

Relationship between Family Cohesion and Teenage Sexual Behavior in Public Secondary Schools in Kajiado County, Kenya

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Abstract: This research aimed at examining the relationship between family functioning and teenagers' sexual behavioral patterns amongst students in public secondary schools in Kajiado West sub-county, Kajiado County, Kenya. The research used survey design with a target population of 6085 students from public secondary schools. Based on Yamane's formula, the sample size of 375 students was selected by simple random sampling to participate in the study. Data were collected from this sample using standardized questionnaires; the Family Assessment Device (FAD) and the Adolescent Clinical Sexual Behavior Inventory (ACSBI-S). Data were analyzed using descriptive analysis, Analysis of Variance (ANOVA), Independent t-Test and Correlation analysis. The findings indicated that there was statistically significant positive correlation between family cohesion and teenagers' sexual behavior. Family cohesion had a positive correlation with sexual knowledge at $r=.200$; $p\text{-value}=.000$. Therefore an increase in family cohesion has a corresponding positive influence on the student sexual knowledge. Family cohesion on the other hand had a positive and significant correlation with sexual interests ($r=0.135$; $p=0.11$). The findings imply that family cohesion could be used in regulating some of the sexual behavior domains of teenagers.

Key words: Family Cohesion, Sexual behavior, Sexual Interest

I. INTRODUCTION

Globally, the study of Teenage sexual behavior is a significant concern; Parents, religious leaders and society, in general, are equally concerned about this phenomenon. This is because of the implications of teenage sexual behavior 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 the time when many of them initiate sexual relationships and involvement (Kirby, 2012). According to the Center of Disease Control (CDC), 2016, about 16 million teenage girls globally aged 15-19 years and 2 million girls under 15 years give birth annually. Besides, statistics indicate that 41% of teenagers had ever had sexual intercourse, 30% had had sexual intercourse during the previous three months before 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.

According to a research conducted by Oladipupo & Viatonu, (2014) in Nigeria, teenagers experience changes in their social life where they considerably begin to question their place in society and seek to fit in. The choices they make hereafter are influenced by their families, friends, teachers and those around them. Family values, parental monitoring and religious and cultural beliefs are significant in shaping teenagers' decisions to shape their sexual activity. The family is significant to a child's life as it is the institution he initially interacts with and thus initiates love, care and attention into the child's experience before moving into society. Oladipupo & Viatonu, (2014) state that satisfaction in this first relationship, particularly between a mother and child, impacts the probability that a teenager would engage in sexual activities. In the advent of a family characterised by inadequate attention and an unstable environment, teenagers are likely to engage in sexual intercourse sooner than their counterparts hailing from stable homes. Hence, parents, especially mothers, greatly influence the child's attitudes, norms, values, and standards of right or wrong about sexual behaviors and other societal activities.

In Kenya Okigbo et al., (2015) argues that parental monitoring, communication and discipline in Kenya, parents considerably influence their teenagers' debut into a first sexual encounter. Accordingly, the extent of control and monitoring of the adolescent's company significantly influenced their sexual debut and sexual behavior. In terms of communication, discussions about sex amongst Kenyan parents and their children were scarce and often took place well after their sexual debut. This element is attributed to the incessant fear that introducing talks on sexuality to the adolescents would spur their curiosity to venture into sexual activities. Also, the research showed that the implications of sexual communication should reflect the disparity in both genders. Some communities encourage the male child to engage in sexual activities after undergoing initiation. This aspect posed a risk to the male teenager's sexual behavior and his female counterparts—discipline in most Kenyan communities in integral in sustaining a cordial parent-child relationship. An adolescent's nature from childhood to a teenager influences the teen's perception of approval of sexual activity by their parents and anticipation of

disciplinary action upon deviation from the family values. Family' played a crucial role in setting behavioral limits on teenagers, which immensely impacted the trend in sexual behavior. Hence, the family function is a vital element in shaping a teenager's sexual behavior.

A study conducted by Obare et al., (2016), revealed that about 29% of adolescents who began childbearing had once experienced an unintended pregnancy. The research indicated a significant number of teenage pregnancies in counties that were more rural than urban. Kajiado County was featured amongst the counties with a significant number of secondary school girls aged between 15 and 17 who were expectant. Besides, Theuri et al. (2017) conducted a study in Kajiado County to determine the societal and government ecological factors that influenced risky behaviour amongst secondary school adolescents. Their research cited unprotected sex amongst teenager as a significant risk factor to which secondary school students were exposed.

