



AFRICA REGIONAL SEXUALITY RESOURCE CENTRE

*Sexuality Leadership Development
Post-Fellowship Mini-Project
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*Determining the Knowledge
and Attitudes of Peer Youth
Educators towards
Sexuality Education in
Kenya*

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Acronyms and Abbreviations

ASRH	Adolescent Sexual and Reproductive Health
PYEs	Peer Youth Educators
FGD	Focus Group Discussion
FPAK	Family Planning Association of Kenya
ICPD	International Conference on Population and Development
KDHS	Kenya Demographic and Health Survey
NGO	Non-Governmental Organization
STI	Sexually Transmitted Infections
KNH	Kenyatta National Hospital
WAYI	West Africa Youth Initiative

ABSTRACT

Using primary and secondary data, this study sought to determine the knowledge and attitudes of Peer Youth Educators (PYEs) on sexuality education in Kenya. In addition, the study explored the nature of sexuality education provided by the PYEs to other youth and the challenges they face in the course of providing sexuality education to other young people. Purposive sampling was used to select the respondents. Respondents were selected based on their availability, willingness to participate in the study, and on the number of years they have been involved in sexuality education. Only those PYEs with a minimum of two years experience in Peer Education participated in the study. The sample size was of 131 respondents (n=131).

Data collected was both quantitative and qualitative. FGD guide and self administered questionnaire were developed, pre-tested and used in data collection. A structured self-administered questionnaire was filled by 100 PYEs while 4 FGDs were conducted. A literature review of relevant materials from the Internet, training manuals and curricula, books, journals, research reports and program reports was conducted. A total of 131 young people from non-governmental and community based organizations most of whom have been trained in peer education participated in this study conducted in Nairobi-Kenya.

The study found that PYEs from different organizations were trained using different training curricula and that PYEs from different organizations vary in terms of knowledge on certain areas depending on the emphasis of specific areas in the different curricula or their exclusion all together. Further, the findings show that topics that are overlooked by the PYEs while disseminating sexuality information were either not covered or not well understood during the PYEs training. The study revealed that PYEs attitudes towards sexuality education are positive as majority of the respondents considered all sexuality topics important for informing the young people. The study also revealed that the greatest challenge facing PYEs in communicating sexuality information emanates from the fact

that sexuality issues remain taboo in many cultures in Kenya and many religious groups consider sexuality information inappropriate for young people.

In conclusion, sexuality education remains beyond reach of many young people and even PYEs shy off from discussing some of the vital topics on sexuality with their peers mostly because they feel incompetent to discuss them. Based on the findings, the study recommends the standardization of training curricula and manual to come up with a comprehensive sexuality education manual that will provide the much-needed relevant and accurate sexuality information to the young people. Further, there is need to step-up advocacy efforts for introduction of comprehensive school-based sexuality education that is appropriate to students' age, development level and cultural background and to clear these misconceptions within the communities on sexuality education.

EXECITIVE SUMMARY

Recognizing that youth are more comfortable discussing sexuality issues among one another than with adults, many non governmental organizations (NGOs) have begun focusing on Peer Youth Education programs which adopt an outreach approach to sexuality education. Peer youth educators (PYEs) serve as youth resource people in schools, youth clubs and other community centers. While some PYEs are in-school youth working under the guidance of career masters, the majority are no longer in school but are attached to various NGOs. As of yet, there exists no national standardized sexuality education training curriculum for PYEs in Kenya.

The purpose of this study is to determine practicing Peer Youth Educators' knowledge and attitudes towards sexuality education and in particular determine the nature of sexuality education they impart to other young people. The study was conducted in Nairobi, Kenya. The target population was PYEs drawn from various sexual and reproductive health NGOs and CBOs who participated in focus group discussions and filling of the questionnaires.

According to this study, most young people join peer youth education through invitation by friends after interaction with practicing peer youth educators, theatre groups and trainings. Personal concern on the welfare of fellow young people is also mentioned as a reason for joining peer education initiatives. After recruitment by various organizations, young people are trained on life planning skills and peer education, and immediately thereafter engage in the practice. The training duration on average is between one and two weeks.

The research revealed that PYEs from different organizations were trained using different training curricula and that PYEs from different organizations vary in terms of knowledge on certain areas depending on the emphasis of specific areas in the different curricula or their exclusion all together. The differences in training modules is raised by the

respondents as a key impediment and an explanation as to why PYEs opt to skip the topics they are not conversant with while conducting peer education.

