

**INFLUENCE OF FAMILY LIFE KNOWLEDGE ON MARRIAGES IN MERU
COUNTY, KENYA**

AGNES KARAMBU MAIGALLO

**A Thesis Submitted to the Graduate School in Partial Fulfilment of the
Requirements for the Award of the Degree of Doctor of Philosophy in
Counseling Psychology of Chuka University**


CHUKA UNIVERSITY

SEPTEMBER, 2019

DECLARATION AND RECOMMENDATIONS

Declaration

This thesis is my original work and has not been presented for an award of a certificate, diploma or conferment of a degree in this or any other University.

Signature.....  Date..... 25/09/2019
Agnes Karambu Maigallo
ED16/14155/14

Recommendation

This thesis has been examined, passed and submitted with our approval as the University Supervisors.

Signature.....  Date..... 25/09/2019
Dr. Beatrice M. Mburugu
Chuka University

Signature.....  Date..... 25/09/2019
Prof. Adiel Magana
Chuka University

COPYRIGHT

©2019

All rights reserved. No part of this thesis may be reproduced or transmitted in any form or by means of mechanical, photocopy, recording or any information storage or retrieval systems, without prior approval in writing from the author or Chuka University.

DEDICATION

This thesis is dedicated to my beloved parents Mr Joseph Maigallo and Mrs Tryphosa Maigallo who are my role models of a satisfactory marital relationship. They were also my first educators on family life. They are invaluable gifts from God.

ACKNOWLEDGEMENT

First and foremost, may I thank the almighty God for giving me the mental and physical energy to do this thesis among other countless blessings. I am grateful to Chuka University for giving me an opportunity to pursue my studies. I appreciate my supervisors Dr. Beatrice Mburugu and Prof. Adiel Magana for continually and convincingly conveying a spirit of adventure in regard to scholarship and research. I would also want to appreciate Dr. Hillary Barchok who helped me conceptualize my irrational thoughts on family life education and marital satisfaction into a rational topic and researchable objectives. Special thanks go to my lady colleagues Prof. Colomba, Dr. Carol Mucece, Dr. Kawira Gitonga and Dr. Joyline Muchiri among others who ensured that they reminded me of scholarly discipline and were at hand to guide me. Dr. Carol Mucece, thank you for continually hosting me into your home and holding discussions on my research till wee hours of the night. May I thank Dr. Peter Kimathi, Dr. John Kamoyo, Dr. Dickson Nkonge and Prof. John Kobia for being at hand to help me achieve the objectives of this study. May I also thank Dr. Moses Muraya, Dr. Lemmy Muriuki and Dr. Michael Goodman for demystifying to me statistics.

My other colleagues at Chuka University Main and Igembe Campuses especially Eric Gitonga who made sure I had a functional computer to do this thesis, thank you very much for supporting me when I felt it was impossible to complete this thesis, you gave me the motivation to continue. I also thank National Council for Science, Technology and Innovations and the County Commissioner, Meru County for allowing me to collect data in Meru County. I appreciate my respondents led by Assistant Chief of Abodii sub-location, Fredrick Mwenda, for their cooperation and honest responses which are the backbone of this thesis. I acknowledge with reverence my husband Mike O'Maera for social, emotional, spiritual and financial support he has given me during the course of my studies. I am also indebted to my sons Bryan Ngeera, Joseph Bundi and Domiciano Muchui for being patient and not complaining about my not being able to be fully present for them during the period of my studies.

Thank you very much for your support.

May God Bless you all

ABSTRACT

A satisfactory marriage is desirable but studies indicate that many people are dissatisfied in their marriages as reflected by broken families, single parent homes, violence in marriages and widespread misery in families. Various studies have given attention to marital satisfaction and they have found that couples with high levels of marital satisfaction have higher levels of life satisfaction in general. Despite the attention that has been given marital satisfaction, there is prevalence in divorces and separations in Meru County as reflected in the 2009 population census. Studies indicate that more young people are experiencing instability in marriages than old people. There is limited information on why there are differences in marital satisfaction between the older and younger generations. Studies have established a link between Family Life Knowledge and marital satisfaction but little has been done on the influence of family life education on marital satisfaction. The objective of this study was to establish; the levels of marital satisfaction, the influence of content of Family Life Knowledge on marital satisfaction, differences in influence of sources of knowledge on family life on marital satisfaction and differences in the influence of age of delivery of Family Life Knowledge on marital satisfaction. The study adopted a mixed method research design. The target population of the study was 474,263 married people in Meru County from whom a sample of 384 respondents was drawn using multi-stage sampling. Data was collected from respondents using questionnaires, interviews schedules and Focus Group Discussions. The validity instruments were checked by faculty members and other experts in Psychology. The reliability of the instruments was done using split-half method. A reliability co-efficient of 0.89 was obtained indicating that the instrument was reliable. Data was analysed using Statistical Package for Social Science for both descriptive and inferential statistics. Descriptive statistics included percentages and medians while inferential statistics include t-tests, ANOVA and Chi-square. Qualitative data was thematically analysed. There were statistically significant differences ($p < 0.001$) in marital satisfaction among married. This was attributed to differences in the content among the age groups with the three older age groups having a curriculum on family life education, while the youngest age groups did not have a curriculum. There were significant differences ($p < 0.001$) in the influence of sources of Family Life Knowledge on marital satisfaction. Peers, school teachers, parents and sponsors at initiation were the most influential sources of Family Life Knowledge. Statistically significant differences ($p < 0.001$) were observed with respect to age of delivery of knowledge of family life among married people. Most of the married people in Meru County got Family Life Knowledge at the age of 11-20 years. It was also observed that there were statistically significant differences ($p < 0.001$) in the influence of age of delivery of Family Life Knowledge on marital satisfaction. The information obtained from this study is expected to benefit counseling psychologist, sexologists, family therapists, sex therapists, parents, married couples, religious leaders and educationists. The information from this study is also expected to guide policy formulators in formulating a family life education curriculum for schools that is tailored towards marital satisfaction.

TABLE OF CONTENTS

DECLARATION AND RECOMMENDATIONS	ii
COPYRIGHT	iii
DEDICATION.....	iv
ACKNOWLEDGEMENT.....	v
ABSTRACT.....	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xv
LIST OF FIGURES	xxi
ABBREVIATIONS AND ACRONYMS.....	xxii
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the Study	1
1.2 Statement of the Problem	6
1.3 General Objective.....	6
1.4 Specific Objectives of the Study	6
1.5 Research Question.....	7
1.6 Hypotheses	7
1.7 Significance of the Study	7
1.8 Scope of the Study.....	8
1.9 Assumptions of the Study	8
CHAPTER TWO: LITERATURE REVIEW.....	11
2.1 Concept of Family life education and Marital Satisfaction.....	11
2.2 Levels of Marital Satisfaction among Married People.....	15
2.3 Content of Family life education and Marital Satisfaction	17
2.4 Sources of Family life education and their Contribution to Marital Satisfaction	25
2.5 Age of Delivery of Family Life Knowledge and its Contribution to Marital Satisfaction.....	29
2.6 Theoretical Framework	32
2.6.1 Sternberg’s Triangular Theory of Love.....	33
2.6.2 The Social Interdependence Theory	33
2.7 Conceptual Framework	37

CHAPTER THREE: METHODOLOGY	38
3.1 Location of the Study	38
3.2 Research Design.....	38
3.3 Population of the Study	38
3.4 Sampling Procedures and Sample Size.....	39
3.5 Research Instruments	40
3.5.1 Questionnaires	40
3.5.2 Focus Group Discussions	41
3.5.3 Interview Schedule	41
3.6 Validity.....	41
3.7 Reliability.....	41
3.8 Data Collection Procedures	42
3.9 Data Analysis	42
3.10 Ethical Considerations.....	43
CHAPTER FOUR: RESULTS	45
4.1 Preliminary Results	45
4.1.1 Sex of the Respondents.....	45
4.1.2 Age Group of the Respondents.....	45
4.1.3 Level of Formal Education of the Respondents	45
4.1.4 Religious Affiliation of the Respondents	46
4.1.5 Rite of Initiation of the respondents	46
4.1.6 Duration in Marriage of the respondents.....	46
4.2 Differences in Levels of Marital Satisfaction among Married People in Meru County.....	47
4.2.1 Differences in Marital Satisfaction between Married Men and Women in Meru County.....	47
4.2.2 Differences in Marital Satisfaction among Married People based on Age Groups in Meru County	48
4.2.3 Comparison Marital Satisfaction among Married People of Different Levels of Formal Education in Meru County.....	49
4.2.4 Differences in Marital Satisfaction among Married People in Meru County of based on Religious Affiliations	49
4.2.5 Differences in Marital Satisfaction among Married People in Meru County based on Rite of Initiation	50

4.2.6 Differences in Marital Satisfaction among Married People in Meru County based on Duration in Marriage	51
4.3 Influence of Content of Family Life Knowledge on Marital Satisfaction of Married People in Meru County	52
4.3.1 Content of Knowledge on Human Development	52
4.3.2 Content of Knowledge on Human Relationships	55
4.3.3 Content of Knowledge on Life Skills	67
4.3.4 Content of Knowledge on Sexual Behaviour and Marital Satisfaction among Married People in Meru County	70
4.3.5 Content of Knowledge on Sexual Health and Marital Satisfaction among Married People in Meru County	74
4.4 Differences in Sources of Family Life Knowledge and Marital Satisfaction	82
4.4.1 Sources of Knowledge on Human Development	83
4.4.2 Comparison of Sources of Knowledge on Human Development.....	85
4.4.2.1 Comparisons Sources of Knowledge on Human Development based on Sex	85
4.4.2.2 Comparisons Sources of Knowledge on Human Development based on Age Group	85
4.4.2.3 Comparison of Sources of Knowledge on Human Development based on Level of Formal Education.....	87
4.4.2.4 Comparisons of Knowledge on Human Development based on Religious Affiliations	87
4.4.2.5 Comparisons Sources of Knowledge on Human Development based on Rite of Initiation	88
4.4.2.6 Comparisons in Sources of Knowledge on Human Development based on Duration in Marriage	88
4.4.3 Sources of Knowledge on Human Relationships and Marital Satisfaction.	89
4.4.4 Comparison of Sources of Knowledge on Human Relationships and Marital Satisfaction among Married People in Meru County	91
4.4.4.1 Comparison of Sources of Knowledge on Human Relationships between Sexes	91
4.4.4.2 Comparison of Sources of Knowledge on Human Relationships based on Age Groups	91
4.4.4.3 Comparison of Sources of Knowledge on Human Relationships among Different Levels of Formal Education.....	93
4.4.4.4 Comparison of Sources of Knowledge on Human Relationships among Respondents of Different Religious Affiliations	95
4.4.4.5 Comparison of Sources of Knowledge on Human Relationships Based on Rite of Initiation	95

4.4.4.6 Comparison of Sources of Knowledge on Human Relationships Based on Duration in Marriage	96
4.4.5 Sources of Knowledge on Life Skills and Marital Satisfaction.....	96
4.4.6 Comparison of Sources of Knowledge on Life Skills	98
4.4.6.1 Comparison of Sources of Knowledge on Life Skills based on Sex	98
4.4.6.2 Comparison of Sources of Knowledge on Life Skills based on Age Group	98
4.4.6.3 Comparison of Sources of Knowledge on Life Skills based on Level of Formal Educations	100
4.4.6.4 Comparison of Sources of Knowledge on Life Skills based on Religious Affiliations	101
4.4.6.5 Comparison of Sources of Knowledge on Life Skills based on Rite of Initiation	103
4.4.6.6 Comparison of Sources of Knowledge on Life Skills among Married People in Meru County based on Length in Marriage	103
4.4.7 Sources of Knowledge on Sexual Behaviour among Married People in Meru County.....	104
4.4.8 Comparison of Sources of Knowledge on Sexual Behaviour among Married People in Meru County.....	106
4.4.8.1 Comparison of Sources of Knowledge on Sexual Behaviour based on Sex	106
4.4.8.2 Comparison of Sources of Knowledge on Sexual Behaviour Based on Age Group	106
4.4.8.3 Comparison of Sources of Knowledge on Sexual Behaviour Based on Level of Formal Education	107
4.4.8.4 Comparison of Sources of Knowledge on Sexual Behaviour Based on Religious Affiliations	108
4.4.8.5 Comparison of Sources of Knowledge on Sexual Behaviour Based on Rite of Initiation.....	109
4.4.8.6 Comparison of Sources of Knowledge on Sexual Behaviour Based on Duration in Marriage	109
4.4.9 Sources of Knowledge on Sexual Health	110
4.4.10 Comparison of Sources of Knowledge on Sexual Health	112
4.4.10.1 Comparison of Sources of Knowledge on Sexual Health among Married People in Meru County Based on Sex	112
4.4.10.2 Comparison of Sources of Knowledge on Sexual Health Based on Age Group	113
4.4.10.3 Comparison of Sources of Knowledge on Sexual Health Based on Level of Formal Education.....	113

4.4.10.4 Comparison of Sources of Knowledge on Sexual Health Based on Religious Affiliations	115
4.4.10.5 Comparison of Sources of Knowledge on Sexual Health Based on Rite of Initiation	116
4.4.9.6 Comparisons of Sources of Knowledge on Sexual Health based on Length in Marriage	117
4.4.11 Comparison of Influence of Sources of Knowledge on Family Life on Marital Satisfaction	117
4.4.11.1 Influence of Sources of Family Life Knowledge on Marital Satisfaction Based on Sex.....	117
4.4.11.2 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Age Group	118
4.4.11.3 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Level of Formal Education	118
4.4.11.4 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Religious Affiliations	118
4.4.11.5 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Rite of Initiation.....	119
4.4.11.6 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on the Duration in the marriage	119
4.5 Differences in Age of Delivery of Family Life Knowledge among Married People in Meru County.....	119
4.5.1 Age of Delivery of Knowledge on Human Development	119
4.5.2 Comparisons of Age of Delivery of Knowledge on Human Development County	121
4.5.2.1 Comparisons of Age of Delivery of Knowledge on Human Development based on Sex	121
4.5.2.2 Comparisons of Age of Delivery of Knowledge on Human Development County based on Age Group.....	121
4.5.2.3 Comparisons of Age of Delivery of Knowledge on Human Development based on Level of Formal Education	123
4.5.2.4 Comparisons of Age of Delivery of Knowledge on Human Development Based on Religious Affiliations	124
4.5.2.5 Comparisons of Age of Delivery of Knowledge on Human Development based on Rite of Initiation.....	125
4.5.2.6 Comparisons of Age of Delivery of Knowledge on Human Development Based Duration in Marriage.....	126
4.5.3 Age of Delivery of Knowledge on Human Relationships among Married People in Meru County.....	127
4.5.4 Comparisons of Age of Delivery of Knowledge on Human Relationships	129

4.5.4.1 Comparison of Age of Delivery of Knowledge on Human Relationships Based on Sex	129
4.5.4.2 Comparison of Age of Delivery of Knowledge on Human Relationships based on Age Group	129
4.5.4.3 Comparison of Age of Delivery of Knowledge on Human Relationships based on Level of Formal Education.....	131
4.5.4.4 Comparison of Age of Delivery of Knowledge on Human Relationships County based on Religious Affiliations.....	133
4.5.4.5 Comparison of Age of Delivery of Knowledge on Human Relationships based on Rite of Initiation	135
4.5.4.6 Comparison of Age of Delivery of Knowledge on Human Relationships based on Duration in Marriage	135
4.5.5 Age of Delivery of Knowledge on Life Skills among married people in Meru County.....	137
4.5.6 Comparison of Age of Delivery of Knowledge on Life Skills among Married People in Meru County.....	139
4.5.6.1 Comparison of Age of Delivery of Knowledge on Life Skills Based on Sex	139
4.5.6.2 Comparison of Age of Delivery of Knowledge on Life Skills based on Age Group	139
4.5.6.3 Comparison of Age of Delivery of Knowledge on Life Skills based on Level of Formal Education.....	141
4.5.6.4 Comparison of Age of Delivery of Knowledge on Life Skills based on Religious Affiliations	142
4.5.6.5 Comparison of Age of Delivery of Knowledge on Life Skills based on Rite of Initiation	144
4.5.6.6 Comparison of Age of Delivery of Knowledge on Life Skills based on Duration in Marriage.....	144
4.5.7 Age of Delivery of Knowledge on Sexual Behaviour among Married People in Meru County.....	145
4.5.8 Comparison of Age of Delivery of Knowledge on Sexual Behaviour among Married People in Meru County.....	147
4.5.8.1 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Sex	147
4.5.8.2 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Age Group	147
4.5.8.3 Comparison of Age of Delivery of Knowledge on Sexual Behaviour Based on Level of Formal Education	148
4.5.8.4 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Religious Affiliations	150

4.5.8.5 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Rite of initiation.....	150
4.5.8.6 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Duration in Marriage	150
4.5.9 Age of Delivery of Knowledge on Sexual Health among Married People in Meru County.....	151
4.5.10 Comparison of Age of Delivery of Knowledge on Sexual Health among Married People in Meru County.....	153
4.5.10.1 Comparison of Age of Delivery of Knowledge on Sexual Health Based on Sex	153
4.5.10.2 Comparison of Age of Delivery of Knowledge on Sexual Health Based on Age Group	153
4.5.10.3 Comparison of Age of Delivery of Knowledge on Sexual Based on Level of Formal Education.....	155
4.5.10.4 Comparison of Age of Delivery of Knowledge on Sexual Health Based on Religious Affiliation.....	156
4.5.10.5 Comparison of Age of Delivery of Knowledge on Sexual Health Based on the Rite of Initiation.....	158
4.5.10.6 Comparison of Age of Delivery of Knowledge on Sexual Based on Duration in Marriage	159
4.5.11 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction of Married People in Meru County	160
4.5.11.1 Influence of Age of Delivery of Knowledge on Family Life on Marital Satisfaction based on Sex.....	161
4.5.11.2 Influence of Age of Delivery of Knowledge on Family Life on Marital Satisfaction based on Age Group.....	161
4.5.11.3 Influence of Age of Delivery of Knowledge on Family Life on Marital Satisfaction based on Level of Formal Education.....	162
4.5.11.4 Influence of Age of Delivery of Knowledge on Family Life on Marital Satisfaction based on Religious Affiliations.....	163
4.5.11.5 Influence of Age of Delivery of Knowledge on Family Life on Marital Satisfaction based on Rite of Initiation.....	163
4.5.11.6 Influence of Age of Delivery of Knowledge on Family Life on Marital Satisfaction based on Duration in Marriage.....	164
CHAPTER FIVE: DISCUSSION.....	165
5.1 Differences in Level of Marital Satisfaction among Married People in Meru County.....	165
5.2 Influence of Content of Family Life Knowledge on Marital Satisfaction of Married People in Meru County.....	170

5.3 Influence of Sources of Family Life Knowledge on Marital Satisfaction among Married People in Meru County	173
5.4 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction among Married People in Meru County	179
CHAPTER SIX: CONCUSSION AND RECOMMENDATIONS.....	183
6.1 Conclusion of the Findings	183
6.2 Recommendations	184
6.3 Suggestions for Further Research	184
REFERENCES.....	185
APPENDICES	199
Appendix 1: Consent Note	199
Appendix 2: Questionnaire for Married People.	200
Appendix 3: Focus Discussion Group Guide for Married People	213
Appendix 4: Interview Schedule for Marriage Counselors and Sexuality Educators	215
Appendix 5: Table for Determining Sample Size for a Finite Population	218
Appendix 6: County Commissioner’s Authorization Letter	219
Appendix 7: Authorization Letter from the County Education Office	220
Appendix 8: Authorization Letter from NACOSTI	221
Appendix 9: NACOSTI Research Permit	222

