 2000) implying high sexual activities among teenagers. On the other hand, 19 boys were suspended from the same region for alleged involvement in homosexuality (Wanjala, 2015). These behaviours predispose teenagers to academic risks by reducing their motivation to learn; reducing

their feeling of connectedness to school (a key factor in academic performance); and contributing to absenteeism and even temporary or permanent dropping out (Basch, 2010). It is against this background that the current study investigated the influence of teenage sexual behaviour on academic performance among public secondary school students in Bungoma South Sub-County, Kenya.

1.2 Statement of the Problem

Majority of the education systems in the world are designed in such a way that entry into teenage coincides with joining secondary or high school. The general societal expectation is that these teenage students will remain focused in school, study hard, pass their examinations, join tertiary institutions and eventually start their careers. Incidentally it is still during these teenage years that majority of them hit puberty and adolescence. According to Kirby (2012), the adolescence period is one of confusion with adolescents facing ongoing conflict and difficulty adapting to both physiological and psychological changes in their bodies. These changes, including the sudden upsurge of sexual and aggressive drives cause unrest and turmoil in the teenagers' inner selves and in the way they perceive the world. It is at this time when many of them initiate sexual relationships and involvement.

Unfortunately, in the state of confusion and without guidance these teenage students are unable to balance between sexual relations and the academics. In most cases, the teenagers in the curious and adventurous stupor, prioritize sexual activities over academics as many findings have emerged indicating that teenage sexual activity negatively influences educational attainment (Owen, Rhoades, Stanley, & Fincham, 2010). The risk associated with teen sexual activity include unplanned pregnancy, HIV infection and other STIs more often than not result in consequences such as absentia from school, lack of morale for education, suspensions, expulsions and school dropout culminating in shattered dreams.

Regrettably the statistics of the consequences of teen sexual activity are consistently increasing and are perturbing. For instance, according to Reports from the Kenya National Bureau of Statistics, out of 310,000 abortions that occur every year in Kenya,

16% (49,600) of the admitted cases are teenagers. What is even more worrying is the impact of sexual activity of the teenagers' academic attainment. According to the same report a whopping 13,000 teenagers drop out of school annually over sexual activities related cases.

Amidst the national crisis, the former western province where Bungoma County lies is the one of the hardest hit by the risks of teenage sexual activity. Whereas the teenagers' national childbearing average is 18%, in the region it lies at 25%. In 2016, one school in Bungoma County had 36 pregnant girls in one term (The weekly Western Chronicle, 2016). HIV and AIDS prevalence is 6.6%, (RoK, 2000) implying high sexual activities among teenagers as compared to the national figure at 6.0. On the other hand, 19 boys were suspended from the same region for alleged involvement in homosexuality (Wanjala 2015).

These behaviors predispose teenagers to academic risks by reducing their motivation to learn; reducing the feeling of connectedness to school (a key factor in academic performance); and contributing to absenteeism and even temporary and permanent dropping out (Busch, 2010). Teenagers in the region have been reported to spend most of their time with electronic devices such as computers and televisions either at home or in the cyber cafes in town browsing probably watching phonography associated with sexual activities (Mberi, 2014). If the situation is not curbed immediately, in the long run, the country stands to suffer the risk of a semi illiterate generation and inadequate skilled workforce to run its economy. It is against this back ground that the current study investigated the influence of teenage sexual behaviour on academic performance among public secondary school students in Bungoma South Sub County, Kenya.

1.3 Purpose and Objectives for the Study

The purpose of the study was to determine the influence of teenage sexual behavior on academic performance among Public Secondary School students in Bungoma South Sub-County, Kenya.

The general objective of this study was to investigate the relationship between teenage sexual behavior and academic performance among public secondary school students in Bungoma South Sub County.

1.3.1 Objectives of the Study

The specific objectives were:

- i) To investigate the relationship between teenage homo sexuality and academic performance among Public Secondary School Students in Bungoma South Sub-County.
- ii) To establish whether teenage hetero sexuality affected student academic performance among Public Secondary School Students in Bungoma South Sub-County.
- iii) To establish the relationship between teenage contraceptive use and academic performance among Public Secondary School Students in Bungoma South Sub-County.
- iv) Assess the relationship between teenage Guidance and Counseling programs and student academic performance among Public Secondary School Students in Bungoma South Sub-County.

1.4 Research Questions

The study was based on the following questions:

- i) To what extent does teenage homosexuality influence students' academic performance among Public Secondary School Students?
- ii) To what extent does teenage heterosexuality affect academic performance among Public Secondary School Students?
- iii) How does teenage contraceptive use affect academic performance among Public Secondary School Students?
- iv) To what extent do Guidance and counseling programs influence academic Performance among Public Secondary School Students?

1.5 Research Hypotheses

H₁: Teenage homosexuality lowers student and academic performance.

H₂: Teenage heterosexuality influence student academic performance.

H₃: Teenage use of contraceptives determines their academic performance.

H₄: Teenage Guidance and Counseling programs influence student academic performance.

1.6 Assumptions of the Study

The study assumed that there is a homogeneous structure of the 52 public secondary schools both boarding and day schools selected for the study. The second assumption was that attainment of the objectives on teenage sexual behaviour is purely a function of academic performance. Third assumption was that given the sensitive nature of the topic of study, some respondents might feel shy and therefore censor the information they give, this could affect the accuracy of the data to some extent and also affect respondent willingness to participate.

1.7 Justification of the Study

Today's adolescent is different from those of earlier times due to changes in the society and exposure to a variety of intellectual pursuits. Studies reveal that students' sexual relationship is on increase and common in most of African schools (Espey, 2008). The trend is gradually changing and the incidence of student-adolescents' or youths' engaging in sexual relationship is high and may constitute problems including social, health and academic. Furthermore, inability in getting along with teachers and administrators, difficulty adjusting to the school program, classroom misconduct, poor examination grades and lack of school success are associated with these schools. Given the importance of tangible results in a performance driven society, most student grades or mean scores obtained in schools are very low. The students are in the adolescent stage which is a critical development period when young people are sexually active (Orpinas, 2012).

Therefore, the current study investigated influence of teenage sexual behaviour on academic performance in Bungoma South Sub-County.

Academic performance is commonly measured by exams or grades. Academic performance through good grades in high school increases students' chance of admission into a college of their choice and eligibility for academic scholarships.

Given the importance of tangible results in a performance driven society, most student grades or mean scores obtained in schools are very low. Academic performance is commonly measured by exams or grades. Academic performance through good grades in high school increases students' chance of admission into a college of their choice and eligibility for academic scholarships

1.8 Scope of the Study

The study sought to establish the influence of teenage sexual behaviour on academic performance among public secondary school students in Bungoma south sub-county. It targeted 52 Public Secondary schools with study population of 3,774 form 3 students, 52 Deputy Head Teachers and 52 Guidance and Counseling Teachers (KNBS, 2010; Sub-County Education Office, Bungoma South, 2015). The form 3's were chosen despite the fact that they are in the prime adolescent stage which is a critical development period when young people experiment with sexual activities and had taken numerous examinations which formed the aspect of academic performance. The constructs were teenage sexual behaviour (teenage homosexuality, teenage heterosexuality, teenage contraceptive use and teenage guidance and counseling programmes) as the independent variable and academic performance as the dependent variable.

1.9 Limitations of the Study

There were challenges in getting access to full information especially from the students about their sexual behaviour on homosexuality and heterosexuality. Students' fear of providing responses on their sexual activities hence limits their participation in the study. Since teenage sexual behaviors are sensitive issues, the researcher established good relationship with the students, assured them of confidentiality and that their opinion were

basically for academic research. Another limitation for this particular study was time. In addition to saving time and cost, this has the added benefit of reducing survey fatigue among respondents and give adequate time for report preparation. This issue was enhanced through use of an effective work plan of activities developed and strictly adhered to. Furthermore, the study required enormous finances in order to develop a good report since the researcher was self-sponsored. Data collection is typically one of the most expensive aspects of a research study. According to Bamberger *et al.*, (2006), one of the best ways to lessen data collection costs are to reduce the amount of data collected therefore, this study collected only what was necessary for the study purpose and the information was limited to the stated objectives, indicators and assumptions in the log frame.

1.10 Significance of the Study

Teenage sexual behavior has been a major concern to Ministries of Education and Health on cases related to pregnancies, STI and HIV and AIDS leading to poor academic performance. The findings of the study will be used by the Ministry of Education, Ministry of Health teachers and parents to be more sensitive and supportive to teenagers in the approach of providing relevant information on human sexuality, abstinence and contraceptive use and risks or irresponsible sexual behavior. Further the Ministry of Education may use findings from this study to strengthen policies on sex education among teenagers in both primary and secondary schools.

The study may also help teachers to establish a more conducive and understanding environment for teenagers to open up on challenges affecting them about their sexual behavior. This may also help teachers to approach students' problems with sobriety and steer affected students to excellence in academics. The study may prompt parents to be more keen and open to share vital information on sexual behavior with their teenagers. The extent of teenage sexual behavior and contraceptive use may also awaken parents and teachers to seriously and collectively work together on guidance and counseling of students in Bungoma South Sub-County.

The study findings will also contribute to filling the gap in knowledge concerning the teenage sexuality and academic performance and contribute to the general pool of knowledge on this subject.

1.11 Theoretical Framework

The study was guided by two theories namely: social learning theory (1977) and social cognitive theory (Bandura, 1986).

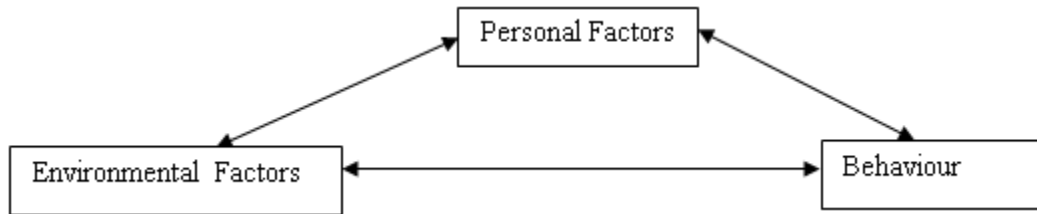
Social Learning Theory

The social Learning theory was developed by Albert Bandura. The theory states that people learn from one another through observation, imitation and modeling. This theory has been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory and motivation. In social learning view, man is neither driven by inner forces nor buffeted helplessly by environmental influences. Rather psychological functioning is best understood in terms of a continuous reciprocal interaction between behavior and its controlling conditions. This theory places emphasis on the important roles played by various symbolic and self- regulatory processes (Bandura, 1986).

Social Cognitive theory

Social Cognitive Theory (Bandura, 1986).It accords a central role to cognitive, vicarious, self-regulative and self-reflective processes in human adaptation and change. The theory views people as self-organizing/reflecting and regulating. According to Bandura, the individual's perception of being capable of achieving one's goals/ self-efficacy, behavior and social learning environment continually influence one another.

Bandura advanced the concept of triadic reciprocity, which determined connectors between human behaviour, environmental factors and personal factors as shown in figure 1.



Source: Bandura's (1997; 1986) Model of Reciprocal determinism

Figure 1 Model of Reciprocal Determinism

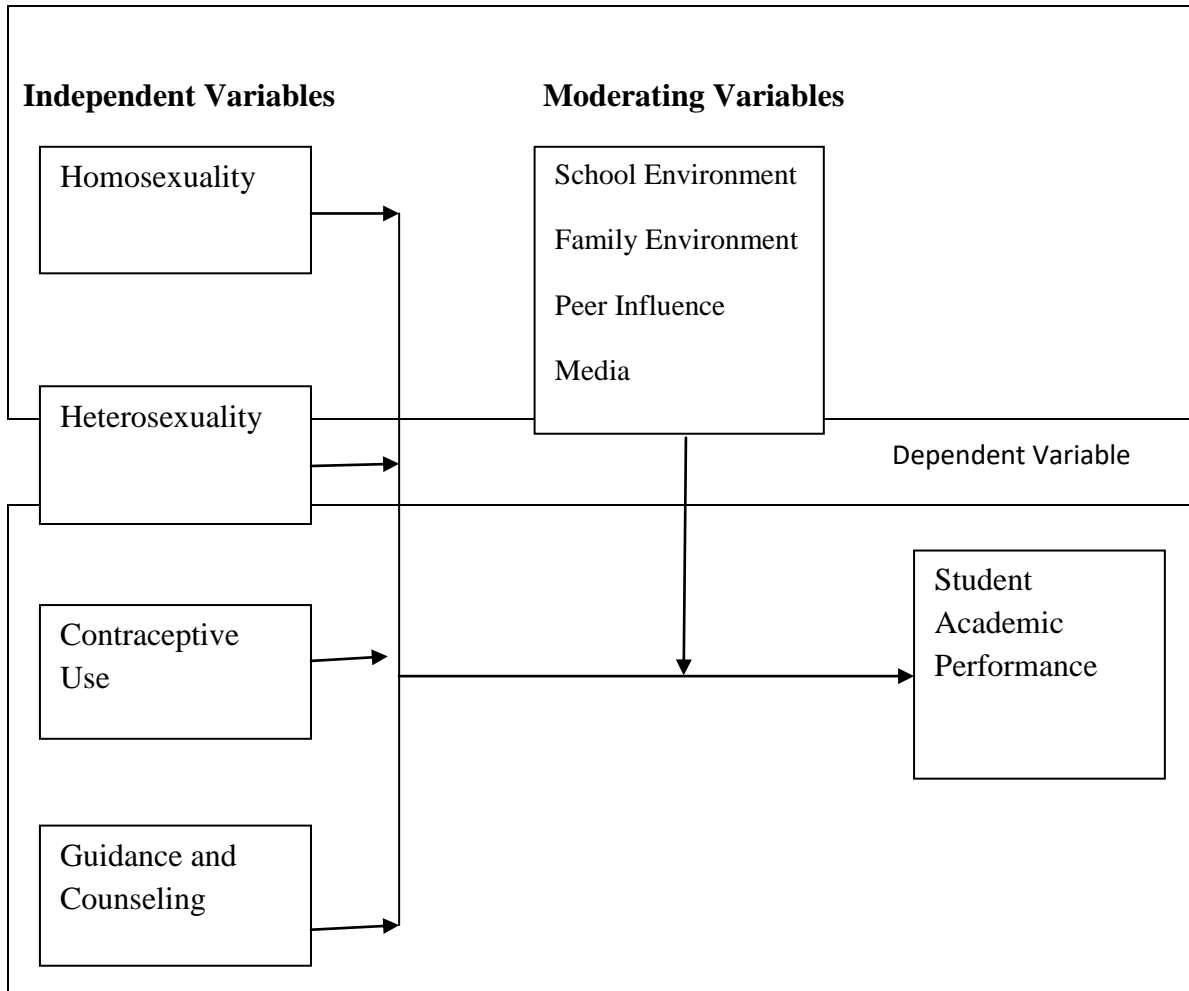
According to Bandura people learn a lot by watching, observing others as well as reading about what people do.

Teachers and parents can teach teenagers self-regulating efficacy to bolster their belief that they can competently take care of themselves by purchasing contraceptives without embarrassment and freely talk about their sexual behavior to avoid misconceptions. For instance, modeling, role-playing, drama, integrated issues on sexual behavior in subjects like religious studies and biology, guidance and counseling, seminars and youth summits. The theory was relevant in this study since it explains how people learn, why some teenagers are able to use contraceptives and have safe sex measures and still attain academic performance, while others easily fall victims of unwanted pregnancies, STDs, HIV and AIDS and as a result drop out of school.

Borrowing from the Albert Bandura's Social Cognitive Theory, the current study sought to investigate the influence of teenage contraceptive use on academic performance among Public Secondary School students in Bungoma South Sub-County. This gave room especially to all stakeholders, the parents, and teachers to understand and re-evaluate the need for filling gaps on guidance and counseling of teenagers to avoid the negative worrying trend of sexual behaviour resulting in unwanted pregnancies, sexually transmitted diseases, school dropout and poor performance.

1.12 Conceptual Framework

The interrelationship between dependent and independent variables for this study is represented diagrammatically in figure 2 below.



Source: Researcher, 2016 *Figure 2: Conceptual Framework on influence of Teenage Sexual Behaviour on academic performance among Public Secondary School Students*

A conceptual framework is an analytical tool with several variations and contexts. It is used to make conceptual distinctions and organize ideas. It is evident that academic performance is dependent on independent variables such as teenage homosexuality, teenage heterosexuality, teenage use of contraceptives and teenage guidance and counseling programs. Moderating factors such as school environment, family environment, peer influence and media do have an influence on how much the independent variable affect the dependent Variable. Although independent variables have a direct influence on academic performance of public secondary school students, there are other intervening / moderating variables which indirectly affect the set parameters of standards and time frame hence impacting students CATs scores, academic ranking and standard mean scores. It is believed that people learn a lot by watching, observing others as well as reading about what people do. The resulting behavior that an individual assumes from the effects of teenage sexual behavior and contraceptive use is the dependent variable. In the conceptual framework the dependent variable is the academic performance.

According to Mugenda and Mugenda (2003), an independent variable is a predictor variable since it predicts the amount of variation that occurs on another variable. The independent variables such as teenage sexual behavior and use of contraceptives among the students are affected by intervening variables such as individual factors , the school administration policies, the ministry of education policies that later affect the dependent variable. These effects will in turn influence the outcome of the dependent variable; i.e. academic performances of students. Intervening variables affect the relationship between Independent and dependent variables. In this study, the environment (school regulations, ministry of education policies) teenagers grow in or are exposed to will have a major pre-determination on the sexual prevalence of the teenagers.

Individual factors on the other hand are therefore regulated by interplay of self-generated and external sources of influence. The self-esteem, cultural upbringing, family values and backgrounds, poverty, friends and peer groups, the media, residential areas where the students come from as well as school policies and guidance and counseling department

have a crucial role in the sexual behavior of the teenage. These influences determine teenage sexual behavior and use of contraceptives which in this study are the independent variables. Teenagers may have seen peer mates negotiate or discuss about contraceptive use with their partners and friends in order promote safe sex, or not use contraceptives at all because of misconceptions such as it leads to infertility. Teenagers may also have high self-efficacy and form a strong commitment due to their interests and activities to complete school unscathed. This may explain why some teenagers may decide to postpone their sexual debut and commit their energies to academic performances. Others may be sexually active and still perform well academically while those with low self-efficacy have low expectations, avoid challenging tasks, believe different tasks and situations are beyond their capabilities, focus on personal failures /negative outcomes and quickly lose confidence in personal abilities. These according to this study are individual intervening variables because they affect the total effect of teenage sexual behavior and use of contraceptives on academic performance of students.

1.13 Key Operational Terms

Academic Performance: Refers to the extent to which a student has achieved their educational goals. Students' performance is usually measured in terms of grades/scores. The quality of grades such as A's and B's are indicators of good academic performance while lower grades signify poor academic performance.

Contraceptives: Refers to birth control measures, devices or techniques used to prevent pregnancy by interfering with the normal process of ovulation, fertilization and implantation as well as prevent sexually transmitted infections. They include condoms, pills, intra- uterine devices, injectables and implants.

Heterosexuality: Refers to a romantic attraction, sexual attraction or sexual behavior between persons of opposite sex.

Homosexuality: Refers to a sexual desire or behavior directed towards a person of one's own sex where boys/girls seek partners of same sex. Inclusive is masturbation where either sex, sexually stimulate themselves.

Teenager: Refers to young person, boy or girl aged between 13 and 19 years.

Teen reproductive health programs: Refers to comprehensive health programs, services and activities which take place in schools with a view to provide teenagers with correct and adequate information on reproductive health and utilize excess energy.

Teenage Sexual Behavior: Refers to sexual expression and relationships of individuals aged between 13 to 19 years. It includes dating, committed relationships, intercourse, kissing, and petting.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter exhaustively reviews and examines studies by other researchers on related literature on teenage homosexual behavior, teenage heterosexual behavior, teenage contraceptive use and effectiveness of guidance and counseling programs put in place to curb teenage sexual behavior. The study appreciates the scope of the study by other researchers on what has been done and identified the gaps for each of the objectives in the study.