The differences in the training curricula affect what the PYEs discuss with their peers as reported by the respondents. This therefore, underscores the need to standardize the training curricula and cater for the deficiencies. The study also revealed that PYEs are faced with the challenge of communicating sexuality information largely because sexuality issues remain taboo in many cultures in Kenya and many religious groups consider sexuality information inappropriate for young people.

1.0 BACKGROUND INFORMATION

Historically, most African societies have provided mechanisms for transferring knowledge, information and skills about sexuality to their youth¹. These mechanisms include initiation rites, organized interaction sessions with members of the same sex, and extended courtship periods that served to train the youth for married life. "Aunties" and "uncles" have also served as purveyors of cultural expectations with regard to sexuality.

In Kenya, the idea of sexuality education is not new, nor is it an idea imported from the West. In many Kenyan communities, rites of passage have provided sexuality education to both boys and girls during the period of initiation, which is culturally specific to each community. Over the past century however, adolescence has been radically altered by the earlier onset of puberty, the increased age at marriage, urbanization, global communication and changing sexual attitudes and behaviors. Kenyan society is being transformed and is witnessing a breakdown in the traditional institutions that have historically supported young people, at a time when they are in the most need of support.

The focus on adolescent sexuality is based on the belief that individual youth have unique needs at all stages of their development and that age-specific approaches must be used to respond to these needs. In addition, there are both real and perceived barriers that limit access and utilization of sexuality information to the youth and adolescents. Laws,

¹ Throughout this study, the term youth will refer to people between the ages of 10 and 24.

customs and cultural practices often impact adolescents differently than adults. At times, unmarried youth are denied access to sexuality information and services altogether. Often, both married and unmarried youth have little or no control over their sexual decision-making. This is particularly true for young women and girls. Institutional policies and procedures, as well as the attitudes of service providers, are often judgmental and hostile and penalize young people who seek sexuality information and services. Taboos against discussing issues relating to sexuality often leave young people uninformed or misinformed. This in turn exposes them to unnecessary risks and exploitation.

African societies have not been quick to address the impact of the dismantling of traditional social institutions on young people. However, the advent of HIV/AIDS has begun to change this cultural landscape. It has compelled adults and young people to come together as never before to discuss sexuality issues which have long been considered taboo.

Evidence suggests that when young people transit into adulthood with close guidance and support of caring adults they become productive citizens who are concerned with the development of their peers and communities. Helping young people make a healthy transition into adulthood by reinforcing sexuality education, delaying sexual initiation and delaying marriage and child bearing is critical to both individual and national development.

2.1 Goal and Purpose of Study

The overall purpose of the study was to determine the knowledge of youth sexuality issues among PYEs, to determine their attitudes towards youth sexuality education, and to identify their unmet training needs in terms of providing accurate and comprehensive sexuality education.

2.2 Study Objectives

1. To determine the level of knowledge of youth sexuality issues among PYEs.
2. To determine any eventual knowledge and information gaps in the understanding of youth sexuality issues among PYEs.
3. To determine the attitudes of PYEs towards youth sexuality education.
4. To determine the nature of the sexuality education provided by the PYEs to other youth.
5. To identify the challenges faced by PYEs in the course of providing sexuality education to other youth.

2.3 Significance of the Study

By identifying the information gaps in the sexuality education provided by PYEs to other youths, and by disseminating research results among various stakeholders, this study will help promote a more comprehensive approach to sexuality training for PYEs than the one that currently exists in Kenya. It will also contribute to the growing field of research on youth sexuality.

Sexuality Education is the life long process of acquiring information and forming attitudes, beliefs, and values. It includes sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles.

Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (feelings, values, and attitudes); and the behavioral domain (communication and decision making skills). SIECUS. The study sought to find out the PYEs understanding and their attitudes towards various components of sexuality education.

3.0 METHODOLOGY

3.1 Location of Study and Target Population

The study was conducted in Nairobi, Kenya and targeted only PYEs who have been involved in Peer Education activities for two or more years. The respondents were drawn from various NGOs and CBOs currently supporting Peer Education initiatives. They included; Family Planning Association of Kenya (FPAK)- Nairobi Youth Centre, SOS Youth Centre, Uzima Foundation, National Council of Churches in Kenya (NCCK), Goal Kenya and Mathare Youth Sports Association (MYSA). Majority of the PYEs who participated in the study have been trained in Peer Youth Education, and they were carrying out peer youth education activities at the time of the study.