Social research has demonstrated that parental involvement affects adolescent behavior, primarily through monitoring on the parent's part. Parents who spend more time supervising their children have children who engage less in risky sexual behavior. Sexuality and family life education are useful in preparing young people to prevent teenage pregnancy. Furthermore, Setyadani (2013) asserts the importance of role modelling in shaping teenagers' behavior with conclusion that inadequacy of attention from a family and the resounding absence of a role model tends to encourage teenagers to engage in premarital sex. Setyadani (2013) postulates that the family is a crucial element in communicating and educating the teenagers on what is wrong and right. Absence of the family's communication of values thus plunges the teenagers into the abyss of inappropriate sexual behavior.

The purpose of this study was to examine the possible relationship between family cohesion and teenage sexual behavior. Likewise the study also examined the various demographic correlates of teenage sexual behavior.

Statement of the Problem

The rate at which teenage girls in Kenya are conceiving is a glaring commentary of an issue that needs quick intervention. The period between 2017 and 2021 has seen schools in Kajiado West sub-county experience an upsurge of teenage pregnancies to the tune of over ten students across the classes. Culture interferes with families' functionality in this region since parents shy away from addressing responsible sexual behavior with their teenagers for fear of rebuke. Closure of schools made students idle at home, therefore engaging and discovering sexual life. Parents find it taboo to discuss sexual issues with their children at home, teachers, on the other hand, believe that it is the parents' work to teach their children about sex. This leaves the children with the options of visiting the internet and relying on their friends to make discoveries. It is against

this background that this study purposed to evaluate the effects of family functioning on teenagers' sexual behavioral patterns in Kajiado West Sub County, Kenya.

II. METHODOLOGY

This study employed a survey and case research design as it was centered on select secondary schools, public schools, in Kajiado West sub-county, Kajiado County, Kenya. The study target population was 6085 high school students from Kajiado County. Statistics from the Ministry of Health showed an increasing trend in the number of pregnancy cases in Kajiado County. The therefore focused on Kajiado west sub-County as a case study for this research. The sample size was determined using Taro Yamane in 1967 (Israel, 1992; Mora & Kloet, 2010).

$$n = \frac{N}{1 + (e)^2}$$

Where,

n=Sample size;

N=Population size

e=the level of precision (or the margin of error or the confidence Interval).

Accordingly, the population size of this study was 6085 students, 1895 Male and 4190 female students. The level of precision was kept at $\pm 5\%$ while the confidence level was kept at 95%. Accordingly, the calculated sample size was;

$$n = \frac{6085}{1 + 0.05^2}$$

$$n = 375$$

Table 1: Sample Distribution of Students

Schools	Population		Sample	
	Boys	Girls	Boys	Girls
7 Girls boarding Secondary Schools	0	2642	0	163
3 Boys boarding secondary Schools	966	0	60	0
5 Mixed Boarding schools	574	980	35	60
6 Mixed Day Secondary Schools	355	568	22	35
Sub-Total	1895	4190	117	258
Total	6085		375	

Proportionate sampling was used to select the number of students per school. Simple random sampling selected 163 students from girl boarding schools, 60 from boys' boarding schools, 35 boys and 60 girls from mixed boarding schools and 22 boys and 35 girls from mixed day secondary.

Research Instruments

The Family Assessment Device (FAD) (Epstein, Baldwin and Bishop, 1983) was used to collect data on family functioning. The FAD device measured all variables under

the family functioning variable—the McMaster Model of Family Functioning measures families' structural, organizational, and transactional characteristics. The model consists of 6 scales used to assess FAD's six dimensions—effective involvement, affective responsiveness, behavioral control, communication, problem-solving, and roles and a 7th scale measuring general family functioning. The measure comprises 60 statements about a family; respondents aged 12 years and above are asked to rate how well each statement describes their own family. The FAD is scored by adding the responses (1-4) for each scale and dividing by the number of items in each scale (6-12). Higher scores indicate worse levels of family functioning.