2.2 Teenage Homosexual Behavior

Adolescence is marked by a period of self-discovery and it is characterized by transitions in emotional, social and cognitive development. In high school, students are exposed to social opportunities and are able to exercise more freedom. The overall development of the adolescents are shaped by many factors; however, sexual development is a normal and seemingly vital part of adolescence as it involves not only the physical changes but also the formation of one's individuality, perspective, attitudes, expression of intimacy and the defining experience within sexual and romantic framework (Adeyemo, 2009). A substantial concern for high school students can be balancing academic Performance with exposure to teenage sexual behaviour such as homosexual activities through peer influence and approval (Juvonen, 2006). The challenges of this period can help some teenagers grow and forge a positive sense of self-esteem as an indicator of academic performance in schools. For some, however, the developmental challenges can render them more vulnerable to poor self-esteem and more susceptible to involvement in risk taking and problem behaviors.

Adolescent sexuality is now considered a normative aspect of development, and is no longer equated with danger (Tolman, 2009). Specifically, this study investigates the relationship between teenage homosexual behaviour and academic performance among public secondary school students. Homosexuality is sexual desire or behavior directed

toward a person(s) of one's own sex in male gender and also includes masturbation (Conservapedia, 2015). It is a subject that elicits much emotion all over the world. Biblically it is viewed as evil and sin. It is condemned in Lev 18:22 that man shall not lie with a male as lies with a female while in Lev 20:13 if both do so they shall have committed an abomination, a detestable act and shall be put to death. In 1 Cor. 6:9 they shall not inherit the kingdom of God. According to (CDC, 2016) homosexuality is a major concern that elicits mixed emotion all over the world where there is much intolerance and violence as the victims suffer in silence while studies show that 26% of homosexuals are infected with HIV and AIDS and thus miss school frequently.

In America violence on Gay and Lesbian students due to discomfort with their behavior is common. Due to their minority status, gay and lesbian teenagers face numerous social and psychological stressors in high school such as social stigmatization, isolation and threats of physical violence. Failure to address the gay/lesbian student concerns leads to the students directing their fear and hostility inwards, which can lead to self-defeating behaviors, negative feelings associated with higher incidences of running away, higher risk of suicidal ideas, missing school, deterioration in academic performance and dropping out of school (Basch, 2010). In a survey carried out in the U.S, among 13-24 year olds it was also noted that the HIV infection was 26% between the years 2008 to 2011, absenteeism at least 1 day in 30 days, 11 to 30 % among gays and 12 to 25% among lesbians (CDC, 2014). As much as educationists call for tolerance on the issue of homosexuality, teachers in Britain keep sexual issues out of their classes because of discomfort with the topic such that pupils receive heterosexual sex education and not homosexual education, (Avert, 2014).

Teenagers within schools that have supportive learning environments and caring, accepting parents have been known to achieve good grades and maintain good mental and physical health. This is the reverse when the environment is unpleasant due to teasing, bullying, harassment, physical assault leading to suicide related behavior among some of the students. Reports from (CDC, 2014) indicate that 19-29% of teenagers homosexuals experience violence, while 14-31% is forced to sexual intercourse. (Cousins, 1999) noted that masturbation helps males to sleep and relieves sexual fluids

that need to be eliminated frequently. Whereas some felt relieved others felt guilty, waste of time, impure, and miserable afterwards and this significantly reduces students' performance in schools. To Dobson, it is an inevitable developmental stage, and there is no need of guilt as it has nothing to do with God.

Studies by (Basch, 2010) and (Centers for Disease Control and Prevention, 2010) have elaborately discussed problems experienced by gay and lesbian students within developed countries such as America and Britain within the school environment which significantly affect their academic performance and even lead to some dropping out of school. Whereas the studies in developed countries call for tolerance, Studies by (Eaton, 2007) show that same sex is not tolerated in African countries.

Masturbation is also a form of homosexuality which is also practiced by some teenagers. Studies by (Aspy, 2012) on masturbation concur that it is normal; they also point to the negative effects of over masturbation. As much as homosexuality has been studied in developing countries no studies had been carried out in Kenya on the same more so Bungoma South Sub-County in relation to academic performance. This study hoped to fill this gap in knowledge.

2.3 Teenage Heterosexual Behavior and Academic Performance

Heterosexual behavior refers to sexual activity between teenagers of the opposite sex. It is the most common among teenagers as compared to homosexuality. Many young boys and girls in school are involved in heterosexual relationships and predispose them to many risks including poor academic performance. In identifying and understanding factors that may predispose adolescents to risky sexual behavior, it is important to consider both environmental and dispositional factors. Studies have shown risky sexual behavior to be positively associated with impulsivity, extraversion, and neuroticism and low self-esteem (Zietsch, 2010) Self-esteem may also be an important predictor of risky teenage sexual behavior as it plays an important role in the field of mental health and social behavior.

Moreover, research has demonstrated that the frequency of risky behaviors has an inverse relationship to grade point average in first year college students (Bridges, 2013). In particular, (Bridges, 2013) found that teenagers with lower GPAs/grades were more likely to have participated in risky behaviors, such as unprotected sex and binge drinking, in both in high school and in college. These students seek out reinforcement from their peers, to compensate for the negative academic feedback in both high school and college.

The overall development of the adolescents is shaped by many factors; however, sexual development is a normal and seemingly vital part of adolescence as it involves not only the physical changes but also the formation of one's individuality, perspective, attitudes, expression of intimacy and the defining experience within sexual and romantic framework (Adeyemo, 2009). It is important to understand that students' Performance in schools is well known expectation by parents and the society. Although school Performance is associated with higher self-esteem, the reverse is also true in that poor academic performance can threaten an adolescent's self-esteem which is a salient part of their identity, they could shift their values, finding self-worth through engagement in risky behaviors such as unprotected sexual activities (Eccles, 2002). Similarly, (Aspy, 2012) also found that feeling connected to school protected the teenagers against risky behaviors such as early initiation of sexual intercourse in fourteen year old students. Most studies note that children with higher academic Performance and bonding with the school are less likely to engage in early sexual debut (Dann, 2012). Studies reveal that the earlier, teenagers have their sexual debut, the more their minds are pre-occupied with possible disruption to education and this exposes them to the risk of unintended pregnancy, early marriage, abortion and STIs/HIV/AIDS and therefore low academic performance and aspirations (Fikadu, 2000). In addition, there is evidence that higher academic scores are associated with a lower likelihood of having sex before age 16 and getting pregnant or a STD at this age (Choi, 2007). Moreover, research indicates that most young people in South Africa become sexually active while enrolled in school. Findings from a cross-sectional study carried out to find the association between educational attainment, school enrollment and sexual initiation also revealed a negative association (Madkour, 2010). (Madkour, 2010) also lamented the lack of information on

interconnection of educational outcome with sexual and reproductive outcomes. A comparative study of five countries (Scotland, Finland, France, Poland and United States) considers early sexual initiation as a risk behavior and also reports that it is strongly related to substance use, while negatively associated with school attachment and poor grades (Madkour, 2010).

A study conducted by (Guttmacher, 2012) indicated that, child bearing among the teenagers is associated with reduced educational attainment, as teenagers mothers are less likely to complete high school or obtain a General Education Development (GED) by age 22 years compared to women who delay childbearing (66% vs. 94%) and fewer than 2% of teenagers who have a baby before 18 years attain a college degree by age of 30 years. (Harold, 1983) found that those who sought to increase their self-esteem through sex, were also less consistent condom users than those motivated by other reasons, such as desire. The current study analyzes the influence of teenage sexual behaviour on academic performance. (Owen, 2010) found an association between young adults who experience negative reactions to casual sexual encounters and increased likelihood of poor psychological health which ultimately influence their academic performance .(Amba, 2010) reported that sexual initiation early in high school is earlier than average and may distract students from educational plans and pursuits. Initiating sex early may therefore be inconsistent with ambitions for educational success and may distract students in ways that decrease their likelihood of reaching both attainment thresholds that this study examines: teenage sexual behaviour and academic performance.

A study by (Ochieng', 2013) reported the prevalence of abstinence at 78%. Twenty five percent of the students' were still engaging in sexual intercourse one week prior to interview. Most sexually active students were between 14 and 16 years of age (52% males, 40% females) and engaged in sex with partners who were of the same age group (47% males, 33% females). There was a significant association between gender and first sexual intercourse (chi square=45.537; p=0.000), the males being more sexually active than the females. Females (36%) had more partners who were above 20 years compared to males (3.6%) and the average number of sexual partners was one which significantly reduced students' scores. Studies in Latin American countries from 2000 to 2013 indicate

that the percentage of females aged 15 to 19 who had sexual intercourse before the age of 15 ranged from 6% to 17%. One of the most common risk behaviors is having unprotected sexual intercourse, which could lead to unwanted pregnancies and sexually transmitted diseases (STD) and this distracts students' academic performance (Basch, 2010)

2.4 Contraceptive Use and Academic Performance among Teenagers

High school students today are more ambitious than ever and students' and parents' expectations about educational success have increased markedly in recent years. Unfortunately, many students do not make the decisions necessary to reach attainment goals. (Schneider, 1999) argue that students most likely to succeed have aligned ambitions, meaning that they have high educational aspirations, complementary educational and occupational goals, and resources and detailed life plans for reaching goals. They also understand the sequential nature of life events and consequences of their actions, leading them to use time wisely and make smart decisions about academic activities. (Schneider, 1999) focus on the way that students' educational choices indicate aligned or misaligned ambitions. This study extends this concept to adolescents' sexual behavior, which can distract them from academic pursuits mentally or through unintended consequences of becoming sexually active. Adolescents with aligned ambitions may not only be strategic academically. They may also be aware of the way that other aspects of their life, like sexual behavior, may influence their likelihood of attaining educational success.

A study conducted on Risky Sexual Behaviour among Adolescents attending Public Secondary Schools in Nairobi in Kenya by (Ochieng', 2013) reported that most sexually active students were between 14 and 16 years of age (52% males, 40% females) and engaged in sex with partners who were of the same age group (47% males, 33% females). Condom use at first sexual intercourse was 70% in males and 72% in females but reduced to 50% in males and 60% in females during the most recent sexual intercourse which was one week prior to interview and this was found to be associated with low academic performance. Also, the percentage of sexually active female who used

a condom during the last high risk sexual intercourse (with a non-marital, non-cohabiting partner) ranged from 11% to 59% in Latin American countries (Bridges, 2013). Reports reveal that sexually active teenagers before the age of 18 years were three times more likely to be expelled and two and a half times likely to drop out from school than virgins (Gakidou, 2012). The studies imply that the earlier the teenagers involve themselves in sexual relationships without guidance on contraceptive use the more the likelihood of dropout from school.

A study conducted in Kenya by (Mayabi, 2016) prevalence of sexual activities among Secondary School students in Nairobi and Busia Counties found out that adolescents engage in sexual activities at a very young age and only 26.7% used condoms. These findings concur with those of a study done by (Dann, 2012) that reported that only 38% of male and 26% of female reported having used condoms at the time of first intercourse. In another study by (RoK, 2000).it was noted that only 41 % of women and 55 % of men in sexual relationship use condoms during sexual encounters. It was also noted that one in four women of 15-19 used condom at their last high risk sexual encounters (Kinaro, 2012) asserted that in Kenya, young people are less likely to use contraceptive than adults. The common reasons that both young men and women give for not using contraceptives is that they did not expect to have intercourse, did not know about contraceptive use, or that it is difficult to access them. This ultimately derailed their studies to some extent.

In other parts of the world like America teenagers were classified into four groups: - 14 years and younger, 15-17 years, 18-19 years and 20-21 years. Among the 14 year old or younger, only 59% use contraceptives, 53% use condom and 7% the pill. Among 15-16 year olds 83% use contraceptives, 70% the condom 17% the pill, 17-19 year olds, 90% use contraceptives, 80 % the condom and 23% the pills. The younger the female and male are to their sexual partner, the lesser they will use contraceptives (Lowden, 2011). In Jamaica the median age for sex among teenagers was noted as 17 years whereas the median age for first contraceptive use is 19.5 (Dann, 2012).

Studies by (Jones, 2009) and (Kennedy, 2012) reveal that, older teenagers are more likely to go to the clinics/shops for contraception and to be consistent users of the first method they select than younger teenagers, who, are significantly more likely to re-visit a clinic and be pregnant at the second or later visit. The observation is attributed to unavailability of contraceptives for the younger age group, lack of or minimal information about contraceptives and their use, psychological under-development among them where immaturity and inability to plan characterizes their sexual activity (CDC, 2012). In a study of 15 year-old male and female students in 22 European countries and Canada, 82% sexually active students reported to have used a condom or pill at their last intercourse. 2 out of 5 unmarried females aged between 15 and 24 years were sexually active. Contraceptive use among this age group in Europe and Canada was a paltry 37% (Jones, 2009). According to (Harden, 2013) teenagers' sexual behavior is a critical precursor to academic performance, and the later teenagers have their sexual debut, the higher the academic performance.

Teenagers use of contraceptive in Africa is 37 per cent (Kirby, 2012). According to (Choe, 2014) Sub Saharan Africa is the only region where low levels of contraceptive use persist. Often, sexual activity is unplanned and many youth do not use contraceptives or use less effective contraceptives (Chipeta, 2012). In sub-Saharan Africa levels of contraceptive use increase with years of education and attendance in school is associated with less sexual activity (Blumenfeld, 1993). The exposure to information on contraceptive use increases with the number of years of education and socio economic status. The younger the adolescents begin sexual activity, the less they are able to use contraception (Lipsey, 2003).

Furthermore, study conducted on Kenyan schools on knowledge of the pill as a contraceptive revealed that only a third of male students and 25% of female students knew it is ingested by females and taken on daily basis. The same high level of ignorance was illustrated among boys in Kisumu, whose belief in myths on the condom were that if it becomes displaced, it can swim through the body and later come out through the mouth when asleep, the condom oil makes one's stomach swell as if pregnant, the female will

feel severe pain or contract HIV because condom manufacturers inject in the virus to supposedly control population (Meyer, 2015).

2.5 Guidance and Counseling Programs and Student Academic performance

The global concerns related to Guidance and Counseling services in schools has resulted in a number of studies being carried out internationally regarding the benefits of Career-Guidance and Counseling services (CGCS). Literature from the past four decades confirms availability of CGCS or programs around the world, including Hong Kong, Britain, United States of America, and Japan to name a few. For example, in Malaysia, (Choi, 2007) observed that Guidance and Counseling services help students to overcome social, psychological, cultural and educational problems that arise from the rapid economic and cultural changes. While Guidance and Counseling is an easily accessible service in many developed countries, its benefits are not yet adequately exploited in developing and third world countries (Harden, 2013). In some countries the provision of CGCS services is considered a luxury that should only be made available largely to choice of subjects (Grunbaum, 2001).

In Africa, the concept of Guidance and Counseling although relatively new in educational systems, has been embraced by most governments (UNESCO, 2001). Although most African countries recognize the essential role of organized Guidance and Counseling Programs, there are limited research studies conducted to assess the effectiveness of the programmed services being implemented to improve the student's decision making processes that lead to improved future benefits (Finer, 2007). According to the Gale Encyclopedia of Education, research is yet to identify gender specific strategies to positive psychosexual development in boys and girls that can promote safe reproductive health. (Hill, 2008) observes that wide spread ignorance on the subject of sex is due to the fact that the subject has been surrounded with mystery and beclouded by dark silence. The result has been increased curiosity and desire to acquire more knowledge on this forbidden subject; yet, the people entrusted with the responsibility of educating the adolescents on the subject have not made appropriate information readily available.

Globally, there is lack of sufficient education on sexual behavior (WHO, 2012). This is apparent by the low percentages of young people aged between 15 and 24 years in middle and low income countries recorded to be having comprehensive and correct knowledge of how to prevent HIV and AIDs and general contraceptive use. This reflects 36% in males and 24% in females while the remaining larger population is sadly prone to HIV and AIDs and pregnancies due to ignorance occasioned by lack of sex education (WHO, 2012). Sex education programs are said to be suitable for school environments where it is easier to reach large numbers of young people at early stages of development before they become sexually active. By realizing adolescence early in teenagers, school settings provide young people with information and skills they will need to make responsible decisions about their future and their sexual lives which translates to good performance in school according to catholic agencies.

There are several factors that explain the hostile, ambiguous and unclear policy climate that inhibits the school based guidance and counseling on sexuality. (Warah, 2013) pointed out that, firstly, a belief that provision of sex education and contraceptives leads to an increase in sexual license and promiscuity. To the policy makers and religious leaders, particularly the Catholic Church, these provisions are equated to 'how to do sex' and 'freedom to go and have sex'. Secondly, the unclear distinctions between childhood and adulthood and thirdly, the mistaken notion that the adolescent is too young to know about sex matters. This notion fails to recognize that the adolescents, particularly young and unmarried ones are sexual beings, capable of engaging in sexual behaviour. As a result adults feel uncomfortable discussing young people's sexuality. All youth need information on abstinence and delayed sexual initiation as well as HIV and AIDS issues. An important prerequisite to effective guidance and counseling on sexuality issues therefore is clear policies and guidelines supporting young people's access to both information and services. These policies should be widely known by teachers and service providers and should be implemented

In Ghana the only adolescence reproduction health talks carried out are occasional in schools, by beauticians, churches and associations mostly by unqualified personnel (Boamah, 2012). In Malawi and Nigeria, most teenagers have little information about

sexual behavior and reproduction health. They are ignorant about their own bodies and functions of the reproductive system. They know little on how to protect themselves and are unable or unwilling to practice contraceptive use as many do not consider themselves at risk (Obiechina, 2012). Through programs, educators have opportunities to delay onset of sexual activity and of training them to behave responsibly when they eventually engage in sexual activities, particularly by using condoms and other modern methods of contraception. In most countries, schools provide best venues to reach large numbers of young people with different socio-economic backgrounds via structured programs that are replicable and can become sustainable (Mill, 2009).

A WHO review categorized relationships between parents and their children into five dimensions: 'connection', 'behaviour control (control and monitoring)', 'provision and protection', 'respect for individuality' and 'acting as role models'. There is evidence mainly from the developed countries and especially the USA, that point to these dimensions being associated with health related outcomes. There is however, a dearth of literature from SSA on how parent-child relationships affect young people's health and on parental control and monitoring and why parents and teachers may be motivated to control and monitor their children's behaviour. Important questions remain as to the applicability of findings from studies conducted in developed countries to SSA. There is a need to understand the influence of parent-child interactions and control and monitoring on young people's lives and how this influence can be utilized or modified to benefit their sexual and reproductive outcomes that build their future life through guidance and counseling programs.

Despite much emphasis' on schools to provide sex education, the quality of sex education is questionable because Studies in Kenya reveal that, majority of school counselors are not trained but picked among other subject teachers (Odewole, 2000 (Kinaro, 2012) further observe that, although teachers and parents are tasked with teaching sex education, they are neither equipped with the know-how nor advocate for contraceptive use. The misguided values and principles held by society are for instance; furry exhibited by society and religious leaders over a condom advert intended to educate the public on

the importance of condom use. This reflected the conservatism and sensitivity of the topic as advertisers were accused of promoting and openly propagating immorality among school going children and depicting the nation as Sodom and Gomorrah (Boden, 2006). This perceptions and misconceptions instill fear among teenagers which in turn influence contraceptive use. The adolescents using contraceptives are then forced to get information from other sources such as the media, as indicated by 2008/9 KDHS report that 80 per cent of adolescents got the information on contraceptives from radio stations.

The sensitivity and resistance to contraception by society therefore poses a significant challenge for policy and program makers, (Gray, 2012). An often overlooked but important component to Guidance and Counselling of teenage sexual behaviour is monitoring and evaluation. Monitoring is the act of assessing the young people's development process as they interact with the environment. Monitoring is the routine continuous tracking of the key elements of adolescent's performance that is: Even so, schools remain the best venue for sex education thus the consistent clamor for serious counseling in schools as groups advocate for inclusion of sex education in the curriculum to promote awareness (Kahenda, 2013). According to (Kinaro, 2012) little is known and documented regarding accessibility and use of contraceptives and so the need for this study.