3.2 Sampling Design

Purposive sampling, a non-probability technique, was used to select the respondents.. Potential respondents were selected based on their availability, their willingness to participate in the study, and on the number of years they have been involved in sexuality education. Only those PYEs with a minimum of two years experience in Peer Education participated in the study. The sample size was of 131 respondents (n=131).

3.3 Methods of Data Collection

Data collected was both quantitative and qualitative. FGD guide and self administered questionnaire were developed, pre-tested and used in data collection. A structured self administered questionnaire was filled by 100 PYEs while 4 FGDs involving a total of 31 participants were conducted with the PYEs

Literature Review

A literature review of relevant materials from the Internet, training manuals and curricula, books, journals, research reports and program reports was conducted.

4.0 RESULTS AND DISCUSSION

4.1 Background Characteristics and Related Information

The age of respondents ranged from 19 to 27 years. Although a deliberate attempt was made to achieve a gender balance, this was a bit hard due to unavailability of female PYEs respondents. The disparity however was not large as there were 73 males and 58 females. The FGDs were however more balanced with an almost equal number of males and females. Most respondents were single with only five saying they were married and one divorced.

Apart from the above characteristics, training and experience was also taken into consideration. Most of the respondents were trained in peer education i.e. (94 %). Six percent (6%) of the respondents were not trained although they were involved in peer education activities. Their experience ranged from 2 years and above with most having 2 years of experience. Several organizations were identified as having trained the respondents with, Hope Worldwide, Mathare Youth Sports Association (MYSA), National Organization of Peer Educators (NOPE), Goal Kenya and Family Planning Association of Kenya (FPAK) having trained ten or more respondents each. Of the trained respondents, 90% covered sexuality as a topical subject presented as human sexuality during their peer education trainings while the remaining 10% said the topic was not covered.

Asked to define sexuality education, the respondents gave a variety of definitions. With different FGDs emphasizing on different definitions. Some of the definitions given are; - Teaching of body awareness, teaching about sex or creating a positive attitude towards

sex, creating awareness on sexual responsibilities, teaching on human reproductive system in relation to sex, sexual gratification and procreation to mention but five. The findings also reveal that, only 30% of trained respondents knew of training manuals/ curricula or reference materials that were used during their trainings.

Table 1a: Background Characteristics of Respondents filling the questionnaire

Selected Background Characteristics	Number of Respondents
Sex	
Male	56
Female	44
Marital Status	
Married	5
Single	94
Divorced	1
Religion	
Catholic	37
Protestant	53
Muslim	5
None	5
Experience in peer education	
Two Years	59
Three Years	18
Four Years	10
Five Years	3
Six Years	3
Above Six Years	7
Trained	
Yes	92
No	8

Table 1b: Background Characteristics of Respondents participating in FGD

Selected Background Characteristics	Number of Respondents
Sex	
Male	17
Female	14
Marital Status	
Married	None
Single	31
Divorced	None
Experience in peer education	
Two Years	21
Three Years	5
Four Years	2
Above 4 Years	3
Trained	
Yes	31
No	None

4.2 Peer Youth Educators: Topics Covered in Their Training

HIV/AIDS and sexually transmitted diseases were the topics with the widest coverage during PYEs trainings with 88% and 87% of the respondents indicating that they were trained on these topics. Sexual dysfunction and parenting had the lowest coverage with only 29% of the respondents having covered them during their training. Advocacy skills topic was rated as having been covered by 33% of the respondents. Apart from the above

mentioned topics, all the other topics had a fairly good coverage with most of the respondents rating them above fifty percent. Table two (2) shows how the topics were ranked in terms of coverage.

The study also revealed that PYEs choice of topics for discussion with their peers is largely influenced by the type of training they received indicating a strong correlation between the topics covered and areas of sexuality they felt uncomfortable or comfortable discussing with the youth. For instance, Sexual act, sexual orientation, sexual dysfunction, menstruation and sexual abuse were mentioned as the most difficult areas to discuss with the youth with majority of the respondents saying the topics were either not or inadequately covered during their trainings. Relationships, safe sex, drug and substance abuse, dating, condom use, reproduction and abortion were mentioned as areas PYEs are comfortable discussing and were well covered during their training..