LIST OF TABLES

Table 1: Age Groups among the Ameru and their period of Circumcision.....	39
Table 2: Sample Size	40
Table 3: Percentages of Respondents with Respect to Age Group.....	45
Table 4: Percentage of Respondent with based on Level Formal Education	45
Table 5: Percentage of respondent with respect to religious affiliation.....	46
Table 6: Percentage of respondent with respect to rite of initiation	46
Table 7: Percentage of Respondents with Respect to Duration in Marriage	46
Table 8: Summary Statistics for the Status of Satisfaction in Marriages in Meru County	47
Table 9: Median Test showing Status of Intimacy, Passion and Commitment in Marriages Based on Sex	48
Table 10: Median of Intimacy, Passion and Commitment in Marriages Based on Age Group.....	48
Table 11: Report of Median Test showing Status of Intimacy, Passion and Commitment in Marriages Based on Level of Formal Education	49
Table 12: Median of Intimacy, Passion and Commitment in Marriages Based on Religious Affiliations.....	50
Table 13: Median Test of Intimacy, Passion and Commitment in Marriages Based on Rite of Initiation	51
Table 14: Median Test showing Status of Intimacy, Passion and Commitment in Marriages Based on Duration in the Marriage.....	51
Table 15: Sources of Knowledge on Human Sexual Development.....	84
Table 16: ANOVA Comparing Sources of Knowledge on Human Development based on Age Group	86
Table 17: Multiple Comparisons of Sources of Knowledge on Human Development Based on Age-group.....	86
Table 18: ANOVA Comparing Sources of Knowledge on Human Development based on Level of Formal Education.....	87
Table 19: ANOVA Comparing Sources of Knowledge on Human Development based on Religious Affiliations	87
Table 20: ANOVA Comparing Sources of Knowledge on Human Development based on Rite of Initiation	88
Table 21: ANOVA Comparing Sources of Knowledge on Human Development based on Duration in Marriage.....	88
Table 22: Multiple Comparisons of Sources of Knowledge on Human Development based on Length in Marriage.....	89
Table 23: Sources of Knowledge on Human Sexual Relationships	90

Table 24: ANOVA Comparing Sources of Knowledge on Human Relationships based on Age Groups	92
Table 25: Multiple Comparisons of Sources of Knowledge on Human Relationships among Respondents of Different Age Groups	92
Table 26: ANOVA Comparing Sources of Knowledge on Human Relationships based on Highest Levels of Schooling	93
Table 27: Multiple Comparisons of Sources of Knowledge on Human Relationships among Different Levels o of Schooling	94
Table 28: ANOVA Comparing Sources of Knowledge on Human Relationships based on Religious Affiliations	95
Table 29: ANOVA Comparison of Sources of Knowledge on Human Relationships Based on Rite of initiation.....	95
Table 30: ANOVA Comparing Sources of Knowledge on Human Relationships based on Duration Marriage.....	96
Table 31: Sources of Knowledge on Human Sexual Relationships.....	97
Table 32: ANOVA Comparing Sources of Knowledge on Life Skills based on Age Group.....	99
Table 33: Multiple Comparisons of Sources of Knowledge on Life Skills based on Age Group.....	99
Table 34: ANOVA Comparing Sources of Knowledge on Life Skills based on Level of Formal Education	100
Table 35: Multiple Comparisons of Sources of Knowledge on Life Skills based on Level of Formal Education	101
Table 36: ANOVA Comparing Sources of Knowledge on Life Skills based on Religious	102
Table 37: Multiple Comparisons of Sources of Knowledge on Life Skills Based on Religious Affiliations	102
Table 38: ANOVA Comparing Sources of Knowledge on Life Skills among Married People in Meru County based on Rite of Initiation	103
Table 39: ANOVA Comparing Sources of Knowledge on Life Skills based on Duration in Marriage.....	103
Table 40: Multiple Comparison of Sources of Knowledge on Life Skills based on Duration in Marriage.....	104
Table 41: Sources of Knowledge on Human Sexual Behavior.....	105
Table 42: ANOVA Comparing Sources of Knowledge on Sexual Behaviour based on Age Group.....	107
Table 43: ANOVA Comparing Sources of Knowledge on Sexual Behaviour Based on t Level of Formal Education	107
Table 44: Multiple Comparisons of Sources of Knowledge on Sexual Behaviour Based on Level of Formal Education.....	108

Table 45: ANOVA Comparing Sources of Knowledge on Sexual Behaviour Based on Religious Affiliations	109
Table 46: ANOVA Comparing Sources of Knowledge on Sexual Behaviour based on Rite of Initiation.....	109
Table 47: ANOVA Comparing Sources of Knowledge on Sexual Behaviour based on Duration in Marriage	109
Table 48: Sources of Knowledge on Human Sexual Health.....	111
Table 49: ANOVA Comparing Sources of Knowledge on Sexual Health Based on Age Group.....	113
Table 50: Comparison of Sources of Knowledge on Sexual Health Based on Level of Formal Education	113
Table 51: Multiple Comparisons of Sources of Knowledge on Sexual Health Based on Level of Formal Education.....	114
Table 52: ANOVA Comparing Sources of Knowledge on Sexual Health Based on Religious Affiliations	115
Table 53: Multiple Comparisons of Sources of Knowledge on Sexual Health based on Religion.....	116
Table 54: ANOVA Comparing Sources of Knowledge on Sexual Health Based on Rite of Initiation	116
Table 55: ANOVA Comparing Sources of Knowledge on Sexual Health based on Duration in Marriage.....	117
Table 56: Age of Delivery of Knowledge on Human Sexual Development	120
Table 57: ANOVA comparing of Age of Delivery of Knowledge on Human Development based on Age Group	122
Table 58: Multiple Comparisons of Age of Delivery of Knowledge on Human Development based on Age Group	122
Table 59: ANOVA Comparing Age of Delivery of Knowledge on Human Development based on Level of Formal Education.....	123
Table 60: Multiple Comparisons Age of Delivery of Knowledge on Human Development County Based on Level of Formal Education	124
Table 61: ANOVA Comparing of Age of Delivery of Knowledge on Human Development Based on Religious Affiliations	125
Table 62: ANOVA Comparing Age of Delivery of Knowledge on Human Development Based on Rite of Initiation.....	125
Table 63: Multiple Comparisons of Age of Delivery of Knowledge on Human Development Based on Rite of Initiation.....	126
Table 64: ANOVA Comparing of Age of Delivery of Knowledge on Human Development based on Duration Marriage	126
Table 65: Multiple Comparisons of Age of Delivery of Knowledge on Human Development based on Duration in Marriage	127

Table 66: Sources of Knowledge on Human Sexual Relationships	128
Table 67: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships Based on Age Group	130
Table 69: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Level of Formal Education	131
Table 70: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships based on Level of Formal Education	133
Table 71: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Religious Affiliations.....	134
Table 72: Multiple Comparisons Age of Delivery of Knowledge on Human Relationships based on Religious Affiliation	134
Table 73: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Rite of initiation	135
Table 74: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships Based on Rite of initiation.....	135
Table 75: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Duration in Marriage.....	136
Table 76: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships based on Duration in Marriage.....	136
Table 77: Sources of Knowledge on Human Sexual Relationships	138
Table 78: ANOVA Comparing of Age of Delivery of Life Skills based on Age Group	140
Table 79: Multiple Comparisons of Age of Delivery of Life Skills based on Age Group.....	140
Table 80: ANOVA Comparing Age of Delivery of Life Skills based on Level of Formal Education	141
Table 81: Multiple Comparisons of Age of Delivery of Life Skills based on Level of Formal Education	142
Table 82: ANOVA Comparing Age of Delivery of Life Skills based on Religious Affiliations.....	143
Table 83: Multiple Comparisons of Age of Delivery of Life Skills based on Religious Affiliations.....	143
Table 84: ANOVA Comparing Age of Delivery of Life Skills based on Rite of Initiation.....	144
Table 85: Multiple Comparisons o Age of Delivery of Life Skills based on Rite of Initiation.....	144
Table 86: ANOVA Comparison of Age of Delivery of Life Skills based on Duration in Marriage.....	145
Table 87: Age of Delivery of Knowledge on Human Sexual Behavior	146

Table 88: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Age Group.....	147
Table 89: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Level of Formal Education.....	148
Table 90: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Behaviour based on Level of Formal Education.....	149
Table 91: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Religious Affiliations	150
Table 92: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Rite of Initiation	150
Table 93: Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Duration in Marriage	151
Table 96: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Health Based on Age Group	154
Table 97: ANOVA Comparing Age of Delivery of Knowledge on Sexual Based on Level of Formal Education.....	155
Table 98: Multiple Comparison of Age of Delivery of Knowledge on Sexual Health Based on Level of Formal Education.....	156
Table 99: ANOVA Comparison of Age of Delivery of Knowledge on Sexual Health Based on Religious Affiliation.....	157
Table 100: Multiple Comparisons Age of Delivery of Knowledge on Sexual Health to Married People in Meru County Based on Religious Affiliation.....	158
Table 101: ANOVA Comparison of Age of Delivery of Knowledge on Sexual Health Based on the Rite of Initiation.....	158
Table 102: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Health Based on Rite of Initiation	159
Table 103: ANOVA Comparing Age of Delivery of Knowledge on Sexual Health based on Duration in Marriage.....	159
Table 104: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Health Based on Duration in Marriage	160
Table 105: Kruskal Wallis Test Comparing Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Sex.....	161
Table 106: Kruskal Wallis Test Comparing Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Age Group	162
Table 107: Kruskal Wallis Test Comparing Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Level of Formal Education.....	162
Table 108: Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Religious Affiliations	163

Table 109: Comparing Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Rite of Initiation	164
Table 110: Kruskal Wallis Test Comparing Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Duration in Marriage	164

LIST OF FIGURES

Figure 1: Sternberg's' Balanced Triangle of love.....	33
Figure 2: Association between Family Life Knowledge and Marital Satisfaction.....	37

ABBREVIATIONS AND ACRONYMS

Abbreviations

APA:	American Psychological Association
DIA:	Daily Interpretive Analysis
FGD:	Focus Group Discussion
HIV:	Human Immunodeficiency Virus
LSE:	Life Skills Education
RCC:	Roman Catholic Church
SPSS:	Statistical Package for Social Sciences
STD:	Sexually Transmitted Diseases
STI:	Sexually Transmitted Infections
UN:	United Nations
UNFPA:	United Nations Populations Fund
USA:	United States of America

Acronyms

AIDS:	Acquired Immuno-Deficiency Syndrome
ANOVA:	Analysis of Variance.
NACOSTI:	Nation Council for Science, Technology and Innovations
NAYA:	Network for Adolescents and Youth of Africa
SIECUS:	Sex Information and Education Council in the Unites States
UNESCO:	United Nations Education, Scientific and Cultural Organization
WHO:	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Studies indicate that there has been a retreat from marriage, sustained high levels of divorce and rapid acceleration in unmarried cohabitation since 1970 (Cherlin, 2004). This is due to dissatisfaction in marriages. A satisfactory marital relationship is healthy and desirable, but studies indicate that marital satisfaction cannot be easily achieved (Holman, 2002). This might be due to inappropriate knowledge of family life within the context in which the married people are living. Family life education is needed for healthy family functioning but little is known on how the Family Life Knowledge influences marital satisfaction of married people in Meru County.

Marital satisfaction is the perceived quality of interaction between couples that affects how couples feel about themselves, their spouses and their marriages in a subjective, situational and relatively constant manner (Canel, 2013). Canel prepared a marital satisfaction scale that this study used to establish the levels of satisfaction in marriages in Meru County. The harmony, which leads to satisfaction in marriage partly, depends on the way in which the complementarities, needs and mutual support between the sexes are lived out (LaHaye, 2005). The assertion by LaHaye led this study to view marital satisfaction from an interdependent perspective hence the study adopted the social interdependence theory. According to Brabury and Karney (2010) levels of happiness with the relationship between couples, their feelings about their own marriages, their perspective and perceptions about marriage in general determine the level of marital satisfaction. This study by Karney and Bradbury was done in the United States of America which has a different understanding of issues of marriages and family life from those in Meru County.

Love plays a significant role in maintaining a close interpersonal relationship between the spouses that are necessary for a satisfactory marital relationship. (Nympha & Guda, 2015). Sternberg (1986) presented a Triangular Theory of love whose elements are intimacy, passion and commitment. The presence of intimacy, passion and commitment leads to consummate love in marriage (Sternberg, 1986). Consummate love is necessary to achieve marital satisfaction. If there is incongruity among the

three components of consummate love in a marriage there is likely to be less satisfaction or no satisfaction (Tung, 2007). Where the three pillars of love combine into the perfect blend of intimacy passion and commitment; consummate love arises, (Kail & Cavanaugh, 2010). It is not properly understood how family life education has been used to enhance these components of consummate love.

Marital satisfaction is important for it leads to improved psychological and physical health, improved longevity, reduced feelings of loneliness, reduced suicide and decreased obliquity. Ondingi and Mugenda, (2011) found that marital happiness is the largest contributor of overall satisfaction for married individuals and it is strongly associated with physical and psychological well-being of the spouses. Ondingi and Mugenda studied the psychosocial determinants of the quality of life in Kenyan families. The findings that marital happiness contributes to marital satisfaction gave impetus to this study to establish the influence of family life knowledge on marital satisfaction.

A study by MacIver and Dimkpa (2012) found out that satisfactory marital relationships possess an abundance of certain aspects that unhealthy relationships do not. These aspects include, respect and submission to husband by the wife, effective communication, adherence to consensus, endurance by both spouses; timely cooking of delicious meals, regular and satisfying sexual intercourse as well as adequate provision of basic needs by husband. Unsatisfactory marital relationships that either lack these aspects or have deficits in certain parts are the ones that end in violence, separation and divorce (Maciver & Dimkpa, 2012). Maciver and Dimpka investigated the marital stability from the perception of literate spouses in Yenagoa Metropolis of Bayelsa State in Nigeria while this study is focused on both literate and illiterate people in Meru County of Kenya. Most of the issues Maciver and Dimka raised as causes of marital satisfaction could be addressed through recommended Family Life Knowledge.

Family life education is the practice of equipping and empowering family members to develop knowledge and skills that enhance well being and strengthen interpersonal relationships through an educational, preventing and strength based approach. This is

important for a satisfactory marriage. Knowledge on human sexuality is one of the content areas of family life education. Knowledge on human sexuality includes information, attitudes, beliefs and values a person has about identity, relationship and intimacy (www.parliament.uk, 2019). Family life education is expected to address the issues of personality, value formation, decision-making, peer and social pressures, affection and intimacy, body image, gender roles, communication strategies and various sexual behaviours (Kelly, 2006; United Kingdom, Department of Education, 2019). The recommendation by UK parliament and Kelly are done in the context of USA and UK which both have different cultural and psychosocial orientation from the Meru Context. The researcher therefore found it necessary to confirm the content of Family Life Knowledge among married people in Meru County and how the content influences marital satisfaction.

Family life education integrates knowledge from many different areas of inquiry such as biological, social, behavioural, sexual, financial, domestic and religious (SIECUS, 2004). This education is needed to help an individual develop a sense of unity of human sexuality and incorporate it into their lives to enable them relate well with themselves, their environment, their spouses and families in a balanced and cohesive way that leads to satisfaction in life (Dayton, 2010). These studies did not establish how this knowledge creates differences in marital satisfaction among married people hence this study set out to establish differences in the influence of family life knowledge on marital satisfaction among married people in Meru County.

Countries are increasingly acknowledging the importance of equipping young people with the knowledge and skills to make responsible choices in their lives, particularly in a context where they have greater exposure to sexually explicit material through the internet and other media (World Health Organization, 2019) Sex and relationship education in United Kingdom is designed to equip children and young people with the information, skills and values to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and well-being (United Kingdom, Department of Education, 2019). The focus of family life education in United Kingdom is on enjoyable relationship not specifically marital satisfaction. This study therefore intends to establish how family life education influences marital satisfaction.

According to Strasburger and Brown, (2014) Digital and social media were playing critical roles in provision of family life education at the societal level in the United States of America regardless of the country having a family life education guide and a family life education forum. Strasburger and Brown, (2014) noted that the digital and social media could be used as platforms for disseminating innovative, scientifically and medically sound models for family life education to diverse groups of adolescents including minority of adolescents. Khalif (2016) reported that family life education in Asia and Pacific is a controversial topic Opponents of family life education indicated that the proponents of family life education in Asia and Pacific were teaching children how to have sex thus undermining the institution of marriage. Proponents of family life education in Asia believed that not teaching children family life education did not mean they would not have sex. Evidence showed that the reverse was true. Not teaching children family life education meant they were more likely to engage in unsafe, unprotected sex. It also meant leaving the adolescents to enter the world of adulthood unprepared leading to consequences that may have affected their satisfaction in marriages.

Nigeria has strong and vocal religious forces that dictate morality, thus policy, and ultimately family life education instructions (Ogunfowokan & Fajemilehin, 2012). Egypt teaches family life education that focuses on knowledge about male and female reproductive systems, sex organs, conception and sexually transmitted infection. This is taught in public schools at the second and third years of middle preparatory phase. Other countries view family life education as just one of the many life skills that young people require (UNESCO & UNFPA, 2012). Nonetheless, it has not established whether there is any country that focuses implementation of family life education with that focuses on enhancing marital satisfaction.

In Kenya, there was a continuing debate on whether to teach family life and family life education in schools (Wanyonyi, 2014). Proponents of family life and family life education argue that young people do not receive the right education to help them manage their sexual desires according to the societal norms. According to Guttmacher Institute (2017), comprehensive family life and family life education is needed in Kenya to ensure health sexual and reproductive lives. Opponents to introduction of

family life education in schools argued that family life was a moral issue that should be handled by religion and family (Kavivya, 2003). The proponents and opponents of teaching family life and family life education were all focusing on the adolescent lives but did not consider the post adolescent lives especially as it was done in the Meru traditional society before the advent of colonialism and Christianity.

Family life Knowledge among the Meru was aimed at establishing satisfactory relationship between spouses. This knowledge was emphasized during the initiation period. Girls were taught by older women and boys were taught by older men while in seclusion. There was set content, method of delivery and an evaluation. However, in 1953 there was a ban on female circumcision and the *Gaaruu* system (a system where young men were put in seclusion and taught the position of a man in the family and society and how to relate with a wife) that led to the disintegration of the delivery of C. The school system did not offer an equivalent replacement of the family life education hence it is not clear the sources from which and the age at which married people in Meru County got family life knowledge and how they influenced their marital satisfaction.

Simultaneous with the change in family life education, was decline in marital satisfaction as manifested by increase in marital violence, an upsurge in cases relating to custody and maintenance of children and increase in divorce cases (Meru County Law, 2016). Data from Kenya National Bureau of Statistics indicated that there were a total of 567,990 divorced and separated people in Kenya as per the 2009 population census. Among these, Meru reported a total of 31,606 which was the third highest after Nairobi and Kiambu County. Within the county analysis, Meru County was leading in divorces with 2.4% divorced people accounting for the highest percentage of divorce within the country. These statistics point a challenge in marriages in Meru County which might be due to differences in the influence of family life knowledge on marital satisfactio.