The essence of the guidance and counseling program consists of knowledge and attitudes. The effectiveness of these programs depends on the professional capacity of teachers who implement these programs. Training therefore is a central theme. During training, teachers acquire skills and knowledge which they should be able to use in the classroom situation. The process involves the trainees learning to identify and solve problems through arbitration of tutors, therefore feeling qualified. (Majeed, 2012) asserted that there is need for systematic short in-service courses which should be conducted on a continuous basis, more so in the wake of any revision of national development objectives and priorities. Like pre-service and in-service programs, workshops and seminars help to prepare all those involved in the process of guidance and counseling by acquainting them

with the new curriculum. Teachers need training if they are to handle the subject of sexuality confidently. They also need to develop positive attitudes towards the subject.

(Flan, 1982) postulated that the quality of education and learning depends heavily on the competence of the teachers; this is because they are in the forefront in the implementation of any school-based program. The way they have been trained, the extent of their specialization and the degree of their personal initiative can have curriculum change process. Teachers would therefore require special skills to handle specific controversial topics in sex education like: condom use, sexual intercourse, delaying sexual activity, male and female organs among other topics. According to (Mill, 2013) teachers as agents of change can be trusted sources of information and therefore it is important to train them to impact the decision- making skills that young people need to rely on.

In South Africa high school teachers specialize in the subject on reproductive health to guide and counsel teenagers although not everyone can teach it as some are not comfortable handling the topic (IRIN, 2012). Provision of Contraceptives in South Africa, lack of sexual education might not be the key reason for the increased teenage pregnancies and HIV and AIDs as proven by a report released by South African Provincial's Department, 2007. The report indicated that, despite decades of spending on sex education and AIDs awareness, understanding of contraceptives and reproductive health was still poor as condoms and menstrual cycle were the most preferred contraceptive method of which they had scanty, inaccurate information (IRIN, 2012), 50 per cent of schools in Cape Town also provide contraceptives to teenagers at the discretion of the school nurse or the guidance counselor. Teenagers friendly youth centers that provide family planning education; counseling and peer education have also been set up (IRIN, 2012).

Peer education is a preferred measure in many countries as it empowers students collectively and individually. The rationale behind it is that, it is easy for students to reach out to fellow students for assistance with both personal and social problems. It is thus known to decrease depression, reduce anxiety, and promote self-awareness, positive decision making and academic performance (Mill, 2009). In Senegal, for example, there

is inclusion of curricula for peer educators; training for teachers and development of norms and guidelines in reproductive health for teenagers (Dann, 2009).

In South Africa as a measure to monitor teenagers' sexual behavior, all teenagers are trained in sex education and life skills (IRIN, 2012). According to (Buzzle, 2016) only half of young people get sex education in schools ranging 15% in Burkina Faso to 52% in Ghana. (Elder, 2006) showed that in some schools where peer counseling is practiced and peer counseled students academically outperformed non-counseled students. Implying that sex education which forms the better part of counseling especially in secondary school students, contraceptive use included, impact positively on the performance of the learners.

Culture is the totality of a people's way of life and its diverse and dynamic. A newspaper reporter reporting on AIDS in Kenya observed that the diverse cultures in Kenya have posed great challenges in designing uniform education programs and approach in matters to sexuality among young people. (Nation, 1999) This has greatly influenced the youth whose sexuality is greatly determined by knowledge about what is going on. To change these policies and social norms, policy makers need to consider the factors that deter teachers from discussing controversial areas of sexuality, including the influence of religious institutions, the fear of being fired, teachers' personal beliefs and a general belief that discussions about condoms and other safe sexual practices will encourage promiscuity. Therefore, clear policies and procedure, careful selection of teachers for training, ongoing training and support, and frequent teacher monitoring and supervision are required to minimize this problem.

Adolescents in diverse cultures around the world have historically benefitted from the presence of 'informal' counselors both within the school system as well as from those provided within the community (UNESCO, 2009). The psychosocial problems faced by students are mainly solved by families, more or less as private family affairs. Parents and relatives counseled their children on all matters of life, personal projects management and ways of solving daily problems (Ebrahimi, 2013). Traditionally, guidance and counseling has always been done without any formal training or knowledge obtained from formal

school system but rather through experience, age and wisdom (Amukoa, 1984). In most African families, the general guidance and counseling was the duty of senior members of the family, parents, uncles, aunts, and grandparents. Today, as the pressure of the socio-economic and political factors continue, informal counseling has become eroded and outdated as people in their communities have become more individualistic (Amba, 2010)

(Antonia, 2012) notes that in many societies sexual activity among young people prior to marriage is stigmatized and even talking about sex is taboo. Policy makers in order not to be perceived as promoting promiscuity are reluctant to expand the capacity of teachers and health caretakers to effectively provide sexual health information and services of young people. In India, the changing moral and social values and shift in the standard of societal behavior from conservatism to liberal interaction between sexes is attributed largely to exposure to the media, especially television and movies. The teenagers in the conservative society find themselves sandwiched between a glamorous western influence and a stern conservatism at homes which strictly forbid discussion about sex. The dichotomy aggravates the confusion among teenagers and has led to increase in pre-marital sexual activity, pregnancy among unmarried girls, incidences of abortion and STDs (J M Alma, 2002). Malaysia has for long been silent on sensitive topics such as sexual behaviour, but with urbanization, modernization and exposure to western influence, the government deemed it fit to introduce sex education in its schools in the year 2011 (Wong, 2012). The move was an effort to curb social problems related to sex among Malaysian teenagers. In areas where programs as well as public policies specifically targeting teenagers are in high concentration, the likelihood of experiencing teenagers' pregnancies is low.

In China there is stigma related to personal and emotional problems, hence reluctance by most students to seek counseling. The counseling recommended for anxiety, depression" is qi-gong" meaning (deep breathing) acupuncture and music therapy (Wong, 2012). Matters pertaining to sex in most societies worldwide remain sacred. (Mberu, 2008) indicate the opposition to sex education to teenagers with campaigns against the same carried on along ethnic and religious lines.

In Malawi and Nigeria, teenagers tend to view sexual behavior positively. They keep their sex experiences secret for fear of disapproval by their elders and sometimes have a feeling of anxiety and shame. As a result, they receive little guidance about reproduction and how to protect themselves (Obiechna, 2010). Unfortunately in Ghana sexual reproduction is a sensitive matter not discussed at home due to social, cultural and religious reasons and adolescent ideas are not taken into planning of programs and services for them while knowledge on contraceptives is limited (Boamah, 2012).

In Indonesia motivational beliefs are viewed as an effective form of counseling as it influences students thinking in a given way and promotes self-determination. Most people imagine that students who have good motivation have good academic performance. However, successful performance of teenagers relies on confidence beliefs and use of regulatory strategies, while unfavorable beliefs impede learning (Hill, 2008) laments over the mystery associated with the topic of sex and attributes the widespread ignorance on the same to shying away by adults who are meant to spear head guidance and counseling sessions to the teenagers. Resultantly, little or no regard is placed on sex education .Studies by (Obiechna, 2010) reiterate on this fact. Unfortunately in Ghana sexual reproduction is a sensitive matter not discussed at home due to social, cultural and religious reasons and adolescent ideas are not taken into planning of programs and services for them while knowledge on contraceptives is limited (Boamah, 2012).

Studies have further shown that this position creates a vacuum as the teenagers are left to wallow in the miasma of confusion on this important transitional stage that is a determining factor on the teenagers' academic performance and successful life as a whole. For instance in India, (Rani, 2003) record that this dark silence leaves the teenagers sandwiched between the glamorous western influence and stern conservatism at home which strictly forbid discussions about sex. The few studies that indicate counseling of teenagers emphasize on abstinence, comprehensive sex education and motivational beliefs. (Bridges, 2013) point out that although many studies have been done on counseling of students, the information available shows it is mostly on academic performance and career choices.

In addition, the traditional societies had their own ways of teaching sex education during initiation by elders; these are no longer in use because of westernization and urbanization. Parents shy away and have no time to interact with the teenagers. The responsibility has then been left to schools which on the other hand have inadequate skills and facilities for counseling (Kinaro, 2012). The major aspect of all these studies done did not seem to point at any connectivity between strategies implemented and academic performance. In view of this, the study therefore sought to find out mechanisms put in place by guidance and counseling teachers to monitor teenage sexual behavior and contraceptive use impact on academic performance in Bungoma South Sub-County, Kenya.

2.6 Summary of Literature Review

This study aims at examining the influence of teenage sexual behavior on academic performance rather than ascertaining the existence of sexual relationships. Studies by (Sabia, 2012) in developed countries reveal that, there is relationship between students' sexual relationship and their academic performance. Studies by the Catholic News Agency (2005) also reveal that sexually active students were 3 times more likely to be expelled or drop out of school than abstinent teenagers, while abstinent teenagers performed best, contraceptive users performed fairly and sexually active non-contraceptive users performed worst. Studies by (Basch, 2010) also highlight the problems experienced by homosexuals and need for a tolerance learning environment for academic performance. (Hill, 2008) in their study observe the fact that the subject on sex has been surrounded by mystery and beclouded by dark silence as neither parents nor teachers are ready to discuss it with teenagers despite unplanned pregnancies, dropping out of school by students, Sexually Transmitted Infections among teenagers. Since there was no study in Bungoma South Sub-County, which had explored the relationship between teenage sexual behavior and its effects on academic performance, this study attempted to highlight the relationship.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

The purpose for the research was to study the influence of teenage sexual behavior on academic performance of form three students in public secondary schools in Bungoma South Sub County. This chapter therefore outlines the research design for the study, area of study, study population, sample size and sampling techniques, instruments for the study, piloting, data collection, data analysis and Ethical considerations.

3.2 Research Design

A research design is a plan of inquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a study (Borg, 2007). This study used mixed methods design; descriptive survey and correlational research designs. It involves combining or integration of qualitative and quantitative data in a research study. Descriptive survey research design is a process of collecting data in order to test hypotheses or to answer questions concerning the current status of the subject in the study. It was appropriate and preferred in this study because it enabled the researcher to collect data useful for correlation analysis from the respondents of the study. Correlation-research design was also used. It involves collecting data in order to determine to what degree a relationship exists between two or more quantifiable variables. According to (Borg, 2007), a correlation design method permits analyzing relationships among a large number of variables in a single study. It also provides information concerning the degree of the relationship between the variables being studied as stated in the study hypotheses.

3.2 Area of Study

The area of study was Bungoma South Sub-County in Bungoma County, Kenya. It neighbors Bungoma East to the East, Bungoma West to the North, Kakamega to the West, and Bumula to the South. It receives double maxima of rain from March-July and August-October. The region mainly has rich well drained rich fertile arable soils but poor

husbandry methods and high population declining yields. Most of the land in the Sub County is under sugarcane farming (Bungoma District Strategic Plan, 2005-2010)

There are 52 public secondary schools in Bungoma South Sub County. There are also several tertiary and colleges in the area such as Kibabii University and campuses of Moi University, Masinde Muliro, and Kenyatta University, Nairobi University among others. Bungoma South alone has a population of 223,906. There are 52 Public Secondary Schools holding a student population of 17,098 students distributed as (9073 Boys and 8,128 Girls) and 623 Secondary School teachers, (KNBS, 2010; Sub-County Education Office, Bungoma South, 2015).

The Sub-County is mostly occupied by the Bukusu people, who are known to have historically bitterly resisted the British rule in Kenya at Lumboka and Chetambe in the late 19th century. The poverty rate is 52.9, 47.1% lie below poverty line ,there is high unemployment, low agriculture productivity, child labour due to high school dropout, high dependency ratio and high population growth. Cases of poverty have been cited as ignorance –lack of access to information, cultural practices, circumcision disruptive to education every two years, polygamy amount too many children and no decent education. Literacy rate 60.5, urbanization 21.7, attending school between 15-18 yrs. The secondary school dropout rate is 26.5% for males and 30 % for females annually. It is against this scenario that the researcher examined the influence of teenage sexual behavior on academic performance in public mixed secondary schools in Bungoma South Sub-County, (fig. 3).

3.3 Target Population

The Unit of analysis for the study was secondary school students – boys and girls in all (52) secondary schools. The study population comprised 3,774 form 3 students who were drawn from pure boarding girls and boys schools and mixed secondary schools in Bungoma South Sub County. These figures were according to Ministry of Education Office at Bungoma County (M.O.E, 2015). Form three students were selected because they were deemed to be more vulnerable by virtue of their age (14-17), they are more

out-going and assumed to be more informed on sexual behaviour and contraceptive use. They are in the adolescence stage which is a critical development period when young people start to experiment with sexual behaviour (Orpinas, 2012) and therefore most vulnerable to the risks accompanying this stage including decline in academic performance of some students.

Whereas the Unit of Analysis was students, interviews with Guidance and Counselling Teachers and Deputy School Principals were conducted to generate evaluative data.

3.4 Sample Size and Sampling Techniques

A sample is finite part of a statistical population where properties are studied to gain information about the whole (Webster, 1985). Elaborate formulae have been developed to help researchers estimate the most realistic sample sizes for their studies. Sampling technique is the procedure a researcher uses to gather people, places or things to study. It is a process of selecting a number of individual or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group. A sample of 400 students was arrived at using (Strauss, 1973) mathematical formula as shown as:

$$n = \frac{N}{[1+N]e^2}$$

Where; **n** = Sample size

N= Population size =3 774 students

e = is the margin error/level of precision at 5 per cent

$$\text{Therefore, } n = \frac{3774}{[1+3774]0.05^2}$$

n = 400 Students

The 400 students were stratified randomly from the 52 schools and conveniently selected equally among boys and girls (200 boys and 200 girls). Stratified random sampling is done when the sample to be drawn does not constitute a homogenous group (Kothari, 2004). Given that the students sampled were both male and female students from form 3, this is a heterogeneous sample thus the need to use stratified random sampling. Out of the population of 3774, this study interviewed a total of 400 form three students. Among the 400, 192 were male and 192 were female students. The total sample size lies within the minimum 10 per cent of (Mugenda , 2003) at 10.5 per cent for the students.

The study also interviewed 16 Guidance and Counseling teachers and 16 Deputy School Principals because their views and experience as teachers, counselors, guardians and administrators within the school was important in understanding the subject matter of the study. The teachers were selected using purpose sampling. Purposive or judgmental sampling is where the researcher uses her/his own judgment, research skills and prior knowledge to choose settings and respondents. The guidance and Counseling teachers were selected because they are the ones entrusted with the responsibility of conducting Guidance and Counseling to students in school. The Deputy schools Principal represent the school administration which is charged with the responsibility of ensuring discipline and a good learning environment in school.

3.5 Instruments for Data Collection

A pilot study or pretest was conducted in September 2016 to check on the flow and meaning of questions, language used in the tools and the time it will take to administer each tool. The feed- back from the pretest was used to streamline the logistical arrangement for the main study as well as training of field assistants in readiness for the study. Field work started in September and was completed in October 2016.

Teen Sexual behaviour is a sensitive topic which is not easily discussed at home and in schools, therefore its nature required that the study uses the both quantitative and qualitative methodological approaches. Data was collected using questionnaires (students) and focused group discussion guide (students) and interview schedules for the teachers.

3.5.1 Questionnaire for Students

A questionnaire is a set of questions where each item in the questionnaire is developed to address a specific objective in the study (Mugenda, 2003). There were 2 sets of closed ended questionnaires, one for students, and the other for Guidance and Counseling teachers. Appendix A for students had questions in four sections. Part A on background information, part B homosexuality, part C heterosexuality and part D contraceptive use. Appendix B for Guidance and Counseling teachers comprised two sections. Part A was background information and part B counseling measures to curb teenage sexual behavior. The students' opinions on teenage sexual behaviour and G and C teachers' measures to curb teenage sexual behaviour in their schools were measured using a 5-point Likert scale. The weights represented **SA**= Strongly Agreed, **A**= Agreed, **N**= Neutral **D**= Disagreed and **SD**= Strongly Disagreed with teenage sexual behaviour and programs to curb it. The questionnaires were administered personally by the researcher and her assistants. The respondents were asked to give their opinions on each item of the objectives.

The questionnaire themes included; Student social demographic characteristics, homosexuality, heterosexuality, contraceptive knowledge and use, factors contributing to use of contraceptive, effects of contraceptives on performance and the role of guidance and counseling.

Data collected through the student questionnaires was used to generate descriptive statistics for the study and run Pearson's Correlation coefficients which was used to test the study hypothesis.

The Focus Group Discussion for students

A total of 2 focus group discussions were conducted with each focus group consisted of 12 students. The focus groups were used to generate qualitative data. This was used as additional information to further clarify or explain the descriptive statistics. The following themes were discussed; Student perceptions on same sex relationships, teacher's, perception of same sex relationships, student perceptions on boy/girls relationship, teachers' perceptions on boy/girl relationships, what drives teenagers to engage in sexual

acts, contraceptive use by teenagers, access to contraceptive by teenagers, effects of teenage sexual behavior on academic performance, teenagers confidants and why? And how counseling is done in the school.

3.5.2 Interview Schedule for Teachers

An interview schedule was used to obtain information that would not be revealed by any other method (Cohen L. M., 2000). There were two interview schedules; one for Guidance and Counseling teachers (Appendix B) and another for Deputy School Principals' (Appendix C). They comprised closed ended and open ended questions to allow the researcher gather more data on research questions. The questions to the Deputy School Principals were on the impact of teenage sexual behavior on academic performance of students. On the other hand questions to Guidance and Counseling teachers comprised teenage sexual behavior, its effect on academic performance, the programs put in place to curb teenage sexual behavior and the challenges they experienced in their undertaking. The interviews were done verbally, face to face with the teachers each taking ten to fifteen (15) minutes and responses recorded by the researcher.

Interview with Deputy School Principals' themes included; The prevalence of teenage pregnancies, prevalence of Sexually Transmitted Infections (STI), prevalence of abortion, Prevalence of sexual relationship, relationship between sexual activeness and contraceptive use and academic performance.

The data obtained from the teachers was used as additional information to enable the researcher understand some issues with regard to the school environment, the strategies used in dealing with teenage sexual behavior and how teenage sexual behavior was affecting student academic performance from an adult perspective.

3.5.3 Validity of the Research Instruments

(Mugenda , 2003) refer to validity as the degree to which results obtained from analysis of data actually represent the phenomenon under study. To ensure face validity, the instruments were given to experts on the topic of study at Masinde Muliro University of Science and Technology. They closely examined the instruments and gave their

suggestions which were incorporated in the revised instrument used in the actual study. A high reliability for the data collection instruments is necessary but not sufficient criterion for the adequacy of an instrument, it must be valid too. For a data collection instrument to be considered valid the content selected and included in the instruments must be relevant to the need or gap establishment (Kothari, 2004) .The design of the questionnaire and interview schedule was such that a lot of emphasis was placed on the possible limitations and drawbacks of the instruments to increase their validity. Perhaps the most practical way of achieving greater validity was to minimize the amount of bias as much as possible (Cohen , 2007).

3.5.4 Reliability of the Research Instruments

To ensure reliability of the instruments, a pilot study was conducted on 2 Guidance and Counseling teachers, 2 Deputy Principals and 37 students. This was to determine the clarity of questions and if they could effectively provide the data necessary for the stud. Test re-test was adopted, and the reliability coefficient calculated using Pearson’s product moment correlation which gave a Coefficient correlation index of 0.829. The schools where the pilot study was conducted did not form part of the final study.

3.6 Data Collection Procedures

The researcher sought permission from the National Commission for Science Technology and Innovation through the School of Graduate Studies, Masinde Muliro University of Science and Technology. The researcher then notified the County Director of Education, Bungoma County, Bungoma South Sub-County Education Officer and Principals of schools where the study was undertaken (see Appendix F and G). Thereafter, the researcher made a visit to the sampled schools to brief the Principals of schools about the research and set the dates for data collection. On the data collection day, before commencing the interview, the researcher gave a brief introduction of herself and also about the research to the respondents. The respondents were assured of utmost confidentiality of the information they were providing. After that, the respondents were gathered in groups and the questionnaires distributed to them which they responded to. After the completion of the exercise, the researcher collected the questionnaires back and

thanked the respondents for their cooperation. The researcher also interviewed 16 Deputy School Principals, 16 Guidance and Counseling teachers and held 2 focus group discussions with 24 students.