Table 2: Rating of Topics covered during the respondents training

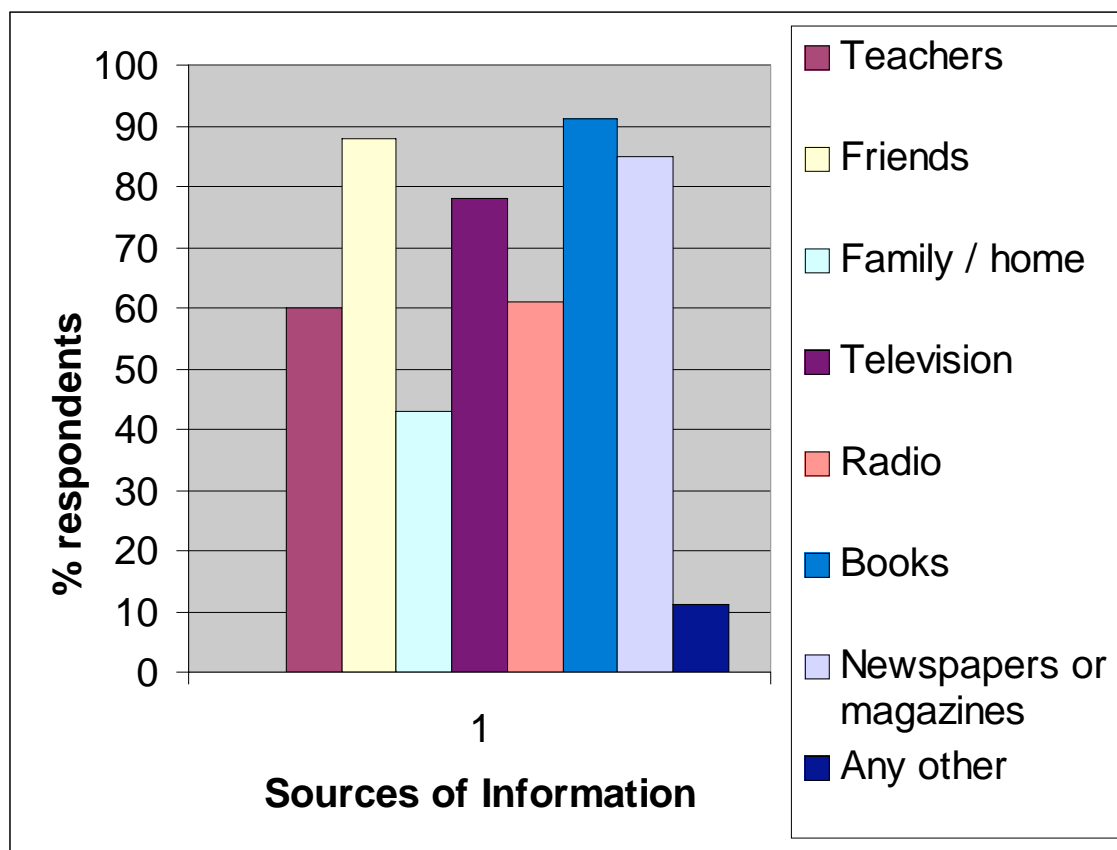
Topics Covered	% of Respondents
Counseling skills	65
Advocacy skills	33
Personal, family and community values	52
Love, dating, relationships and marriage	77
Life skills (self-esteem, goal setting, decision making, communication...)	78
Human development (anatomy, puberty, reproduction...)	66
Menstruation	65
Body image (how a person feels about how she or he looks)	60
Gender roles, gender identity, gender equality	69
Sexual orientation (heterosexuality, homosexuality, bisexuality...)	65
Sexual behavior and practices	70
Sexual dysfunction (conditions that do not allow for a normal sex life)	29
Masturbation	58
Safer sex	81
Sexually transmitted diseases	87

HIV / AIDS	88
Use of condoms	83
Contraception	72
Pregnancy	78
Abortion	81
Mother to child HIV transmission	73
Parenting (raising children)	29
Harmful traditional practices (female circumcision, early marriage...)	63
Sexual violence and sexual abuse	73
Substance use and abuse (drugs, alcohol...)	82

4.3 Other Sources of Sexuality Information for PYEs apart from Training

Books were rated as the highest alternative source of sexuality information (91% of respondents) while family/home was rated as the lowest (43% of respondents). Most of the respondents (74% of the respondents) mentioned the Internet as another source of information. The church was also mentioned by a couple of respondents. Apart from the family/home source of sexuality information which was rated 44%, all other sources of sexuality information are fairly common among the PYEs that participated in the study, with each of them rating over 60%.as shown by chart 1 below. Many respondents selected books and friends as the popular source of sexuality information. Results from the study also revealed that, sources of sexuality information were ranked depending with the accessibility of the source in regard to youth friendliness. For instance family/home was ranked low because most parents are not free to discuss sexuality information with their children. Respondents mentioned books, magazines, IEC materials and media as the most accessible sources of additional information on sexuality. According to the study, PYEs mentioned educative audio/video tapes, standardized manual/curriculum and internet as important sources of sexuality information but not readily available to many young people.