Results from the Kenya National Bureau of Statistics were corroborated by Kithinji (2013) who established that many young people's marriages in Igoji community of Meru were ending in divorce while marriages of the older people were stable.

Whereas Kithinji attributed the differences in marital satisfaction to the impact of colonialism, this study attributed the differences in stability in marriages to differences in family life knowledge and marital satisfaction. Hence, this study set out to determine the influence of family life knowledge on marital satisfaction of married people in Meru County.

1.2 Statement of the Problem

Satisfaction in marriage is associated with lower levels of stress, improved levels of psychological and physical health, improved longevity and reduced feelings of loneliness. People who are satisfied in their marriages also have higher levels of life satisfaction. Family life knowledge is expected to help people learn how to relate in marriages. Satisfaction in marriages is expected to improve stability in marriages. A satisfactory marriage is recommended by many studies as the best environment for children to grow experiencing the love and support from parents. Despite the attention marital satisfaction has been given, there is prevalence in divorces and separation in Meru County as reflected in the 2009 National Population Census. During the 2009 National Population Census, Meru County reported a divorce and separation rate of 2.4% which was the highest in Kenya. This points out to problem in marital satisfaction in Meru County. Moreover, younger people have been experiencing more instability in marriages than older people. Most of the studies have linked marital dissatisfaction to socio-economic, political and religion factors. However, there is limited information on the influence of family life knowledge on marital satisfaction. This necessitated the study on the influence of family life knowledge on marital satisfaction of married people in Meru County.

1.3 General Objective

This study was to determine the influence of family life knowledge on marital satisfaction of married people in Meru County.

1.4 Specific Objectives of the Study

This study was guided by the following specific objectives:

- i. To establish differences in levels marital satisfaction among married people in Meru County.

- ii. To determine the influence of content of family life knowledge on marital satisfaction of married people in Meru County.
- iii. To determine the influence of sources of family life knowledge on marital satisfaction of married people in Meru County.
- iv. To determine the influence of age of delivery of family life knowledge on marital satisfaction of married people in Meru County.

1.5 Research Question

This research question helped the study achieve its objectives.

- i. How does the content of family life knowledge influence marital satisfaction among married people in Meru County?

1.6 Hypotheses

The following hypotheses were tested in the study:

H₀₁: There is no statistically significant difference in levels of marital satisfaction of married people in Meru County.

H₀₂: There is no statistically significant difference in the influence of sources of family life knowledge on marital satisfaction of married people in Meru County

H₀₃: There is no statistically significant difference in the influence of age of delivery of Family Life Knowledge on marital satisfaction of married people in Meru County

1.7 Significance of the Study

The study is likely to benefit counselling psychologists; marriage counselors and family counselors by helping them understand the influence of family life knowledge on marital satisfaction. The study is also likely to benefit parents; married couples, churches and religious leaders, who are most of the time family life educators, by helping them understand how family life knowledge can affect marital satisfaction. These groups may apply the knowledge in resolving day-to-day issues relating to family life ty and marriage. Educationists are also likely to benefit from the findings in that it may help them in resolve controversies relating to teaching of family life education in schools. The study may form a basis for further research.

1.8 Scope of the Study

This study was limited to family life knowledge and marital satisfaction. The study explored the content of family life knowledge, sources of family life knowledge and age of delivery of family life knowledge. Three indicators of consummate love, which are passion, intimacy and commitment were the only variables studied under marital satisfaction. The study only focused on married people of the *Ratanya*, *Lubetaa*, *Mung'atia*, *Guanta/Mburunga* and *Gichunge* age groups in Meru County. The study only studied married people in heterosexual relationships.

1.9 Assumptions of the Study

The study was based on the assumptions that:

- i. The respondents would be able to recollect the family life knowledge they received.
- ii. The respondents would give honest responses.

1.10 Operational Definition of Terms

The following terms have been used in this study and their operational definitions are as follows:

Consummate Love: Usually, consummate love refers to strong feelings of affection towards a person one is romantically or sexually attracted to; which is made complete by having sexual intercourse. In this study consummate love is used to refer to a marriage that incorporates passion, intimacy and commitment.

Commitment: A commitment is a promise to do something that takes up one's time because of the agreement a person has made or because of the responsibilities that one has. In the context of this study, commitment means totally dedicating oneself to a marriage partner and all the activities of the marriage.

Family: The term family refers to people related in one way or another. In this study family refers to a social group consisting of parents, their children and in-laws from both the father's side and the mother's side.

Influence: To have an influence on a person or situation generally means having an effect on a person's behaviour or situation. In this study the term influence has been used to refer to the capacity family life education being a compelling force on the opinions, actions and total behaviour of spouses in marriage.

Intimacy: Ordinarily, intimacy between two people refers to a very close personal relationship between the two people. Sometimes intimacy is used to refer to people having a sexual relationship. In this study, intimacy refers to the feeling of closeness and connectedness towards a marriage partner such that all psychological boundaries that inhibit the desire to share innermost thoughts with each other are removed.

Knowledge on Human Sexuality: Knowledge on human sexuality refers to information people have about sexual attraction and sexual relationship. In this study, knowledge on human sexuality refers to information on all aspects that make one a male or female. It is

incorporating the Biological, Psychological and Social aspects associated with being either male or female necessary to build relationships in a marriage.

Family Life Knowledge: This is knowledge based on discipline of family science that consider societal issues, economic, educational, work, sexuality and gender. In this study, the term family life knowledge has been used synonymously with knowledge on human sexuality.

Marital Satisfaction: Normally, it refers to the pleasure a person feels when they do something that they wanted or needed to do or get in a marriage. In this study marital satisfaction refers to how couples feel about themselves, their spouses and about their marriages in a subjective, situational and relatively constant manner.

Marriage: This is the state of being in a relationship that is recognized by law, culture or religion with a person of the opposite sex who is considered as a husband or wife with a focus of achieving marital satisfaction.

Passion: Passion refers to strong interest in and liking of someone. It can also refer to strong sexual feelings towards another person. In this research, passion refers to feelings of strong sexual desire among married couples.

Pro-relationship acts: Pro-relationship acts are things that a person does to support a close friendship between two people who have romantic or sexual feeling towards each other. In this study, the term pro-relationship acts mean spouses doing things that enhance the relationship in marriage.

Spouse: Spouse refers to a companion in marriage either a husband or wife.

CHAPTER TWO

LITERATURE REVIEW

2.1 Concept of Family Life Knowledge and its influence on Marital Satisfaction

Human beings are sexual by nature and every person has unique sexuality that is expressed in many ways (Parker, 2008). This expression of sexuality affects satisfaction in marriage. According to Bradbury, Fincham, and Beach, (2000), marital satisfaction is largely influenced by how a man and woman in marriage understands, acknowledges and accepts their sexuality and that of their spouse. The understanding, the acknowledgement and acceptance of sexual identity are determined to a great extent by the family life education received by a person (Gordon, 2007). According to Gordon, (2007), curriculum-based family life education, if taught appropriately, can also help young people develop communication skills, as well as enhance their self-esteem and capacities in making decisions. The development of these skills is important in enhancing intimacy, passion and commitment in marriages.

Married individuals who have average to high levels of marital quality and harmony are more satisfied in their lives than their unmarried counterparts (Williams, 2003). Williams (2003) found out that Men and women who remain continually unmarried have significantly lower levels of life satisfaction than their married counterparts. The study by Williams (2003) also revealed that people who have been continually in marriages with lower levels of marital harmony are significantly more depressed than their unmarried counterparts. Some of the benefits of a satisfactory marriage include improved psychological and physical health, increased longevity, reduced feelings of loneliness, reduced suicides and decreased obliquity (Holman, 2002). The studies by William and Holman were all done in the United States. Little is known of the levels of marital satisfaction in Meru County.

Family life education is expected to address the issues of personality, value formation, decision making peer and social pressures, affection and intimacy, body image, gender roles, communication strategies and various sexual behaviour (Melgosa & Posse, 2002). This education is also needed to help people gain insight into their sexuality, explore personal sexual issues and become more comfortable with their sexuality, dispel anxieties and doubts, resolve traumatic sexual experiences, learn how

to avoid sexually related infections and unplanned pregnancies and increase general knowledge (Kelly, 2005). A good understanding of human sexuality helps people develop the ability to make intelligent choices based on their own needs, desires and values rather than based on guilt, ignorance, pressure, fear and conformity (Strong, Christine, Sayad & Yarber, 2005). All the areas recommended by SIECUS are important in ensuring that a marriage is satisfactory. The recommended age appropriate family life knowledge helps individuals become more comfortable with their sexuality, they are more likely to be satisfied in their marriages. It is therefore necessary to establish the influence of family life knowledge on marital satisfaction of married people in Meru County.

Appropriate understanding of family life helps one become accustomed to using acceptable sexual vocabulary hence one is comfortable discussing various sexually related topics (Strong *et al.*, 2005). If this happens in marriage, it most likely improves communication between spouses hence strengthening the intimacy and increasing passion in both spouses leading to more commitment (Britten, 2006) hence satisfaction in marriage. People with proper understanding of family life usually report that they are more appreciative of their sexuality, less apologetic, defensive and shameful of their sexual feelings, attractions and desires (NAYA, 2010). Accepting one's own sexuality also means viewing sexuality as an integral, beautiful and joyful part of being human (Strong *et al.*, 2005). This is an important aspect in maintaining intimacy, passion and commitment in marriage. However, how family life knowledge has helped people view sexuality as an integral, beautiful and joyful part of being human is not well understood hence this study.

According to Kyalo (2012), family life was highly valued in tradition African societies. Family life and sexual development carried special religious significance in African Communities (Mbiti, 2003). Communities saw sex as a source of supreme pleasure, a source of life as well as an avenue of individuals to reproduce themselves and the community to perpetuate itself (Kyalo, 2012). Communities also viewed sexuality as a source of discord in marriages if not properly managed and therefore used the initiation period to teach young people about family life. This most likely was the reason why marriages for older people in African communities were more

satisfactory than those of the younger people. This study hypothesized that differences in the family life knowledge led to defences in marital satisfaction among married people in Meru County hence the study set out to establish this.

A study by Gitome (2003) established that young people were having unresolved conflicts about their heterosexual relationships, drug abuse and anxiety about their bodily changes. This made young people were afraid of entering into marriage. A study by Tumuti, Tumuti and Ileri (2012) established that Infidelity, divorce and marrying the wrong person were the most feared issues about marriage by young people. This means that young people aspire for lasting, sincere and happy marital relationship but it is not clear how family life knowledge influences marital satisfaction. This study therefore provides results to help the young people in their decision into getting into marriages as well as help them know where to seek Family Life Knowledge that is tailored towards a satisfactory marriage.

Researchers have established that colonialism, introduction of Christianity and the formal school system changed the social set-up of the African people. The institutions that acted as agents of family life education have either disintegrated or abandoned. The institution of marriage has also been faced with major challenges (Kyalo, 2012). Meru is one of the communities that was greatly affected because the colonialists and missionaries settled in Meru, earlier than other parts of the Kenya. The researcher therefore found it necessary to establish the differences in the sources of family life knowledge as well as defences in the influence of family life knowledge based on the sex, age group, level of education, religion and rite of initiation which have been established to have an influence on marital satisfaction and were affected by colonialism.

The formal school system and Christianity did not offer an alternative education on family life after interfering with the traditional family life education. The Kenyan Government had plans to introduce family life education in schools 1994. The agenda was however, opposed by the Roman Catholic Church (RCC) who argued that family life is a moral issue and therefore only parents and religious bodies could only teach family life education. So the RCC urged parents not to allow their children to be

taught family life education in schools (Kavivya, 2003). This derailed the introduction of sexuality and family life education in schools. A study by Maigallo (2010) on influence of parenting on discipline of students revealed that parents do not teach their children family life education. It was therefore necessary to establish the content, sources and age of delivery of family life knowledge among married people in Meru County.

Fourteen years later, in 1998, Life Skills Education (LSE) was introduced into the Kenyan primary, secondary schools as well as in Diploma Technical colleges (NAYA, 2010). The main objective of LSE was to equip students and teachers with adaptive abilities and positive behaviour that would enable them deal effectively with demands of everyday life including issues related to family life. Evidence shows that many schools do not teach Life skills education (Riungu, 2013; Ababo, 2012) and most of those schools that teach do not adequately cover content on family life (Dayton, 2010). This is due to inadequate number of trained trainers, religious conservatism, lack of capacity in institutions, cultural conservatism and the fact that LSE is not examinable hence not taken seriously (NAYA, 2010). This means that the objective of the Ministry of education in ensuring that people have correct life skills was not met. This led to this study that set out to establish the sources of family life knowledge and how the sources influence marital satisfaction of married people in Meru County.

Records from the courts in Meru County indicate that there is an increase in divorces cases filed in the county. Some of the reasons of the divorces in Meru County include: couples being afraid to discuss with each other various issues affecting their marital relationships majorly sexual issues and annoying habits which were repeatedly blown out of proportion. In some cases, one partner was dominating the other and playing a parent leading lack of balance in the marriage. In other of the cases, the marriages were surrounded by secrecy so when one partner discovered the others' secrets conflicts arose. Some marriages were ending because of issues relating to provision in the family. Wives complained that their husbands were not providing for them and husbands complained that the wives were wasting family resources. Infidelity was also a major factor that contributed to dissatisfaction. Many couples also indicated

that there was physical, emotional and/or social abuse in the marriages. All these issues could be mitigated by appropriate family life knowledge. Little is known on how family life knowledge influences marital satisfaction in Meru County. This made it necessary to conduct this study to establish the influence of family life knowledge on marital satisfaction of married people in Meru County.

2.2 Levels of Marital Satisfaction among Married People

Understanding marital satisfaction requires first a person to understand how thoughts and opinions about a marriage and spouse are structured. (Bardbury & Karney, 2010). Family life knowledge determines how a person understands themselves; appreciate the thoughts of their spouse hence affecting satisfaction in marriage. This study therefore found it important to explore the influence of family life knowledge on marital satisfaction.

According to Zaheri *et al* (2016), the spiritual and religious, sexual and interpersonal factors, impact on marital satisfaction. Factors such as length of marriage, age and income also impact on marital satisfaction. Zaheri *et al* studied marital satisfaction in the Iranian context which is different from the Kenyan context. They indicated that sexual and interpersonal factors were important factors in marital satisfaction but did not establish the influence of family life knowledge on marital satisfaction.

According to Sternberg (1986) intimacy, commitment and passion have to be mutually present for a marriage to be said to be satisfactory. Intimacy refers to feelings of closeness, connectedness and bondedness in a marital relationship (Sternberg, 1997). According to Sternberg (1986), intimacy includes the desire to promote the welfare of the loved one, experienced happiness with a loved one, high regard for a loved one, being able to count on a loved one in times of need, mutual understanding with loved one, sharing of oneself and possessions with the loved one, receipt of emotional support from a loved one, giving emotional support to a loved one, intimate communication with a loved one and valuing the presence of the loved one in one's life. Intimacy means being emotionally close to one's marriage partner such that one is able to let go all inhibitions and let the partner know how they really feel. It is about being able to accept and share partner's feeling and being there for

them when they want to let their defences down. Being able to share each other's "inner world" with a loved spouse is one of the most rewarding aspects of a marriage relationship (Nympha & Guda, 2015). This study posited that type of family life education one has received determines how a person understands their spouse leading to differences in intimacy in marriages. This study therefore set out to establish differences in levels of intimacy among married people in Meru County. However, it is not well established how family life education has influenced intimacy in marriages in Meru County.

Passion refers to the drive that leads to romance, physical attraction and sexual consummation in marriage (Sternberg, 1986). Passion is what leads to intense emotions accompanied by physiological arousal and sexual desire. It is thus the component of love that drives people to think about each other, spend as much time as possible together, touch each other and engage in physical intimacies including sexual intercourse (Nympha & Guda, 2015). Research has established the level of sexual desire in marriage is strongly correlated with marital satisfaction (Breznyank & Whisman, 2004). This studies that family life education that offers factual information is necessary to help people understand passion in marriages leading to satisfaction in marriages. Contrariwise, family life knowledge based on information that is not factual is likely to lead to misunderstanding of passion in marriages leading to dissatisfaction. It is therefore possible that there are different levels of passion in marriages. Hence this study set out to determine levels of passion among married people in Meru County hence this study.

The commitment aspect refers, in the short-term to the decision to love someone else and in the long-term, to the decision to maintain that love (Sternberg, 1986). The commitment component is the cognitive element that contributes to the decision to sustain a marital relationship (Sternberg, 1986). Commitment helps maintain a marital relationship through thick and thin. Couples who are committed to each other work through troubled times together resulting to long-term satisfying marriages while Couples who are committed to the institution of marriage endure troubled times, have long-term but unsatisfying marriages. Those who work out problems rather than endure or wait them to phase out, have the quality of their relationships greatly

enhanced (Clements & Swansen, 2000). From this assertion the researcher concluded that the type of family life education couples received determined how couples work with each other during the troubled times leading to either commitment or lack of commitment in marriages. This study therefore set out to establish how differences in intimacy, passion.

A marriage can be concluded to be satisfactory if the scores of intimacy; passion and commitment are all present and skewed towards satisfaction (Sternberg, 1986). If any of the elements is skewed towards dissatisfaction, then the marriage cannot be said to be satisfactory. This study therefore interpreted levels of marital satisfaction among married people in Meru County based on the scores of the three indicators of marital satisfaction.

2.3 Content of Family Life Knowledge and Marital Satisfaction

Family life education is different for other studies because human sexuality which is a content area of family life is surrounded by a vast array of taboos, fears, prejudices and hypocrisy (Strong *et al.*, 2005). Sexuality is not only linked to intimacy and pleasure but also to shame, guilty and discomfort (LaHaye, 2005). Despite the ambivalence people still want to learn the correct aspects of human sexuality which need to be incorporated in family life education (Haward-Barr, More, Weiss & Jobli, 2011). Learning the correct aspects of human sexuality, helps people discover that what they had may have known was most likely haphazard, unreliable, stereotypical, incomplete, unrealistic and irrelevant or dishonest.

Knowledge on family life for adolescents is surrounded by uncertainty, discomfort and ethical disputes (LaHaye, 2005). This is evidenced by historical and ongoing controversies whether to implement 'comprehensive family life education' or 'abstinence only family life education' in schools in some countries (Kelly, 2005). In other countries, there are debates on whether to teach or not to teach family life education in schools (Kirby, 2007). Family life education offered in a respecting and challenging manner can help adolescents develop self-awareness; enhance self-acceptance in the realms of sexuality and overall identity (Labour, Medeiros, Carlson, Pullo, Seehaus, Peake & Epstein, 2005). Family life education for teens must present

material perceived as relevant to them, in a factual manner that avoids the appearance of preaching and reprimand (Ballard & Gross, 2009).

According to Robinson and Davies (2008), it is no longer appropriate to teach family life within the same hegemonic scientific moralizing discourse that operated in the 1940s. The Changing technology, access to information on the Internet, greater awareness on none heterosexual identities, relationships, families and significant shift in meanings and experiences of childhood requires a more open and complex discussion with children on family life issues if they are to become competent, informed and responsible citizens.

A ten-country review of school curricula in Botswana, Kenya, Lesotho, Malawi, South Africa, Namibia, Swaziland, Uganda, Zambia and Zimbabwe, revealed that family life education was delayed and delivered at about puberty. The study also found out that communication skills were taught with reasonable effectiveness but in some curricula, emphasis on politeness to some extent undermined the content on assertiveness. It was also established that key aspects of sex and sexual health were lacking. Information about reproduction, STIs Abortion, condoms and where to access sexual health services were lacking.