The Adolescent Clinical Sexual Behavior Inventory - Self Report (ACSBI) (Friedrich, Lysne, Sim &, Shamos, 2004) was used to assess sex-related behaviors among the adolescents. It assessed sexual risk-taking, nonconforming sexual behaviors, sexual interest, and sexual avoidance/discomfort. The ACSBI is based on the Child Sexual Behavior Inventory (CSBI), a widely used measure of child sexual behavior for children aged 2-10, which is also reviewed in this database. There are two versions of the ACSBI, a parent-report version (ACSBI-P) and an adolescent self-report version (ACSBI-S). The study will use the student version. The students rated the frequency they have shown in their behaviors in the past 12 months. A 5-point Likert scale 1= Strongly Agreed (SA), 2= Agreed (A), 3= Neutral (N) 4= Disagreed (D) and 5= Strongly Disagreed (SD).

III. RESULTS

Demographic Differences in Sexual Behavior among secondary school students.

This section sought to establish demographic differences that were observed on the respondents. The data collected, was compiled, analyzed and the findings presented as shown.

Gender Differences in Sexual Behavior

The study targeted to examine responses and gender distribution relating to different measures of teenagers sexual

behaviors. The table below shows the mean differences in sexual knowledge, sexual interest, sexual risk behavior and sexual discomfort terms of male and female students.

Table 2: Gender of Respondents

Gender		Sexual knowledge	Sexual Interest	Sexual Risk Behavior	Sexual Discomfort
Male	Mean	1.6467	1.6578	1.5200	1.4914
	N	75	75	75	75
	Std. Deviation	.25697	.31467	.38134	.34053
Female	Mean	1.6327	1.6348	1.5013	1.4938
	N	265	265	265	265
	Std. Deviation	.27771	.34844	.40370	.35733
Total	Mean	1.6358	1.6399	1.5055	1.4933
	N	340	340	340	340
	Std. Deviation	.27297	.34096	.39840	.35320

The findings show that there are extremely slight variation in the means of the scores where men seemed to score slightly higher than women in sexual knowledge, sexual interest, and sexual risk behavior. Findings showed that both male and female respondents had an equal mean of 1.6. Regarding their sexual knowledge and sexual interest. In addition, regarding to sexual risk behaviors, both male and female respondents have a mean of 1.5 each. Lastly the mean for sexual discomfort for each gender was 1.4. This means that both male and female had similar perceptions reading the variant sexual behaviors. Similar deviations from the mean were recorded sexual knowledge recording a deviation of 0.2 by both gender, sexual interest, sexual risk behavior and sexual discomfort had 0.3. Women scored higher than, men on sexual discomfort with a mean of 1.4933 for women and 1.4914 for male students. An independent t-test was conducted to test for significance.

Table 3: Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Sexual Knowledge	Equal variances assumed	2.365	.125	.391	338	.696	.01396	.03575	-.05635	.08428
	Equal variances not assumed			.408	127.113	.684	.01396	.03423	-.05377	.08169
Sexual Interest	Equal variances assumed	2.264	.133	.515	338	.607	.02298	.04464	-.06484	.11079
	Equal variances not assumed			.545	129.885	.587	.02298	.04217	-.06045	.10641

Sexual Risk Behavior	Equal variances assumed	1.286	.258	.357	338	.721	.01865	.05217	-.08398	.12128
	Equal variances not assumed			.369	124.868	.713	.01865	.05054	-.08137	.11867
Sexual Discomfort	Equal variances assumed	.230	.632	-	338	.959	-.00237	.04626	-.09337	.08863
	Equal variances not assumed			-	123.934	.958	-.00237	.04503	-.09151	.08676

The findings from table 3 showed a p-value of .696 for sexual knowledge, sexual interest had p-value of .607, sexual risk behavior had .721 and sexual discomfort had .959. The group means were not statistically significant since the p-values were above .05. Therefore the study established that gender had no significant influence on the sexual behaviors of students. The difference in mean established would have happened due to chance. Muhammad et al. (2017) contended that sexual intentions among the youth varied across the gender owing to different levels of Cohesion among male and female youth. Findings revealed that male youth experienced considerably low levels of parental monitoring, minimal parental care and communication on sexual issues while family Cohesion was extremely low. The situation for

the female youth exhibited immense contrast. Family Cohesion was quite high for the female gender. However no difference was established on the students based on their gender. A National Survey on Sexual Health and Behaviour (NSSHB) 2009 involving more than 800 teenagers, revealed that both male and female students 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 increased condom use.

Age Differences in Sexual Behavior

The researcher sought to establish the age differences in the students in relation to sexual behavior. The findings are shown in Table 4.