Chart 1: Other Sources of Sexuality Information.



4.4 Sexuality: What is Inappropriate for the Youth?

Results from the study indicated that all the topics listed in the questionnaire were appropriate for young people. As tabulated on table 3 below, all the topics were awarded 77% and above by those who filled the questionnaires. Sexual orientation and sexually transmitted diseases were considered the lowest in terms of their relevance to young people having 23% of the respondents each. The respondents ranked Sexual dysfunction (conditions that do not allow for a normal sex life) and menstruation as topics of top priority for discussion with the youth. Both topics scored 85%. The range between the most inappropriate and least inappropriate was minimal i.e. 15% - 23%.

These results from the quantitative study were further reinforced by the responses from the FGDs. The respondents attending the FGDs rated all the topics on sexuality at 80% and above with Teenage sex, abortion, menstruation, masturbation, HIV/AIDS and drug and substance abuse were mentioned as topics of higher priority to discuss with the youth.

Table 3: Topics considered Inappropriate to discuss during peer education

Inappropriate Topics	% of Respondents
Personal, family and community values	19
Love, dating and relationships	19
Marriage	19
Life skills (self-esteem, goal setting, decision making, communication...)	18
Human development (anatomy, puberty, reproduction...)	19
Menstruation	15
Body image (how a person feels about how she or he looks)	20
Gender roles, gender identity and gender equality	20
Sexual orientation (heterosexuality, homosexuality, bisexuality...)	23
Sexual practices	19
Sexual dysfunction (conditions that do not allow for a normal sex life)	15
Masturbation	16
Safer sex	20
Sexually transmitted diseases	23
HIV / AIDS	22
Use of condoms	20
Contraception	19
Pregnancy	20
Abortion	18
Mother to child HIV transmission	17
Parenting (raising children)	22
Harmful traditional practices (female circumcision, early marriage...)	22
Sexual violence and sexual abuse	19
Personal, family and community values	19

4.5 PYEs and the Youth: What Do They Discuss?

Safer sex and sexually transmitted diseases are the most discussed topics with 98% while parenting is the least discussed topic with 35%. Although majority of the topics on sexuality education are discussed by PYEs and the youth as evident in the table 4 below, the findings of this study reveal that PYEs choose the topics for discussion according to the level of competence or exposure they have on a particular topic. Different respondents said they enjoy discussing different topics such as; relationship, HIV/AIDS, drugs and substance abuse, dating, safer sex, to mention but a few. The study further revealed that in structured PYEs programs most PYEs have mastered specific areas which they feel best at and they often invited to facilitate sessions on those topics. The findings also revealed that topics which are overlooked by the PYEs while disseminating sexuality information e.g. Parenting (raising children), Marriage and Sexual dysfunction (conditions that do not allow for a normal sex life) were either not covered or not well understood during PYEs training.

Table 4: Topics PYEs Discuss with the Youth.

Sexuality Topics PYEs discuss with the youth	% of Respondents
Personal, family and community values	49
Love, dating and relationships	94
Marriage	41
Life skills (self-esteem, goal setting, decision making, communication...)	77
Human development (anatomy, puberty, reproduction...)	74
Menstruation	68
Body image (how a person feels about how she or he looks)	65
Gender roles, gender identity and gender equality	69
Sexual orientation (heterosexuality, homosexuality, bisexuality...)	62
Sexual behavior and sexual practices	78
Sexual dysfunction (conditions that do not allow for a normal sex life)	44
Masturbation	61
Safer sex	89
Sexually transmitted diseases	98
HIV / AIDS	98
Contraception	73

Use of condoms	89
Pregnancy	89
Abortion	91
Mother to child HIV transmission	67
Parenting (raising children)	35
Harmful traditional practices (female circumcision, early marriage...)	57
Sexual violence and sexual abuse	63
Substance use and abuse (drugs, alcohol...)	81
Other,	87

4.6 What is Ideal: Which Topics Should Be Covered in PYEs Training?

According to the study, respondents said that all the topics were relevant and should be covered during the PYEs trainings. They rated all the topics above 50% with the lowest topic which is parenting placed at 55%. The study revealed that commonly discussed topics by PYEs enjoyed the highest level of rating compared to the topics that they were not well versed with or rather had no exposure to. Factors contributing to the low rating of some topics were; the type of training the PYEs underwent community perception and personal attitude towards the topics.