Most curricula also addressed the experience of puberty strictly as a biological process without acknowledging the social environment that often confuses. Gender based violence and intimate partner violence was also overlooked. A few curricula gave serious attention to the influence of media on gender norms. The issue of male circumcision was also not addressed yet circumcision was a controversial family life issue in Africa. (UNESCO & UNFPA, 2012).

There are various developmental issues that need to be understood in early childhood. One of them is the touching of genitals and body parts. It is natural for children aged below one year to play with their genitals (Richarson & Schuster, 2003). Singer cited in (Crooks & Baur, 2008) suggests that playing with genitals is a natural way of sexual expression during childhood. According to Freud (1975), young children,

especially infants have a sex-life that that is more active, more passionate and less restrained than that of adults.

According to Freudian Theory, the infant Libido or sexual drives undergo several dramatic transformations passing sequentially through oral, anal and genital phases (LeVay & Valente, 2002). At about 3 years, children fall in love with the opposite sex parent. This attachment triggers all kinds of conflicts and anxieties such as castration anxiety in boys and penis envy in girls (LeVay & Valente, 2002). Children deal with these conflicts by banishing them from their consciousness. If these issues are not addressed and the fears are dispelled as the child grows, they are likely to impact negatively on the passion of that person.

Then, there ensues a period of latency that appears at about five to six years and extends to the time of sexual reawakening at puberty. Melgosa and Posse (2002) recommends that Family life education at this level requires an emphasis on the importance of knowing and being comfortable with one's sexual self while simultaneously avoiding negative modelling. A sound educational foundation at this level can foster greater social and sexual maturity at later stages. Children at this age need to be helped to understand where babies come from, how the process begins, correct terminologies of their body parts including those which have to do with sexuality (Melgosa & Posse, 2002).

Middle Childhood (Eight to ten Years) is a period where thinking is characterized by the ability to differentiate between self and others, between internal and external bodily events, and by an ability to comprehend cause-and-effects relationships (Sdorow, 2000). Family life education at this age can illustrate causality and thus more complex information. At this stage, children become intrigued with reproductive mechanisms. The idea of hormones as crystal-like structures flowing through one's blood is not abstract or unbelievable at this stage (Strong *et al.*, 2005). Sexuality programs at this period have two-fold purpose the first one is to provide relevant as well as scientifically correct knowledge and language usage and the second one is to provide instructions that facilitate the child's ability to understand the causation and thus help them act to prevent future problems (Ballard & Gross, 2009).

By Late-childhood (Eleven to Twelve Years) children can integrate internal and external phenomena into one system (Strong *et al.*, 2005). Their level of cognitive sophistication is also more elaborate (Sdorow, 2000). They can easily see how one factor (lack of knowledge) may interact and combine with another factor like (lack of self-esteem) to produce risky sexual acts and unplanned pregnancies (Melgosa & Posse, 2002). Such interactive relationships are crucial and family life education should be designed to foster self-protective thinking among young people. In contrast to prior stages, biological side of development now begins to play a major role (Strong *et al.*, 2005). There is a strong sense of one's external appearance and how it may be perceived by significant others. Most children experience puberty at this stage.

Adolescence is a period of rapid growth in many areas of a person's life (Tumuti *et al.*, 2012). The rapid growth affects one's personal relationship with self, family and society (Dayton, 2010). Considering the rapid onslaught of physical, mental, emotional and social changes in adolescent, family life education can offer crucial guidance to sexuality related concerns (Wanyonyi, 2014). There is a need for girls to know about breast development, appearance of pubic and axillary hair, and the onset of menstrual cycle. They young people should also be helped to know about vaginal secretion changes that may occur and most importantly that these body changes are normal sexual development (NAYA, 2010).

Boys need for information on genital growth and ejaculation. Although males do not have direct counterpart to menarche in females, the first nocturnal ejaculation can cause psychological concerns (Strong *et al.*, 2005). The boys, like the girls, also need to know about the onset of pubic and facial hair and how it is a biologically normal process. Breast enlargement occurs in many young males whose hormonal systems are trying to find their balance. These boys need clear and compassionate information that assures them that this condition is not life threatening or cancerous and that it typically disappears within a year or two without any harmful effects (Melgosa & Posse, 2002).

Early adulthood may include many significant cornerstones in development that contribute to a large extent to marital satisfaction. According to Sharpe (2003), there is a common misconception that sexual development ends with adolescence. However, sexual identity continues to evolve as people continue to change emotionally, mentally, physically and socially throughout their lives (Sdorow, 2000). Young adults face many issues including decisions to form short-term relationships such as dating, long-term relationships such as marriage, forming a new family different from their family of their origin, establishing a comfort with oneself and others in intimate relationships, fertility issues as well as continuing to form personal understanding of their sexuality as well as the sexuality of their spouses (LaHaye, 2005).

Family life education at this early adulthood is needed to help the young adults integrate love and sexuality, forge intimate connections and make commitments regarding their sexuality as they develop coherent sexual philosophy (Strong *et al*, 2005). Family life education at this stage of development needs to focus on helping individuals explore their sexual selves and assert themselves in their sexual relationships (Allen, Petro & Phillips, 2009). In a marriage, individuals who assert their sexual self are more likely to have marital satisfaction than those who do not assert themselves (Britten, 2006). According to Bownlie (2006) Trust, autonomy and a firm sense of identity is necessary to help individuals form intimate long-term rewarding relationships with significant others. Family life education at this time needs to also focus on helping individuals develop secure attachment style (Sharpe, 2003). Family life education is also expected to include sexual attitudes, contraception, and family planning (Brownlie, 2006). The issues of sexual attitudes, contraception, family planning, and abortion need to be understood by spouses in marriages to avoid conflicts that lead to marital dissatisfaction (LaHaye, 2005).

Middle adulthood is defined as the period between 41 and 65 years. During this stage, various experiences and challenges regarding family life arise. It is at this stage that many people redefine the role of sex in their intimate relationships, may accept they are aging, and need re-evaluate their sexual philosophy (Strong *et al*, 2005). Appropriate family life education is one way of addressing these issues to help people

have satisfactory marriages. Experiences such as menopause, fear aroused by aging and restructuring of family arrangement are some of the issues that family life educators need to address in middle adulthood (Sharpe, 2003).

People in middle-adulthood may also struggle with physical changes such as their hair turning gray, developing wrinkles among other changes. Another change that occurs at this stage is menopause which many people have misconceptions and perceived notions. These changes if not properly addressed may begin to threaten a person's self-concept and self-esteem which in turn can affect their satisfaction in marriage. One of the popular misconceptions is that menopause is a period of discomfort and depression (Sharpe, 2003). Contrary to this misconception, a satisfying sexual life after menopause is possible. LaHaye (2005) reports that many individuals show an increase in sexual satisfaction and have more desire for sex after menopause.

Fertility is also a topic that needs to be addressed in middle adulthood (LaHaye, 2005). Couples who have not been able to get children are often struggling with the options available like adoption or in-vitro-fertilization (Savitz-Smith, 2003). On the other hand, parents who have achieved the number of children they had planned for would be struggling with the appropriate family planning methods to use. Moreover, families who wait until later in life to have children may experience redefinition of roles during early stages of middle adulthood when children are born (Sharpe, 2003). Redefinition of roles also occurs later in middle adulthood when children leave home a period known as 'empty nest' (Raup & Myers, 1989).

During the period of 'empty nest' the couple may begin to redefine their sexual identity further regarding their role in the marriage. For example, a spouse who was primarily home with children will begin to re-establish their role as a husband or wife. Family life education is needed in middle adulthood to help people handle menopause without feeling depressed or anxious due to preconceived notions. It is also necessary to help couples to achieve sexual satisfaction, enhance intimacy and rebalance their roles in the marriage and avoid stereotypes about midlife that may be a hindrance to a satisfactory marriage (Henry & Miller, 2004).

Older adults need to re-interpret the meaning of sexuality in accordance with their erotic capabilities (Willet & Semans, 2000). Others need to be helped to come into terms with the possible loss of their marital partners and own eventual death (Pangman & Seguire, 2000). Myths about elderly sexuality continue to perpetuate across the world. Many people across the world believe that sexuality and sexual desire ends at some point during adulthood (Langer, 2009). This makes it difficult for older women to seek guidance on sexuality related issues (Huffstetler, 2006). Some of the myths that stigmatize sexuality in old age contribute largely to older men shying away from seeking help on sexual related problems (Henry & Macnab, 2003). Research by Rosen *et al* in 2004 showed that more than 50% of men with erectile dysfunctions refuse to seek help. Some professionals may also fail to ask about or treat sexual problems due to the views that sexual problems are an issue of pleasure rather than an issue that is dangerous to health (Feldhaus-Dahir, 2009). This affects their passion in marriages.

However, Research does not show that that all older men and women become disinterested or give little value to sexual activities (Willert & Semans, 2000). Although sexual expression may change with age, desire for love, intimacy and commitment does not end (Henry & Macnab, 2003). Many researchers agree that sexual activity in older adults can be therapeutic (Willert & Semans, 2000). Sexual activity can lead to greater self-worth and social engagement can help prevent depression (Watters & Boyd, 2009).

A good understand of family life allows individuals express affection and appreciation for themselves and their spouses (Pangman, 2000), and help them continue to be Intimate and passionate in their marriages (Langer, 2009). Family life education in Traditional African Communities began in childhood but great emphasis to family life education was at initiation. Family life education among the Tanzanian communities entailed fundamental lessons about sexual expression itself and the range of socio-economic skills, roles and responsibilities demanded. In other words, the ethnic communities in Tanzania educated their children about sex in the holistic context. Family life education at initiation entailed fundamental lessons about sexual

expression itself, a range of sexual economic skills, roles and responsibilities demanded by the community from a man or a woman (Marah, 2006).

Tanzanians generally refer to the rites at initiation by a Swahili terms *Unyago* or *Jando*. *Unyago* is the initiation rite of women while *jando* is the initiation rite for men (Fuglesang 1997). In the Traditional Tanzanian societies, the rites were performed separately, each emphasizing the particularities of female and male roles respectively. Dominant cultural rules were transmitted including the meaning of sexual activities, and the implication of marriage, gender specific roles, responsible parenthood, procreation, spacing, unwanted pregnancy and sexual skills (Fuglesang, 1997).

The Meru used initiation period to educate their children about family life in a rounded context about life, preparing them for life (Nkanatha & Karuri, 2014). The education of the girls was differentiated from that of the boys in accordance with the roles each sex was expected to play for the remainder of their adult lives (Nkanatha & Karuri, 2014). However, the formal school system and Christianity led to abandonment and distortion of the traditional initiation rites that functioned as agents of family life education. The school system in Kenya did not give comprehensive family life education content. Family life education in schools is taught in fragment. The Biological aspect of s family life is emphasized in Biology as a subject in school. The religious aspect of family life is taught in the religious studies mostly in form four (Wanyonyi, 2014). It should be noted that religious studies as a subject is an optional subject so not all students learn the subject up to form four hence may pupils do not learn about their sexuality in schools.

It is therefore possible that people get family life education form media and peers all, which can give inappropriate family life education. This raises a concern similar to Mbiti (1991) who stated that family life education was being gathered and disseminated by fellow young people and partisan mass media that is often a mixture of truth, myths, ignorance, guesswork, and jokes. Mbiti further alleged that schools and universities in modern Africa are perhaps centres of greater ignorance in matters of sexuality such that young people go through school knowing how to dissect frogs but knowing nothing about their own procreation mechanisms or how to establish a

family (Mbiti, 1991). It is therefore necessary to confirm or refute these allegations by investigating content of family life education received by of married people in Meru County and how it influences their marital satisfaction.

2.4 Sources of Family Life Knowledge and their Contribution to Marital Satisfaction

The delivery of an inclusive family life education is impacted by and educator's beliefs, values and understanding (Glizzard, 2013). In order to provide effective family life education, family life educators must be equipped with relevant information, good relations with the learner and personal characteristics such as maturity, modelling, self-respect and morality. They should be interested in the topic and be familiar with the subject to be able to communicate effectively with the learner (Kenny *et al.*, 2008).

Source of family life education can be formal or informal. They include family members, religion, teachers in school, peers, and the media as well as professionals such as doctors, nurses, and counselors among others (Tumuti, 2012). According to Network for Adolescent and Youth of Africa (2010), family life education is required to prepare children for the future by helping them develop and maintain healthy relationships with other people (NAYA, 2010)

Both proponents and opponents of family life education agree that children should receive family life knowledge from their parents (Walker & Milton, 2006). Experts suggest that family life information in childhood should be clearly provided by adults, particularly parents, to avoid sexual jokes becoming the primary source of sexual knowledge (Melgosa, 2001). Most parents are there at every stage of a child's development and are expected to answer questions, give information and advice as well as discuss sexuality concerns of their children (Brown, 2003). They can make understanding sexuality become a natural and progressive experience.

Many parents have no access to developmentally appropriate materials such as books, videos and puppets that could help children understand abstract sexuality concepts better (Kenny, 2009). This leads to some parents not able to adequately answer their children question in relation to sexuality (Tumuti, 2012). Education for parents about

sexuality and about communicating with one's children on the subject of sexuality can help parents become better family life educators (Martenillo, 2016). Among European nations, there are specific areas of family life education that needed to be addressed in discussions within the family (Kirby, 2007). These included delivering of comprehensive messages that foster discussions on a range of topics such as decision making, menstruation, reproduction, physical and sexual development; Whether or not to become sexually active, birth control methods, choosing partners, masturbation, and STD and HIV prevention strategies (Sex Education Forum, 2010).

Most parents want to be involved in educating their children about family life but they do not know how to go about it (Walker & Milton, 2006). Much of the discomfort comes from the fact that many parents have inadequate information about family life. So they feel that they do not understand family life well to be comfortable talking about it. Parents often lack facts about anatomy, physiology, menstruation, puberty, wet dreams, masturbation, contraception and other related issues (Ballan, 2012; East & Orchard, 2014). Contributing to this anxiety are cultural taboos, traditional beliefs, fears and misinformation (NAYA, 2010). To avoid passing on misinformation to children, parents need to have basic facts about puberty, menstruation, wet-dreams, masturbation, family planning, STIs, AIDS, Dating, Courtship, Sexual response among other issues (Trivette *et al.*, 2010).

Grandparents often play a close nurturing role in a child's life. They too are influential in shaping a child's values and knowledge. Their warmth and love helps the child capacity for affection and love, which are important aspects in sustaining a satisfactory marriage. Grandparents directly or indirectly add significantly to family life education of their grandchildren by discussing with the child's parent issues affecting the child's sexuality. In this way, they work together in educating the children (Dunifon, 2012). Guardians, step-parents, aunts and uncles, older siblings, baby-sitters and other significant adults in a child's life play influential role as family life educators. Children derive attitudes, values and knowledge of facts about their sexuality from these extended family members (Ekeopora, 2012).

Proponents and opponents of family life education also concur that religious community should play a role in building capacity for parents to be effective sexuality educators. The religious bodies are also expected to formulate programmes for young people to learn family life education (Tumuti *et al.*, 2012). Religion shapes intentionally or unintentionally the attitudes about family life and self-understanding. According to Hagland and Fehring, (2010), religion can be a ‘protective’ factor that appears to contribute to decreased sexually risky behaviours such as multiple partners and age of first intercourse.

Religion also shapes how individuals perceive and receive family life knowledge from other sources Wanyonyi (2014) Most religions are nervous about teaching family life education to the youth. Arademi and Pillay, (2013) reported that in Nigeria, due to religious values, there is limited provision of condoms, which has affected safe sex practices. Recognizing and respecting religious diversity is essential to provision of all inclusive family life education (NAYA, 2010). Whereas schools tend to emphasize personal responsibility in sexual behaviour, religious programs are more likely to emphasize abstinence, a choice included in most major sexuality programs. The curricula offered in more conservative and/or religious areas usually have probation against specific topics and language. In Meru, there are not studies available to establish how family life education offered by religious bodies influence marital satisfaction.

The contention in teaching of family life education is whether it should be incorporated in the school curriculum (Wanyonyi, 2014). Classroom teacher can be a valuable source of family life education. They can promote an all-inclusive learning environment, teaching acceptable family life education and challenging prejudices on sexuality (East & Orchard, 2014). Countries like the USA, Canada, Sweden, France and the Netherland, there is an agreement that family life should be taught in schools but there are major disagreements on the approaches to be adopted (Apter, 2009; Sex Education Forum, 2008b). Canada has family life education included in her school curricula. Canada emphasizes the inclusion of parents in the school’s family life education curriculum. However, the main concern in Canada is the lack of training of trainers of family life education (Sex Education Forum, 2008b). Governments of

countries such as Sweden, France and the Netherlands innovated different trends to teach family life education to help fill the gap of lack of trained family life education trainers.

One of the trends adopted is peer based family life education. Peers are reported to play an essential role of family life educators. A study found that 61% of teens were more likely to access sexuality information from their peers than from their parents. This means that peers can be a valuable source of family life education if they are provided with accurate information (Angera, *et al.*, 2008). Gougeon (2010) recommends that is essential that a move towards inclusive family life education is embraced in order to address both the imminent learning needs of children and remove social barriers.

Canada adopted peer-based programs sexuality curricula in schools in the Mid 1980s. These curricula were jointly designed and taught by well-respected, older-age peers in collaboration with the teacher (UN committee on rights of the Child, 2008). The rationale for using peers to help conduct these programs is the students desire to own the process of sexuality instruction. Peer led instructions also tend to increase the credibility by which such instruction is viewed by students. Increased credibility is linked to great students' interest and ultimately to more meaningful learning. Such curricula are helpful to teachers who are responsible for teaching family life education but are uncomfortable with the content (UN committee on rights of the Child, 2008). Peers can enhance family life education programs, but parents and legal guardians remain the most accepted sexuality teachers of their children (Tumuti *et al.*, 2012).

Media is also reported to be a source of family life education. Cox *et al.*, (2010) indicates that many teens site the media as their primary source of family life education. According to Cox *et al.* (2010), although many parents indicated the impact of media and their children's sexual development, they did not necessarily use their influence to guide or initiate dialogue on sexuality neither did they report questioning to find out that accuracy of the information receive (Cox *et al.*, 2010). Robinson and Davis (2008) allege that the development of technology has allowed for privatized access to information on sexuality. This includes looking for information

online, viewing romantic and phonographic movies online among other access (Robinson & Davis, 2008).

2.5 Age of Delivery of Family Life Knowledge and its Contribution to Marital Satisfaction

Family life education and sex education can be delivered both formally and informally to people from early childhood to adulthood in the context of human relationship (Nicholas, & Blakey-Smith, 2009). This is because Sexuality is part of who an individual is and nobody should be excluded from experiencing sexuality (McConkey & Leavey, 2013). Sexual development cuts across lifetime and family life education should respond appropriately according to the developmental stages (Parchomiuk, 2012). It is therefore essential that interventions that are reflective of the changing society are developed appropriately to address the challenges of a growing person so that they are able to respond to the challenges that occur later in their married life

A common family life related task in early childhood is sex play with peers and siblings. This can manifest in various forms such as playing a doctor or playing a housewife. According to (Richardson & Schuster, 2003) children may enact certain marital roles with peers of the opposite sex during sex play but sexual feelings of attraction or romantic feelings are not usual during this period. The games played are more about curiosity and exploration. Children also become fascinated with new array of words that have sexual or forbidden connotations many of which become part of their sexual jokes.

