

Sexual practices among western Kenyan youth

Dr AA Egal

Centre of Sustainable Livelihoods, Vaal University of Technology, Private Bag X021,
Vanderbijlpark 1900. Email:abdul@vut.ac.za

Abstract

Universally the importance of proper sex behaviors and development amongst youngsters is well recognized and documented. Nations and communities are committed to detecting early sexual misbehaviors, amongst others in growing children, in order to foster sound societies. Concomitantly, some of the so-called "remote areas", which are far from the political centers, seem to have less attention from the national resources. In practice, most of the social problems are detected in these "remote areas".

In this context, a survey questionnaire was conducted among 217 randomly selected school-age children in 15 sub-locations in Kisumu, in western Kenya. The main goals were to create awareness among school-going children regarding safe sex and sexually transmitted diseases and to explore the existing sexual behaviors in the research area. Statistical analysis on the research question revealed that primary school children begin their first sexual activity at as early as six years while older secondary school pupils start at around the age of eight and half. Out-of-school children indicated that they started their first sexual activities at the age of 10. Similarly, when asked about the frequency of sexual engagement in the year before, the frequency was higher among schoolchildren than those out of school. These findings raised a serious fundamental question on the effectiveness of the existing child protection policies in schools in the research areas. Therefore, all stakeholders should review school protection mechanisms where special care could be given to primary schools, where the impact is most serious.

BACKGROUND

Early child sex behavior is one of the pressing social problems that is distressing authorities in many countries (World Health Organization, 2002). This social problem is believed to have a profound effect on later social manifestations and good civic coexistence. Much research has been done on aspects of the problem, such as the relationship between early childhood abuse and later adult-life negative behavior manifestations like unusual anger behaviors, altered responsibility, tendency to criminal activities and other anti-social ills (Meyerson, Long, Miranda & Marx, 2002; Shields & Cicchetti, 1998; Shonk & Cicchetti, 2001; Wood, Maforah & Jewkes, 1998; McDonagh et al., 2005). Even at an early age (before adulthood), most of these

negative outcomes are expressed in the form of poor or disturbed emotional manifestations of the growing child (Fergusson, Horwood & Lynskey, 1996). For instance, sexually transmitted infections (STI) like HIV/AIDS, Gonorrhoea and genital warts, to name a few, are exerting tremendous pressure on the well-being of inexperienced children and adolescents (Matasha et al., 1998). An exploratory study conducted in Cape Town, South Africa in 1995 revealed that 60% of non-pregnant teenagers (n = 191) and 72% of pregnant teenagers (n = 353) in impoverished areas in Cape Town had been coerced into having sex (Jewkes, Vundule, Maforah & Jordaan, 2001). Generally, teenage pregnancy is one of the negative by-products of the behaviors of early sexual engagements that are attributed to undesired health outcomes

ranging from maternal health complications to congenital diseases to most of the full-term newborns (Santelli et al., 2004). Furthermore, on the part of the subject teenagers, there is a lack of mature parenthood capabilities for coping with the challenges of real parenthood responsibilities. This has created a high tendency for school dropout. However, most of the developed countries have some sort of regulatory mechanism to reduce teenage pregnancies and curtail childhood sex practice as much as possible. However, the problem is exacerbated when it comes to a developing country setting. Owing to factors such as socio-economic and socio-political structures in developing countries, characteristically, these countries generally have few or no resources to address this disturbing problem, since their available resources have already been prioritized to more pressing issues than early childhood sex behaviors and the consequences thereof. Nonetheless, limited research was carried out to shed light on the magnitude of the problem (Lalor, 2004). Therefore, the study on which this article was based was designed to investigate the characteristics of sexual practices of Kenyan youth using three sub-locations in the Kisumu district of western Kenya.

This article reports on the existing characteristics of early child sex behavior in three locations in western Kenya. Specifically, the article will look into the age when these children become sexually active for the first time. The rationale for knowing early sexual behaviors was to detect any negative developmental issue(s) that may exist among the children at the research area. Therefore, the research question was: When do Kenyan children involved in the research really engage their first sexual experience? In answering this question, it would be logical first to gather information on existing sexual practices among the target children. Details of the methodology used to gather this information will be discussed in the section on methods.