Table 5: Topics that should be covered in Sexuality Education

Topics that Should be Covered in Sexuality Education	% of Respondents
Personal, family and community values	58
Love, dating and relationships	87
Marriage	61
Life skills (self-esteem, goal setting, decision making, communication...)	74
Human development (anatomy, puberty, reproduction...)	81
Menstruation	80
Body image (how a person feels about how she or he looks)	75
Gender roles and gender identity	75
Sexual orientation (heterosexuality, homosexuality, bisexuality...)	87
Sexual behavior and sexual practices	89
Sexual dysfunction (conditions that do not allow for a normal sex life)	77

Masturbation	72
Safer sex	88
Sexually transmitted diseases	93
HIV / AIDS	92
Use of condoms	88
Contraception	77
Pregnancy	88
Abortion	88
Mother to child HIV transmission	68
Parenting (raising children)	55
Harmful traditional practices (female circumcision, early marriage...)	66
Sexual violence and sexual abuse	90
Substance use and abuse (drugs, alcohol...)	75

4.7 Discussing Sexuality: Are PYEs Comfortable?

The findings from this study revealed that although PYEs are comfortable discussing a wide range of topics relating to sexuality, a number of topics are neglected as PYEs are uncomfortable discussing them. Personal, family and community values, marriage, sexual orientation, sexual dysfunction, masturbation, contraception and parenting were rated as the most uncomfortable topics to discuss. Lack of reference materials, exclusion of the said topics during PYEs training, complexity/ poor presentation of the said topics during trainings, PYEs attitude and community disapproval were mentioned as some of the reasons PYEs were uncomfortable discussing these topics. The study also revealed that the level of being uncomfortable depends on the audience age limits. For instance in cases of outreach activities where the audience may include older people, PYEs are reluctant to discuss sexuality topics like sexual orientation, masturbation etc. See table 6.

Table 6: Rating of Topics by Level of Comfort.

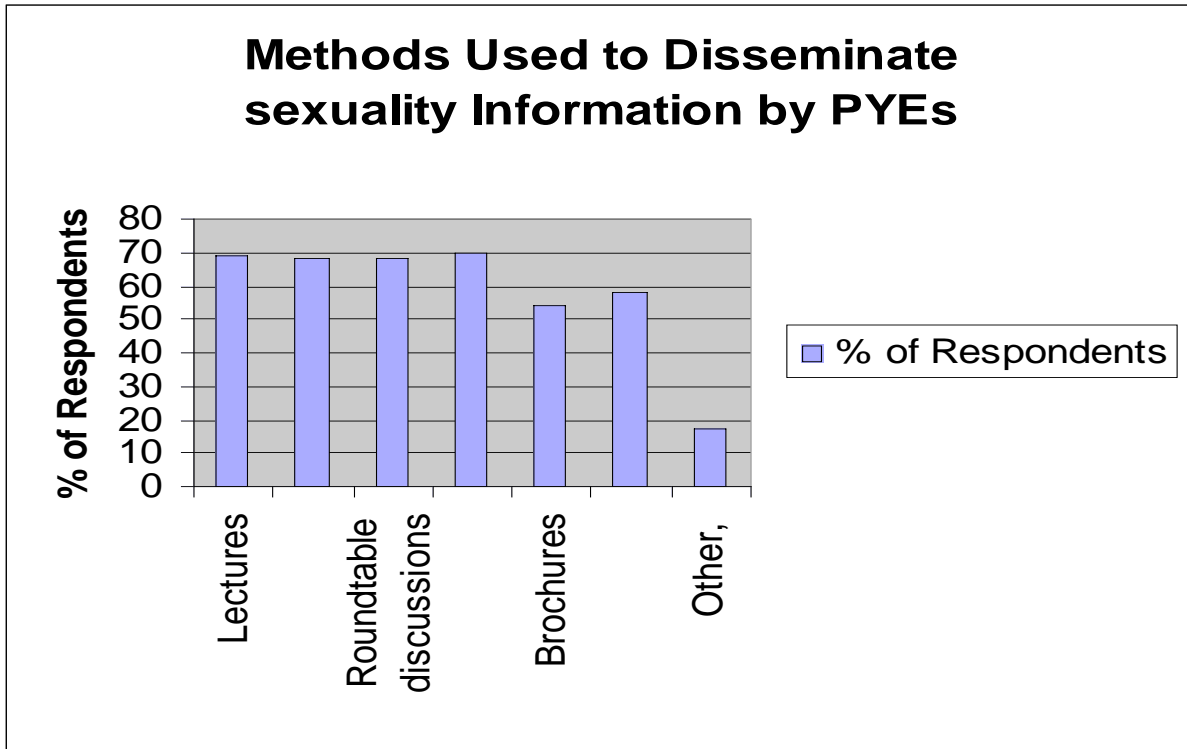
Rating of Topics by Level of Comfort	% of Respondents
Personal, family and community values	48
Love, dating and relationships	68
Marriage	30
Life skills (self-esteem, goal setting, decision making...)	67
Human development (anatomy, puberty, reproduction...)	56
Body image (how a person feels about how she or he looks)	60
Gender roles, gender identity and gender equality	51
Sexual orientation (heterosexuality, homosexuality,	39