3.7 Data Analysis Techniques and Presentation

Data collected was sorted, coded, classified and tabulated for analysis. Quantitative data was analyzed using descriptive statistics such as frequency counts, percentages and means to get the quantities of teenagers who were homosexuals, heterosexuals and contraceptive users. Pearson's r was used to assess the relationship between teenage sexual behaviour and academic performance. Correlation analysis was done to determine the influence of teenage contraceptive use on academic performance. Qualitative data was transcribed, classified into various categories and reported according to emerging themes and sub themes for each of the objectives.

3.8 Summary of Data Analysis

The relationship between independent variables and the dependent variable and was measured and analyzed as shown in the Table below.

Table 3.1 Summary of Data Analysis

STUDY OBJECTIVE	INDICATORS	METHOD OF ANALYSIS	PRESENTATION
To establish the extent to which teenage homosexuality influence academic performance among Public Secondary School students	Frequency Risk factors	Quantitative means and Frequencies	Tables
	Grade /Marks	Quantitative means and Frequencies	Tables
To find out the influence of teenage heterosexuality on academic performance among Public Secondary School students.	Early Sexual Initiation Prevalence	Pearson's r	Tables
	Performance Grade / Marks	Pearson's r	Tables
To Investigate the influence of teenage contraceptive use on academic performance among Public Secondary School students.	Reproductive health knowledge Accessibility	Correlation	Tables
	Performance Grades/marks	Correlation	Tables
Determine the effectiveness of guidance and counseling programs in management of teenage sexual behavior among Public Secondary school	Programs and activities Monitoring	Qualitative, themes and sub themes	Tables
	Performance School completion rate	Qualitative, themes and sub themes	

Source: Researcher, (2016)

3.9 Ethical Considerations

Ethical consideration refers to the ethics of conducting research. The researcher observed most of the key principles and related considerations as stated by (Bell, 2007) This include: Voluntary participation of respondents in the research, confidentiality, Informed consent of participants, use of appropriate language and terminology in formulation of research instruments and during interviews, privacy and anonymity of respondents was observed by the researcher during field work.

Permission was obtained for research purposes from Masinde Muliro University of Science and Technology, The National Commission for Science, Technology & Innovation, government offices and schools for data collection. Confidentiality was assured as respondents' identity remained anonymous.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND RECOMMENDATIONS

4.1 Introduction

This chapter presents the results and discussions of the influence of teenage sexual behaviour on academic performance among public secondary school students in Bungoma South Sub- County. The study had four objectives to achieve. These were; to investigate influence of teenage homosexuality; heterosexuality; contraceptive use and guidance and counseling on student academic performance. The study had four hypotheses for testing. The data was collected using questionnaires and focus group discussion. Descriptive statistics were used to analyze the data collected. The four objectives are discussed under a specific hypothesis and a conclusion made at the end of each hypothesis regarding the corresponding research objective. The chapter starts with discussion of students social and demographic characteristics of respondents; this is followed by a discussion of study findings under hypothesis testing.

Response Rate

A total of 400 student questionnaires were used to interview students. The study also interviewed 16 Deputy School Principals and 16 Guidance and Counseling teachers from some of the selected schools. Out of the 432, a total of 416 were duly filled and returned to the researcher, giving a response rate of 96.3%. A total of 400 questionnaires were administered and a total 384 questionnaires were filled in indicating 96% 32 interview guides for teachers return rate $(416/432) \times 100 = (96.3 \text{ per cent})$. According to and (Nachimais 1992), 80 to 90 per cent return rate is enough for a descriptive research study. This return rate was appropriate for data analysis and discussion for this study. Therefore the return rate boosted the reliability of the results since the study was set at a margin error of 5 per cent. Although the results may be interpreted to indicate a very good response rate, a failure of 3.7 per cent to report may be explained by lack of knowledge in Teenage sexual behaviour and its influence on academic performance and students', or

non – response which is an is an exercise of the respondents right to refuse to respond to a some questions or terminate participation at any stage of the during data collection.

4.2 Social Demographic characteristics of Respondents

This section dealt with demographic information of the respondents who included form three (Form 3) male and female Students in 52 public secondary schools in Bungoma South Sub County. The demographic information captured data on gender, age, preferred confidants of students and their parental hood. See the table 4.1 below for the summary of the frequency distribution results.

Table 4.1: Distribution of Respondents by Social Demographic Characteristics

Variable		Male		Female		Cumulative	
		f	%	f	%	f	%
Age	15-16 Yrs	4	2.1%	6	3.1%	10	2.6%
	17-18 Yrs	114	59.3%	132	68.8%	246	64.1%
	19 Yrs	74	38.4%	54	28.1%	128	33.3%
Gender		192	100%	192	100%	384	100%
Confidants	Relatives	6	3.1%	8	4.2%	14	3.6%
	Friends	91	47.4%	98	51%	189	49.2%
	Teachers	20	10.4%	15	7.8%	35	9.1%
	Parent/Guardian	75	39.1%	71	37%	146	38%
Student Family type	Both	134	69.8%	152	79.2%	286	74.7%
	Father Only	12	6.3%	27	14.1%	39	10.2%
	Mother Only	20	10.2%	11	5.7%	31	8.2%
	None	26	13.5%	2	1%	28	7.5%

Source: Researcher (2016)

With regards to gender the study interviewed a total of 384 form three students. Out of this, 192 were male and 192 were females. The selection of both boys and girls was necessary because the two sexes are teenagers group and are both involved in teenage sexual behavior acts and are in secondary school. This study therefore required the views of both boys/girls in order to get a balanced understanding of this phenomenon. Thus, the researcher ensured gender balance in the selection of respondents for the study.

On age the study sought to establish whether the students in the study were within the teenage age bracket and the results from the frequency distribution showed that a total of 10 (2.60%) of the students were aged between 15 and 16 years, a total of 246 (64.06 (25%) of the students were between 17 and 18 years while 128 (33.33%) students were aged between 19 and 20 years. The mean age of the students was 18 years for both boys and girls. From these findings, it is clear that all the students who were involved in the study were in the ages of puberty and were likely to be affected by issues like disease, pregnancy, poor academic performance, school drop- out in case they were sexually active and didn't use contraceptives. This concurs with studies by (Holcomb, 2009) and (Aspy, 2012) that describe adolescence, as a challenging transitional period to adulthood for young people who experience a myriad of social, health and academic problems with scarce or no information on sexual and reproductive rights.

Preferred Confidants:

The students were asked to state persons they would freely share personal information with. The findings of the study indicated most preferred confidants overall were friends 189 (49.2%), followed by parents/guardians 146 (38.02%), teachers 35 (9.11%) and the least preferred were relatives 14 (3.64%). This means peers have a great influence on teenagers lives and they can 'make or break' them. This may also depend on the student's efficacy level, since they believe in each other more as teenagers are likely to spend more time together.

This concurs with (Charlie, 2010) who noted that peers spend time together and values of the group are instrumental in determining the level of success or failure of the group. The

environment provided by Parents/guardians too is important as quite a good number of teenagers also believe in them and therefore their behaviour and advice has an impact on students' behaviour. Whereas they are the best suited to offer counseling to teenagers, findings on contraceptive use show they least discuss with teenagers on contraceptive use. This could be explained by the general fear among parents that giving their children information on sex and contraceptive use could propel them into indulgence in sexual activities with impunity.

This concurs with study by (Obiechna, 2010) indicated that sex related topics are too sensitive and not discussed at home due to social, cultural and religious reasons; they therefore leave a vacuum to other sources of information. Unfortunately teachers who also spend more time with teenagers in school are lowly preferred as confidants. This could be attributed to the fact that teachers are part of the school administration which occasionally uses punitive measures when dealing with students found guilty of sex relationship related offense. It could also be due to lack of adequate skills and facilities for guidance and counseling of teenagers as concluded by Kinaro (2009) and Oluande (2008). Findings of the study however, differ with Mill (2009), who claims teachers as agents of change can be trusted sources of information.

Students' family type: The study also sought to know the kind of families that the students belonged. This is because parents have a crucial role to play in guidance of teenagers on sexual behaviour and therefore Parental investment for children's well-being can sometimes become gender biased. Although parents are altruistic to the gender of their children, cultural factors may limit them in sharing information about sexuality with the children and results are indicated in Table 4.1 on social demographic characteristics of students interviewed in this study show that a majority of the students belonged to families where both parents were present.

The findings indicates that majority of the students 286 (74.7%) of the students interviewed have both parents, 39 (10.2%) have father only, 31 (8.2%) have mothers only while 28 (7.5%) were total orphans. A comparatively larger portion of students had a parent whose role was guidance and counseling. Teenage sexual behaviour needs

constant guidance, counseling and monitoring especially for day scholars and over holidays for teenagers to navigate through the adolescent period and emerge unscathed. This is crucial to academic performance of teenagers. From the findings, the study concurs with (Choi, 2007) that though parents are also student confidants they rarely discuss sexual issues. This could be due to work related commitments that take most of the parents' time and therefore reduce contact time between parents and children.

4.3 Hypothesis Testing

4.3.1 Hypothesis One: Teenage Homosexuality Lowers Student Academic Performance.

This hypothesis was measured by asking respondent's questions regarding student perceptions on self-stimulation and whether it affected student academic performance or not. The study set out to establish the prevalence of homosexual behaviour among public Secondary schools. However, students had varied opinions about it, some viewed homosexuality as negative while others had moderate opinions about the topic.

Table 4.2 below shows the study findings.

Table 4.2 Prevalence of Teenage Homosexual Behaviour

Homosexuality	Male		Female		TOTAL	
	F	%	F	%	F	%
At least practice	7	3.65	9	4.69	16	4.2
Do not practice	185	96.35	183	95.31	368	95.8
Total	192	100.0	192	100.0	384	100.0

Source: Researcher (2016)

Teenage Homosexual Behaviour and Academic Performance.

The respondents were further given questions with their rating on the Likert's five point scale as SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree and SD= Strongly Disagree. A value of four (4) and above on a positively stated item indicated a positive response, a value of three (3) represented a neutral response or lack of commitment by the respondent, while a value below (2) depicted a negative response.

Table 4.3 Teenage Homosexuality and Academic Performance

	G	SA		A		N		D		SD		Total	
		F	%	F	%	F	%	f	%	f	%	TF	%
Masturbation is normal	M	72	37.5	61	31.7	12	6.3	27	14.06	20	10.4	192	100
	F	51	26.6	40	20.8	15	7.8	43	22.4	43	22.4	192	100
Masturbation is abnormal though I have done it.	M	36	18.8	48	25	28	14.6	40	20.83	40	20.8	192	100
	F	20	10.42	36	12.5	19	9.9	32	16.67	85	44.3	192	100
Masturbation, Gayism and Lesbianism make one feel guilty and this affects studies.	M	36	18.75	56	29.2	52	27.1	28	14.58	20	10.4		100
	F	20	10.42	24	12.5	36	18.8	20	10.42	92	47.9	192	100
Masturbation, gayism, lesbianism make one feel good and this improves academic performance.	M	60	31.3	28	14.6	36	18.8	32	16.7	36	18.8	192	100
	F	16	8.33	20	10.4	20	10.4	32	16.7	10	54.2	192	100

Source: Researcher (2016)

Self - Stimulation

Findings from table 4.3 show that a majority of respondents felt that self -sexual stimulation is normal and they had once found themselves masturbating. A total of 72 (37.5%) Female and 51 (26.56%) male students strongly agreed, 12 (6.25%) males and 61 (31.77%) females agreed, 12 (6.25%) male students and 15 (7.812%) female students, were neutral, 27 (14.06%) male students and 22 (11.46%) female students disagreed while 46 (23.94%) male students and 43 (22.4%) female students strongly disagreed. The mean response was 3.2 for males, and 3.0 female students. More males agreed to masturbation as compared to females and both groups were not sure whether to view it as normal or not. The varied responses could be interpreted to mean the quickest way students could release their testosterone is through masturbation and they were positive

about it as part of growing up. The females on the other hand felt guilty about the action and may be unwilling to divulge information.

The respondents were asked to give their views on whether self-sexual stimulation is abnormal and whether they had once found themselves masturbating. A total of 36 (18.75%) male and 20 (10.42%) female students strongly agreed, 48 (25%) male students and 36 (12.5%) female students agreed, 40 (20.83%) males and 19 (9.89%) female students were neutral, 40 (20.83%) male students and 32(16.67%) female students, disagreed with 40 (20.83%) male students and 85 (44.27%) female students strongly disagreeing. The average response was 3 for male students and 2.2 for female students. This means that male students were not sure whether self-sexual stimulation was abnormal, while female students felt it was abnormal. Interestingly whereas the students engaged in masturbation, the males were non-committal whether it was normal while most females felt guilty. It is more of a compulsive behaviour.

The third question was whether whenever they sexually stimulate themselves or have had same sex relationships which make them feel guilty and this affects their studies. A total of 36 (18.75%) male and 20 (10.42%) female students strongly agreed, 56 (29.17%) male students and 24 (12.5%) female students agreed, 52 (27.08%) males and 36 (18.75%) female students were neutral, 28 (14.58%) male students and 20 (10.42%) female students, disagreed with 20 (10.42%) male students and 92 (47.92%) female students strongly disagreeing. The average response was 3.3 for male students and 2.3 for female students. This showed that male students were again not sure whether sexual stimulation affected their studies, while female students disagreed. This implies that the students may never have related homosexuality to academic performance and so are not sure if it in any way had an effect unless sensitized on the same. The academic performance, however could be related to the aftermath of the masturbation hence the feeling of guilt or more confidence.

Further, the study explored the opinion of the students on whether, whenever they sexually stimulate themselves or have had same sex relationships they feel good and this improves their academic performance. A total of 60 (31.25%) male and 16 (8.33%)

female students strongly agreed, 28 (14.58%) male students and 20 (10.42%) female students agreed, 36 (18.75%) males and 20 (10.42%) female students were neutral, 32 (16.7%) both male and female students, disagreed while 36 (18.75%) male students and 10 (54.17%) female students strongly disagreeing. The average response was 3.2 for male students and 2.3 for female students meaning that on average male students were unsure while female students disagreed that sexual stimulation improved performance. From the response it is clear, the student academic performance was more as to what the students felt of themselves. Guilt or confidence, a hostile or supportive environment was key to their performance. The non-commitment sends mixed signals on the whole.

The focus group discussion with some respondents revealed varied opinions on masturbation, gayism and lesbianism. Generally most of the students who participated in the focus group were of a moderate opinion concerning masturbation, they were very negative on gayism and lesbianism and termed it as bad, evil and satanic.

Gayism, Lesbianism and Academic Performance

The study explored the opinion of the students on whether they knew boy/girl students of same gender who relate with each other sexually and perform well in class. The results are presented in table 4.3.

Table 4.3 Prevalence of Gayism/Lesbianism

		G	SA	A	N	D	SD			Total			
		F	%	F	%	F	%	f	%	f	%	TF	%
Gays/Lesbians perform well in class.	M	16	8.33	12	6.25	32	16.7	52	27.1	79	41.2	192	100
	F	32	16.7	20	16.7	35	18.2	25	13.02	80	41.7	192	100
Gays/ Lesbians don't participate in class	M	64	33.3	57	29.7	25	13.0	22	11.5	24	12.5	192	100
	F	15	7.81	12	6.25	7	3.6	96	50	62	32.3	192	100
Gays/ Lesbians never miss to attend classes.	M	22	11.5	16	8.3	11	5.73	100	52.1	43	22.4	192	100
	F	11	5.73	20	10.4	7	3.65	90	46.8	43	33.3	192	100
Gays / Lesbians are ever absent from school.	M	5	2.61	8	4.2	36	18.8	76	39.6	67	34.9	192	100
	F	7	3.7	13	6.77	40	20.8	56	29.2	76	39.6	192	100
Gays/ Lesbians but don't have time for school work	M	18	9.38	12	6.25	20	10.4	44	22.9	98	51.0	192	100
	F	15	7.8	8	4.2	48	25	50	26.0	71	36.9	192	100
Gays / Lesbians do homework/assignments together	M	11	5.7	10	5.2	8	4.2	124	64.6	39	20.1	192	100
	F	9	4.69	11	5.7	16	8.33	109	56.7	47	24.5	192	100

Source: Researcher (2016)

A total of 16 (8.33%) male and 32 (16.67%) female students strongly agreed 12 (6.25%) male students and 20 (10.42%) female students agreed, 32 (16.7%) males and 35(18.23%) female students were neutral, 52 (27.08%) male students and 25(13.02%) female students disagreed with 79 (41.15%) male students and 80 (41.67%) female students strongly disagreeing.

The average response was 2.1 for male students and 2.5 for female students. This showed that most of the students disagreed that students who engage in homosexuality perform well in class. This could either be true, attributed to the discreet nature of the relationship and negative opinion over it.

Additionally, the study explored whether the students knew boy/girl students of same gender who relate with each other sexually and don't participate in class. A total of 64 (33.33%) male and 15 (7.812%) female students strongly agreed 57 (29.69%) male students and 12 (6.25%) female students agreed, 25 (13.02%) males and 7(3.64%) female

students were neutral, 22 (11.46%) male students and 96 (50%) female students disagreed with 24 (12.5%) male students and 62 (32.29%) female students strongly disagreeing. The average response was 3.6 for male students and 1.9 for female students. This showed that male students agreed that they knew students of same gender who relate with each other sexually but don't participate in class while female students disagreed. Though homosexuality tends to take a secretive nature, some of the gay students could be proud to publicly declare their stand to others while the lesbians remain secretive or the female students viewed it as a deplorable act not worth associating with.

The study sought the opinion of the students on whether they knew boy/girl students of same gender who relate with each other sexually and never miss to attend classes. A total of 22 (11.45%) male and 11 (5.73%) female students strongly agreed, 16 (8.33%) male students and 20 (10.42%) female students agreed, 11 (5.73%) males and 7 (3.65%) female students were neutral, 100 (52.08%) and 90 (46.87%) male and female students respectively disagreed while 43 (22.4%) male students and 64 (33.33%) female students strongly disagreeing. The average response was 2.3 for male students and 2.1 for female students. Meaning that on average most students disagreed, that they knew same gender students who relate with each other sexually and miss to attend classes. The non-missing of classes may be because of the school rules which do not allow unnecessary absenteeism and a conducive learning environment.

The study documented the opinion of the students on whether they knew boy/girl students of same gender who relate with each other sexually and are ever absent from school. A total of 5 (2.61%) male and 7 (3.65%) female students strongly agreed, 8 (4.17%) male students and 13 (6.77%) female students agreed, 36 (18.75%) males and 40 (20.83%) female students were neutral, 76 (39.58%) male students and 56 (29.167%) female students, disagreed with 67 (34.9%) male students and 76 (39.58%) female students strongly disagreeing. The average response was 1.9 for male students and 2.1 for female students. This showed that all students disagreed that, they knew students of the same gender who relate with each other sexually and are ever absent from school. This can also be because of the school routine put in place and penalties for a absenteeism and therefore not warrantee missing school.

The students were equally asked whether they knew boy/girl students of same gender who relate with each other sexually but don't have time for school work. A total of 18 (9.38%) male and 15 (7.8125%) female students strongly agreed, 12 (6.25%) male students and 8 (4.17%) female students agreed, 20 (10.42%) males and 48 (25%) female students were neutral, 44 (22.92%) male students and 50 (25%) female students, disagreed with 98 (51.04%) male students and 71 (36.98%) female students strongly disagreeing. The average response was 2 for male students and 2.2 for female students. This showed that most students disagreed that they knew same sex students who related with each sexually but don't have time for school work. This could be attributed to the fact that either they don't know the students involved in homosexuality or it is a secretive act and because of the consequences, the homosexuals don't openly express their feelings.

Moreover, the students asked whether they knew male/female students who relate to each other sexually and do homework/assignments together. A total of 11 (5.729%) male and 9 (4.69%) female students strongly agreed, 10 (5.21%) male students and 11 (5.73%) female students agreed, 8 (4.17%) males and 16 (8.33%) female students were neutral, 124 (64.58%) male students and 109 (56.77%) female students, disagreed with 39 (20.31%) male students and 47 (24.48%) female students strongly disagreeing. The average response was 2.1 for male students and 1.9 for female students. This showed that most students disagreed on whether male and female students who relate with each other sexually do assignments together. This could be attributed to either the discrete nature of the relationship or if the spouse could be in different classes and so different assignments per the class and the consequences for the couples involved.