Table 4: Age Differences in Sexual Behavior

Age		Sexual knowledge	Sexual Interest	Sexual Risk Behavior	Sexual Discomfort
13-14 years	Mean	1.6714	1.7333	1.5837	1.6204
	N	35	35	35	35
	Std. Deviation	.30648	.44461	.42061	.44633
15-16 years	Mean	1.6275	1.5657	1.4967	1.4734
	N	153	153	153	153
	Std. Deviation	.25846	.30915	.38954	.30414
17-18 Years	Mean	1.6462	1.7195	1.5141	1.4965
	N	122	122	122	122
	Std. Deviation	.30043	.35747	.41908	.40457
19-20 years	Mean	1.5595	1.6032	1.4388	1.4592
	N	14	14	14	14
	Std. Deviation	.24985	.16717	.33836	.16024
Above 20 years	Mean	1.6667	1.6111	1.6071	1.2857
	N	12	12	12	12
	Std. Deviation	.21320	.26591	.42694	.23592
Total	Mean	1.6374	1.6422	1.5136	1.4898
	N	336	336	336	336
	Std. Deviation	.27719	.34468	.40232	.35719

Relating to the age differences and sexual behaviors of the respondents, the study established a mean of 1.6 for 13 to 18 years. The mean for the students aged 19-20 was 1.5 while the mean for age 20 and above was 1.6. Regarding sexual interests, the study established variations in the means of the students. This shows that different age brackets of the students have different sexual interests. On sexual risk

behavior, the study established a mean of 1.5 for student between the ages 13-14 years and 17-18 years. The mean age for respondents aged 15-16 years was 1.4 while those above 20 years was 1.6 years. The mean of the responses across the variant factors of variables of concern had slight variability in terms of the mean with sexual knowledge (Mean=.27719), sexual interest (Mean=.34468) Sexual Risk Behavior

(Mean=.40232) and Sexual Discomfort (Mean=.35719). The findings are in tandem with past researches which have established related behaviors. It was established that 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). This shows that the sexual behaviors and

interests among the youths are increasing year in year out. American teenagers proceed from high school; more than 60 per cent have had sexual intercourse. Even though teenagers' current tendencies in sexual health usually are optimistic, for instance, later age at first sex, greater contraceptive consumption, and sexual engagement among teenagers remain to increase significant health anxieties (National Center for Health Statistics 2010). ANNOVA test was conducted to test for significance.

Table 5: ANOVA Test for Significance in Age Differences

		Sum of Squares	df	Mean Square	F	Sig.
Sexual Knowledge	Between Groups	.160	4	.040	.518	.722
	Within Groups	25.580	331	.077		
	Total	25.740	335			
Sexual Interest	Between Groups	1.947	4	.487	4.257	.002
	Within Groups	37.852	331	.114		
	Total	39.799	335			
Sexual Risk Behavior	Between Groups	.399	4	.100	.613	.653
	Within Groups	53.825	331	.163		
	Total	54.224	335			
Sexual Discomfort	Between Groups	1.157	4	.289	2.302	.058
	Within Groups	41.584	331	.126		
	Total	42.741	335			

Table 5 shows an F-statistics of .518 with a corresponding sig value of .722. Therefore there is no significant difference between the age of the students and their sexual knowledge. Sexual interest had an F-Statistic of 4.257 with a corresponding sig-value of .002 which is below .05. Based on the results therefore age has a significant influence on the sexual interests of students. Additionally on age and sexual risk behavior, the findings established an F-test statistic of .316 with a corresponding p-value of .653. The means of the two groups were different therefore age does not influence the sexual risk behavior patterns of among the students. Similar findings were established for age and sexual discomfort.

The study sought to establish if there was any significant difference in the means of sexual knowledge, sexual interest, sexual risk behavior and sexual discomfort among different age sets of students. From the findings, the study found out that there was a statistically significant difference between age, sexual interest and sexual discomfort among the students.

School Differences in Sexual Behavior

The study established the differences in sexual behaviors for students in relation to the type of school. Findings were shown in the table 6.