Teenagers possess a strong sense of autonomy (Posse & Melgosa, 2002). They easily detect in adults hidden strategies designed to alter behaviour or thinking. Course material and exercises examining reproduction, contraception, and communication are among the more meaningful at this stage, but prevention of sexual assault and information on sexual varieties also generate interest among teenagers. Open communication between parents and children helps enhance self-confidence, caring relationships and the skills needed to make healthy sexuality decisions later in life (Howard-Barr *et al.*, 2011).

Various scholars agree that the most promising method for controlling sexual crisis in life, which mostly leads to dissatisfaction in marriage, is early preventive and age appropriate family life education (Melgosa, 2001). Incorporating family life education in a person's life from early childhood can build a person's self-esteem, which can help them understand their worth as sexual beings that have rights to companionship and love (Bernett, 2012). These rights include participation in a relationship, including marriage, as sexual individuals with dignity, respect, privacy, equality and freedom (The Constitution of Kenya, 2010).

Researchers recognize that sexual development is a developmental process so Family life education needs to be a developmental process that changes in relationship to age. El-shaieb and Wurtele, (2009) recommend that impacting family life knowledge on children from two years of age covering topics such as anatomy, birth and reproduction. According to Tutty, (2004), young children may not retain information due to social influences such as family in addition to cognitive, social and moral developmental processes. Surtle, (2008) states that children gain protection from learning the right knowledge rather than from being isolated. It is therefore necessary to provide ongoing family life education throughout life rather than isolating family life education to one time conversation (Tutty, 2000).

Parents who begin family life dialogue with their children in early years are most likely to continue the dialogue throughout the child's life (Walker & Milton, 2006). However, parents may be unsure of topics to discuss with their children and how much they may understand. They may aim at protecting their children's "Childhood innocence" hence shielding the children from learning opportunities (Robinson & Davies, 2008). In the end, they may assume that family life education may not be pertinent to their child (Chan & John, 2012). Nonetheless, parents need to understand that children have interest in family life education, which is often ignored by adults who assume that children are not ready to learn about family life (Surtle, 2008).

In the school setting, elementary school is frequently the starting point for formal family life education because of the convenience and knowledge of child's development. Puberty may drive parents towards beginning family life education

most probably because of observable milestones in sexual development. Research shows that parental communication in adolescence increase condom use and decrease risky sexual behaviour including having multiple partners and reduces the frequency of intercourse (Walker & Milton, 2006). Throughout Africa, initiation rites and various rituals were involved in the passage from childhood to adulthood. The rites of initiation marked the climax of training in Family life education (Nkanatha & Karuri, 2014). Fuglesang (1997) agrees with Marah (2006) by opining that African communities educated their children about family life in a holistic context of education about life, preparing them for adult life.

The process of traditional education in Africa was integrated with the social, cultural, artistic, religious and recreational life of an ethnic group. This means that schooling, and education and the learning of skill, social, cultural and norms were not separated from other spares of life. The education of the African child started from birth and continued into adulthood (Marah, 2006). This education was given to an African child in a way that they person fit in a group in the society as they grew up. It was expected that this education would enable them learn their expected social roles by the time they reached adulthood. Girls were socialized to into the motherhood, wifely and sex appropriate skills. Boys were socialized to be agriculturalists, hunters, herders, or blacksmiths depending on a particular ethnic group, clan or family derived their livelihood (Murah, 2006).

Researchers have established that since the colonial times, the social set-up of the African people has been affected. The institutions that acted as agents of family life education have either disintegrated or abandoned. The institution of marriage has also been faced with major challenges (Kyalo, 2012). Meru is one of the communities that were greatly affected because the colonialists and missionaries settled in Meru, earlier than other parts of the Kenya.

To help mitigate the consequences of lack of appropriate family life education, the government attempted to use television to teach family life education in the late 1980s. The planners developed a popular soap opera series in Swahili. After several episodes were aired, they were stopped and it was recommended that family life education to be taught by tribal elders. Subsequently, there were plans to introduce

family life education in schools 1994 where a reproductive health care package was among the main issues discussed during the 1994 Cairo Conference (RCC). The agenda was however, opposed by the Roman Catholic Church (RCC) who argued that family life is a moral issue and therefore only parents and religious bodies could teach family life education. So the RCC urged parents not to allow their children to be taught family life education in schools (Kavivya, 2003). This derailed the introduction of family life education in schools. A study by Maigallo (2010) on influence of parenting on discipline of students revealed that parents do not teach their children family life education.

Fourteen years later, in 1998, Life Skills Education (LSE) was introduced into the Kenyan primary, secondary schools as well as in Diploma Technical colleges (NAYA, 2010). The main objective of LSE was to equip students and teachers with adaptive abilities and positive behaviour that would enable them deal effectively with demands of everyday life including issues related to family life. Evidence shows that many schools do not teach Life skills education (Riungu, 2013; Ababo, 2012) and most of those schools that teach do not adequately cover family life content (Dayton, 2010). This is due to inadequate number of trained trainers, religious conservatism, lack of capacity in institutions, cultural conservatism and the fact that LSE is not examinable hence not taken seriously (NAYA, 2010). What has not been established is how family life education in the changing times has influenced satisfaction in marriages particularly in Meru County. Hence this study intends to fill the gap.

2.6 Theoretical Framework

Theories are statements that explain a particular segment of a phenomenon. Scientific theories consist of statements that connect concepts in a logically unified help to show commonalities in phenomenon that seem isolated at a glance and to explain findings (Mugenda & Mugenda, 2003). This study intends to determine the influence of family life education on marital satisfaction based on Sternberg's Triangular Theory of love (1986) and Social Interdependence Theory of Deutsch (1949).

2.6.1 Sternberg's Triangular Theory of Love

Sternberg (1986) developed the triangular theory of love. Sternberg viewed love in terms of three components: intimacy, passion and commitment. The Triangular Theory of Love holds that love can be understood in terms of three components that together can be viewed as forming the vertices of a Triangle. The components are intimacy, at the top vertex of the triangle, passion, at the left-hand vertex of the triangle and commitment at the right-hand vertex of the triangle (Sternberg, 1986), as shown in Figure 1. The assignment of these components is arbitrary.

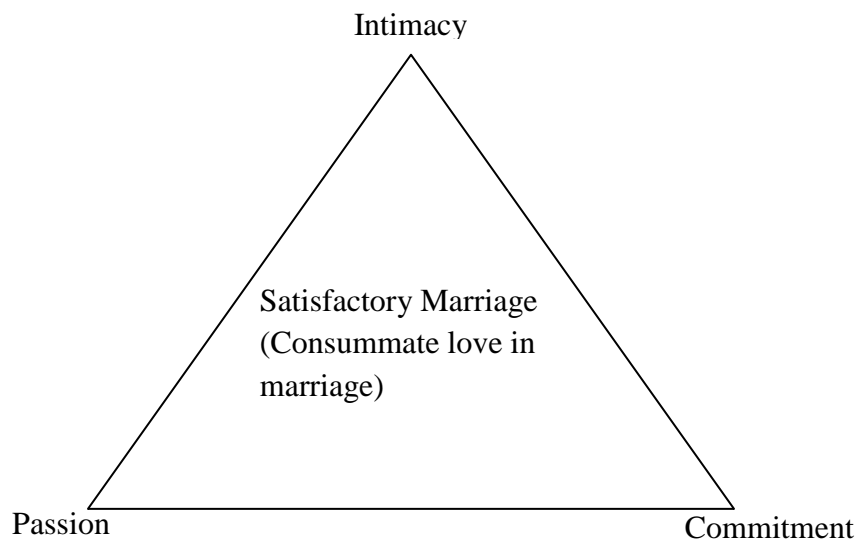


Figure 1: Sternberg's' Balanced Triangle of love

Source: Sternberg, (1986)

Figure one shows that ideally, a satisfactory marital relationship should comprise of the three elements among the partners (Kail & Cavanaugh, 2010). This means that both partners need to be intimate with, passionate with and committed to each other for if there is to be satisfaction in marriage. A marriage is deemed to be satisfactory if the three elements of consummate love are balanced and not skewed to any direction of the triangle.

2.6.2 The Social Interdependence Theory

Intimacy, Passion and Commitment have to be mutually present between parties in a marriage if there is to be satisfaction in marriage (Sternberg, 1986). This means that if one component of love is absent in any of the spouses, then the marriage cannot be

satisfactory. Satisfaction of spouses in a marriage is interdependent on the spouses' mutual actions and feelings. This is why this study is also based on the Social Interdependence Theory.

The Social Interdependence Theory conceptualized by Deutsch (1949). The theory borrows from Gestalt psychology and Lewin Field Theory. The premise of the theory is that the goals are structured determine how individuals interact with each other, which in turn creates an outcome. According to the theory, social interdependence outcome of individuals actions are affected by each other's actions (Johnson & Johnson, 2006). In this study, marital satisfaction is considered as the goal that is affected by actions brought about by family life education.

Social interdependence is different from social dependence, Social independence and social helplessness. Social dependence exists when the goal achievement of person A is affected by person B's actions but the reverse is not true. Social dependence occurs in a marriage when one spouse expects the other spouse to help them achieve satisfaction but does not put any effort to help satisfy their spouses. This is likely to lead to dissatisfaction in marriage by negatively affecting intimacy, passion and commitment to marriage.

Social independence exists when achievement of goals of a person A is unaffected by the actions of person B and the vice versa. Social independence can happen in marriage where spouses live their lives independent of each other's goals. Social independence is often a threat to intimacy and passion in marriage because it results to individualistic efforts (Johnson *et al.*, 2007) that lead to dissatisfaction in marriage. Social helplessness arises when neither of the person nor others can influence goal achievement (Johnson & Johnson, 2006). If there is social helplessness in marriage, then there is a possibility that the marriage has psychologically broken down.

Figure 2 shows that there are two types of social interdependence: Positive and negative interdependence. Positive interdependence occurs when individuals perceive that they can only achieve their goals if, and only if, the other individual who they are in co-operation with reach their goals. They therefore promote each other to achieve

their goals. Positive interdependence results into promotive interactions. Promotive interactions can be defined as individuals encouraging and facilitating each other to complete a task, achieve or produce in order to reach a group goal. In a marriage, promotive interactions can refer to spouses encouraging each other to achieve satisfaction in marriage (Johnson & Johnson, 2006). It consists of a number of variables including mutual help and assistance; exchange of needed resources, mutual influence, trust and constructive conflict management. These are necessary in enhancing the components of the consummate love in marriage.

The Psychological processes created by positive interdependence include substitutability (the degree to which actions of one person substitutes the actions of another person), inducibility (openness to being influenced and influencing other), cathexis (investment in positive Psychological energy in objects outside oneself), (Deutsch, 1949, 1962). Self-interest can be expanded to mutual interest through accepting other people's interest to substitute own interests. Emotional investment in achieving goals that benefit others as well as oneself lead to caring committed relationship with those working for the same purpose and goals (Johnson & Johnson, 1997).

Negative interdependence occurs when individuals in a relationship perceive that they can only achieve their goals if and only if the individuals with whom they are in competition with fail to achieve their goals. They therefore obstruct each other's effort to achieve goals (Johnson *et al.*, 2007). Negative interdependence results in oppositional or contrient interactions. No interdependence occurs when individuals perceive that they can reach their goals whether or not the other individuals in the situations attain or do not attain their goals. No interdependence results to absence of interactions. If there is negative interdependence or No- interdependence in a marriage, there is a possibility of competition between spouses hence a possibility of chaos and dissatisfaction in marriage. How family life education contributes to negative or positive interdependence in marriage among married people in Meru County is not well understood hence this study.

Family life education in this study is being considered as an Effort to achieve Quality Marital Relationships where consummate love is present. The three components of the triangle theory of love are also interdependent and cannot be separated from one another if there is to be satisfaction in marriage. Sternberg (1986) asserts that Consummate is necessary in any satisfactory love relationship. The elements are interdependent of each other and the spouses in the relationship also need to have positive interdependence to achieve satisfaction.

Correct, age-appropriate family life is being considered as the effort to achieve a quality relationship, which in this study is a satisfying marital relationship. Age appropriate family life education could be one way that helps individuals understand that it takes attention work and commitment to maintain a satisfactory marriage over a long time. Married couples need to understand that they need to invest sharing, energy and communication in their marital relationships if a healthy and satisfactory relationship is to continue (Kelly, 2003). A balanced concept of the necessity to develop positive interdependence of the three aspects of consummate love between marriage partners is needed so as to create the right psychological adjustment which is necessary for a satisfactory marriage (Sternberg, 1986).

However, how family life knowledge helps develop social-interdependence that affects satisfaction in marital relationships in Meru County was not properly established hence this study intended to establish the influence of family life on marital satisfaction by basing the study on the social interdependence theory.

2.7 Conceptual Framework

The conceptual framework shows relationship between family life knowledge and marital satisfaction (Figure 2).

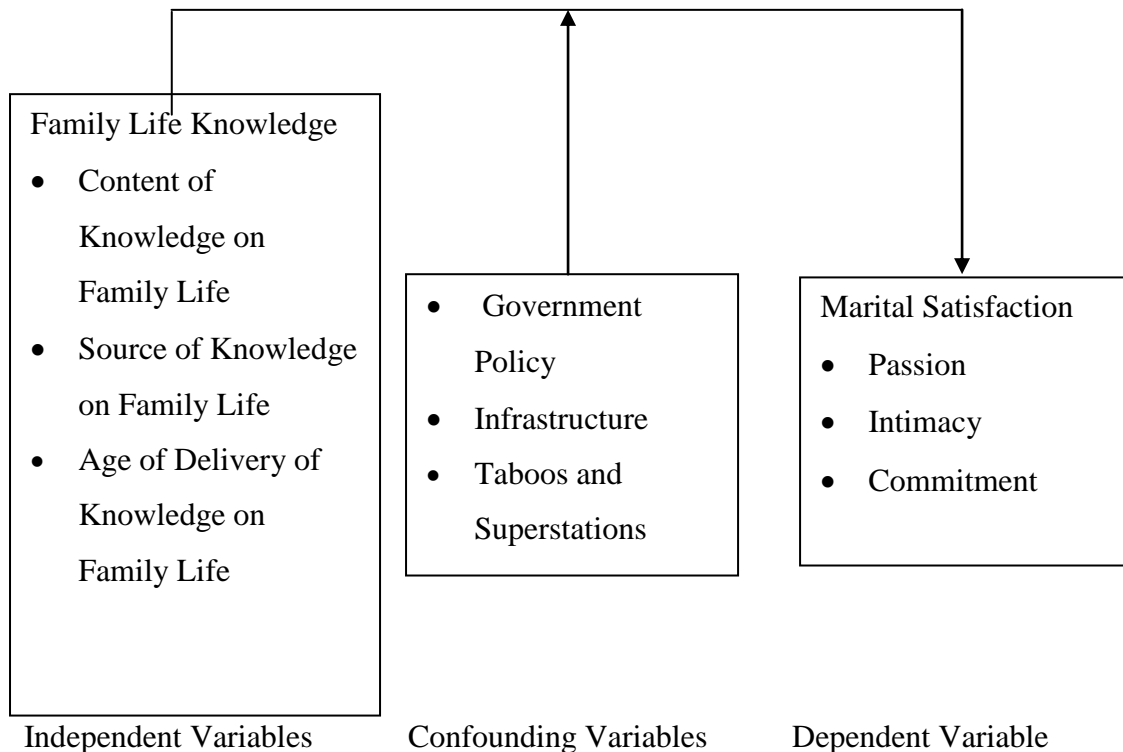


Figure 2: Family Life Knowledge and Marital Satisfaction.

Family life knowledge is the independent variable and marital satisfaction is the dependent variable. Source of family life knowledge, content of family life knowledge and the age of delivery of family life knowledge are the independent variables for this study. Marital satisfaction whose indicators are intimacy, passion and commitment need is the dependent variable in the study. Government policy, infrastructure, taboos and superstitions are the confounding variables in this study. Government policy and infrastructure affects the delivery of family life knowledge. Taboos and superstitions affect how one receives and incorporates of family life knowledge and what one considers a satisfactory marriage.

CHAPTER THREE

METHODOLOGY

3.1 Location of the Study

The study was conducted in Meru County. Meru County is the home of the Ameru. There are 5 sub-ethnic groups of Meru living in Meru County namely, the Igoji, the Miutine, the Imenti, the Tigania and the Igembe. These 5 sub-ethnic groups are believed to be the original sub-groups of Meru before the British colonialists merged them with the other four – the Tharaka, the Chuka, the Mwimbi and the Muthambi for administrative purposes (Fadiman, 2012). The latter four groups live in Tharaka-Nithi County of Kenya and share a similar culture with the other sub-ethnic groups of the Ameru living in Meru County.

Meru County was preferred as the location for this research because the county had experienced an upsurge in domestic violence and increase in cases relating to maintenance of children (Meru Law Courts, 2016). The county was also leading in rates of divorces and separation as per the 2009 population census (Kenya National Bureau of Statistics, 2017).

3.2 Research Design

This study adopted a Mixed Method Research Design. Mixed Method research is a procedure for collecting and analyzing data by combining both quantitative and qualitative data at within the same study so as to understand the research problem completely (Tashakkori & Teddlie 2003). The rationale for mixing the research is that neither quantitative nor qualitative methods are sufficient to capture in detail trends a complex issue (Creswell, 2003) such as family life and marital satisfaction. A major principle for mixed method research design is that qualitative and quantitative research methods are can be combined both numerical and text data leading to better understanding of the problem under study (Creswell, Piano, Gutmann & Harison, 2003).

3.3 Population of the Study

The target population was 474,263 married people in Meru County as at the 2009 population census (Kenya National Bureau of Statistics, 2017). These married people

are distributed into various age groups because the Meru people operate an age-group system. The age groups are determined by the time when a man was circumcised. Women adopt their husbands' age groups (Nyaga, 1997; Rimita, 1988). During the period of this study, there were seven functional age groups of which six were married. These age groups and their period of circumcision have as follows (Table 1)

Table 1: Age Groups among the Ameru and their period of Circumcision

Age Group	Period of Circumcision
<i>Michubu/Mbaya</i>	1933 to 1948
<i>Ratanya/Kibabu</i>	1949 to 1959
<i>Lubetaa/Gichunge</i>	1960 to 1970
<i>Miriti/Mung'atia</i>	1970 to 1984
<i>Guantai</i>	1985 to 1997
<i>Gichunge</i>	1998 to 2012
<i>Kiramunya</i>	2013 to when the next age group is named

Age group was important in this study because Fadiman (2012) reports that stories recited by Meru informants have to be placed within a chronological system, to provide framework within which individual events could be carefully reconnected for them to be meaningful. This can only be done through the age-group system (Fadiman, 2012). At the time of this study, there were six age groups aged 18 years and above. These age groups were *Michubu*, *Ratanya*, *Lubetaa*, *Miriti*, *Guantai* and *Gichunge*.

3.4 Sampling Procedures and Sample Size.

According to Krejcie and Morgan (1970) a sample of 384 subjects was adequate to represent a population of 474,263 (Appendix, 6). To select the 384 married people, a multi-level sampling procedure was used. This study used a three level sampling frame. At the first level, the researcher divided the county into cluster based on the regions that existed during the 2009 population and housing census and proportionately distributed (Table 2).