The study findings are similar to that by (Helfand, 2008) who in his study found masturbation by boys normal and healthy, while the female response agreed with (Boden, 2006) that more males engaged in masturbation than females which could be confounded with a feeling of guilt and shame according to Thompson 2014. Similarly, (Dobson ,2015) found masturbation and said while some feel relieved after the act, others felt guilty. In addition, high achievers may concur with (Adeyemo, 2009) that it boosts grade while for low achievers could agree with (Eccles, 2002) as it creates a sense of guilty and probably

low academic performance. On the other hand, same sex relationship was inversely related to performance in academics. This agrees with findings by (CDC, 2016) that states that, supportive learning environments lead to good grades unlike hostile environment which lead to the reversal. It also concurs with (Basch, 2010), whose study reveals that gay/lesbian students have self-defeating behaviors' which lead to deterioration in academic performance.

Furthermore, the study established no relationship between school absenteeism and homosexuality with regard to performance and this is attributed to other factors such as sickness, school fees and indiscipline cases. This differs with (Busch 2005) who cites missing school as one of the tendencies of homosexuals. This again differs with (Busch 2005) who cites missing school as one of the tendencies of homosexuals. The study also found out that students who admitted to be homosexuals were suspended or expelled from the school and therefore had no time to do assignments/exams. The findings points to those by (Wanjala, 2015) who reported that students were expelled from a school for owning up to homosexuality. In addition, he reported that those found in the act faced severe punishment such as expulsion from a school for owning up to homosexuality and statements such as 'No room for gays in Kenya" (Karumba, 2015), is an indication of a conservative society. As it emerged in the focus group, some of the students were of the opinion that it is improper. One of the students summed up in this statement *'It is bad, evil, and satanic to engage in homosexual behaviour according to African context.'* These were some of the response from the students as documented in the interview schedules. The study revealed that homosexuality existed slightly more among females than males, 7 (14.58%) among males and 9 (18.75%) among females. This could be attributed probably to more hostility to it among male students than female students. Studies by (Basch, 2010) and (CDC, 2016) refer to gay and lesbian teenagers as a minority.

Teen Homosexuality and Academic Performance

The study found out that the students who participated in homosexuality tended to perform poorly in class as shown in table 4.4.

Table 4.4 Academic Performance of Homosexuals

Status	Gender	Excellent	Good	Average	Weak
Homosexuals	Males (Gays)	0	1	2	4
	Females (Lesbians)	0	0	3	6

Source: Researcher (2016)

The findings are in agreement with (Busch 2005) on academic performance, whose studies indicated homosexuals' fared worst. This could be due to hostility from the environment as findings of the study revealed it was more of a discreet affair and viewed as abnormal and satanic. Studies by (Smith, 1975) also show that same sex is not tolerated in African countries.

To establish the nature and the direction of the relationships that exist between teen homosexual behavior and academic performance, the study used the Pearson (r) correlation coefficients. The results are presented in table 4.6 below.

The correlation between extent of homosexual behaviour and academic performance of learners was found to be 0.189. This means there is a low significant positive relationship between teen homosexuality and academic performance among the learners. In other words the academic performance of students involved in homosexuality reduced significantly.

Table 4.5 Correlations between Teen Homosexual Behaviour and Academic Performance

Teenage Sexual Behaviour	Correlation	Academic performance
Teenage homosexuality	Pearson Correlation	.189**
	Sig. (2-tailed)	.000
	N	384

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

Source: Researcher (2016)

As portrayed in Table 4.5, the correlation between extent of homosexual behaviour and academic performance of learners was found to be 0.189. This means there is a low significant positive relationship between teenage homosexual behaviour and academic performance among the learners. (Dobson 2015) noted that masturbation helps males to sleep and relieves sexual fluids that need to be eliminated frequently. Whereas some felt relieved others felt guilty, waste of time, impure, and miserable afterwards. Whereas masturbation has been viewed as healthy and an integral part of a person, overdoing the same can lead to a lot of risks to both sexes such as fatigue and tiredness due to lack of energy, loss of hair and thinning of hair, memory loss and lack of concentration which can affect daily work, lack of concentration in class, premature ejaculation with a partner, blurring vision, eye floaters and fuzzy vision, (Sollee, 2014).

In other words the associated risks such as lack of concentration, guiltiness, fatigue and tiredness due to lack of energy decreases academic performance of students involved in homosexuality and therefore grades scoring reduced significantly. The findings are in agreement with (Busch 2005) on academic performance, whose studies indicated homosexuals' fared worst. This could be due to hostility from the environment as findings of the study revealed it was more of a discreet affair and viewed as abnormal and satanic. Studies by (Smith, 1975) also show that same sex relationship is not tolerated in African countries.

4.3. 2: Hypothesis Two: Teenage Heterosexuality Affects Student Academic Performance

The researcher presented the students with a set of questions on the second objective of the study such as the influence of teenage heterosexual behaviour on academic performance.

Early Teenage Sexual Initiation

Many adolescents are exposing themselves to risky behaviors like unprotected sexual activities leading to Teenagers Pregnancy, unsafe abortion, or STIs. This issue of TP however, does not only affect young people, it can have effects on academic performance

in schools, early marriages and school dropouts. To establish whether Public Secondary School students engage in early sexual initiation, entry age and age of the partner and meeting frequency was focused on results are demonstrated in table 4.6 below.

Table 4.6 Sexual Initiation

Early sexual initiation		Male	Female
Age commencement of relationship	10-13Yrs	26 (13.6%)	33 (17.19%)
	14-16Yrs	78 (40.63%)	92 (47.92%)
	17-19Yrs	69 (35.94%)	7 (3.65%)
Age of Partner	10-20Yrs	119 (61.98%)	90 (46.88%)
	21-30Yrs	19 (9.895%)	37 (19.27%)
	31-40Yrs	4 (2.083%)	10 (5.21%)
	>40Yrs	5 (2.6%)	7 (3.65%)
Meeting Frequency	Everyday	85 (44.27%)	131 (68.23%)
	Weekly	2 (1.042%)	7 (3.65%)
	Monthly	11 (5.73%)	13 (6.77%)
	Holidays	42 (21.88%)	41 (21.35%)

Source: Researcher (2016)

The study established that 59 (15%) of the students started sexual relationship and early sexual initiation at the age of 10-13 years 184 (47.92%) at age 14-16, while only 64 (16.67%) began at age 17-19 years. The study revealed more females were involved as compared to males at age 10-16 while most males commenced their relationship at age 17-19. It was clear there was a variation in age for commencement of relationships between boys and girls. The early commencement by the girls can be attributed to peer pressure, cultural settings and boda boda riders whom they are in constant link with as they ferry them to school. Whereas (Coker, 2000) findings revealed that boys tend to be sexually active earlier than girls at 46 percent females and 65 percent male by age 16, the

findings of this study were contrary as they revealed most girls began early sexual initiation than boys. Studies also indicate that a significant proportion of adolescents are engaging in sexual activities at younger ages. (UNICEF and UNAIDS 2001) says one in five male and one in ten female teenagers have experienced sex in adolescence. This may lead to early unwanted pregnancies which force teenagers out of school hence poor performance in academics.

Concerning sexual partner, findings of the study revealed that 209 (60.68%) of the students had partners within their age bracket, 56 (11.46%) within the age bracket of 21-30 while 14 (3.65%) had sexual initiation within 31-40Yrs and 12 (3.14%) within 41 and above years. For teenagers dating within their age bracket could be due to peer pressure and curiosity for adventure for the adolescents, while outside their age bracket, this could mostly be associated with favors such as pocket money and lavish lifestyle from the older sexual partner. This concurs with (Gaitano, 2011) and (Geanakoplos, 1987) whose studies show that sex with older partners is for items such as money, gifts, toiletries, books etc.

Concerning meeting frequency, overwhelming 216 (75%) students met their partners daily, 9 (3.13%) weekly while 28 (7.29%) met monthly and 83 (21.61%) met over the holidays. More female students met their partners daily as compared to male students. This means most of the partners are fellow teenagers and in the same mixed school while teenagers in boarding school meet during holidays. With the saying 'familiarity breeds contempt', the more the teenagers in relationships meet, the more their studies are likely to be affected. This concurs with (Gakidou, 2012) who asserted that when a teenager's greater energy and interest are inverted in sexual activity the drive for academic performance dwindles.

Prevalence of Teenage Heterosexual Practice

The researcher also presented the students with a set of questions asking them how teenage boy/girl relationship affected their academic performance in order to establish its prevalence. To answer these questions, a five point scale of **SA** = Strongly Agree, **A** =

Agree, **N** = Neutral **D** = Disagree and **SD** = Strongly Disagree was used and the results are presented in Table 4.7.

Table 4.7 Teenage Heterosexual Behaviour and Academic Performance

	S	SA		A		N		D		SD		TOTALS	
		F	%	F	%	F	%	f	%	f	%	TF	T%
At 16-19 yrs. it is healthy to be in a relationship with the opposite sex.	M	94	49.0	36	18.8	14	7.3	24	12.5	24	12.5	192	100
	F	75	39.1	44	22.9	20	10.4	32	10.4	21	10.9	100	100
I am in a relationship and this interrupts my studies	M	64	33.3	26	13.5	20	10.4	48	25	34	17.7	192	100
	F	60	31.3	51	26.6	18	9.4	36	18.8	27	14.1	192	100
Engagement in sex doesn't interrupt my studies.	M	44	22.9	40	20.8	17	8.8	53	27.6	38	19.8	192	100
	F	8	4.17	19	9.9	76	39.6	46	23.9	43	22.9	192	100
Poverty made me engage in unsafe sex which made me sick and perform poorly due to absenteeism.	M	24	12.5	24	12.5	56	29.2	60	31.3	28	14.6	192	100
	F	49	25.5	19	9.9	18	9.4	36	18.8	62	32.3	192	100
Engagement in sex due poverty has never made me contract diseases nor be absent from school.	M	11	5.7	31	16.2	14	7.3	69	35.9	67	34.9	192	100
	F	12	6.25	33	17.2	22	11.5	51	26.6	74	38.5	192	100
Engagement in sex without contraceptives affected my academic performance.	M	23	11.9	41	21.4	12	12.5	72	37.5	44	22.9	192	100
	F	36	18.8	16	8.33	7	3.6	32	16.7	101	52.6	192	100
Occasionally unsafe sex has made me contract diseases which interrupt my studies.	M	29	15.1	14	7.29	44	22.9	73	38.0	32	16.7	192	100
	F	25	13.0	20	10.4	9	7.5	40	20.8	98	51.0	192	100
My fear about pre-marital sex is early parenthood	M	100	52.1	46	23.9	20	10.4	16	8.33	10	5.21	192	100
	F	104	54.2	35	18.2	6	3.2	13	6.8	34	17.7	192	100
Fear of pre-marital sex as per my religion has led to my excellent academic performance.	M	52	27.1	60	31.3	13	6.8	28	14.6	39	20.3	192	100
	F	69	35.9	24	12.5	20	10.4	33	17.2	46	23.0	192	100
Failure to conform to religious values on pre-marital sex led to my poor academic performance.	M	59	30.7	29	15.1	16	8.3	23	11.9	65	33.8	192	100
	F	50	26.0	41	21.4	33	17.2	27	14.1	41	21.4	192	100

Source: Researcher (2016)

As presented in Table 4.7, the first question posed to the students was whether at the age of 16-19 it is healthy to be in a relationship with the opposite sex. A total of 94 (48.96%) male and 75 (39.1%) female students strongly agreed, 36 (18.75%) male students and 44 (22.92%) female students agreed, 14 (7.29%) males and 20 (10.42%) female students were neutral, 24 (12.5%) male students and 32 (16.67%) female students, disagreed with 24 (12.5%) male students and 21 (10.94%) female students strongly disagreeing. The average response was 3.8 for male students and 3.6 for female students. This showed that majority of the students agreed it's healthy to be in a relationship and therefore majority of them were in a relationship. This may be attributed to the adolescence stage where they are curious and eager to appreciate, be appreciated by the opposite sex and experiment.

The students were asked whether they were in relationships (relationship with the opposite sex) and whether the relationship interrupted their studies because they thought about their partners most of the time. A total of 64 (33.33%) male and 60 (31.25%) female students strongly agreed, 26 (13.54%) male students and 51 (26.56%) female students agreed, 20 (10.42%) males and 18 (9.38%) female students were neutral, 48 (25%) male students and 36 (18.75%) female students, disagreed with 34 (17.7%) male students and 27 (14.1%) female students strongly disagreeing. The average response was 3.2 for male students and 3.6 for female students. This means that female students agreed relationships affected their performance unlike the boys who were neutral. This means females were more emotionally involved and attached in relationships, which diverts their attention from studies, unlike male students whose findings are mixed reaction. This shows they think less on relationships probably due to fewer consequences unlike females who could think of being jilted, pregnancies and use of contraceptives or safe days.

The question posed to students on whether student's engagement in sex had never interrupted their concentration in studies and results revealed that 44 (22.92%) male and 8 (4.17%) female students strongly agreed, 40 (20.83%) male students and 19 (9.9%) female students agreed, 17 (8.85%) males and 76 (39.58%) female students were neutral, 53 (27.6%) male students and 46 (23.96%) female students, disagreed while 38 (19.79%)

male students and 43 (22.96%) female students strongly disagreeing. The average response was 3.0 for male students and 2.3 for female students. This showed that while male students were non-committal the female students disagreed. Whereas most of the males were uncertain, females were sure sexual engagement distracted their concentration. Probably this could be attributed to thoughts on pregnancies and eventuality especially if they never used contraceptives or the emotional attachment as compared to their male counterparts. It was clear that thoughts of probable disruption of education do occupy female students mind after sexual engagement.

The study explored the opinion of the students whether their family conditions made them engaged in unsafe sex to earn a living and if that could have made them fall sick and perform poorly due to absenteeism. A total of 24 (12.5%) male and 49 (25.52%) female students strongly agreed, 24 (12.5%) male students and 19 (9.9%) female students agreed, 56 (29.17%) males and 18 (9.38%) female students were neutral, 60 (31.25%) male students and 36 (18.75%) female students, disagreed while 28 (14.58%) male students and 28 (14.58%) female students strongly disagreeing. The average response was 2.8 for all students. This showed that most students were non-committal that their family conditions made them engage in unsafe sex to earn a living. Most probably other than family conditions, other factors such as own pleasure, need for gifts, peer pressure, coercion could have had a key role in individual victims.

The study explored the opinion of the students on whether they had always engaged in sex due to family conditions and had never contracted diseases nor been absent from school. A total of 11 (5.73%) male and 12 (6.25%) female students strongly agreed, 31(16.15%) male students and 33 (17.19%) female students agreed, 14 (7.29%) males and 22 (11.46%) female students were neutral, 69 (35.94%) male students and 51 (26.56%) female students, disagreed while 67 (34.9%) male students and 74 (38.5%) female students strongly disagreeing. The average response was 2.2. This shows that most students disagreed that they had always engaged in sex due to family conditions and had never contracted diseases nor been absent from school. This means at least quite a number had been absent, probably for dates, medication or other reasons.

The studies explored whether the students had recently had an intimate relationship without using contraceptives and if that affected their academic performance. A total of 23 (11.98%) male and 36 (18.75%) female students strongly agreed, 41 (21.35%) male students and 16 (8.33%) female students agreed, 12 (12.5%) males and 7 (3.65%) female students were neutral, 72 (37.5%) male students and 32 (16.67%) female students, disagreed while 44 (22.92%) male students and 101 (52.6%) female students strongly disagreeing. The average response was 2.6 for male students and 2.2 for female students. This showed that the male students were neutral and therefore non-committal while female students disagreed that they had an intimate relationship without using contraceptives and that affected their academic performance. On the whole it means most students are aware about contraceptive use and use them except for a few. The academic performance may therefore not be more of related to contraceptive none use, but emotional turmoil related to the relationships.

The study explored the opinion of the students on whether they occasionally had unsafe sex and had contracted diseases which interrupted their studies as a result. A total of 29 (15.1%) male and 25 (13.02%) female students strongly agreed, 14 (7.29%) male students and 20 (10.42%) female students agreed, 44 (22.92%) males and 9 (7.5%) female students were neutral, 73 (38.02%) male students and 40 (20.83%) female students, disagreed with 32 (16.67%) male students and 98 (51.04%) female students strongly disagreeing. The average response was 2.7 for male students and 2.1 for female students. This showed that the male students were neutral while female students disagreed on whether they occasionally had unsafe sex and had contracted diseases which interrupted their studies as a result.

The study also implored students on whether one of the things they feared about pre-marital sex was early parenthood which could interfere with their studies. A total of 100 (52.08%) male and 104 (54.17%) female students strongly agreed, 46 (23.96%) male students and 35 (18.23%) female students agreed, 20 (10.42%) males and 6 (3.125%) female students were neutral, 16 (8.33%) male students and 13 (6.77%) female students, disagreed while 10 (5.21%) male students and 34 (17.71%) female students strongly disagreeing. The average response was 4.1 for male students and 3.8 for female students.

This showed that on average majority of the students agreed that one of the things they feared about pre-marital sex was early parenthood which could interfere with their studies. This could be because they are emotional immature to handle parenthood, financial unstable to provide basic support and other responsibilities associated with it and at the same time not ready to drop out of school.

The study asked the students whether they had avoided having sex before marriage as guidance from their religion which had led to their excellent academic performance. A total of 52 (27.08%) male and 69 (35.94%) female students strongly agreed, 60 (31.25%) male students and 24 (12.5%) female students agreed, 13 (6.77%) males and 20 (10.42%) female students were neutral, 28 (14.58%) male students and 33 (17.2%) female students, disagreed while 39 (20.31%) male students and 46 (23.96%) female students strongly disagreeing. The average response was 3.3 for male students and 3.2 for female students. This showed that most of the students were neutral that they had avoided having sex before marriage as guidance from their religion which had led to their excellent academic performance. This shows a number of students had also engaged in sex despite their religious affiliation and guidance.

The study asked the students whether their failure to conform to their religion values on sex before marriage had led to their poor academic performance. A total of 59 (30.73%) male and 50 (26.04%) female students strongly agreed, 29 (15.1%) male students and 41 (21.35%) female students agreed, 16 (8.33%) males and 33 (17.19%) female students were neutral, 23 (11.98%) male students and 27 (14.1%) female students, disagreed while 65 (33.85%) male students and 41 (21.35%) female students strongly disagreeing. The average response was 3.6 for male students and 3.2 for female students. This shows that male students agreed while the female students were non-committal that failure to conform to their religion values on sex before marriage had led to their poor academic performance. This means student's non-conformity to religion had an effect on their performance; probably guilt of doing what is contrary to religious and societal expectations.

The study findings are similar to that by (Guttmacher, 2012) for the three questions respectively. It is healthy to be in a relationship at the age of 16-19 years. Earlier study revealed that by the 19th birthday 7 in 10 teenagers have had sexual initiation. In addition, sexual relationship interrupts students' studies as they channel all their energies towards it. This point to (Anderson, 2005) study who reported that once teenagers are involved in relationships, they are pre occupied with possible disruption to education. Moreover, there are negative effects of sexual behaviour which were alarming among teenagers of age 13 to 19.

Concerning family set up/background and sex relationship, it was insignificant in determining students' performance and these point to findings by (Moore 2007) and (Antonia, 2012) on teenagers involvement in sex for varied reasons such as gifts, encouragement from parents' etc. The study also found out that students sex relationship did not result in absenteeism since they were kept in school most of the time. These study findings differ to those by (Anderson, 2005) and American Sociological Association (2010) whose studies revealed that dating frequencies have a negative impact on academics due to absenteeism and divided attention. Moreover, students reported use of contraceptives when having sex. This corresponds with (Dann, 2012) findings which indicated that teenagers are preoccupied with collapsed relationships which result in turmoil and depression which in turn affects their emotional and academic performance. It was clear that students' performance was not related to unsafe sex or contraction of diseases but relationship status as stated by (Dann, 2012).