Table 6: Type of School Differences in Sexual Behavior

		Sexual knowledge	Sexual Interest	Sexual Risk Behavior	Sexual Discomfort
Public Schools	Mean	1.6049	1.4815	1.4603	1.5556
	N	27	27	27	27
	Std. Deviation	.22715	.27390	.32512	.30261
Girls School	Mean	1.6351	1.6384	1.5014	1.4865
	N	259	259	259	259
	Std. Deviation	.28068	.33939	.40433	.35245
Boys School	Mean	1.7308	1.7863	1.6923	1.4725

	N	39	39	39	39
	Std. Deviation	.25252	.34331	.41655	.40293
Mixed Boarding	Mean	1.6212	1.7475	1.5195	1.5519
	N	22	22	22	22
Mixed Day	Std. Deviation	.31782	.43936	.43765	.45453
	Mean	1.5476	1.5397	1.3673	1.3265
Total	N	7	7	7	7
	Std. Deviation	.12599	.19698	.21598	.22908
Total	Mean	1.6408	1.6475	1.5178	1.4911
	N	354	354	354	354
	Std. Deviation	.27520	.34597	.40299	.35963

The findings from the above table regarding established a mean of 1.6 public schools, girls schools, and mixed boarding. Boys and mixed day schools have variant means of 1.7 and 1.5 respectively for sexual knowledge. Regarding the sexual interests of the students, students in boy's schools and mixed boarding had higher affinity as compared to students from other schools types. Sexual risk behavior was shown to higher in boy's school as well. The study also established that students in public schools and mixed boarding portrayed

a higher sexual discomfort. The study therefore showed a higher mean in boys schools compared to other school types (Mean=1.7308). Students in mixed day schools had the lowest mean of 1.5476. Regarding sexual interests of the respondents, the findings also revealed a higher mean in boy's school than in other school categories. Sexual risk behavior also had a higher mean in the same school category compared to other schools.

Table 7: ANOVA Test for Significance in Type of School Differences in Sexual Behavior

		Sum of Squares	df	Mean Square	F	Sig.
Sexual Knowledge	Between Groups	.428	4	.107	1.419	.227
	Within Groups	26.307	349	.075		
	Total	26.735	353			
Sexual Interest	Between Groups	1.819	4	.455	3.925	.004
	Within Groups	40.434	349	.116		
	Total	42.253	353			
Sexual Risk Behavior	Between Groups	1.505	4	.376	2.353	.054
	Within Groups	55.822	349	.160		
	Total	57.327	353			
Sexual Discomfort	Between Groups	.402	4	.101	.775	.542
	Within Groups	45.254	349	.130		
	Total	45.656	353			

Additionally the study sought to establish the relationship between the type of school attended by students and student sexual behaviors. Findings from table 9 showed an F-statistic of 3.925 and a p-value of .004 regarding to the student sexual interests. This was below the .05, therefore the study concluded that the type of school in which the students study have a significant influence on the sexual interest of the student. On the other hand the study established an F-statistic of 1.419 with a corresponding of .227 which was above .05 therefore the type of school had no significant on sexual knowledge. Sexual risk behavior and sexual discomfort had F-statistic of 2.353 and .775 with corresponding p-values

above the .05. Therefore schools type had no significant influence on sexual risk behavior and sexual discomfort among the students. The study established a statistical significant relationship between the school type, sexual interest and sexual risk behavior. The type of school had a statistically insignificant relationship with sexual knowledge and sexual discomfort.

Religious Differences in Sexual Behavior

The question sought to establish the relationship between religious orientation of the students and their sexual behaviors. The findings were as shown below,

Religion		Sexual knowledge	Sexual Interest	Sexual Risk Behavior	Sexual Discomfort
Catholic	Mean	1.6170	1.6149	1.5213	1.4776
	N	131	131	131	131
	Std. Deviation	.27711	.35198	.39140	.36043
Protestant	Mean	1.6574	1.6648	1.5119	1.4921
	N	180	180	180	180
	Std. Deviation	.27447	.34150	.41046	.36059
Muslim	Mean	1.6250	1.6944	1.3929	1.7500
	N	4	4	4	4
	Std. Deviation	.25000	.50000	.50000	.35714
Total	Mean	1.6402	1.6444	1.5143	1.4893
	N	315	315	315	315
	Std. Deviation	.27519	.34756	.40258	.36063

The mean sexual knowledge across all religions was almost equal with slight deviations. This shows that students across all the churches have sexual knowledge. Additionally sexual interest across catholic protestant and Muslim religions was

almost related with an average mean of 1.6. Sexual risk behavior was low among Protestants while sexual discomfort was high among protestant than any other form of religion.