Table 2: Sample Size

Region	Population of Married People	Sample
Meru Central	53,546	44
Imenti North	96,928	78
Imenti South	66,164	54
Igembe	159,679	129
Tigania	97,846	79
Total	474,263	384

One location from each region using was randomly sampled. The sample was then divided by six to represent the number of age groups hence there were 64 respondents from each age group. To ensure gender inclusion, an equal number of men and women from each age group were selected as respondents. Married people of different age groups were reached by snowball sampling. Two focus groups for married people were formed in each of the sampled location hence data was collected from 10 focus groups of 5 people hence 50 married people participated in the Focus Group Discussions. Respondents who participated in the focus group discussions were randomly selected from the sampled married people. Male and female elders from the *Michubu* age group which was the oldest living age were interviewed as family life educators and counsellors.

3.5 Research Instruments

A set of questionnaires, interview schedules and focus group discussions (FDGs) were used to collect information for the study. According to Kombo and Tromp, (2011), it is necessary for researchers to collect information using different methods so as to gather information from different perspectives on a particular issue. This allows for triangulation of data (Creswell, 2003).

3.5.1 Questionnaires

A set of questionnaires was used to collect information on marital satisfaction and sources of family life education (Appendix 2). The questionnaires were adopted from SEICUS (2004) and Canel (2013). Questionnaires collected levels of marital satisfaction, influence of sources of family life knowledge on marital satisfaction and influence of age delivery of family life knowledge on marital satisfaction.

3.5.2 Focus Group Discussions

Focus group discussions guides were prepared and used to collect information on content of family life education from married people (Appendix 3). Focus group discussions helped the researcher to capture in-depth information about influence of content of family life education on marital satisfaction by probing. Each focus groups composed of 5 members. There were two focus groups in each of the sampled location; one for women and the other for men.

3.5.3 Interview Schedule

A set of semi-structured interview schedule were used (Appendix 4). Interview schedules were used to collect data from marriage counselors and family life educators. The interview schedules collected information on sources and family life education content and how they influenced with marital satisfaction. The choice of interview schedules was based on the understanding that interviews provide a relaxed environment to share in-depth experiences (Turner, 2010), in relation to the objectives of the study.

3.6 Validity

The validity the instruments were assessed by faculty from the Chuka University and experts on the subject matter to ascertain content validity. Face validity was done by formatting and arranging the instruments with the guidance of supervisors.

3.7 Reliability

Prior to the main study, the researcher piloted the instrument to 38 married people the neighboring Tharaka-Nithi County. The choice of Tharaka-Nithi County was based on the fact that the people in Tharaka-Nithi County share a similar culture, educational structures and life experience with the people of Meru County (Nyaga, 1997). The 38 married people were apportioned so that data was collected from six married people representing each age group. One focus discussion group for married people was formed and information collected from them. Data was also collected from two marriage counselors and two family life educators. Quantitative data obtained was analysed using split-half method to establish reliability of the instruments. The instrument gave reliability co-efficient of 0.89 and was accepted as

reliable. According to Mugenda and Mugenda, (2003) if an instrument gives reliability coefficient of at least 0.7, it is considered reliable.

3.8 Data Collection Procedures

Research assistants from the area of study were identified and trained to assist in data collection. Data was then collected from the respondents with the help of research assistants. Responses from interview schedules and focus group discussions were written down and also recorded using audio recorders.

3.9 Data Analysis

Questionnaires were checked for completeness, data was cleaned, to check for any anomalies. Data was then coded by classifying the responses then keyed into Statistical Package for Social Science (SPSS) version 22. Data was then analysed using descriptive and inferential statistics. Descriptive statistics will include median, frequencies and percentages. Median test was used to determine the levels of marital satisfaction among married people in Meru County. Frequencies and percentages were used to establish the sources of knowledge on family life and age of delivery of knowledge family life. Inferential statistics used included One Sample t-test, One-Sample Kolmogorov-Smirnov test, Kruskal Wallis and ANOVA. One sample t-test was used to determine differences in sources and differences in age of delivery of family life knowledge. One-Sample Kolmogorov-Smirnov Test was used to determine differences in marital satisfaction and differences in the influence of sources and age of delivery of family life knowledge on marital satisfaction. Kruskal Wallis test was used to determine the differences in levels of marital satisfaction among married people in Meru County. Kruskal Wallis test was also used to determine differences in the influence of sources of family life knowledge and the influence of age of delivery family life knowledge on marital satisfaction. ANOVA was used to determine differences in sources of family life knowledge and differences in the age of delivery of family life knowledge (Table 3).

Qualitative data was analysed using Daily Interpretative Analysis (DIA). The objective of DIA was to record flashes of insights or preliminary conclusions. Daily Interpretive Analysis was preferred in this study because the information was being

fragile hence threatened by the passage of time. This is because as time passed, it became increasingly difficult to reconstruct the information collected from the field. Using audio records and notes taken during the interview and FDGs as the reference point, the researcher analysed the information. This involved organizing information into themes as guided by Kombo and Tromp (2011). The researcher then deconstructed blocks of data through fragmentation and merged them into collection categories that related conceptually and theoretically; and which conclusions were made.

3.10 Ethical Considerations

This study was being guided by the ethical principles of psychological code of conduct in conducting research as indicated in the American Psychological Association (APA, 2002). Prior to the actual field study, permission was sought from the National Commission for Science Technology and innovations (Appendix 8 & 9). Then authorization to collect Data in Meru County was sought from the County Commissioner and County Director of Education (Appendix 6 & 7). The prospective respondents were explained the intentions of the study in order to cultivate a positive research relationship. Respondents were guaranteed confidentiality and assured that information collected was only for academic purpose. The human dignity was ensured through privacy and respecting the autonomy of the respondents. Individual consent was sought. All information collected was treated with utmost confidentiality and respondents were informed that their identity would not be disclosed. Records of research activities of the research were carefully kept. Efforts were made to avoid bias during interviews and respondents were encouraged to give honest answers. Citations and acknowledgment have been included for all previous works cited in the thesis so as to avoid plagiarism.

Table 3: Method of Data Analysis

Research Question/Hypothesis	Independent Variable	Dependent Variable	Method of Data Analysis
How does the content of family life education influence marital satisfaction of married people living in Meru County	Content of Family Life Knowledge	Marital Satisfaction	Thematic analysis
H ₀₁ : There was no statistically significant difference in levels marital satisfaction of married people in Meru County.	Levels Marital Satisfaction	Marital Satisfaction	One Sample t-test, Kruskal-Willis test
H ₀₂ : There was no statistically significant differences in the influence of sources of family life knowledge on marital satisfaction of married people in Meru County	Sources of Family Life Knowledge	Marital Satisfaction	Percentages ANOVA One-Sample Kolmogorov-Smirnov test Kruskal-Willis test
H ₀₃ : There was no statistically significant difference in the influence of Age of delivery of family life knowledge on marital satisfaction of married people in Meru County	Age of delivery of Family Life Knowledge	Marital Satisfaction	Percentages ANOVA One-Sample Kolmogorov-Smirnov test Kruskal-Willis test

CHAPTER FOUR

RESULTS

4.1 Preliminary Results

There 371 respondents, out of whom 294 responded to the questionnaires, 43 participated in the FDGs and 34 were interviewed.

4.1.1 Sex of the Respondents

Out of the 43 respondents who participated in the FDGs, 46.5% were male while 53.4% were female. An equal number (50%) of male and female respondents were interviewed. There were 48.6% were male respondents and 51.4% female respondents to the questionnaires.

4.1.2 Age Group of the Respondents

Majority of the male (21.7%) and female (21.8%) respondents were from the Gichunge and Guantai age group. The least number of the male (16.8%) and female (15.9%) respondents were from the *Ratanya* age group, (Table 4)

Table 4: Percentages of Respondents with Respect to Age Group

Age group	Male	Female
<i>Ratanya</i>	16.8	15.9
<i>Lubetaa</i>	18.9	19.9
<i>Mung'atia</i>	21.0	20.5
<i>Mburung'a</i>	21.7	21.9
<i>Gichunge</i>	21.7	21.9
Total	100.0	100.0

4.1.3 Level of Formal Education of the Respondents

Most of the male (32.9%) and female (34.4%) respondents had attained secondary level of Education (Table 4)

Table 4: Percentage of Respondent with based on Level Formal Education

Level of Formal Education	Male	Female
None	1.4	6.0
Primary	27.3	31.1
Secondary	32.9	34.4
Diploma	18.9	15.2
Bachelors Degree	11.2	11.3
Postgraduate	8.4	2.0
Total	100.0	100.0

4.1.4 Religious Affiliation of the Respondents

Most of the male respondents (53.1%) were Catholics while the most of the female respondents (57.6%) were also Catholics (Table 5).

Table 5: Percentage of respondent with respect to religious affiliation

Religious affiliation	Male	Female
None	3.5	2.0
Protestant	39.9	38.4
Catholic	53.1	57.6
Muslim	2.1	2.0
Other	1.4	100.0
Total	100.0	

4.1.5 Rite of Initiation of the respondents

Most the male respondents (75.5%) and most of the female respondents (45.0%) had undergone the traditional rite of initiation (Table 6)

Table 6: Percentage of respondent with respect to rite of initiation

Rite of initiation	Male	Female
Traditional	75.5	45.0
Modern	25.5	11.9
Total	100.0	43.1
Traditional	45.0	100.0

4.1.6 Duration in Marriage of the respondents

Majority of the male respondents (32.2%) and majority of the female respondents (27.8%) had been married for more than 20 years (Table 7).

Table 7: Percentage of Respondents with Respect to Duration in Marriage

Duration in Marriage		Male	Female
1-5	Years	29.4	17.2
6-10	Years	18.2	23.8
11-15	Years	7.0	17.2
16-20	Years	13.3	13.9
Over 20	Years	32.2	27.8
Total		100.0	100.0

4.2 Differences in Levels of Marital Satisfaction among Married People in Meru County.

One-sample Kolmogorov-Smirnov test was done to determine differences in intimacy, passion and commitment and marital satisfaction among married people in Meru County. Findings provided evidence to conclude that there were statistically significant differences in intimacy ($p < 0.001$), passion ($p < 0.001$), commitment ($p < 0.001$) and marital satisfaction ($p < 0.001$) among married people in Meru County. Respondents reported that their marriages were intimate ($Mdn = 1.150$), passionate ($Mdn = 1.125$) and there was commitment ($Mdn = 1.257$; Table 8). This indicated that married people in Meru County were satisfied in their marriages.

Table 8: Summary Statistics for the Status of Satisfaction in Marriages in Meru County

	N	Median	Std. Deviation	Std. Error Mean
Intimacy	294	1.1507	0.14189	0.00828
Commitment	292	1.1252	0.16520	0.00967
Passion	294	1.2567	0.18098	0.01056

Scale. 1-2 (Satisfied), 3 (Not Sure), 4-5 (Dissatisfied)

The study then sought to establish the levels of satisfaction and differences in satisfaction in marriages-based sex, age group, and level of formal education, religious affiliations rite of passage and duration in marriage.

4.2.1 Differences in Marital Satisfaction between Married Men and Women in Meru County

Mann Whitney U test was done to establish if there were differences in levels of marital satisfaction based on sex. There was no evidence to conclude that there were statistically significant differences in intimacy ($U = 0.081, p = 0.776$), commitment ($U = 0.500, p = 0.480$), passion ($U = 0.034, p = 0.85$) and marital satisfaction ($U = 0.009, p = 0.923$) in marriages in Meru County.

Medians were used to establish the levels of marital satisfaction in Meru County based on sex. Males and females reported same levels of intimacy ($Mdn = 1.176$). Males reported more commitment in their marriages than females (Male $Mdn = 1.146$,

Female $Mdn=1.176$) whereas females reported higher levels of passion in marriages than males (Male $Mdn=1.301$, Female $Mdn =1.279$; Table 9).

Table 9: Median Test showing Status of Intimacy, Passion and Commitment in Marriages Based on Sex

Sex	Intimacy	Commitment	Passion
Male	1.1761	1.1461	1.3010
Female	1.1761	1.1761	1.2788
Total	1.1761	1.1761	1.2788

Scale. 1-2 (Satisfied), 3 (Not Sure), 4-5 (Dissatisfied)

4.2.2 Differences in Marital Satisfaction among Married People based on Age Groups in Meru County

A Kruskal-Wallis test was conducted to determine if there any statistically significant differences in intimacy, commitment and passion among married people of different age groups in Meru County. Results showed that there was statistically significant difference in intimacy ($\chi^2 = 12.021$, $p = 0.017$) and passion ($\chi^2 = 40.624$, $p = 0.001$) and marital satisfaction ($\chi^2 = 20.470$, $p = 0.001$). There was no evidence of statistically significant difference in commitment ($\chi^2 = 8.21$, $p = 0.084$). Results indicated that respondents of the *Ratanya* age group reported highest levels of intimacy in their marriages ($Mdn=1.146$) while respondents of the *Lubetaa* age group reported lowest levels of intimacy in their marriages ($Mdn=1.204$). Respondents of the *Ratanya* age group also reported the highest levels of commitment in their marriages while respondents of the *Lubetaa* and *Mburung'a* age group were lowest in commitment in marriage ($Mdn=1.204$). Respondents *Gichunge* age group reported highest levels of passion in their marriages ($Mdn=1.079$) while respondents of the *Ratanya* and *Lubetaa* age groups reported lowest levels of passion in their marriages ($Mdn=1.380$; Table 10).

Table 10: Median of Intimacy, Passion and Commitment in Marriages Based on Age Group

Age-group	Intimacy	Commitment	Passion
<i>Ratanya</i>	1.1461	1.0000	1.3802
<i>Lubetaa</i>	1.2041	1.2041	1.3802
<i>Mung'atia</i>	1.1761	1.1761	1.2041
<i>Mburung'a</i>	1.1901	1.2041	1.3617
<i>Gichunge</i>	1.1761	1.1139	1.0792
Total	1.1761	1.1761	1.2788

Scale. 1-2 (Satisfied), 3 (Not Sure), 4-5 (Dissatisfied)

4.2.3 Comparison Marital Satisfaction among Married People of Different Levels of Formal Education in Meru County

Kruskall Wallis test was done to determine whether there were significant differences in intimacy, passion, commitment and marital satisfaction based on one's level of formal education. Results provided evidence to conclude that there was significant difference in intimacy ($\chi^2 = 14.007, p = 0.0176$) and passion ($\chi^2 = 18.578, p = 0.002$) and marital satisfaction ($\chi^2 = 11.836, p = 0.037$) based on one's level of schooling. The results indicated that respondents who had not attained any formal schooling reported highest levels of intimacy in their marriages ($Mdn=0.845$) in the marital satisfaction scale. Respondent who had secondary school, diploma and postgraduate qualifications as their reported the lowest levels of intimacy in their marriages ($Mdn=1.176$) in the marital satisfaction scale (Table 11).

Table 11: Report of Median Test showing Status of Intimacy, Passion and Commitment in Marriages Based on Level of Formal Education

Level of Formal Education	Intimacy	Commitment	Passion
None	0.8451	0.9031	1.0414
Primary	1.1461	1.1139	1.3802
Secondary	1.1761	1.2041	1.2788
Diploma	1.1761	1.1761	1.2041
Bachelors Degree	1.1461	1.1139	1.2041
Postgraduate	1.1761	1.2041	1.3617
Total	1.1761	1.1761	1.2788

Scale. 1-2 (Satisfied), 3 (Not Sure), 4-5 (Dissatisfied)

4.2.4 Differences in Marital Satisfaction among Married People in Meru County of based on Religious Affiliations

Kruskal Wallis test was conducted to establish if there were differences in intimacy, commitment, passion and marital satisfaction among married people in Meru County based on religious affiliations. Results from Kruskal Wallis test provided evidence to conclude that there were statistically significant differences in intimacy ($\chi^2 = 15.959, p = 0.003$), Commitment ($\chi^2 = 21.226, p < 0.001$), passion ($\chi^2 = 18.772, p = 0.001$) and marital satisfaction ($\chi^2 = 25.119, p < 0.001$). Protestants reported highest levels of intimacy in their marriages ($Mdn=1,146$) while Muslims reported the lowest levels of intimacy in their marriages ($Mdn=1.342$). Protestants and Catholics reported equal and highest levels of commitment in their marriages ($Mdn=1.146$) while those with no

religious affiliations reported the lowest levels of commitment in their marriages ($Mdn=1.311$). Protestants also reported highest levels of passion in their marriages while Muslims ($Mdn= 1.2041$) reported lowest levels of passion in marriages ($Mdn=1.491$; Table 12).

Table 12: Median of Intimacy, Passion and Commitment in Marriages Based on Religious Affiliations

Religion	Intimacy	Commitment	Passion
None	1.2733	1.3116	1.4387
Protestant	1.1461	1.1461	1.2041
Catholic	1.1761	1.1461	1.2788
Muslim	1.3424	1.2788	1.4914
Other	1.3010	1.2788	1.3617
Total	1.1761	1.1761	1.2788

Scale. 1-2 (Satisfied), 3 (Not Sure), 4-5 (Dissatisfied)

4.2.5 Differences in Marital Satisfaction among Married People in Meru County based on Rite of Initiation

Kruskal Wallis test was used to establish if there were statistically significant differences in intimacy, passion, commitment and marital satisfaction among married in Meru County based on the rite of initiation. Results provided evidence of statistically significant difference in intimacy ($\chi^2=23.608$, $p=0.001$), passion, ($\chi^2=12.310$, $p=0.002$) commitment ($\chi^2=16.867$, $p=0.001$) and marital satisfaction ($\chi^2=26.150$, $p=0.001$) when responses from people of different rites of initiation were compared. Respondents who had undergone traditional rite of initiation reported highest levels of intimacy in their marriages ($Mdn=1.146$). They were followed by those who had undergone the Modern rite of passage who reported equal level of intimacy in their marriages with those who had not gone through any rite of initiation ($Mdn=1.204$). Respondents who had undergone traditional rite of initiation also reported the highest levels of commitment in their marriages ($Mdn=1.114$). They were followed by those who had undergone modern rite of passage ($Mdn=1.176$) and lastly those who had not gone any rite of passage ($Mdn=1.204$). Respondents who had undergone the traditional rite of passage also reported the highest levels of passion in their marriage ($Mdn=1.204$). They were compared to those who had not undergone any rite initiation ($Mdn=1.342$) and lastly those who had undergone the modern rite of passage ($Mdn=1.362$; Table 13).

Table 13: Median Test of Intimacy, Passion and Commitment in Marriages Based on Rite of Initiation

Rite of Initiation	Intimacy	Commitment	Passion
Traditional	1.1461	1.1139	1.2041
Modern	1.2041	1.1761	1.3617
None	1.2041	1.2041	1.3424
Total	1.1761	1.1761	1.2788

Scale. 1-2 (Satisfied), 3 (Not Sure), 4-5 (Dissatisfied)

4.2.6 Differences in Marital Satisfaction among Married People in Meru County based on Duration in Marriage

Kruskal Wallis Test was used to establish if there were any significant differences in intimacy, passion, commitment and marital satisfaction among married in Meru County based on the period in marriage. Findings provided evidence of statistically significant differences in intimacy ($x^2=15.095$, $p=0.008$), commitment ($x^2=18.782$, $p=0.001$), passion ($x^2=35.531$, $p<0.001$) and marital satisfaction ($x^2=20.947$, $p<0.001$) when married people of different period in marriage were compared. Results showed that Respondents who had been married for 1-5 years and over 20 years reported highest levels of intimacy in their marriages while those who had been married for 11-15 years ($Mdn=1.279$) reported lowest levels of intimacy in their marriages. Respondent who had been married for over 20 years reported the highest levels of commitment in their marriages ($Mdn=1.0414$) while those who had been married for 11-15 years reported the lowest levels of commitment in their marriages ($Mdn=1.204$). Respondents who had been married for 1-5 years reported the highest levels of passion in their marriages ($Mdn=1.176$) while those who had been married for 16-20 years ($Mdn=1.378$) reported lowest levels of passion in their marriages (Table 14).