An overwhelming majority reported that they are not prepared for parenthood responsibility even though they are in sexual relationship. The findings agree with (Charlie, 2010) whose studies reveal teenagers are not ready parenthood which is associated with reduced educational attainment due to anxiety, and turmoil in transition between adolescent development and parenthood. In addition, religion and its values have significant contribution to abstinence. However, they still engage in sexual relationships. This differs from Fast facts, n.d which indicated that teenagers who receive spiritual support are less likely to be sexually active and perform better. The failure or poor

performance is also associated with sex relationship as students had varied opinion. This differs with (Owuamanam, 1995) whose parental expectations of students are so high that it should be imperative for teenagers to excel and avoid anything that could jeopardize their studies.

Boy/Girl Relationship and Academic Performance of Students

The study went on to probe the Deputy School Principals the influence of the boy/girl relationship on the academic Performance of the students and presented the findings in Table 4.8. The relationship status was established from the questionnaires as well confirmed by the guidance and counseling teachers especially for the homosexuals whom the researcher was able to get to through the guidance and counseling teacher.

Table 4.8 Academic Performance of Heterosexual Students

Status	Gender	Excellent	Good	Average	Weak
Heterosexual	Males	19	26	64	33
	Females	16	24	68	40
No	Males	15	14	15	1
	Females	12	13	21	3

Source: Researcher (2016)

Findings from figure 4.8, indicate that 35(12.72%) heterosexuals performed excellently, 50(18.02%) of students in relationships were good, 132(48.41%) were average and 73(24.38%) were weak. As of students in no relationships 27(28.72%) were excellent, 27(28.72%) were good, 36(38.30%) were average and 4(4.25%) were weak. Of students in relationships, homosexuals performed worse than heterosexuals, while students in no relations performed best. This proves that while students not in relationships have undivided attention to their studies. Students in relationships have divided attention between books and love affairs. They are therefore emotionally drained with insecurity feelings of their lovers jilting them or so. This agrees with (Antonia, 2012) whose studies

show that teen relationships are pre occupied with disruption to education such as dating frequencies and absenteeism, STDs, pregnancy and therefore low academic performance and aspirations.

To establish the nature and the direction of the relationship that exists between heterosexuality and academic performance, the researcher used the Pearson (r) correlation coefficients as presented in table 4.10 below.

Table 4.9: Correlations between Heterosexual Behaviour and Academic Performance

		Academic Performance
Teen heterosexuality	Pearson Correlation	.703**
	Sig. (2-tailed)	.000
	N	384

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

Source: Researcher (2016)

The results in Table 4.9 show that there exists a significant relationship between Teen heterosexuality and Academic performance ($r = .703^{**}$, $p < .00$). This implies that if the teen who are heterosexuals use contraceptive, then there may be high academic performance.

This means that teen engagement in heterosexuality is very prevalent and it does affect student academic performance negatively. Besides diverting the teenagers from their educational goals, it does expose students to possible infections, school dropout due to expulsion or early pregnancy for female students and wastage of study time thinking about their relationships and sometimes sneaking from school to go for dates. This study concludes that teenager's involvement in heterosexual activities lowers academic performance with a possibility of terminating education completely due to pregnancy.

To gain a deeper understanding of this subject, the study also interviewed 16 Deputy School Principals' to obtain their views on heterosexuality. According to these teachers teen sexual behavior had a negative effect on the academic performance by decreasing the scores of the learners. There was a decline in performance when students engaged in relationships because such students miss school quite regularly. One of the deputy Principals said 'What time do they have to read when they divert their energies and focus to relationships than class work? .Only 2 Deputies said teen sexual behavior had no effect on the academic performance of the learners. The Deputy Principals also confirmed that some students did indulge in heterosexual activities because they had handled 1- 3 cases of students who dropped out of school due to sexually transmitted diseases or pregnancy. These findings agree with (Sabia, 2012) who in his study noted that, students who abstained from sexual activity performed better academically than the sexually active students from the same socio-economic backgrounds. This is mainly due to lack of emotional turmoil and fewer psychological distractions making them focus better on academics. This agrees with findings of the study as students in no relationships performed better than the sexually active. This concurs with Statistics from Population and Development (NCAPD, 2010), which indicate that 13000 school girls drop out of school every year due to pregnancy. Findings of a study by (Zabin, 1995) in Nairobi showed that 8 out of 10 adolescents had had sex before age 20. This also agrees with findings which indicate that 7 out 10 teenagers have had sex, since 71.35% of the students are in relationships and 71.53% have used contraceptives as an indication of sexual relationships.

4.3.3 Hypothesis Three: Teenage Contraceptive Use Determines Student Academic Performance.

Adolescent reproductive behaviour is now recognized as an important health, social and demographic concern in Kenya. Although many individuals are exposed to the risks associated with precocious sexual activity, use of contraceptives by adolescents is a sensitive issue in a country with strong religious teachings, and young people face many difficulties when they attempt to obtain birth control. The third objective of the study

explored the influence of contraceptive use on academic performance among Public Secondary School students under the following themes.

Abstinence: Abstinence is the act of refraining from sexual intercourse either permanently or until marriage. In Kenya, most parents, teachers and religious leaders expect teenagers to refrain from sexual intercourse until they complete secondary school education. And most teenagers also understand this expectation from society as revealed by the results shown in table 4.10 below.

Table 4.10 Abstinence

Gender	Males	Females
Yes (62.76%)	151	90
No (37.24%)	41	102

Source: Researcher (2016)

Most of the students 241(62.76%) were of the view that teenagers should abstain from sex and if they cannot they should use contraceptives, 143(37.24%) were of the opinion that the use of contraceptives could reduce diseases and pregnancies. This implies as much as they viewed abstinence as the best option, for those who could not avoid sex, and then contraceptives were the better option. The students view on abstinence as the better option is in agreement with 90% parents in America who favour it until students are through with high school (Avert , 2014).

Contraceptive Use, Prevention of Diseases and Pregnancies

Students were asked their views on whether contraceptives can reduce incidence of diseases and pregnancies among students. The results are shown in table 4.11 below.

Table 4.11 Contraceptives, Prevention of Diseases And Pregnancies

	Males	Females
Yes (63.54%)	116	128
No (36.46%)	60	70

Source: Researcher (2016)

As to whether use of contraceptives could help reduce diseases and pregnancy among the sexually active students, the findings indicated 63.54% of the students agreed that contraceptives can reduce diseases and pregnancy among students while 36.46% disagreed. Those who disagreed could be due to the fact that the various contraceptives have some failure rates which make them not guarantee 100% effectiveness. Some contraceptives like the pill and injectables are effective in preventing pregnancy but offer no protection against disease infection. Findings of the study indicate that, teenagers believe to a great extent that contraceptive use can help avert some of the social crisis that could derail students' Performance in Education. This shows most of them are conscious in their sexual engagement, unlike studies by (Chipeta, 2012) that describe teenage contraceptive use as irrational.

Types of contraceptive used: Students were asked to state the contraceptive methods being used by sexually active students. Their views are shown in the table 4.14 below.

Table 4.12 Types of Contraceptives

Gender	Condoms	Pills	IUD	Injectables
Males	76(39.58%)	0	0	0
Females	73(38.02%)	32(16.67%)	0	15(7.8%)

Source: Researcher (2016)

Findings of table 4.12 above show that, of the number of students who used contraceptives, 149(76.02%) preferred the condom, 32(16.33%) preferred the pill whereas a paltry 15(2.55%) used the Injectables. Both male and female students preferred the condom almost in equal measure. This could suggest the ease in accessibility of

condoms, its less cumbersome nature due to its use and damp method and less side effects as compared to other types of contraceptives. The findings are similar to (Lowden 2011), and the (RoK, 2000) findings on the popularity of the condoms among the sexually active teenagers. The condom is followed by the pill and the injectables among females. In conclusion, sexually active students use the following contraceptives in a descending order namely: Condom, pill and Injectables.

With the more relaxed sexual standards of modern times, teenagers are becoming sexually active at younger ages. Sex education and teenagers pregnancies are concepts deeply linked with each other. The battle has always been between sex education and abstinence-only. Therefore the study sought to investigate the influence of Teenagers knowledge on use of contraceptives and its influence on academic performance among Public Secondary School students. Results of the study are illustrated in Table 4.13.

Table 4.13 Teenage Contraceptive Awareness and Source of Information

Description			F	%
Level of Awareness on contraceptive use	Male	Yes	172	89.58
		No	20	10.42
Source of information	Female	Yes	188	97.92
		No	4	2.08
	Male	Parents	0	9.9
		Teachers	19	75.0
		Friends	29	15.1
		Media	144	75.0
	Female	Parents	10	5.21
		Teachers	21	10.94
Friends		36	18.75	
Media		125	65.1	

Source: Researcher (2016)

The study found out that 172 (89.58%) of the male students and 188 (97.92%) of the females had heard about contraceptives, while 20 (10.42%) of the male and 4 (2.08%) of the female were ignorant. Overall most of the students were aware about contraceptive use, with females slightly more than males. This could be attributed to the fact that more females engage in sexual relationships earlier than males, are likely to be vulnerable to pregnancies and therefore are more curious to know about contraceptive use to take charge of their reproductive health. Awareness is not a precursor for contraceptive use as reports by Bii and Wanjala (2016) revealed 20 students were expectant in one secondary school after school holidays. This means that besides having knowledge on contraceptives, other factors which affect teenage sexual behavior for instance the home environment of teenagers have a bearing on teenage sexual behaviour.

However, effective sex education programs can decrease sexual activity and increase contraceptive use among those already sexually active. They maintain a narrow focus on reducing specific sexual risk-taking behaviour by providing accurate information about sexuality; build interpersonal and communication skills to resist sexual pressures; address both social and media influences on sexual behaviour. Concerning the source of information on teenage sexual behaviour, most of the students, both male 144 (75%) and female 125 (65.1%) said that media was the major source of information on contraceptives, followed by friends at 29 (15.1%) males and 36 (18.75%) females, then teachers at 19 (9.9%) males and 21(10.94%) females while parents/guardians were the least source of information at 0 for males, 10 (5.21%) for females. This study established that students obtained information on contraceptives from the following sources in a descending manner: media, friends, teachers and parents/guardians.

The task of instructing adolescents about sex has been seen as the responsibility of the parents. But parent-child communication in sexual matters may be hindered by parental inhibitions or by various intergenerational tensions, and studies have shown that children rarely receive their first information on sexual matters from their parents. This implies parents/guardians and teachers play the least role in teaching students on contraceptive use. This could be due to the cultural and religious beliefs that make parents and guardians to shy away from the topic. The findings concur with that of (Boonstra 2007) where both parties feel sex is sacred and should be practiced within marriage and therefore teaching teenagers about contraceptive use is like allowing them to engage in pre-marital sex as it is even taboo talking about sex. This could also be due to schooling which makes teenagers spend most of their time away from parents and guardians and among their peers who end up exerting more influence on their sexual behavior.

Accessibility of Teenagers to Contraceptives: The study asked students questions regarding access to contraceptives. The responses are depicted in table 4.14 below. The study presented the students with a set of questions to state their opinion concerning the extent on which were accessible for use and its influence on academic performance. To answer the questions, they were presented on five point Likert's scale as SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree and SD= Strongly Disagree. The findings are

presented in the table below which has collapsed the data into 3 main groups SA/A = Strongly Agree and Agree, N= Neutral and D/DS = Disagree and strongly Disagree.

Table 4.14 Contraceptives and Academic Performance

	G	SA		A		N		D		SD		TOTALS	
		<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	TF	P
At the age [16-19] it is healthy to be aware of and use of contraceptives.	M	68	35.2	52	27.1	20	10.4	40	20.8	12	6.3	192	100
	F	108	56.3	13	6.8	24	12.5	20	10.4	27	14.6	192	100
At the age [16-19] it is not worth being aware on the use of contraceptives.	M	60	31.3	51	26.6	20	10.4	33	17.2	28	14.6	192	100
	F	39	20.3	36	20.3	18	9.38	41	21.4	58	30.2	192	100
I use condoms to avoid diseases and I do not miss school	M	44	22.9	23	11.9	14	7.3	59	30.7	52	27.1	192	100
	F	16	8.3	20	10.4	33	17.2	52	27.1	71	36.9	192	100
My engagement in sex for pocket money without using contraceptives made me drop out of school at one time.	M	34	17.7	21	10.9	11	5.7	48	25	78	40.6	192	100
	F	37	19.3	17	8.9	19	9.9	28	14.6	91	47.4	192	100
Having ignored use of condoms I once contracted a disease that made me miss school for medication purpose.	M	17	8.9	21	10.9	22	11.5	56	29.2	76	39.6	192	100
	F	11	5.7	26	13.5	21	10.9	77	40.1	57	29.7	192	100
I have always engaged myself in sex due to my family conditions and have never contracted diseases nor been absent from school because I use contraceptives.	M	26	13.5	23	11.9	17	8.9	48	25	78	40.6	192	100
	F	27	14.1	24	12.5	11	7.5	59	30.7	71	36.9	192	100
I have had multiple lovers but use of condoms as a measure against diseases which has made me stay safe in school without interrupting my studies.	M	27	14.1	12	6.3	9	4.7	52	27.1	92	47.9	192	100
	F	20	10.4	16	8.3	18	9.4	48	25	90	46.9	192	100
I am in an intimate relationship and I use contraceptives and that has never affected my academic performance	M	44	22.9	21	10.9	28	14.6	65	33.9	34	17.7	192	100
	F	25	13.0	16	8.33	12	6.25	48	25	91	47.4	192	100
I recently had an intimate relationship without using contraceptives and that affected my academic performance.	M	32	16.7	28	14.6	25	13.0	68	35.4	36	18.8	192	100
	F	23	11.9	29	15.1	27	14.1	48	25	65	33.9	192	100
I have had a relationship without using contraceptives in order to win my rival and as a result I contracted an STD that made me temporarily drop out of school.	M	20	10.4	15	7.82	23	11.9	88	45.8	46	23.9	192	100
	F	12	6.3	42	21.9	12	6.3	64	33.3	62	32.3	192	100

Source: Researcher (2016)

Results in table 4.14 shows that there was an influence of teenage contraceptive use on academic performance. The first question posed to the students was whether at their age of [16-19] it was healthy to be aware of and use contraceptives. A total of 68 (35.17%) male and 108 (56.25%) female students strongly agreed 52 (27.08%) male students and 13 (6.77%) female students agreed, 20 (10.42%) males and 24(12.5%) female students were neutral, 40 (20.83%) male students and 20 (10.42%) female students, disagreed 12 (6.25%) male students and 27 (14.63%) female students strongly disagreed. The average response was 3.7 for male students and 3.9 for female students. This means majority of the students were in agreement on the importance of awareness and use of contraceptives. This shows most of the students are able to make informed decisions on their sexual life given proper information on contraceptive use.

Further the respondents were probed on whether at their age of [16-19] it is not worth being aware of the use of contraceptives,60 (31.25%) male and 39 (20.3%) female students strongly agreed, 51 (26.56%) male students and 36 (18.75%) female students agreed, 20 (10.42%) males and 18 (9.38%) female students were neutral, 33(17.19%) male students and 41 (21.35%) female students, disagreed with 28 (14.58%) male students and 58 (30.21%) female students strongly disagreeing. The average response was 3.4 for male students and 2.4 for female students. Whereas the males were non-committal on this, females were certain on importance on awareness of contraceptive use. This could be associated to the fact that the repercussions on the females are more severe (dropping out schools due to pregnancies) as compared to their male counterparts.

The study also sought to assess whether students used condoms to avoid diseases and not to miss school. A total of 44 (22.92%) male and 16 (8.33%) female students strongly agreed, 23 (11.98%) male students and 20(10.42%) female students agreed, 14 (7.29%) males and 33 (17.19%) female students were neutral 59 (30.73%) male students and 52 (27.1%) female students disagreed with 52 (27.08%) male students and 71 (36.98%) female students strongly disagreeing. The average response was 2.7 for male students and 2.1 for female students. This means that a number of male students were non-committal while most female students disagreed. An inference drawn from this could be that male

condoms are the ones largely and easily available in the market as compared to the female ones and therefore viewed as a male device. This could make females feel guilty to purchase it or they could more rely on other contraceptives such as pills. At the same time the main reason why they use condoms may not necessarily be to neither avoid diseases nor miss school. This could be least factors for use.

The study then explored the opinion of students on whether their engagement in sex for pocket money without using contraceptives made them drop out of school at one time, 34 (17.71%) male and 37 (19.27%) female students strongly agreed, 21 (10.94%) male students and 17 (8.85%) female students agreed, 11 (5.73%) males and 19 (9.9%) female students were neutral, 48 (25%) male students and 28 (14.58%) female students disagreed with 78 (40.63%) male students and 91 (47.4%) female students strongly disagreeing. The average response was 2.4 for both male and female students. This means that most of the students disagreed with this. It also means few engaged in sex without contraceptive use and could have dropped out due to pregnancies or disease. If done intentionally at times this could be due to need to prove their fertility. Families are an incredibly important influence on the behaviour of any child in many ways. For instance, low family socio economic status has been repeatedly linked to risky adolescent sexual behaviour.

An enquiry on whether having ignored to use condoms once made students to contract disease that made them miss school for medication purpose. A total 17 (8.85%) male and 11 (5.73%) female students strongly agreed, 21 (10.94%) male students and 26 (13.54%) female students agreed, 11 (5.73%) males and 21 (10.94%) female students were neutral, 56 (29.2%) male students and 77 (40.1%) female students, disagreed with 76 (39.58%) male students and 57 (29.69%) female students strongly disagreeing. The average response was 2.2 for both male and female students. This means that most of the students disagreed. It implies either most of the students are not causalities of sexually transmitted diseases or view it as an embarrassment and therefore do not divulge the information.

On whether the students had always engaged in sex due to family conditions and had never contracted diseases nor been absent from school because they used contraceptives. A total 26 (13.54%) male and 27 (14.1%) female students strongly agreed, 23 (11.98%)

male students and 24 (12.5%) female students agreed, 17(8.85%) males and 11 (7.53%) female students were neutral, 48 (25%) male students and 59 (30.73%) female students, disagreed with 78 (40.63%) male students and 71 (36.98%) female students strongly disagreeing. The average response was 2.3 for both male and female students. This means that most of the students disagreed. This does imply the family conditions are not a major factor as to why the students engage in sex. Quite a number may also not be frequently involved in sex due to being borders or fear of guardians/parents. It could only be occasional especially over school holidays and when they do; probably they use contraceptives.

As to whether students had multiple lovers but used condoms as a measure against diseases which made them stay safe in school without interrupting their studies,27 (14.1%) male and 20 (10.42%) female students strongly agreed, 12 (6.25%) male students and 16 (8.33%) female students agreed, 9 (4.69%) males and 18 (9.38%) female students were neutral, 52 (27.08%) male students and 48 (25%) female students, disagreed with 92 (47.92%) male students and 90 (46.88%) female students strongly disagreeing. The average response was 2.1 for both male and female students. This means that majority of the students disagreed. It implies most of the students may not be involved in multiple relationships and therefore no relationship between multiple lovers and use of condoms for protection against diseases. Most of them could be involved in single relationships and not for monetary value.

The study sought the opinion of students on whether they were having an intimate relationship and if they used contraceptives so that their academic performance was never affected. A total of 44 (22.92%) male and 25 (13.02%) female students strongly agreed, 21 (10.94%) male students and 16 (8.33%) female students agreed, 28 (14.58%) males and 12 (6.25%) female students were neutral 65 (33.85%) male students and 48 (25%) female students, disagreed with 34 (17.71%) male students and 91 (47.4%) female students strongly disagreeing. The average response was 2.9 for male students and 2.2 for female students. This means that male students were non-committal while female students disagreed. This again implies they may never have linked their sexual behaviour to academic performance and a number may also be abstinent.

The study also sought to know whether students had, recently engaged in an intimate relationship without using contraceptives and that had affected their academic performance, 32 (16.67%) male and 23 (11.97%) female students strongly agreed, 28 (14.58%) male students and 29 (15.1%) female students agreed, 25 (13.02%) males and 27 (14.1%) female students were neutral in giving their opinion, 68 (35.42%) male students and 48 (25%) female students, disagreed with 36 (18.75%) male students and 65 (33.85%) female students strongly disagreeing. The average response was 2.7 for male students and 2.5 for female students. This means that a number of the students were non-committal. It implies either they could not link their academic performance to sexual engagement or used contraceptives and therefore no impact.