Table 9: ANOVA Test for Significance in Religion Differences

		Sum of Squares	df	Mean Square	F	Sig.
Sexual Knowledge	Between Groups	.124	2	.062	.821	.441
	Within Groups	23.655	312	.076		
	Total	23.780	314			
Sexual Interest	Between Groups	.199	2	.099	.822	.440
	Within Groups	37.732	312	.121		
	Total	37.931	314			
Sexual Risk Behavior	Between Groups	.066	2	.033	.204	.816
	Within Groups	50.823	312	.163		
	Total	50.890	314			
Sexual Discomfort	Between Groups	.291	2	.146	1.120	.328
	Within Groups	40.546	312	.130		
	Total	40.837	314			

Regarding the relationship between religious affiliation of the students and sexual behaviors, the study established an F-statistic of .821 for sexual knowledge, .822 for sexual interests, .204 for sexual risk behavior and 1.1120 for sexual discomfort. The correspondent p-values were above the .05. The study therefore concluded that religious orientation of the students had an insignificant statistical relationship with

sexual knowledge, sexual interest, sexual risk behavior and sexual discomfort.

Class Differences in Sexual Behavior

The study sought to determine differences in sexual behavior according to the class of the students.

Table 10: Class Differences in Sexual Behaviour

Which form are you in		Sexual knowledge	Sexual Interest	Sexual Risk Behavior	Sexual Discomfort
Form 1	Mean	1.6755	1.6529	1.5702	1.4855
	N	113	113	113	113
	Std. Deviation	.25958	.35235	.40653	.36046
Form 2	Mean	1.5954	1.5942	1.4979	1.4803
	N	138	138	138	138
	Std. Deviation	.29793	.33740	.39708	.35371
Form 3	Mean	1.6368	1.6799	1.4350	1.4542
	N	67	67	67	67
	Std. Deviation	.25611	.28263	.37913	.32226
Form 4	Mean	1.7440	1.7540	1.5102	1.6173
	N	28	28	28	28
	Std. Deviation	.19501	.40386	.42668	.38696
Total	Mean	1.6416	1.6429	1.5103	1.4880
	N	346	346	346	346
	Std. Deviation	.27337	.34030	.40044	.35363

Regarding sexual knowledge, form three students had a higher mean (1.744) compared to students from any other classes. Sexual interest of form three students had a higher mean (1.7540) also the finding also established that form one

have a higher affinity (1.5702) in relation to sexual Risk behaviors while form 2 had the lowest mean. The mean sexual discomfort was also higher on form three students than that of other classes.

Table 11: ANOVA Test for Significance in Class Differences in Sexual Behavior

		Sum of Squares	df	Mean Square	F	Sig.
Sexual Knowledge	Between Groups	.720	3	.240	3.274	.021
	Within Groups	25.063	342	.073		
	Total	25.783	345			
Sexual Interest	Between Groups	.776	3	.259	2.258	.082
	Within Groups	39.177	342	.115		
	Total	39.953	345			
Sexual Risk Behavior	Between Groups	.806	3	.269	1.686	.170
	Within Groups	54.514	342	.159		
	Total	55.320	345			
Sexual Discomfort	Between Groups	.554	3	.185	1.483	.219
	Within Groups	42.590	342	.125		
	Total	43.144	345			

Based on the findings, the class of the student with an F-Statistic of 3.274 had a statistical significant relationship with sexual knowledge with a p-Value = .021 which is less than .05. The p values of sexual interest (sig-Value .082, F-Statistic 2.258), Sexual Risk Behavior (Sig-Value .170, F-Statistic=1.686) and sexual discomfort (Sig Value .216 and F-statistic 1.483) were above the .05. The study therefore concluded that there was a no statistical significance between

the mean of the form in which a student is and the above factors.

Correlation between Family Cohesion and Teenage Sexual Behavior

The study sought to find out the correlation between family cohesion and teenage sexual behavior.