bisexuality...)	
Sexual behavior and sexual practices	55
Sexual dysfunction (conditions that do not allow for a normal sex life)	31
Masturbation	35
Safer sex	67
Sexually transmitted diseases	65
HIV / AIDS	72
Contraception	47
Use of condoms	65
Pregnancy	67
Abortion	55
Mother to child HIV transmission	55
Harmful traditional practices	30
Substance use and abuse (drugs, alcohol...)	45

4.8 Disseminating Sexuality Information to the Youth: Methods Used.

According to the study, PYEs use different methods when communicating sexuality information to the young people. Differences in age were mentioned as key factor in determining the method PYEs choose at a given time to disseminate sexuality information. Apart from the methods tabulated in chart 2 below, other methods mentioned by the respondents included; group discussions, use of theatre debates and games.

Chart 2: Methods Used in Disseminating Sexuality Information.

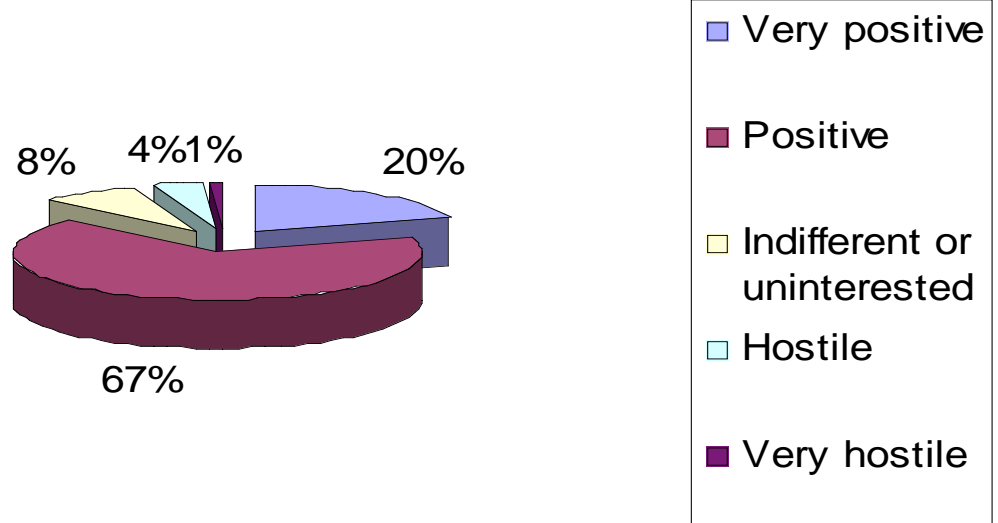


4.9 The Youth Reaction to Sexuality Education

The study revealed that most youth react positively to sexuality information and education communicated to them by the PYEs. Sixty seven (67%) of the respondents said youths react positively to sexuality information and education, 8% were said to be indifferent, 4% hostile and 1% very hostile. See chart 3 below.

Chart 3: The Youths Reaction to Sexuality Education.