LITERATURE REVIEW

The relationship between early childhood sexual behaviors and later social

manifestations is a topic which has been extensively studied. Most of these studies demonstrated that childhood sexual abuses (CSAs) could cause adverse emotional distress that could in turn impair the abused child's cognitive development (Binder & Mcniel, 1987; Fergusson et al., 1996; Menick & Ngoh, 1998; Shields & Cicchetti, 1998; Shonk & Cicchetti, 2001). Moreover, CSAs and altered sexual behaviors were associated with later adult-life negative behavior manifestations. For instance, Schuetze and Das Eiden (1987) employed Structural Equation Modeling using both direct and indirect pathways to prove that CSAs have increased negative parental outcomes later in adult life. Furthermore, the negative impact of CSA on child development and behaviors is more severe in boys than in girls (Garnefski & Arends, 1998) In another study (Santelli et al., 2004) it was found that delayed initial sexual intercourse and the proper use of contraceptives reduces teenage pregnancies among high school teens.

The United Nations World Health Organization (WHO, 2002) reported that most of the countries in this report were preoccupied with early childhood sexual behaviors and the adverse consequences of social maladjustments like violence and other misbehaviors. It is therefore very important to protect children as far as possible from all sorts of abuses in order to have a future nation of well-behaved citizens in a society with a reduced or zero crime rate. Many countries in the developed world have taken measures to attain this golden goal, but in the developing countries the matters are different. Masses of people have moved from rural to urban areas where unemployment rates are usually high, adding more distress to already bleak economic situations. Africa, a continent that is practically made up of developing countries, has the most complex social problems in the world. It would be highly unlikely to allocate adequate resources to deal with issues like CSA and other forms of child abuse (Agha & Van Rossem, 2003; Lalor, 2004). On the academic side, there is a big gap when it comes to research and articles on child abuse. South Africa has published most of the literature on the

subject has been published by South African researchers such as Jewkes, Vundule, Maforah and Jordaan. The study on which this article was based is not large enough (n=217) to draw definite conclusions about all the Kenyan youth in the research area, but it is sufficient to detect and raise concerns and awareness about possible flaws in existing child protection mechanisms. Hence, an early detection would undoubtedly contribute positively to the well-being of the growing child and at the same time would help local authorities to use the available meager resources effectively.

METHODOLOGY

This article is based on a study that was carried out in western Kenya as a part of the evaluation of the Pandipieri community health program that is managed by a church group in Kisumu. One of the objectives of the study was to create awareness among school-going children on safe sex and the effects of STDs. The study was carried out both among local schoolchildren and those who were out of school in the same sub-locations. At the time of the survey, it was felt that it might be significant to compare the sexual practices among the youth who are out of school and those who are in the school, even though the actual research question centered on the local youth's sexual behaviors. Furthermore, in the event that this investigation were to detect some undesired sexual behaviors amongst the subjects, it was hoped that the outcome of the research would sensitize the local authorities, parents and caretakers to take the necessary steps towards viable possible remedies for the problem. It was also hoped that other areas under similar conditions could benefit from this experience. For practical reasons, parameters like psychometric evaluations were not considered in the design of this study as it would have complicated the questionnaire responses. The main aim was to identify any sexual abuses or malpractices among these young children and adolescents rather than be an in-depth psychosexual investigation.

In this context, comprehensive survey questionnaires targeted six schools in the

research area which is the largely urban and peri-urban Kisumu district. Both schoolchildren and out-of-school adolescents in this area were targeted. Kisumu, which is situated on the eastern shore of Lake Victoria, is the third largest city in Kenya.

Selection of school-going and out-of-school youth

The questions on youth sexuality and behaviors were targeted to both school-going and out-of-school children. A total of 110 students from primary standards (groups) 6, 7 and 8, (43 male, 31 female) and secondary forms 1, 2 and 3 (20 male, 16 female) were involved, while 107 youth (63 male, 44 female) were interviewed from among the out-of-school youth in the area. For the school-going children, the enumerators used two methods to complete the survey questionnaires. In the first method, 30 pupils were picked randomly from Standards 6, 7 and 8 and were placed in one class. The enumerators gave them the questionnaires to complete as if they were doing an examination. Prior to completing the survey questionnaires, two enumerators read and interpreted each question for the pupils to understand correctly. In the second method another 44 pupils, from Standards 6, 7 and 8, were all interviewed individually by the enumerator. The rationale for the second method was based on the fact that the targeted pupils were not in a position to comprehend the questionnaires fully because of their age and their lack of proficiency in English. The same methods were applied in one secondary school where 15 students completed the questionnaire, while another 21 students were interviewed individually. For the out-of-school youth, two enumerators, one female and one male, guided by a local community member, requested randomly encountered youths to provide information for the survey (n= 110, Table I).

METHOD OF DATA ANALYSIS

Data entry started in the field where coding was done by supervisors after every day's

work. Three experienced data entry clerks coded the information and entered it into the computer using the Statistical Package for Social Science (SPSS) version 5.0 software. The initial analysis was done using both SPSS version 8.0 and the CDC (Centre for Disease Control) software.