Table 14: Median Test showing Status of Intimacy, Passion and Commitment in Marriages Based on Duration in the Marriage

Period in Marriage	Intimacy	Commitment	Passion
1- 5	1.1461	1.1761	1.1761
6 – 10	1.1761	1.2041	1.2899
11 – 15	1.2788	1.2041	1.3802
16-20	1.1901	1.1450	1.3979
Over 20 years	1.1461	1.0414	1.3010
Total	1.1761	1.1761	1.2788

4.3 Influence of Content of Family Life Knowledge on Marital Satisfaction of Married People in Meru County

Content of family life knowledge was evaluated based on five thematic areas. These areas included human development, human relationships, life skills, sexual behaviour and sexual health.

4.3.1 Content of Knowledge on Human Development

The study explored the knowledge on human sexual anatomy and physiology, knowledge on reproduction, knowledge on gender identity under human development. Respondents reported that during childhood, they got knowledge on human sexual anatomy and physiology peers, school teachers and grandparents. The peers would do so through sex play. In four of the focus group discussions, respondents indicated that they would go to a river to swim, once they were through with swimming, they would sit along the river bend and explore each other's genitalia. In the process they would know how the female of male sexual anatomy looked like.

However, the respondents from the Gichunge age group indicated that they never had a chance to do that. Asked how they learnt about the reproductive sexual anatomy, they indicated that they were taught by teachers in school during science lessons because this is the group where home science was abolished as a subject in primary schools. However, those who proceeded to secondary school reported that they learnt about their reproductive sexual anatomy during the biology lessons. Others said that they learnt about their genitalia from books and magazines. A few reported that they would watch movies and learn about how their reproductive anatomy looked like. They also said that they would discuss the findings from books, teachers and media with their peers.

Respondents of the *Miriti* and *Guantai* age group also indicated they got knowledge on reproductive sexual anatomy and puberty from their teacher in school in class six during the Home science lessons when the teachers would teach them about changes in puberty. Those who went to secondary schools indicated that they got more knowledge on human sexual anatomy and physiology, changes in puberty and reproduction during Biology lessons.

Respondents from all age group said that grandparents were a very influential source of knowledge on reproductive sexual anatomy. Children were clustered according to their ages and levels of understanding and were taught about their reproductive sexual anatomy by their grandparents. Boys would be taught by the grandfathers and girls were taught by their grandmothers. A grandparent would also call children together as they waited for supper to be ready and tell them stories (oral narratives) mentioning parts of the reproductive sexual anatomy.

A grandparent would call a grandchild and ask them to remove the jiggers. As the grandchild removed jiggers from the grandparent, the elder would talk to the child about the penis, breasts and other body parts. They would mention the names of the body parts and the child would know what they are called. Also older people would insult young people by the name of their private body parts in the process the child the child would inquire from the peers what the word meant and they would therefore know the meaning of the word. Even today among the Meru people, names of reproductive body parts are considered an insult. Education about reproductive body parts was taught by peers at childhood.

As the children approached teenage, they would undergo what the Tigania and Igembe refer to as ‘Gukurua’ and the Imenti call it ‘Kigumi’. At this stage, children would use riddles and proverbs to teach others about their reproductive body parts. These riddles would only be shared by peers and never disclosed to an adult or a child who was not initiated into the group. To be initiated into a group, the child paid a set fee, and then they would undergo a rite. The rite involved being burnt with ‘thenyi’ as a commitment that you would never disclose the secrets of the group. Once this was done, peers would discuss with the other about the reproductive sexual anatomy for both sexes. They would also be told about the changes that occur in puberty. The girls would be told that they had to have their breast beaten by ‘Ndundui’ so that the breast would grow. One of the married women said

‘I was asked to have my breast bitten by ndundui so that they would grow. I did so, my breast got big on that day. On the following day, it was small again, However, I continued doing so for six months. I do not know whether

the breast grew because I was bitten by the insect or because it was their time to grow.”

Peers would also tell them that they needed to have sex with boys so that their breast would grow. Not all the young people who underwent the rite of “*Gukurua/Kigumi*” because strictly religious families would not allow their children to participate in this. There those who tried but if they did and were discovered, they would be severely punished. Teachers in school also prohibited pupils from participate in the rite because they associated it with “sexual immorality”.

Among the *Ratanya*, *Lubetaa*, *Miriti* and *Guantai* age group, instilling knowledge on puberty began at the age of 12 years because this is the stage when the young people were getting into puberty. Girls were told about puberty by their grandmothers in their grandmothers’ houses while boys were taught by their grandfathers in their grandfathers’ houses. Girls were told about menstruation by the older women immediately they had the experience. However, they would hear it from their peers. This education was focused on preventing them from getting pregnant. So one of the main thing they were told was not to sleep with men so as they do not get pregnant. The educators used coded language such “*Ukaira Mpanga*” directly translated you will get into trouble as to warn them of the consequences.

Among the *Ratanya* and *Lubetaa* age group the girl would be circumcised after she received her first menstrual period and married off so that she does not get pregnant at her father’s home. If a young girl got pregnant before getting married, the father would be fined a bull for being irresponsible. The young initiates would then be taught about puberty and all aspects of human sexuality.

Children of all age-groups knew about reproduction by question. For example, children would often ask where children came from and they would be cheated that babies came from ‘kirurui’ or from the airplane or from the river. As the young people of *Michubu*, *Ratanya* and *Lubetaa* age-groups approached adolescence they were told the truth about children being conceived through sexual intercourse, that pregnancy lasted nine months and that children were born.

4.3.2 Content of Knowledge on Human Relationships

Sub constructs of content of knowledge on human relationships studied included relationship within families, relationship with friends, love and romantic relationships, marriage as a lifetime commitment and raising children.

Parent taught their children how to relate within families. They were taught to respect each other. Roles were allocated in families based on gender to avoid too much closeness between brothers and sisters. This was in order to discourage incest. Among the *Michubu* age-group, boys were circumcised and became Morans 'Murani'. The morans went to live in a common house with other boys until they got married. Their role was to defend the community from enemies.

Circumcised boys were differentiated from the uncircumcised boys because they plaited their hair. Women did not plait their hair. A moran never went to plough in the shamba. That was a responsibility delegated to women and girl. The girls and women would also cook and do other household chores. Old men and young boys herded animals. The old men were also expected to be part of the village/clan court. They mostly settled land disputes and conflicts related to marriage.

Women were required to feed the morans in the common house. If a woman did not feed the young men and had a son who was a moran, the son would be fined a bull. Wives were also required to cook and grind for everybody in the family. The herders had to meet food ready once they arrived from the fields. Among the *Ratanya* age-group women were taught to make sure that every child had their own gourd to store the gruel. This is what children would take until supper was ready. The boys even carried the gourd along with them as they went herding. At no time was this gourd expected to lack gruel or fermented milk. Husbands also had their own gourds. A group of women of *Ratanya* age-groups said that the gourds had been replaced by kettles and thermoses. One woman said.

Any woman who wants happiness in her marriage should make sure that there is a thermos reserved for her husband which should always have a drink in it. She should also reserve a specific serving dish for her husband and make sure there is always food in it for a husband to eat once he returns home.

Another woman added,

The pride of any woman should be in cooking and feeding her husband. This makes him happy and contented.

She continued to say.

The secret of any satisfactory marriage, is for the wife to make sure that her husband always well fed and is sexually satisfied.

All people were taught never to have sexual relationships with members of their families. Even romantic relationships or discussions between members of the same family were discouraged. Boys were taught this using proverbs such as

'Ikenye kia mucii ni kiulu kia rwito kititongawa' translated to mean, a girl who belongs to your family is like the lizard on the wall. You do not engage her in sexual activities or hurt her.

Young people of the *Michubu*, *Miriti* and *Lubetaa* age-groups were discouraged from having sexual affairs so as to avoid a 'bad breed of children'. One old man said,

'Children from incest relationships do not expand a generation. It leads to inbreeding which leads to genetic issues that can clear a family just like what happens in animals.'

The other old men agreed with him.

Boys were taught this when they were circumcised while in seclusion. They would be examined during a ceremony known as "*Mpithio*". During the ceremony, women would cook what was known as "*Mukongoro*" to feed the men as they advised and interrogated the boys on how to live in the community. The boys were warned that it was a 'taboo' to have sex with a sister. A sister in this case referred to any girl who was less than 8 generations related to the boy.

Uncircumcised girls would not cook or grind for their fathers. Girls would not get into their fathers houses to discourage incest. Morans never talked to their mother or entered their mother's house. Circumcised girls never talked to their fathers. If a man was found to be talking to their daughter, they were fined a bull to be eaten by his age

mates. Once a boy was circumcised, the father never entered in the boy's house again even after he was married. Since childhood, girls were taught to listen to and respect men. Their mothers and grandmothers insisted to them that it was a must for a wife to listen to her husband and obey him.

A husband had his house and the wife had her house. This encouraged respect for personal space. A wife would not touch her husband things if she was not requested and vice versa. If a husband came with yams at home and did not give the wife. The wife would not touch them. Even when the wife made gruel for her husband and stored it gruel in his gourd, she would no longer touch that gourd until the husband handed it back to her.

Among the *Guantai* and *Gichunge* age-groups, relationship within families was taught during the CRE lessons. In the lessons they would be told that people should respect each other in the families. Children should obey their children. Wives should submit to their husbands and husbands to respect and provide for their wives. However, this was countered by a lot of bombardment from the media about gender equity which was interpreted for gender equality.

The Benjin conference of 1994 was taken as an affront to marriages where women were encouraged to compete with men and rebel from men. Most men felt threatened by the empowered woman who 'knew her rights'. These were the age groups where most women began going to the universities and other institutions of higher learning. Those who drop out of school at lower levels left Meru and went to work as house girls and house boys in other parts of the country majorly in Nairobi. This led to people getting a lot of information from their peers and the media which led to mixed knowledge on how the spouses should relate to each other within the family. There was therefore no properly organized content or method of delivery of knowledge on relationship within families among respondents of the *Guantai* and *Gichunge* age group. Every respondent had their own version of how people should relate within families.

Knowledge on romantic relationship and dating began during puberty among the *Ratanya*, *Lubetaa* and *Miriti* age-groups. It was taught by older boys and girls who were still uncircumcised during a developmental stage *Gukurua/Kigumi*. They were told that if they were talking to members of the opposite sex and see elder, they were supposed to cut the discussion short and each of them walks away in a different direction. This is because if an elder found two young people of the opposite sexes standing and chatting on the road, they would punish the two young people by caning. Men had also been taught not to expose their affection to women they were in love with in presence of children or older people. If they did so, one would be fined a bull.

Instilling knowledge on romantic relationship and dating was advanced in adolescence when both girls and boys were in circumcised and in seclusion. This was done by and older persons under the supervision of a person allocated by the parents of the young person to act as a sponsor at initiations known as “*Mugwati*.” A sponsor at initiation would not be of the same age-group with the parents of the initiate. It was often someone from an immediate older age-group or younger age-group and respected within the community. Peers also discussed issues of romantic relationships themselves. They encouraged each other to look for girls to be potential wives. The ideal girls were those who would love and respect their parents. It did not matter to the boys whether such a girls were beautiful. What mattered was the ability of the girl to respect elders. One old man reported

‘I would not live with my wife for the period we have lived together if she did not respect my parents. I have been committed to her because of the respect she has shown towards my parents and other members of my family.

Girls were taught to be proud and “play hard to get”. One respondent of the *Miriti* age-group narrated this:

We were taught to be proud. We would not greet boys on the road. Even when they whistled at us, we would not turn our heads. Even if a boy hit us on the road, we would not turn or talk to them. Boys were supposed to admire us from a distance. We were taught to walk in company of small children or old women so that the boys would not bother us on the road.

Boys and girls got involved romantically with each other with the focus of getting married. Whereas peers encouraged each other to engage in sexual intercourse, parents and grandparents discouraged sexual intercourse among young people before there was an official engagement. Grandparents would warn the young men seen to romantically involved with many girls with saying such as:

Reka kwingana na maruki nkoroi ikeya ikurume' Translated 'stop chasing ordinary monkeys, a Columbus Monkey will come and you will be unable to satisfy it'

This was meant to stop boys from sexual promiscuity that often led to dissatisfaction in marriages.

Once a young person identified a suitor, they would not stand and talk on the road more so if there were older people nearby. Once an older person approached, such a discourse ended immediately and the boy and the girl would disappear in different directions. Young people were taught to engage in constructive activities when dating. For example, a boy dating a girl would be expected to organize a group of boys and girls to till the suitors' fathers land.

Boys were taught that if they were convinced he wanted a serious relationship with a lady, he was expected to visit the girls' home. They were told that once they got at the girls home, they should cough at the gate. The girls were taught that they should only receive such a guest at their home if the mother promoted them to go and great the guest. She was expected to resist his advances. But if the boy visited the home severally the girl would accept.

Once the girl accepted to be in a relationship with the boy, the courtship would officially begin. The boy would ask his parents to visit the girls' home. If the parents did their search and visited the girls' and no objection to their son marrying the girl, Among the Tigania and Igembe they would take 'Miraa' and among the Imenti they would take "Kiruthu" a local brew to the girls' parents and marriage negotiations would commence. Once the miraa was accepted, the boy's parents would then take a lot of to the girls' parents

Young people of the *Michubu* age-group were taught that marriage was a life-time commitment. All content related to marriage as a lifetime commitment was taught to both boys and girls during seclusion after circumcision. They were discouraged from marrying from other tribes except from the Maasai. They believed that if one married a Maasai girl they would bring wealth in form of cows and also would enhance peace between the two communities. Among the Imenti, the bride price had to be paid for the marriage to be acknowledged by the two families. This is because bride-price was considered a sign that the boy's family were committed to marrying the girl. Two chiefs reported that they were handling many cases related to conflicts in marriages their locations because of issues of bride price.

These cases involved a situation where a woman wants to change the names in her national identification forms to reflect her husband's names but the parents of the girl refuse to consent citing that the man had not paid bride price. This has led to dissatisfaction of several marriages among the *Guantai* and *Gichunge* age groups. There were also cases where the girl (wife) had died and the parents of the girl denied the husband to bury the wife because he had not paid the bride price hence they did not recognize the marriage. Probing this further, the members of *Guantai* and *Gichunge* age groups reported that they did not see the need of the bride price because the parents of the both sides had invested on them. One man of the *Gichunge* age-group asked.

Why should I buy a wife?

This contradicted the feeling of wives of this age group who felt that their husbands should pay bride price as a sign of appreciation for their worth as women.

Clarification on the issue of bride price was sought from *Njuri Ncheke* elders. They were asked whether bride price was form of buying a wife or a token of appreciation to the girl's parents. The elders informed that paying of bride price was a form of appreciation to the girls' parents. They concurred with each other that the most essential items for the bride price included:

Miraa for the Tigania and Igembe /Kiruthu (Traditional Alcohol Brew) for the Imenti to open the negotiations. A he goat to be eaten by the father, a she-sheep for the mother, a drum of honey for the elders, a heifer and a bull.

They added that unlike in the past, parents of the *Guantai* and *Gichunge* age-groups had become greedy and demanded so much from the sons-in-law making life so hard for the marriages. He cited examples where parents were demanding to be refunded the fees paid for their daughters leading to frustration and that is why men of the *Guantai* and *Gichunge* age-group are rebelling against paying the bride price. One *Njuri Ncheke* elder noted that unlike in the previous generations where paying of bride price was done by all members of the clan, young men of the *Guantai* and *Gichunge* age groups are made to raise the items for bride price alone because many parents have absconded the duty of getting wives for their sons.

Before starting official marriage negotiations, a young man informed his father of an interest in a certain girl. If the families did not know each other, the parents of the boy would do a background check on the family of the girl. The girl also would inform her parents and do a background check of the boy's family. They checked if there was a history of madness, epilepsy or witchcraft in the prospective in-laws. They also whether the mother and the aunts were disciplined and hard working. They also confirmed from elders if there was any blood relationship between the couples. They would only marry on if the blood relationship had gotten to the 8th generation.

Meru women of *Michubu*, *Ratanya*, *Lubetaa* and *Miriti* age-groups were taught to respect themselves first. Women were all taught to listen and obey their husbands. They were also taught not to taste alcohol. They brewed alcohol but would not taste. This is because it was believed that if they took alcohol they would misbehave. Women were also taught not to sit and drink with men. All this changed in the 1980s when women become educated. Men were taught to respect their wives and be kind to them.

They were required to set their own rules and adhere to them to enhance cohesion in the family. One man reported the following:

I lived with my wife for 8 years without a child and we had never fought. This is because she respected the rules; I gave her before she left her parents' home. I also upheld the laws I got from her father. Asked what the laws were, he replied that. He had told his wife that his mother ate like a donkey. He had then directed his wife what and how to cook and serve his mother. She understood and all throughout made sure that my mother's food was well cooked. She also cooked a lot of food so my mother never went hungry and her food was never delayed so we lived in peace with my wife.

Among the *Michubu*, *Ratanya* and *Lubetaa* age-groups, girls were taught that they should not beat men at any point of their lives. This they were taught by their grandparents and other older women. They were also taught not to have sexual affairs with 'Giciaro'. Parents often did not talk to their children about sexuality. They often sent emissaries who often were people respected by the family and community to talk to their children. Young people were discouraged from dating and having affairs with outsiders. Those who did so were considered to be lost.

Girls and boys were taught from childhood, that marriage was a lifetime commitment that one did not have to get into without following the due process. So a suitor had to identify a girl to marry and then seek parental consent by paying *Miraa*. Among the *Ratanya* age group, once the consent was granted, it would be time for the girl to be circumcised. Girls would never be married before being circumcised and the girls would not be circumcised without a suitor. The girl would dance to her various relatives' homes. In any home she danced she would be given a goat and other gifts by her relatives. Once the girl felt that she had enough gifts, she would tell her suitor who would then, together with his parents organize for the girl to be circumcised. Once the girl was circumcised, she would stay in seclusion for about one year. During seclusion she would be taught how to relate to her husband and other people in the community. This was done by *Mugwati* and other women. The education was organized in three sessions known as *Kugwata Moonki*, *Gutuma into* and *Kwaana Mucii*.

During ‘*Kugwata Moonki*’ the girl would be told that a husband has to be pampered. They were also told not to sleep on their children’s or husband’s clothes. They were also told that a woman does not get to bed when food is cooking. They were told that people do not have sex with a child in bed. If there was a child in bed, they were to spread sacks on the floor and have sex on the floor. They were told that they would abstain from sex for six months once they got a child. They were also expected to have sex in darkness until the first child is born.

Her husband was a man who had been honoured and respected by her parents and that is why they had accepted that she marries him. She was therefore expected to respect him, obey him and never insult or hit him. She had to cook and feed her husband.