Table 1: Family Cohesion and teenage Sexual behavior

		Cohesion	Sexual Knowledge	Sexual Interest	Sexual Risk Behavior	Sexual Discomfort
Cohesion	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	357				
Sexual Knowledge	Pearson Correlation	.200**	1			
	Sig. (2-tailed)	.000				
	N	357	360			
Sexual Interest	Pearson Correlation	.135*	.794**	1		
	Sig. (2-tailed)	.011	.000			
	N	357	360	360		
Sexual Risk Behavior	Pearson Correlation	-.052	.648**	.643**	1	
	Sig. (2-tailed)	.329	.000	.000		
	N	357	360	360	360	
Sexual Discomfort	Pearson Correlation	.095	.300**	.443**	.075	1
	Sig. (2-tailed)	.072	.000	.000	.157	
	N	357	360	360	360	360
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						

This section set to establish the linear relationship between family cohesion and teenage sexual behavior using a stepwise correlation. Family cohesion had a positive correlation with sexual knowledge at $r=.200$; $p\text{-value}= .000$. Therefore an increase in family cohesion has a corresponding positive influence on the student sexual knowledge. The higher the cohesion the greater the sexual knowledge. Family cohesion on the other hand had a positive and significant correlation with sexual interests ($r=0.135$; $p= 0.11$). An increase in family cohesion would lead to a corresponding increase in sexual interest among teenagers. Family cohesion had an inverse relationship with the sexual risk behavior. An increase in the cohesion reduces the risk behavior factors. Supported by a Pearson correlation coefficient of $-.052$ and a sig value of $.357$. However, the relationship was not significant. Family cohesion on the other hand had a positive relationship with sexual risk behavior and sexual discomfort. However the relationship were not significant.

IV. DISCUSSION

Other studies across the globe have reported varying results on sexual behavior and family cohesion and related factors. Gervais and Jose (2020) conducted a study in New Zealand to establish whether family Cohesion had implications on adolescent well-being and how it influenced their behavior, positive and negative. The study assumed a longitudinal approach and sought to establish how family cohesion affected adolescents psychologically, socially and physically.

Negative behavior was perceived as the tendencies among the adolescents to engage in self-harm activities, body satisfaction and substance abuse. The study's population sample size consisted of 1774 adolescents who completed a self- reported survey thrice in a year under equal intervals. The study further used longitudinal mediation path models to test whether maladaptive and adaptive coping strategies were sufficient mediators between family cohesion and the wellbeing of the adolescents. Gervais and Jose (2020) found out that family cohesion predicted greater levels of adaptive coping which was an indicator of good health. Nevertheless, family cohesion predicted lower maladaptive coping whose implication was high level of positive health outcomes. In a nutshell, the study showed that family cohesion heightened the adaptive coping strategies while it attenuated maladaptive coping strategies among adolescents. The study sufficiently speaks to the essence of family cohesion in the family and its implications on adolescent behaviors. A similar hypothesis weighs in when discussing sexual behavior among secondary school students. While the study took place in an interval of three, this study will only be conducted once and it will feature a much smaller sample size. Besides, the present study will delve more so on teenage sexual behavior as a negative implication of poor family cohesion.

Adair (2006) did a study on the efficacy of sexual violence prevention programs. This research aimed to provide a review of the literature related to sexual violence prevention programs' effectiveness. The review showed many

prevention programs yet few that have been formally evaluated and little empirical evidence to show that these programs' knowledge leads to prevention. This review highlighted criteria that are essential for prevention programs, recommendations for future programmatic directions and research, and implications for school personnel are presented. Adair's study was purely conceptual; data was not collected empirically and statistically investigated. The current study will be empirical; following a mixed methodology, field data collection, data analysis, and data presentation.

Foster et al. (2017), postulate that family Cohesion considerably attenuates the changes of the youth engaging in delinquent behaviors. The researchers conducted a study among 224 youth to establish whether Cohesion with social institutions from the family to school and community could be used as an intervention for negative behavior. The study was inclined towards assessing the implications of Cohesion in areas where the youth were particularly socially vulnerable. These were in low income areas. Through regression analysis, the researchers established that youth who felt more connected to their families and other social institutions exhibited low levels of negative emotional and behavioral conduct. Youth who felt connected exhibited low levels of depression, sexual activity and social anxiety. The study concluded that family and school Cohesion formed a significant buffer against the trajectory of youth engaging in risky behavior. This study affirms the essence of family Cohesion on influencing risky behaviors among youth. While this study look at Cohesion in School, family and community, the present study will be entirely oriented towards family connectedness. Unlike this study, which delved into the implications of Cohesion on mental health issues such as depression and self-esteem, the present study will be entirely fixated on sexual behaviors among the youth.