After the data was captured, it was analyzed using (SPSS) software for Windows (version 13.0). Both descriptive and inferential statistics were explored maximally so that all characteristics of the collected data could be determined.

RESULTS

The initial inferential statistics revealed that Kenyan children in the research did indeed engage in sexual activities as early as at the age of six (Figure I & Table II). It was shown that the majority of the children began their first sexual activity from ages 12 to 14 (Figure I & Tables I & II). The sexual engagement at these ages could probably raise serious developmental, social and health issues of the subject children in terms of their understandings of sexually transmitted diseases, as well as of other responsibilities involved.

Furthermore, apart from those who answered in the negative (n=63), the positive respondents (n=154) seem to be normally distributed with a mean of around 14 years of age (Figures I & II). On the other hand, with regard to those 29% (n=63) who claimed to have no sex at all, there could be an element of doubt since this question is sensitive and the reaction of such young children is understandable.

In order to obtain a true picture of the findings, the sample size was reduced to 154 by removing those 63 respondents who claimed to have no sex at all. Moreover, with the reduced sample size, a *t test* for one sample statistic was carried out. The results confirmed that Kenyan schoolchildren in the research area, whether school-going or out-of-school, do indeed engage in sexual intercourse at an early age of around 14 years, which is contrary to local traditions. It seemed that one of the major concerns of the local authorities was the prevalence of

STDs among these age groups. Additional surveys structured around this concern would therefore be necessary.

The data analysis (cf. Table II) confirmed that the Kenyan youth in the research area begin sex at an early age (6 for school-going & 10 for out-of-school) giving an indicative answer to the research question. Furthermore, when a comparison was made between secondary school pupils and their counterparts of out-of-school youth in terms of age and responses, their respective answers were almost identical. For instance, those who responded to "never had sex" in both groups of secondary and out-of-school youths totaled 20 respondents each despite different sample sizes of 37 and 107 individuals. However, when it comes to the question of at what stage both groups started actual sexual engagement, then a reliable comparison could not be made, since the remaining sample sizes of secondary and out-of-school groups are different in proportions, that is, 17 vs. 87 respectively. For this reason, a two steps cluster profile analysis was carried out. The results indicated that all categories have similar standard deviations of around 7 units in each group (Table III). This would imply that all youth, whether in school or out of school, have similar sexual practices in terms of their first sexual experience.

Similarly, when another question of how many times the children had had sex in the past 12 months was analyzed, a similar result to that of the research question was obtained, namely that the youth have similar sexual practices (Table IV).

This reconfirmation of similar sexual practices among the youth in this study, irrespective of their schooling status, would imply that schools in this area are not offering effective protective sexual education programs. Therefore, a more rigorous investigation is needed to confirm these preliminary indicative findings.

DISCUSSION

It is agreed world-wide that good sex education and/or guidance is of paramount importance for normal growth and

personality development of children, and that it helps them in adult life (Binder & Mcniel, 1987). On the other hand, any unusual sexual practice disturbance in this critical developmental stage produces undesired effects on the behavior of the growing child (Meyerson et al., 2002). Some of the undesired outcomes are a tendency to drop out of school, teenage pregnancy, risky health outcomes of sexually transmitted infections (STIs) and anti-social behavior (e.g. stealing or causing property damage, bullying others, or engaging in physical fighting). These undesired effects were also associated with the victimization of children who had been sexually assaulted at one stage or another in their lifetime, according to earlier findings (Shonk and Cicchetti, 2001; Richter, 1996; Felitti et al., 1998; Hornor, 2004).

This study, though broad in scope, was originally designed to evaluate the Pandipieri community health program managed by a church group in Kisumu. One of the objectives was to create awareness of safe sex and the prevention of STDs among the children of school-going age, but the sheer bulk of the information obtained from this study necessitated the production of two separate papers – one on sexual practices and the other on abuses/and sexual coercion.

The data analysis highlighted an interesting finding that both the school-going and out-of-school youth have similar sexual practices. This means that the school's sex education, if any, in the investigated area, has little or no effect at all on schoolchildren. This would inevitably necessitate revision of curricula in the subject schools and it is a warning signal to both parents and social care providers alike. At the time of the investigation, the problem did not seem to be a grave one, but it was certainly heading in the wrong direction. Even though the survey has had certain limitations such as that it covered only a small portion of the population, the detection of any negative development in the child care cycle is very important, especially when it has the potential to pre-empt impending dangers.