Probed on whether they had had a relationship without using contraceptives in order to win their rival and as a result had contracted an STD that made them temporarily drop out of school. A total 20 (10.42%) male and 12 (6.25%) female students strongly agreed, 15 (7.82%) male students and 42 (21.88%) female students agreed, 23 (11.97%) males and 12 (6.25%) female students were neutral, 88 (45.83%) male students and 64 (33.33%) female students, disagreed with 46 (23.96%) male students and 62 (32.29%) female students strongly disagreeing. The average response was 2.4 for both male and female students. This means that most of the students disagreed. This implies most students do not just engage in wreck less sexual behaviour in order to win a rival and for those who do the females are more vulnerable than males. This shows a lack of assertiveness and sense of insecurity to please their male partners. For those who engage in unprotected sex.

The findings illustrates that most of the students are able to make informed decisions on their sexual life given proper information on contraceptive use. This is in agreement with (WHO/UNAIDS/UNICEF 2011) that a new generation of young people is taking charge of their destinies by protecting themselves against diseases and pregnancies. On the other hand, lack of awareness and non-use of contraceptives is associated to the fact that the repercussions on the females are more severe (dropping out schools due to pregnancies) as compared to their male counterparts. This differs with (Cvetkovich 2010) and (Nicole

2012) who have cited teenagers' contraceptive none use as irrational especially among teenagers who have devices available to them.

At the same time the main reason why they use condoms may not necessarily be to neither avoid diseases nor miss school. This could be least factors for use. The findings differ with (Phillip, 2012) that indicated that condom use among teenagers had increased due to concern over high rates of STDs. Consequently, families are an incredibly important influence on the behaviour of any child in many ways. For instance, low family socio economic status has been repeatedly linked to risky adolescent sexual behaviour. Findings agree with (Brown, 2010) who noted that teenagers engage sex without at times thinking about repercussions despite knowledge on contraceptive use. Findings also reveal either most of the students are not causalities of sexually transmitted diseases or view it as an embarrassment and therefore do not divulge the information. The findings differ with (Bridges, 2013) whose studies reveal that of half STD reported cases in America comprise of teenagers.

Moreover, family conditions are not a major factor as to why the students engage in sex. Quite a number may also not be frequently involved in sex due to being borders or fear of guardians/parents. It could only be occasional especially over school holidays and when they do; probably they use contraceptives as indicated by (Brann 2012) about increased contraceptive use by teenagers. It implies most of the students may not be involved in multiple relationships and therefore no relationship between multiple lovers and use of condoms for protection against diseases. Most of them could be involved in single relationships and not for monetary value. This differs with (Avert , 2014) whose study reveals multiple relations among teenagers.

This again implies they may never have linked their sexual behaviour to academic performance and a number may also be abstinent. These findings disagree with the (Catholic News Agency 2005) that sexually active contraceptive users performed better than sexually active non users. The students were non-committal and either they could not link their academic performance to sexual engagement or used contraceptives and

therefore no impact. This differs from a report by (Rector 2010) that abstinent teenagers performed best. Students also showed lack of assertiveness and sense of insecurity to please their male partners. For those who engage in unprotected sex, studies by (Jukes, 2009) reveal pressure from both the girl and boy to prove their fertility or a ‘spur of the moment thing’ as put by (Brown, 2010).

Majority of teachers interviewed agreed that some students in their schools use contraceptives and observed that the practice was more common among day scholars. Their views concurred with previous studies that contraceptive use had a high retaining power by reducing cases of school drop out by reducing incidences of STDs and pregnancies among students. Most of the teachers said that contraceptive use reduced student academic performance by increasing frequency of student involvement in sexual activities, multiple partners, and fear of being jilted by lovers. The students focus on love issues instead of studies. Only 3 out of 16 teachers noted that contraceptive use among sexually active student contributed to improved academic performance. This agrees with (All Africa, 2013), that infections among teenagers are few and therefore a high retaining power. Contraceptives besides helping retain teenagers in school and reducing incidents of sexually transmitted diseases and pregnancies, they seem to have more negative contribution to student academic performance by increasing student involvement in sexual activities as opposed to focusing on studies, thus lowering student academic performance.

Extent of Contraceptive Use by Students

The table below shows the percentage of sexually active students who used contraceptives.

Table 4.15 Contraceptive Use in Heterosexual Relationships

Gender	Yes	No
Males	87(94.56%)	5(5.43%)
Females	109(59.89%)	73(38.20%)

Source: Researcher (2016)

Findings from table 4.15 indicate that of the 92 male students in heterosexual relationships 87(94.56%) used contraceptives while 5(5.43%) did not. And 109(59.89%) of female students in heterosexual relationships used contraceptives while 73(38.20%) did not. Overall the male students used contraceptives (condom) more than the female students although more girls are involved in heterosexual relationships. Given that more girls are sexually active but significant number (38.2%) did not use contraceptives means that girls are at higher risk of suffering most of the risks associated with unsafe sex and consequently low academic performance. Despite the fact that most teenagers both male and female are aware about contraceptives and used them, there is a significant proportion of students who use contraceptives but are sexually active. This could be due to factors such as accessibility, affordability and misinformed gender power relations in their heterosexual relationships.

Non use of contraceptives among sexually active teenagers pose a greater threat to academic performance for the sexually active students and effort need to be directed at encouraging students to practice abstinence and addressing obstacles to teenage access and use contraceptives for those who cannot abstain so that they can at least remain in school and focus on their studies with less fear of risks associated with unsafe sex. The findings of this study however differ with findings by (Kinaro, 2012) that indicated contraceptive use among adolescents is low. However, this difference could be explained by the fact that almost a decade has passed between this study and the studies conducted by Kinaro and Cleland. Currently, the world has become so digitized and teenagers can access information on sex related matters with more ease than ever before.

To establish the relationships between academic Performance and contraceptive use the researcher used the Pearson (r) correlation coefficients. And the results are as shown below.

Table 4.16 Correlations between Contraceptive Use and Academic Performance

		Academic Performance
Teen contraceptive use	Pearson Correlation	.955**
	Sig. (2-tailed)	.000
	N	384

Source: Researcher (2016)

The results in Table 4.16 showed that there exists a significant and positive relationship between Teen contraceptive use and Academic Performance ($r = .955^{**}$, $p < .00$) as far as retention of students in school is concerned. Although most sexually active students did not seem to see a direct relationship between sexual activity and academic performance, Interviews with Guidance and counseling teachers and Deputy Principals indicated the reverse. The teachers noted that contraceptives had a high retaining power, reduced STIs and pregnancies but reduced the students' academic performance due to divided attention between studies and love issues. This study therefore concludes that contraceptive use among students has a negative influence on academic performance.

4.3.4. Hypothesis Four. Teenage Guidance and Counseling Programs Influence Student Academic Performance.

This hypothesis was measured by: Teenagers contraceptive use knowledge on contraceptives, Sources of information on reproductive health, teenage access to contraceptives, teenage use of contraceptives, school programs and strategies used to guide and Counsel students and enhance sublimation, and the impact of guidance and Counseling programs on student academic performance.

Guidance and Counseling Strategies Used in Schools

Diverse counseling strategies aim at achieving self-integration, self-direction and responsibility which create therapeutic effectiveness and a reliable psychological climate for learning. This was an added advantage to the effectiveness of guidance and counseling on adolescent sexual behaviour in schools. Lack of effective counseling mechanisms creates de-motivated and unrealistic students morally, socially and

academically. Such students are prone to delinquent behaviour, exhibit low self-esteem and performance. Interviews with guidance and counseling teachers revealed that they used various strategies.

All the Guidance & Counseling teachers agreed that they used counseling to address teenage sexual behavior and use of contraceptives, corporal punishment as a mechanism to address teenage sexual behavior, peer counselling as a way of sex and relation education, individual counselling when students were found engaging in inappropriate sexual behavior, invite guest speakers as external personnel to address learners on the need to have good discipline and reduce cases of inappropriate sexual behavior and use of contraceptives, student suspension seemed to be the other popular mode of dealing with the student behaviour. For suspension to occur it also means counseling has failed and the student's behaviour was notorious. This is a combined effort to get the parents aware and involved in their children's adolescent life so that if they were to later be expelled then the parents had been notified too. This concurs with studies by (Grimm, 2007) that indicated sexually active teenagers before the age of 18 were two and a half times likely to be expelled from school.

All the guidance and counseling teachers interviewed agreed that the school has incorporated sex and relationship education in guidance and counseling programs which has influenced students' academic performance. The guidance and counseling teachers were asked whether the school has adequate support materials and personnel for training sex and relationship education, none of the teachers either strongly agreed or agreed, 10 (62.5%) disagreed while 6 (37.5%) strongly disagreed. This means that guidance and counseling departments in many schools are not well equipped to effectively run counseling programs and activities since they lack clear guide lines on conducting sex education as well as trained personnel and necessary resource materials. Since Guidance and Counseling seeks to improve student's decision making regarding their sexuality and their goals in life, the above challenges therefore undermine the positive contribution of Guidance and Counseling on teenage sexual behavior and their academic performance.

Guidelines for Sex Education in Schools

The guidance and counseling teachers were also asked whether their school has put in place a policy for sex and relationship education and if it is usually reviewed. It emerged that most schools lacked explicit guidelines to guide guidance and counseling of students on reproductive issues. Research demonstrates that good, comprehensive sex and relationship education does not make young people more likely to enter into sexual activity. Indeed it can help them to learn the reasons for, and the benefits to be gained from, delaying such activity. There is need to fast track the implementation of sex education policy in schools to improve teenager's ability to make informed choices regarding their reproductive health and strengthen their focus on their educational goals.

Regarding use of corporal punishment as a strategy for dealing with teenage sexual misconduct in school and whether it has increased absenteeism which in turn affected students' academic performance. A total of 9 (56.25%) Guidance and Counseling teachers agreed while 7 (43.75%) disagreed. This means that corporal punishment as a measure for dealing with student sexual behaviour did not have much positive impact on academic performance. Probably when students get used to it and expect it, they don't take it seriously and so no much impact.

The guidance and counseling teachers were also asked whether the school works closely with health professionals, parents and community in development and implementation sex education. A total of 6 (37.5%) guidance and counseling teachers strongly agreed, 6 (37.5%) agreed while only 4 (25%) were neutral.

The guidance and counseling teachers were asked whether reporting of students in relationships to their parents/guardians in their school had improved attendance. A total of 7 (43.75%) guidance and counseling teachers strongly agreed, 9 (56.25%) agreed. This showed that on average the guidance and counseling teachers agreed that reporting of students in relationships to their parents/guardians in their school had improved student school attendance. This also means that teenagers fear their parent's wrath and so are bound to conform to their guidance.

The guidance and counseling teachers were asked whether reporting of students in relationships to their parents/guardians in their school increased absenteeism. None of the guidance and counseling teachers strongly agreed, agreed or were uncertain, while 9 (56.25%) disagreed and 7 (43.75%) strongly disagreed. This means that on average the guidance and counseling teachers agreed that reporting of students in relationships to their parents/guardians in their school decreased absenteeism. The involvement of parents as persons who pay fee, leads to closer monitoring of the students sexual behaviour and fear of discontinuity and therefore no or reduced absenteeism. This means involvement of parents can be a powerful strategy in teenagers' behaviour change. There is need to strengthen collaboration between schools and the community to monitor student behavior and help students to focus on their studies thereby improving academic performance. This also means that concerted effort between the school and the Family of the students is necessary to guide teenagers through this challenging stage without sacrificing their educational goals.

Impact of Guidance and Counseling on Student Sexual Behaviour

The study asked the guidance and counseling teachers whether teacher counseling of students in boy/girl relationships in their school has reduced cases of STDs and improved performance. A total of 8 (50%), guidance and counseling teachers strongly agreed, 8 (50%) agreed while none of the Guidance and Counseling teachers was neither neutral, disagreed nor strongly disagreed. This means that on average the guidance and counseling of students in boy/girl relationships in their school has reduced cases of STDs and improved student academic performance and therefore teacher counseling is a positive tool for improving students' academic performance and teenage sexual behaviour.

The study also asked the guidance and counseling teachers whether teacher counseling of students involved in boy/girl relationship in their school had not changed anything in academic performance. None of the guidance and counseling teachers either strongly agreed or agreed, 2 (12.5%) were neutral while 11 (68.75%) disagreed and 3 (18.75%) strongly disagreed. This showed that on average the guidance and counseling teachers

disagreed that teacher counseling of students involved in boy/girl relationship in their school had not changed anything in academic performance. This proves teacher counseling has an impact on students' academic performance by enabling students make informed decisions regarding their sexuality and strengthen their commitment to attaining their goals in education.

The guidance and counseling teachers were asked if peer education programs for peer counseling of students has improved students' academic performance in their school. A total of 6 (37.5%) guidance and counseling teachers strongly agreed, 7 (43.75%) agreed while, only 3 (18.75%) were neutral. This means just like teacher counseling, peer counseling is another powerful tool of counseling and has added value a student's academic life. This could be attributed to the fact that they are in the same age group, easily associate with each other and therefore look at each other as role models. This means peer counseling plays an integral part in students' academic life.

The guidance and counseling teachers were asked if the school has manual procedures and code of conduct and ethics that regulate sexual behaviour for all members of the school in their school. None of the guidance and counseling teachers strongly agreed, agreed or was neutral, 6 (37.5%) disagreed and 10 (62.5%) strongly disagreed. which show that on average the guidance and counseling teachers disagreed that schools had developed manual procedures and code of conduct and ethics to regulate sexual behavior within the school.

Findings reveal that most schools incorporated sex and relationship education to some extent although it was being implemented in a somewhat unstructured way.

Peer education programs for peer counseling of students have improved students' academic performance in their school. This could be attributed to the fact that they are in the same age group, easily associate with each other and therefore look at each other as role models. The study agrees with (Madkour, 2010) studies which showed that peer counseled students out performed none peer counseled students. This means that on average the guidance and counseling of students in boy/girl relationships in their school has reduced cases of STDs and improved performance and therefore teacher counseling is

a positive tool to improving students' performance. This agrees with P4mristkipgarut (2011) that motivational beliefs are an effective form of counseling.

Guidance and Counseling Teachers' Professional Training

The study sought to determine professional training of Guidance and Counseling teachers in order to establish teacher competency in student affairs relating to sexual behaviour and their performance in class. Table 4.17 below shows results of frequency distribution of G/C teachers professional qualifications.

Table 4.17. Professional Qualifications of Guidance and Counseling Teachers

Professional Training			
Description		F	%
Age	20-30Yrs	1	6.25
	31-40Yrs	6	37.5
	41-50Yrs	5	31.25
	51-60Yrs	4	25.0
	Trained	4	25.0
Training	Untrained	12	75.0
	1-2Yrs	1	6.25
Length of Service as G&C teacher	2-4Yrs	4	25.0
	5-6Yrs	3	18.75
	>7Yrs	8	50.0

Source: Researcher (2016)

The study found out that of the Guidance and Counseling teachers in school where male were 4 (25%) and 12 (75%) females, while their ages ranged from 20-30 years were 1 (6.25%), 31-40 years were 6 (37.5%), 41-50 years were 5 (31.25%) and 51-60 years were 4 (25%). Thus most of the Guidance and Counseling teachers were mature adults aged between 41 – 60 years who are also parents and therefore had relatively good parenting

experience that enriched their work as counselors on sex related issues. Important to note is the fact that most of the G/C teachers were female because of the mothering experience and temperament which is more compatible with guidance and counseling roles. Out of 16 teachers interviewed 8 had served as G/C teachers for over 7 years, while 3 had served for at least 3 years and 5 had served in this capacity for less than 4 years therefore many of them had quite some good experience to handle student matters regarding sexual behavior.

The study also sought to find out the professional qualification of Guidance and Counseling teachers because it had a bearing on the effectiveness of G/C programs. The study found out that most of the Guidance and Counseling teachers 12 (75%) had not undergone formal training in guiding and Counseling while only 4 (25%) were trained. From the findings it is clear that age and parental skills are the qualification for counseling teachers as most are advanced in age and female. This concurs with (Oluande, 2008) who affirmed that majority of school counselors are not trained but haphazardly picked from subject teachers. This situation affects the quality of guidance and Counseling services given to students regarding their reproductive health and this eventually limits the impact of Guidance and Counseling programs and strategies on teenage sexual behavior and academic performance. In this regard, this study recommends mandatory professional training for Guidance and Counseling to improve delivery of services by these teachers which then goes a long way in empowering student decision making ability in relation to their reproductive health and academic performance.

This study established that guidance and Counseling programs and strategies used to provide counseling services to student did have a positive impact on student academic performance. Information is power and this study found out that through Guidance and Counseling, cases of students being infected with STDs reduced, school dropout due to pregnancy and suspension or expulsion from school also reduced and many students have been able to focus on their studies thereby improved academic performance. This means that guidance and Counseling programs in school should be strengthened in order to scale

up the positive impact guidance and Counseling services on teenage reproductive and Academic performance.

The study concludes that guidance and Counseling of teenagers has a significant positive impact on student academic performance. This confirms the hypothesis that Guidance and Counseling programs have a positive significant effect on student academic performance.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study on teenage sexual behavior was designed to investigate the relationship between student academic performance and teenager's sexual behavior such as homosexuality, heterosexuality and contraceptive use. Although there a few studies conducted on this topic in Kenya, the study depended on primary data collected from the field from September to October 2016 and secondary data, This chapter presents the major findings of the study and conclusions. The chapter concludes by making recommendations on what needs to be done and for the further research.

5.2 Summary of the Findings of the Study

The summary of the main findings is hereby presented with regard to the objectives of the study

5.2.1 Teenage Homosexual Behaviour and Academic Performance

The first objective of the study was to investigate the relationship between teenage homosexual behavior and Academic Performance among Public Secondary School students. The study revealed that homosexuality existed slightly more among females than males, 14.58% among males and 18.75% among females. Statistics show that 4.2% of the students surveyed in this study practiced homosexual activities in public secondary schools in Bungoma South sub-county. Most of the students were non-committal on whether engagement in masturbation or same sex relationship affected their performance. Though for those who agreed to homosexuality, results from Pearson's correlation indicate a slight positive correlation between teenage homosexual behaviour and academic performance, which was statistically significant ($r = .189, n = 384, p = .01$). This means there is a low significant positive relationship between risks associated with teenage homosexual behaviour and academic performance among the learners.

5.2.2 Teenage Heterosexual Behaviour and Academic Performance

The second objective was to establish whether teenage hetero sexuality affected academic performance among Public Secondary School students. Findings from the study revealed that most of the students both male and female agreed it is healthy to be in a relationship with the opposite sex. Whereas male students were unsure if it affected performance the females agreed it distracted their performance. The study indicates that 47.92% of the students initiated sexual debut at age 14-16 years. More females were involved as compared to males at age 10-16 while most males commenced their relationship at age 17-19. Teenagers had sexual partners within their age bracket at 60.68% responses. Given the fact that they had same age sexual partners, an overwhelming 75.0% of the students met their partners daily although more female students met their partners daily as compared to male students. A Pearson product-moment correlation result shows a total negative relationship between teen heterosexuality and academic performance ($r = -.703^{**}$, $p < .00$). This implies that if the teenagers who are actively involved in heterosexual activities the more their minds are pre-occupied with possible disruption to education, have emotional problems such as stress as a result of lower self-esteem and this exposes them to the risk of unintended pregnancy, early marriage, abortion and STIs and therefore low academic performance and aspirations.

5.2.3 Teenage Contraceptive Use and its Influence on Academic Performance

The third objective was to understand the relationship between teenage contraceptive use and academic performance among public secondary school students. The study findings indicated that 89.58% of the male students and 97.92% of the females had heard about contraceptives, while 10.42% of the male and 2.08% of the female were ignorant. Overall most of the students were aware about contraceptive use, with females slightly more than males. A Pearson product-moment correlation results showed that there exists a significant and positive relationship between teen contraceptive Use and academic performance ($r = .955^{**}$, $p < .00$). These results imply that the more sexually active teenagers use contraceptives, the higher will be the academic performance.