Youth Reaction to Sexuality Education



4.10 Challenges PYEs Face in disseminating sexuality education

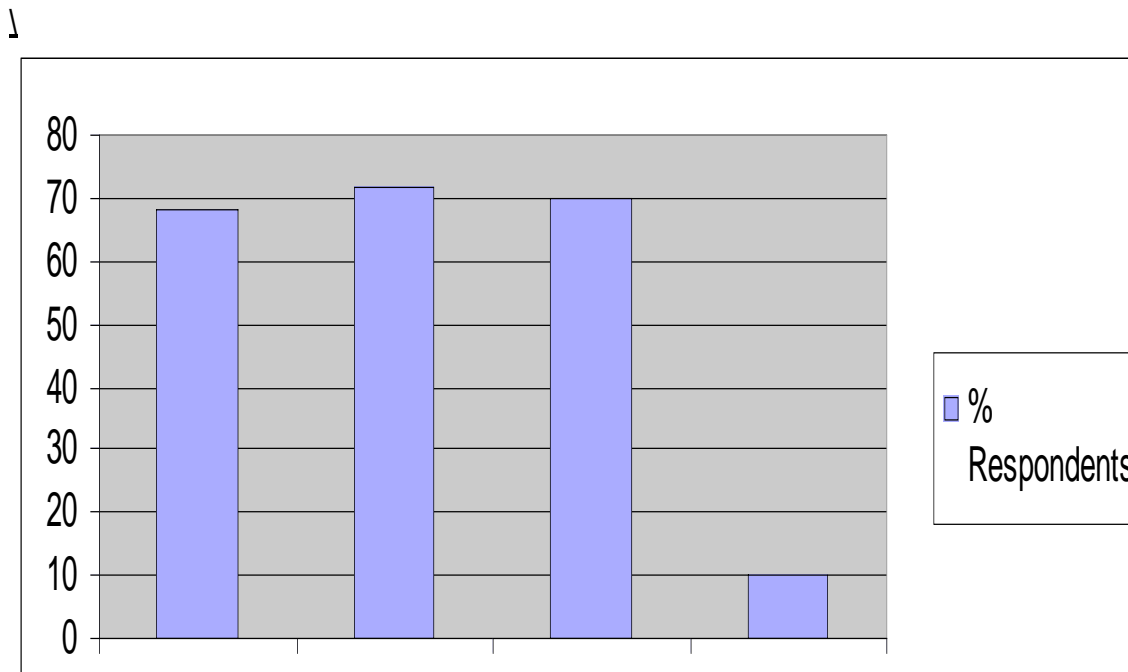
Lack of funds and lack of educational materials were cited as the biggest challenges faced by PYEs in their effort to communicate sexuality information. Lack of adequate training was also mentioned as a key impediment in sexuality education. See table 7 below.

Table 7: Challenges PYEs Face in disseminating sexuality education

Challenges Faced by PYEs	% of Respondents
Limited funds / funding	71
Lack of access to educational materials	71
Lack of information / knowledge on sexuality	28
Lack of adequate training	59
Lack of cooperation and/or hostility from parents	37
Lack of cooperation and/or hostility from teachers	25
Lack of cooperation and/or hostility from the youth	47
Social norms	39
Culture	51
Religion	61

According to the study, ways to improve provision of sexuality education suggested by the respondents have been tabulated in chart 4 below. Other ways mentioned included; motivation of PYEs through better honoraria, involving them in researches on sexuality and organizing picnics, workshops for them to enhance networking and sharing of ideas and experiences, development of multi-media channels to disseminate sexuality information and development of reading materials on specific sexuality topics.

Chart 4: Ways of improving provision of Sexuality Education.



CONCLUSION AND RECOMMENDATIONS

From the findings of this study, it is clear that sexuality education remains beyond reach of many young people and even PYEs shy off from discussing some of the vital topics on sexuality with their peers mostly because they feel incompetent to discuss them. There is lack of a standardized sexuality education training curriculum in the country and different PYEs are trained using different training curricula resulting to differences on what is disseminated and styles of disseminating sexuality information to other young people. Many PYEs are seeking information about sex from their peers, families and the media.

Information received from these sources is likely to be inaccurate and incomplete hence posing the risk of passing on this information to young people. There is need therefore for standardization of training curricula and manual to come up with a comprehensive sexuality education manual to provide the much needed relevant and accurate sexuality information to the young people

Currently, in Kenya, sexuality education is being offered in small pockets mostly by NGOs and even the effort of PYEs can only reach the minority given the population of young people in Nairobi and the entire country. Introduction of comprehensive school-based sexuality education that is appropriate to students' age, development level and cultural background is needed to expand access to sexuality information by the young people.

PYEs have not received the much needed support from the community to facilitate dissemination of sexuality education to their peers. Many community members hold the view that sexuality education encourages the youth to be sexually active and is a deviation from the traditional values and therefore they prefer withholding information about sexuality so that their children do not begin to experiment with sex prematurely. There is need therefore to clear these misconceptions within the communities to mobilize support for sexuality education.

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