RECOMMENDATIONS

In the light of the above-mentioned facts and/or findings, the subject schools' curricula on sex education and health may need to be revised. Likewise, the environment of the subject schools needs to be reviewed and subsequently some protective mechanism needs to be instituted. According to these findings, all schools in the research area may need an overhaul of their respective child protection policies. Special care should be given to primary school pupils, as the negative impact of their sexual behavior seems to have the greatest influence on them. A further investigation should be carried out on secondary school pupils, as they seem to conceal certain information. For instance, in responding to question one, secondary school pupils claimed to have had no sex and in another response (to question two), they claimed to have had sex and declined to mention with whom they had had sex.

The outcome will hopefully help local social and health workers to mitigate youth-related developmental issues and related health problems by reviewing existing child protection mechanisms and policies through in-depth further investigations.

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Table I: Total targeted youths in this survey – both in-school and out-of-school

		Frequency	Percent
Valid	Primary	74	34.1
	Secondary		
	Sub total	36	16.6
		110	50.7
	Out of school*	107	49.3
	Total	217	100.0
* Includes both informal out of school			

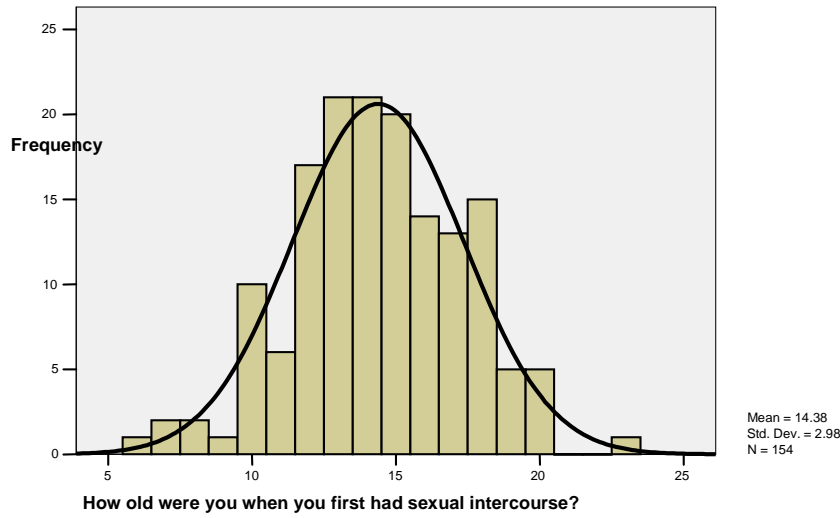


Figure I: Normal distribution of sub sample

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
How old were you when you first had sexual intercourse?	59.903	153	.000	14.383	13.91	14.86

Figure II: t test of the research question. This confirms that average first sexual engagement takes around age 14.

Table II: The main research question		School type										Total	Percentage
		Primary			Secondary			Total school	Out of school				
		Sex of youth		Total	Sex of youth		Total		Sex of youth		Total		
		Male	Female		Male	Female		Male	Female				
How old were you when you first had sexual intercourse?	Never had	14	9	23	6	14	20	43	9	11	20	63	29%
	6	0	1	1	0	0	0	1	0	0	0	1	
	7	2	0	2	0	0	0	2	0	0	0	2	
	8	1	0	1	1	0	1	2	0	0	0	2	
	9	1	0	1	0	0	0	1	0	0	0	1	
	10	5	2	7	2	0	2	9	1	0	1	10	
	11	1	3	4	1	0	1	5	1	0	1	6	
	12	5	2	7	0	0	0	7	8	2	10	17	
	13	4	7	11	5	0	5	16	4	1	5	21	
	14	9	6	15	2	0	2	17	3	1	4	21	
	15	0	1	1	1	1	2	3	10	7	17	20	
	16	0	0	0	2	1	3	3	6	5	11	14	
	17	0	0	0	0	0	0	0	6	7	13	13	
	18	1	0	1	0	0	0	1	6	8	14	15	
	19	0	0	0	0	0	0	0	4	1	5	5	
	20	0	0	0	0	0	0	0	4	1	5	5	
	23	0	0	0	0	0	0	0	1	0	1	1	
	Total engaged in early sex	29	22	51	14	2	16	67	54	33	87	154	71%
Total		43	31	74	20	16	36	110	63	44	107	217	

Table IV: How many times have you had sex since December 1999? This Early sexual practices are high among school children than out-of-school children.

Table III: Centroids (cluster analysis) Centriods analysis of				
School type	Mean	N	Std. Deviation	
Primary	1.50	74		2.141
Secondary	.14	36		.424
out of school	1.08	107		1.381
Total	1.07	217		1.650
		2 Secondary	8.39	5.977
		3 No School	12.93	6.628
		Combined	10.21	7.008