5.2.4 Teenage Guidance and Counseling Programs and Academic Performance

The fourth objective assessed the relationship between teenage guiding and counseling programs and student academic performance. The views from the students indicated that these strategies had both merits and demerits. A majority of students (48%) said that guidance and Counseling programs in school and other related activities helped to improve student academic performance. However, a significant minority (41%) said the programs did not help, while a few others said that it infact worsened academic performance. Of the strategies used such as Group counseling, Individual counseling, invitation of professionals, student suspension and punishment. The most preferred were peer counseling and teacher counseling. Guidance and Counseling teachers noted that inadequate support materials and personnel for training sex and relationship education affected the effectiveness of the programs. Majority of them unanimously stated that many schools lacked a clear framework to guide the implementation of sex and relationship education for students.

5.3 Study Conclusions

Based on the foregoing discussions in this chapter, the following conclusions have been made:

First, homosexuality though not so prevalent among secondary school students, it had it has a negative effect on the academic performance of affected students. Most students involved in homosexuality had average or weak grades in class. Masturbation was largely viewed as normal more so by male students.

Second, teenage heterosexual behaviour was rampant and a majority of students viewed it as normal but also acknowledged that it interfered with studies thus negatively affect academic performanceof students involved in this behaviour.

Third, most of the sexually active students used contraceptives with the condom being preferred method among both male and female students followed by the pill and injectable among females. The students agreed to have used contraceptives to prevent

STDs and pregnancy. Students also agreed that use of contraceptives interfered with their academic performance.

Media was the main source of sex information for the students. It is followed by friends, teachers and parents in descending order. The task of instructing adolescents about sex has been seen as the responsibility of the parents but parent-child communication in sexual matters was low. There is need to focus attention the main sources of information for teenagers to ensure adequate and correct information is availed through these sources.

Fifth, teacher counseling and peer counseling were found to be the most effective measures against teenage sexual behaviour and had a positive effect on academic performance unlike corporal punishment, embarrassment of students and reporting them to their parents.

Sixth, lack of adequate support materials and personnel for training of students hampered effectiveness of guidance and counseling programs on teenage sexual behavior and its positive influence on academic performance of students.

5.4 Recommendations

Based on the major findings and conclusions of this study, the following recommendations have been suggested for implementation.

- The study's findings revealed that homosexuality prevalent among teenagers and had a negative effect on affected students by weakening their academic performance in class. The research recommends special attention to be given to students with a view to integrate them to conform to societal expectations.
- This study further recommended that sex education be introduced before adolescence sets in since the study revealed that a good percentage of students were already sexually active within the age group 15-17.
- Quite a number of sexually active students were already using contraceptives and many of the students were of the view that if one can't abstain, then they should use contraceptives. The government should therefore set up youth centers with a

free environment where the teenagers can easily ask questions, gain information and easily access contraceptives from health providers away from adults.

- This study also found out that teacher counseling and peer counseling were the most effective mechanisms of dealing with teenage sexual behaviour. The study also found out that the guidance and counseling departments in many schools are faced with the capacity challenges with regard to trained personnel and material resources necessary for effective service delivery by the departments.
- The study therefore recommends that the Government should ensure effective implementation of the sex education policy in all learning institutions to enable learners cope with their reproductive health issues effectively without compromising their academic performance.

5.5 Suggestions for Further Research

Based on the study's findings, the following areas are suggested for further research

- Since there could be other factors that affect academic performance, other researchers could undertake research to find out other factors that affect academic performance, since this study was limited to sexual behaviour.
- More research on homosexuality needs to be done, especially the factors that drive teenagers to homosexuality.
- Similar studies to be done in other Sub-Counties in order to generalize the study findings.
- Since there could be other factors that affect academic performance with regard to teenage sexual behaviour, studies could be conducted on determinants of risk sexual behaviours on academic performance among adolescents.

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APPENDICES

APPENDIX A: STUDENTS' QUESTIONNAIRE [SQ]

This questionnaire is intended to help in data collection on a master's degree program research entitled; *"Influence of Teenage Sexual Behavior on Academic Performance in Public Secondary Schools in Bungoma South Sub-County, Kenya*. Please note that you have been identified as a potential respondent and therefore information you will provide will be treated with utmost confidentiality. Note also, that there is no right or wrong answer. You don't have to write your name on the questionnaire or put any identification marks. Give your response by ticking where appropriate [].

Section a: Background Information

1. What is your gender?

Male [] Female []

2. What is your current age?

13-14[] 15-16[] 17-18[] 19-20[] 20 + []

3. Are you a border or day scholar?

Tick where appropriate.

4. How do you rate your class performance?

Excellent [] Good [] Average [] Weak []

5. Do you have parents?

Both [] Father only [] Mother only [] None []

6. Which position are you in your family/?

Circle where appropriate: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, only child.

7. Do you have sisters and brothers? If so, how many?

.....

8. Whom do you trust with your confidential information?

Relatives [] Friends [] Teachers [] Parents/ Guardians []

9. (a) (i) Do you have a boy/girlfriend currently? [Tick the gender if you have any]

Yes [] No []

(ii) If so, at what age did you start boy/girl relationships?

10-13 [] 14-16 [] 17-19 [] Above []

(b) (i) What is the age of your partner if any?

10-20 [] 21-30 [] 31-40 [] 41 and above []

(ii) If so, how often do you meet?

Every day [] Weekly [] Monthly [] Every holiday []

10. (a) (i) Have you ever heard about contraceptives?

Yes [] No []

(ii) If yes, from who?

Parents/Guardians [] Teachers [] Friends [] Media []

(b) (i) Have you ever used Contraceptives?

Yes [] No []

(ii) If yes, what type?

Condoms [] Pills [] Intra Uterine Device [] Injectables []

(c) How did you first get information about sexual issues and Contraceptives?

Parents/Guardians [] Teachers [] Friends [] Media []

Section b: Influence of Same Sex Relationships on Academic Performance

The statements below describe the Influence of teenage sexual behavior on academic performance. Five options are provided to you: - Strongly Agree [SA], Agree [A], Neutral [N], Disagree [D] and strongly Disagree [SD]. Please tick [✓] the option that best describes your opinion about same sex relationships.

	SA	A	N	D	SD
1. Self-sexual stimulation is normal and I have once found myself masturbating.					
2. Self-sexual stimulation is abnormal and I have once found myself masturbating.					
3. Whenever I sexually stimulate myself or have had same sex relationships I feel guilty and this affects my studies.					
4. Whenever I sexually stimulate myself or have had same sex relationships I feel good and this improves my academic performance.					
5 I know boy/girl students of same gender who relate with each other sexually and perform well in class.					
6. I know boy/girl students of same gender who relate with each other sexually and don't participate in class					
7. I know boy/girl students of same gender who relate with each other sexually and never miss to attend classes.					
8. I know boy/girl students of same gender who relate with each other sexually and are ever absent from school.					
9. I know boy/girl students of same gender who relate with each other sexually but don't have time for school work					
10.I know boy/girl students who relate to each other sexually and do homework/assignments together					

Section c: Influence of Boy/Girl Relationship on Academic Performance

I) Are you involved in a relationship?

Yes [] No []

II) When did you start relationships?

10-13 [] 14-16 [] 17-19 [] None []

III) Does the relationship at times affect your studies?

Yes [] No []

Statement	SA	A	N	D	SD
1. At the age of 16-19 it is healthy to be in a relationship with the opposite sex.					
2. I have a boy/girlfriend and this interrupts my studies because I think about him/her most of the time					
3. My engagement in sex has never interrupted my concentration in my studies.					
4. My family conditions made me engage myself in unsafe sex to earn a living and that made me fall sick and perform poorly due to absenteeism.					
5. I have always engaged myself in sex due to my family conditions and have never contracted diseases nor been absent from school.					
6. I recently had an intimate relationship without using contraceptives and that affected my academic performance.					
7. Occasionally I have had unsafe sex and have contracted diseases which interrupt my studies.					
8. One of the things I fear about pre-marital sex is early parenthood which could interfere with my studies.					
9. I have avoided having sex before marriage as guided by my religion which has led to my excellent academic performance.					
10. My failure to conform to my religion values on sex before marriage has led to my poor academic performance.					

Section d: Influence of Teenage Contraceptive Use on Academic Performance

I) Do you believe that teenagers should abstain and if they can't they should use contraceptives?

Yes [] No []

II) Can contraceptive use help reduce Diseases and pregnancies among teenagers?

Yes [] No []

Statement	SA	A	N	D	SD
1. At the age [16-19] it is healthy to be aware of and use of contraceptives.					
2. At the age [16-19] it is not worth being aware on the use of contraceptives.					
3. I use condoms to avoid diseases and I do not miss school					
4. My engagement in sex for pocket money without using contraceptives made me drop out of school at one time.					
5. Having ignored use of condoms I once contracted a disease that made me miss school for medication purpose.					
6. I have always engaged myself in sex due to my family conditions and have never contracted diseases nor been absent from school because I use contraceptives.					
7. I have had multiple lovers but use of condoms as a measure against diseases which has made me stay safe in school without interrupting my studies.					
8. I am in an intimate relationship and I use contraceptives and that has never affected my academic performance					
9. I recently had an intimate relationship without using contraceptives and that affected my academic performance.					
10. I have had a relationship without using contraceptives in order to win my rival and as a result I contracted an STD that made me temporarily drop out of school.					

Thank you for your contribution

APPENDIX B: FOCUSED GROUP DISCUSSION GUIDE

1. Discuss the Teacher and Student perception on
 - (a) Same sex relationships
 - (b) boy/girl relationship
2. Discuss what drives teenagers to engage in sexual acts.
 - (a) Discuss the use of contraceptives by teenagers students.
 - (b) Discuss whether contraceptives should be availed in schools.
3. Discuss how involvement in sexual issues affects students' academic performance
4. Discuss persons you are free to share with information on your sexual issues and why?
5. Discuss how your school participates in counseling of students

APPENDIX C: INTERVIEW SCHEDULE FOR GUIDANCE AND COUNSELING TEACHERS

This questionnaire is intended to help in data collection on a Masters Degree program research entitled; *“Influence of Teenage Sexual Behavior on Academic Performance in Public Secondary Schools in Bungoma South Sub-County, Kenya.* Please note that you have been identified as a potential respondent and therefore, information you will provide will be treated with utmost confidentiality. Note also, that there is no right or wrong answer. You don’t have to write your name on the questionnaire or put any identification marks. Give your response by ticking [√].

Section a: Background Information

1. What is your gender?

Male [] Female []

2. What is your current age bracket?

20-30 [] 31-40 [] 41-50 [] 51-60 []

3. For how long have you done counseling of students?

1-2yrs [] 3-4yrs [] 5-6yrs [] 7 years and above []

4. Are you trained in guidance and counseling?

Yes [] No []

5. Highlight any difficulties you experience in counseling.....
.....
.....
.....
.....
.....

Section b: Interview Schedule for Guidance and Counseling Teachers on Influence of Teenage Sexual Behavior on Academic Performance

1(a) In order of prevalence, which sexual behaviour is common in this school?

Boy/Girl relationship [] same sex relationship []

(b) Mention factors that contribute to teenage sexual behaviour?.....

(c) In your opinion, how do the factors mentioned affect teenagers' academic performance?

.....

2 In your opinion;

(a) Should contraceptives be available to teenagers and why?

.....

(b) Does the use of contraceptives by teenagers affect their behaviour?

.....

(c) At what age should teenagers begin to use contraceptives?

10-13 [] 14-16 [] 17-19 [] Above 19 []

3(a) What mechanisms has your school adopted to address teenage' sexual behaviour?

.....

(b) In your view, how effective are the mechanisms in addressing teenage sexual behaviour?

.....

4. What challenges do you experience in dealing with teenage sexual behaviour?

.....

5(a) Have you ever received students in your office suspended from school due to relationships?

Yes [] No []

(b) If so, what were the issues?

.....

(c) State how the suspension affected their studies/academic performance.

Section c: Mechanisms put in place to monitor teenagers’ sexual behavior and contraceptive use

The statements below describe some of the factors that indicate the Influence of teenage sexual behavior and contraceptive use on academic performance of students in secondary school. Supplied are five options corresponding to the statements: - Strongly Agree [SA], Agree [A], Neutral [N], Disagree [D] and strongly Disagree [SD]. Please tick [√] the option that best suits you according to the statements.

Statement	SA	A	N	D	SD
The school has incorporated sex and relationship education in guidance and counseling programme					
The school has put in place a policy for sex and relationship education and usually reviewed					
Corporal punishment for students found dating in my school has negatively affected performance.					
Since the Guidance and Counseling department began to embarrass students caught in [sexual] affairs in my school the dropout rate has remained constant					
The school has adequate support materials and personnel for training sex and relationship education					
Reporting of students in relationships affairs to their parents/guardians in my school has improved attendance.					
Reporting of students in relationships to their parents/guardians in my school has increased absenteeism.					
Teacher counseling of students in relationships in my school has reduced cases of STDs and improved performance.					
Teacher counseling of students involved in relationships in my school has not changed anything in academic performance.					
Peer counseling of students has improved academic performance in my school					

School has manual procedures and code of conduct and ethics that regulate sexual behaviour for all members of the school.					
The school works closely with health professionals, parents and community in development and implementation sex education					

Thank you for your contribution

**APPENDIX D: DEPUTY SCHOOL PRINCIPALS INTERVIEW SCHEDULE
[DHTIS]**

This questionnaire is intended to help in data collection on a master’s degree program research entitled; *“influence of teenage sexual behavior on academic performance in Public Secondary Schools in Bungoma South Sub-County, Kenya*. Please note that you have been identified as a potential respondent and therefore, information you will provide will be treated with utmost confidentiality. Note also, that there is no right or wrong answer. You don’t have to write your name on the questionnaire or put any identification marks.

1. How many cases of relationship have you handled in your school this year?

- i) Boy/Girl relationship
- ii) Same sex relationship

2. What is the relationship between teenage sexual behaviour and academic performance?
.....

3. How many students have dropped out of school in the year 2015 due to?

- i) STDs..... iii) Boy/ Girl relationship.....
- ii) Pregnanciesiv) Same sex relationship.....

4 (a) Have you ever handled cases of contraceptives use by students in your school?

Yes [] No []

(b) If so, what type of contraceptives?
.....

(c) State how it affected academic performance.
.....

5. State measures you take to address:

- (a) Same sex relationships.....
- (b) Boy/ Girl relationships.....
- (c) Use of contraceptives by teenagers in your school?
.....

6. In your opinion, how would you rate the academic performance of students you consider as sexually active?

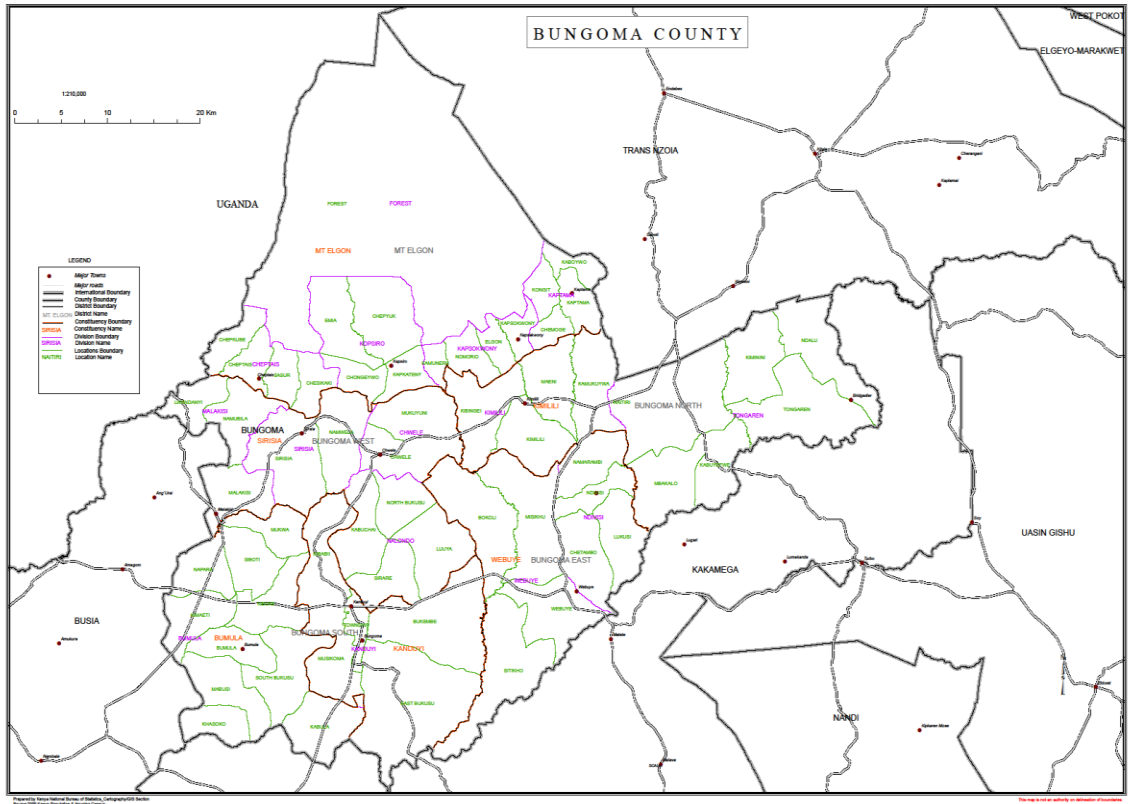
(a) Boy/Girl relationships.....

(b) Same sex relationships

(c) Contraceptive users.....

Thank you for your contribution

APPENDIX E: MAP OF BUNGOMA COUNTY



Map of Bungoma County, Kenya

APPENDIX F: LETTER OF AUTHORIZATION FROM MMUST



Masinde Muliro University of Science and Technology

Tel: 057-2504895
Fax: 057-2504895
E-mail registrar.aa@mmust.ac.ke
Website www.mmust.ac.ke

P.O Box 190
Kakamega - 50100
Kenya

Our Ref... **GSC/LG/01/14**
Your Ref.....

Date: 24TH July 2015

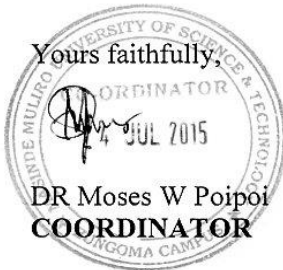
TO WHOM IT MAY CONCERN

RE: JUSTINE NEGESA VENTRINA: GSC/LG/01/14

This is to confirm that the above mentioned person is a student at Masinde Muliro University of Science and Technology taking Masters in Guidance and Counseling. Her research topic is Influence of Teen Sexual behaviour on academic achievement.

Any Assistance accorded to her by your office to enable her collect the required data will be highly appreciated.

Yours faithfully,



DR Moses W Poipoi
COORDINATOR

APPENDIX G: LETTER OF AUTHORIZATION FROM NACOSTI



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

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4th December, 2015

Justine Negesa Ventrina
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P.O. Box 190 - 50100
KAKAMEGA.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of teen sexual behavior on academic achievement among public secondary school students in Bungoma South Sub-County,”* I am pleased to inform you that you have been authorized to undertake research in **Bungoma County** for a period ending **30th November, 2016.**

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

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


**DR. S. K. LANGAT, OGW
FOR: DIRECTOR GENERAL/CEO**

Copy to:

The County Commissioner
Bungoma County.

The County Director of Education
Bungoma County.



THIS IS TO CERTIFY THAT:
MS. JUSTINE NEGESA VENTRINA
of **MASINDE MULIRO UNIVERSITY OF TECHNOLOGY, 0-50200 BUNGOMA**, has
been permitted to conduct research in
Bungoma County
on the topic: **INFLUENCE OF TEEN SEXUAL BEHAVIOR ON ACADEMIC ACHIEVEMENT AMONG PUBLIC SECONDARY SCHOOL STUDENTS IN BUNGOMA SOUTH SUB-COUNTY.**
for the period ending:
30th November, 2016


.....
Applicant's Signature


.....
Director General
National Commission for Science, Technology & Innovation

APPENDIX H: PERMIT FROM NACOSTI

CONDITIONS

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**


REPUBLIC OF KENYA


NACOSTI

**National Commission for Science
Technology and Innovation**

**RESEARCH CLEARANCE
PERMIT**

Serial No. A7438

CONDITIONS: see back page