Ko et al., (2007) studied the factors predictive for incidence and remission of internet addiction in young adolescents. The purpose of this study was to determine the incidence and remission rates for Internet addiction and the associated predictive factors in young adolescents over a 1-year follow-up. Five hundred seventeen students (267 male and 250 female) were sampled from three junior high schools in southern Taiwan. The factors examined included gender, personality, mental health, self-esteem, family function, life satisfaction, and Internet activities. The result revealed that the 1-year incidence and remission rates for Internet addiction were 7.5% and 49.5% respectively. High exploratory excitability, low reward dependence, low self-esteem, low family function, and online game playing predicted the emergence of Internet addiction.

Further, low hostility and low interpersonal sensitivity predicted remission of Internet addiction. The study recommended that predictive incidence and remission of Internet addiction identified in this study could prevent and promote Internet addiction in adolescents. Although this

study discussed the family functioning to internet addiction and consequently sexual behavior, it did not detail the effect of family functioning (parents and teachers role in sexual education, the family breakups/ separation of father and mother and religious education on sexuality factors). The current study will explore these real family issues as linked to sexual behavior.

Muhammad et al. (2017) contended that sexual intentions among the youth varied across the gender owing to different levels of Cohesion among male and female youth. The researchers based their study on 422 males and 566 females both genders aged between 18 and 22. The study was aimed at assessing the influence of autonomy from parents in engaging in premarital sex in Malaysia. According to Muhammad et al. (2017), the male youth experienced considerably low levels of parental monitoring, minimal parental care and communication on sexual issues while family Cohesion was extremely low. The situation for the female youth exhibited immense contrast. Family Cohesion was quite high for the female gender. Analysis of the date showed that, the male youth were highly likely to engage in premarital intercourse compare to the feminine gender. In drawing their conclusion, Muhammad et al (2017), posit that, the difference in sexual intentions is owed to the influence of family connectedness, parental support and keen monitoring of the behavior of teenage females. This study is chiefly oriented towards comparing the chance of youth from either genders engaging in risky sexual behaviors. The study I am about to undertake will also include both male and female youth, however, the focus will not be on comparison of sexual tendencies from both parties. The study will generally seek to establish implications of family Cohesion on teen sexual behavior. This study also features a large sample compared to the study I am about to undertake. The study by Muhammad et al. (2017), is however, quite insightful on the disparity of teen sexual habits as a result of family connectedness.

Tolera et al. (2019), contend that teenagers tend to engage in risky sexual behavior when they attain their high school level of study. The cross-sectional study was conducted in Ethiopia's East Wollega area and featured a sample size of 324 students in high and preparatory schools. Data was collected from the sample using self-administered questionnaires while focus groups were used to support the quantitative data. The students were being assessed to determine the association of various factors that influenced teenage behavior and their engagement in risky sexual behavior. The research revealed that family connectedness, attitude towards sex, khat chewing and coercing into engaging in sex were the most predominant influencers of teen sexual behavior. Analysis of the data showed that peer influence, coercion from fellow youth and khat chewing stood out the most as vital influencers in the youngsters' sexual behavior pattern. Tolera et al. (2019), also found out that family Cohesion alongside religious activities were vital influencers of sexual behavior among the high school

students. Youth who were subjected to high levels of parental monitoring, intervention and high levels of family Cohesion exhibited low levels of risky sexual behavior. Subscription to religion had the same implication on the youth. This study aligns closely to the current study as it is based on an African case and the population .being studied is similar to that of the present study. However, whereas this study focused on generally delinquent behaviors amongst them sexual activities the current study will be entirely oriented towards sexual activity. Also, while this study used self-administered questionnaires and focus groups to obtain data from the population, the current study will collect data by questionnaires and interview guides administered to the students.

V. CONCLUSION

From these findings it can be concluded that healthy sexual behavior among teenagers could be achieved if attention is given to enhancement of how the entire family functions instead of blaming adolescent. The findings in this study show that sexual behavior among teenage is a product and reflection of the entire family health. The study may encourage adolescents to strive to engage in in-depth discussion with their elders pertaining sexual issues and interest hence shaping their perceptions and reducing the urge to engage in risky behavior out of curiosity. The inference gained from this research may further shape the nature of counselling psychology regarding adolescent delinquent behavior and family functioning. Counselling psychologists can assists families to work towards building cohesion as it has been deemed quite critical in determining the sexual behavior of teenagers.

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