“You will have to cook and feed your husband. If you do not cook and feed him he will not take care of you and your children”

They women were taught to feed their husbands before feeding the children. They were expected to make gruel for their husbands. So any time they ground, they had to have a separate guard for their husbands. This is what the husband would share with the peers any time the peers visited. It was an abomination for guest to visit the home and left without being fed. During this ceremony, women would demonstrate to the girl how to serve food and gruel according to the Meru traditions. This was a sign that women had sat and talked to the girl on how to behave in marriage. It was meant to instil discipline on the girl. It was expected that once the girl had been marriage she would show girls how to serve the food. This was inherited from one generation to another. If a woman appointed to demonstrate to a girl how to serve food did it wrongly, she would be fined seven pots of local brew.

Women were taught that it was ultimate that they respect their husbands. If a wife by any chance insulted her husband or was rude to her husband and her husband reported her to the clan, he would be fined seven pots of traditional brew known as ‘*Maroa*’ and a he-goats to be paid by her biological father. If a husband mistreated his wife, or hit his wife in presence of children he would be fined a bull to be eaten by *Njuri Ncheke* elders and the clan. He would also be required to provide enough yams to feed his age mates as a part of the fine. And receive a thorough beating from the clan

elders. Women were educated that if their husbands annoyed them, they would go home to their biological parents and wait for the husband to go and plead with her parents before going back to the matrimonial home.

The next session for the women was “Gutuma into”. Here they made basket with beads and the girl was given. A girl who had had an abortion would not ‘*Gutuma into*’. This basket would be produced when the girl was wedding to prove that women sat with her and educated her on how married women behave. On this occasion the girls were taught by women that:

Women of the *Michubu*, *Ratanya*, *Lubetaa*, and *Miriti* age-groups were taught that they must respect their husbands and never to hit them. They were also taught to respect their mothers-in-law and fathers-in-law to avoid conflict in their marriage. They were also told that they needed to respect and love their neighbours and all children within the community. They were told not to quarrel with their husbands in presence of children or other people. If they did so, they would be fined ‘*Mirongo Ithatu*’. Women were also taught to take care of their mother-in-law and fathers-in-law. They were encouraged that any time they cooked food they needed to have a calabash to serve the in-laws. In reciprocation, the mother-in-law also brought food the daughters-in-law any time she cooked.

Women of the Meru community would not accept to be married as second wives without the consent of the first wife. This is because the Meru traditions required that even if there was dissatisfaction in marriage, the first wife would have to consent that her husband marries a second wife. If one got married as a second wife without the consent of the first wife, the clan chased you away from the home because it was understood that the new woman was interfering negatively in an existing marriage. Participants in a focus group alluded that they had chased a woman from their village in 2004 who had been married without the consent of the first wife.

The dissatisfaction in marriages has been blamed on the introduction of school system and Christianity in Kenya. Among the respondents there was a woman of the *Ratanya* age-group one of the earliest women to be a Christian. She reported the following.

I did my catechism in the church when I was a young girl. As we approached marriage, we were required to take our prospective husbands to the priest for vetting whether they would be good husbands. I took my husband to church and he had to undergo catechism for two years in order for him to qualify to marry me. We were taught that marriage is a lifetime commitment, a contract that was not to be broken. In the church, were told that the woman was the pillar of a satisfactory marriage. It was emphasized that a woman builds her home with her mouth. We were not to disrespect our husbands, talk rudely to them or beat them. We were told that anything we owned belonged to us and our husbands. We were taught to wash his clothes, cook for him and make sure he is sexually satisfied.

To follow up the discussion, the researcher asked the men who were also an early Christian converts what they knew about love. They reported that they were taught to love and respect their wives, provide for them and make sure they were sexually satisfied. However, *Lubetaa* age-group complained.

Men and Women of the Guantai and Gichunge age-groups are lost. They are neither Christians nor Africans. We do not know where they receive the notion that they should compete with each other in marriages. You find them insulting and beating each other on the road. Even when elders warn them they do not listen. We do not know where this generation is ending too. We no longer have marriages; we have people living together who often walk out on each other over small differences.

The Meru people believe that children belong to the father who delegated the role of raising children to the mother this did not mean the wife raise the children alone. Children were taught to refer to all wives married to their father as their mothers. It was hard to distinguish children of different mothers in a homestead. One respondent reported that there were some elements of bad women who mistreated children. Every child fathered out of marriage also belonged to the biological father. No Meru girl or woman was allowed to get married and carry along with her a child from a previous relationship.

It was believed that women do not 'own' children so a child either belonged to a biological father or maternal uncle. If a girl or woman had a child outside marriage, they would leave such a child with the parents of the girl and get married. Subsequently the parents of the girl would hand over the child to the biological father once the child was ready to be circumcised. Such a child would sometimes suffer if the maternal uncles did not accept the child or if the women married to the biological father were bad people who would mistreat the child.

Parenting was a joint responsibility and every member of the clan participated in raising a child. People were taught to punish a misbehaving child without consulting with the parents. No member of the community complained when another punished their child. People learnt how to raise children from childhood by observing how their parents and other members of the community raised their children. Once a woman got a child, an older aunt would be given the responsibility of helping her in bringing up the first child. Then women related to the young mother from both sides would organize visits to the new mother. During the visits they would bring gifts to the child and the mother then advise the mother on how to bring up the child. They also advised her on what food to eat so as to have enough milk to feed the baby and also regain her strength. Some of the foods she was advised to eat were yams, millet gruel and black beans among others.

The community made sure that they supplied enough food to feed the young mother when she was not able to work. This helped reduce conflict between husband and wife and led to satisfaction in marriage. Children belonged to the community so at no time did a husband and wife differ over the children.

However, the situation changed with the *Guantai* and *Gichunge* age groups. Members of this group went to school and learnt how to raise children from school. Those who did not learn from school learnt from observing what others were doing. Others reported that they learnt how to raise children from medics who advised them on how to feed their children, on immunization. Above all, there was rise in human rights organizations that advocated for the rights of children. It was therefore not possible for members of the community to punish misbehaving child for the fear of being

taken to court for abuse of children rights. Raising children became an individual parents' affair.

4.3.3 Content of Knowledge on Life Skills

The study evaluated knowledge on life skills by looking at personal values, decision making, and communication in marriage, assertiveness and negotiations. Men of this *Ratanya*, *Lubetaa* and *Miriti* age groups were taught to care for their wives all the time. One man of the *Ratanya* age group reported.

We were told not to treat our wives like donkeys because if did that, there was a possibility that the wife would get frustrated and not give you the respect you deserve.

They were taught to learn to work as a team with their wives and discuss whatever plans they had for the family before implementing. This in the process encouraged intimacy and commitment.

Another value that the *Ratanya*, *Lubetaa* and *Miriti* men were taught was responsibility. Even when it came to sponsoring boys at initiation, an irresponsible man would not be allowed to be a sponsor. Alcoholics were considered irresponsible and a man who was intoxicated with alcohol or other drugs would not be allowed in the house where young boys were in seclusion. Men and women of all age-groups were taught to be hospitable at all times. One woman reported this:

“When we were getting married, my husband told me that he was not a rich man. However, he told men that if he got a visitor while he was eating I had to make sure that a fed the visitor. If I did not, he would also not eat and refusal to eat would be a beginning of I fight. I respected his wish and we lived in peace.”

One of the person values that young people Bboys and girls of *Ratanya*, *Lubetaa* and *Miriti* age-group were taught to be respectful of themselves, other people and personal space. They were taught to respect all elders and consider them equivalents of their parents. They were to excuse elders on the roads. Not to talk to their lovers in presence of the elders. They were taught never to differ or exchange words with their spouses in presence of older people or younger people. This was a requirement of the

Meru traditions. It was also mandatory that if elders met them seated in a place and the elder sat there, they were stand up and leave so as to give elders space to do their things. At no time was a young person supposed to sit in the company of elders unless the elders requested him/her.

All men and women were taught to respect themselves and their spouses in marriages. They were also taught to respect each other's personal space and property in marriages. This they followed to the letter by people of the *Ratanya*, *Lubetaa* and *Miriti* age-groups hence their marriages were satisfactory. One respondent said.

“We were taught to respect each other's personal space. We would never touch anything that was not given to us. We waited until we were given or denied. This is unlike the Guantai and Gichunge age-groups where you find women getting into their husbands' pockets to look for money and men searching their wives bags leading to fights in marriages.”

Children were also taught not to touch anything that had not been given to them especially if it belonged to their father. Even if a husband brought yams and did not hand them over to the wife, the wife would not touch the yams until the husband handed them over to her. On the other hand, women were proud. So if the husband brought the yams and did not handover to the wife to cook, and later handed them over when they were spoilt, the wife would put the yams on fire and let those yams burn completely and then serve the husband the burnt yams. She would never talk to her husband about it. This was communication to the husband that he had done wrong and needed to apologize. When this happened, the husband had no option but apologize to the wife. It is worth noting that communication was often none verbal when a Meru woman was hurt by her husband. The common statement among women when they did not want to talk to their husbands when they were annoyed was:

“Akerwa ii mwiri” directly translated “let the body tell him”

People who adhered to the values taught by the older people were satisfied in their marriages and were considered as leaders in the community.

Men of the *Ratanya* age-group were taught to consult with their wives before making any decision relating to the However, this changed when some of the respondents of the *Ratanya* age group after discussion with their peers developed a notion that women do not keep secrets so they should not be told anything concerning a man. The saying used was.

“*Mwekuru atiiragwa kiama*” Translated. “Women are never told secrets”

Probed further to explain why the change occurred. The researcher was informed that this was due to the fear that women would disclose community secrets to the colonialists during the Mau Mau period. So the men swore not to tell women their secret plans. One man regretted that this was extended to not telling women decisions even relating to the family and has led to conflict in marriages interfering with intimacy, passion and marriage.

The same question was posed to the men of *Guantai* and *Gichunge* age group. They reported that they consult with their wives once in a while, especially when they want the women to give monetary contributions to the issues at hand. They also said that they only disclosed what the woman should know. There was a different version because respondents who said that they were staunch Christians reported that they took most of their decisions in consultation with their spouses.

Assertiveness was learnt through experience. Uncles and aunts would you what was known as “*Ntaliba ya mwana O Mwari*” to teach a young man or woman how to be assertive. They would call the niece who behaved like she was not sure of herself and mock her into believing in herself. Girls were taught to be proud and respect themselves. They were taught not to flirt with boys in public and not to turn their heads when they were walking for this made them look cheap.

Girls taught from early age to walk and not to turn if whistled at by boys. They were also taught not to respond to such childish behaviour. Meru girls were told to be clear what they wanted how they wanted it done and do what they wanted as long as it was within the norms of the community and was considerate of other people’s feelings.

4.3.4 Content of Knowledge on Sexual Behaviour and Marital Satisfaction among Married People in Meru County

Content of knowledge on changes in sexuality throughout life, shared sexual Behaviour, abstinence changes in sexuality throughout life and knowledge on sexual dysfunctions were reviewed under content of knowledge on sexual behaviour.

Knowledge on shared sexual behaviour was handled together with the knowledge on changes in sexuality throughout life as was taught as changes occurred. Boys discussed their sexuality with their grandfathers and girls with their grandmothers as they performed day to day tasks. As they got older into adolescence, the changes in sexuality throughout life were clarified at initiation.

It is also at initiation that Boys and girls were taught that they could not sleep with their spouses and a child on the same bed. Both girls and boys were taught to not to have sex with children clothes in the bed. They were told that this would be similar to turning their children clothes into an altar. It was also believed that sleeping on children clothes during sex was similar to having sex with your children. So the women were taught to make sure those children clothes were never put on the bed. And if accidentally they were on the bed, the woman had to make sure that she hanged them on a rope before getting into bed with her husband. If it happened that a couple had sex with the children's clothes in the bed, they would be told the culture (Kimiru) had sued them "*Kimeru Ikibuthitite*". This was an abomination '*mwiro*'. The husband would be required to cleanse '*Gwicia*' the children.

Women were also told never to sleep on their husband's clothes. They were told that this would lead to the death of their husbands. To avoid this, they were taught to make sure that their husbands never got to bed in clothes. If the husband did so, the wife had a right to refuse having sex with him even for a month as a lesson that he should never get in bed in clothes. The understanding was that having sex over your husband clothes was similar to sacrificing your husband. This was emphasized in songs especially such as '*Kirarie*'

Meru people were not so keen on abstinence. People did not frown much over sex outside marriage as long as the girl did not get pregnant. Among the *Ratanya*, *Lubetaa* and *Miriti* age groups uncircumcised girls would have sexual relationships with their age mates. You would find uncircumcised boys visiting the uncircumcised girls in their mother's kitchen and playing with them. The mother would not chase the boys but would warn the girls with the following words.

'Mitarataro ii bwi nio na ijiji ntumbana nio ni' meaning *I would not contain this weird behaviour I am watching between you and the boys.'*

Girls and boys who did not have interest in members of the opposite sex and did not engage in sexual intercourse were considered by their age-mates as being stupid and foolish. However, parents considered such girls and boys as being responsible.

Sexual intercourse officially began after a young man informed his parents that he was interested in marrying a particular girl and that the girl had consented to them being married. Respondents of the *Ratanya* age group reported, parents would organize a visit to the girl's home a ceremony known as *'Kwona Mucii'* Translate "*to see the home*". As the parents and relatives partied and made merry, the girl and the boy would have sex. Once they had sex, both would report to their respective parents through their sponsors at initiation that each of them was sexually functional then the marriage negotiations would begin. Having sex was not considered wrong. It became wrong when one became pregnant before marriage. However, as one was getting married, they had to disclose the persons they had affairs with then they would be cleansed. What young people were warned against was having sexual intercourse with *'Giciaro'*, siblings, in-laws, and uncles, aunts and any relative who had not got to the 8th generation.

Sexual abstinence and fidelity in marriage was not emphasized. What was discouraged was having sexual intercourse with *'Giciaro'* or a person of a parents' or child's age group. Women and men would be having 'side sexual relationships' known as "*Bankiro*". Women were not allowed to have sex outside their houses. If a woman had a sexual affair away from her home she would need to offer a sheep as a form of cleansing before getting into her matrimonial house. If a man did not satisfy

his wife sexually, he allowed his wife to seek sexual satisfaction elsewhere and he did not complain. If a wife did not satisfy her husband sexually, they allowed the man to marry a second wife. The wife would identify a potential co-wife and would be the first to 'carry a gourd full of gruel to the prospective wife's home as a sign that she had accepted her. This avoided conflict within the family. The wife or husband would not walk out of the marriage because they were committed to the marriage.

Asked whether men and women were satisfied with their spouses having affairs outside marriage, respondents had varied opinions. Some indicated that

Sexual affairs led to dissatisfaction in marriage. However, people remained in marriage for the fear of stigma associated with divorce. The only time a sexual affair did not lead to unhappiness was when one spouse was not able to bear children and needed someone to help him get children. This he said was to be kept a secret because if it was revealed to a third party, the partner with a problem would very unhappy.

Asked if men fought with their wives if they discovered they had an affair with another man, several respondents indicated

'Only stupid men fought if their wives had an affair. Where was he when the other man broke into your territory?'

The women said that they would even compose a song during a social event to mock a woman who had complained that her husband was having an affair with another woman. The words of the song ran

"The thing we were fighting about my dear co-wife went away with the owner. Kindly give me my peace.

The issue of open side relationship 'Bankiro' ended in the 1960s with the *Ratanya* age group when people embraced Christianity. Also the advent of HIV/AIDS and other sexuality transmitted infections also led to spouses fighting over multiple sexual relationships. Respondents from the *Miriti*, *Guantai* and *Gichunge* age group indicated that they cannot accept their spouses to have side relationships. If they discovered they would fight to the bitter end. These are sentiments.

I cannot share my husband with another woman. What if they infect me with AIDS?

The same question was asked to the men who indicated that if they found their wives in a relationship with another man, they would kick them out of the matrimonial home or kill them or even kill the other man.

Sexual dysfunctions were not talked about openly. People discovered from their spouse. When a wife found the spouse had a problem they would first feed him with porridge made of cassava. If the sexual dysfunction did not improve the man would be treated with herbs and then a big he-goat would be slaughtered so that he would feed on the meat alone and regain his sexual prowess. If the herbs did heal the sexual dysfunction, the man would be “*Gwicua*”. This involved offering a he-goat as a burnt offering. The man or woman with a sexual dysfunction would jump over the sheep then the sheep would be slaughtered and meat eaten by old men and women. This meat would not be eaten by people of a reproductive age. If the sexual dysfunctionality would not be healed after the treatment and rituals had taken place, then the man would allow the wife to have sexual intercourse with his age-mate within the extended family ‘Bankiro’ who would sire children for him. This was to be kept a secret and would never be disclosed to other people.

Erectile dysfunction was the most feared sexual dysfunction among men. People were not afraid of premature ejaculation because this people with premature ejaculation still sired children. A woman was considered to be sexually dysfunction if she did not bear children. Rigidity was not treated as a sexual dysfunction. If a woman was found to be rigid and penetration was difficult, the parents looked for a man who was considered strong to penetrate and break her hymen and sexual intercourse continued after that. As long as a man could penetrate a woman, painful sex was not considered a problem. Women were taught to live with it.

Sexual dysfunctions were said to be caused by witchcraft as reported by respondents of *Ratanya* age group. One of the Respondents of the *Ratanya* age group reported:

My wife developed a problem in the course of the marriage. I used too many goats going to the medicine men so that they would treat her that people said that she had finished all the goats I had. The medicine man later told us that she could not be healed because my other wife (her co-wife) had destroyed her by picking her placenta and giving it to a witch to do their things with it. I was frustrated but because we had three children I was told that my 3 children would give me more grandchildren. I chased away the other wife for committing an abomination.' This was from an interview session with one man of the Ratanya age group.

4.3.5 Content of Knowledge on Sexual Health and Marital Satisfaction among Married People in Meru County

Content of knowledge on sexual health studied included knowledge on reproductive health, knowledge on pregnancy and prenatal care, knowledge on contraception, knowledge on abortion, knowledge on STDs/STIs/HIV/AIDS, knowledge on sexual abuse, assault, violence and harassment and knowledge on looking for help in relation to sexuality issue

Reproductive health was taught by Grandparents, parents and sponsors at initiation. Parents warned young people to avoid careless sexual affairs for they would fall sick. Yams would also be used to send a sexual message to women. Men were expected to clean up the yams once they harvested them. If the husband brought home yams which had not been scraped the mud and the hairs and gave them to the wife, the woman had been taught that that was communication from her husband that she had not shaved her pubic hairs and that the hairs were hurting him during sexual intercourse. She was therefore required to shave. On probing the *Michubu* wives how they shaved their pubic hair; they informed me that they pulled off their pubic hairs using their fingers. They were not allowed to use any other means to shave and they had been taught not to keep their pubic hairs.

Women of the *Miriti* age-group were taught, during seclusion, that they should not hang their pants under the bed. They were also taught to clean their vaginas after sexual intercourse. Further probed on how to clean their vaginas, the respondents

indicated that they were to dip a piece of cloth in water and insert inside the vaginas and wipe the semen. The researcher sought to confirm whether this was appropriate from a medic. The medic informed that it was correct to clean the vagina after sexual intercourse. However, inserting a wet piece of cloth may lead to infections. He advised that the woman is expected to lie on her back, then the partner presses below her navel while holding a dry clean white cotton cloth inside her vagina and wipes the semen. Women of the *Miriti* age group also reported that were also taught to clean themselves when they were having menstrual flow to avoid bad stench and infections.

Among the *Michubu*, *Ratanya* and *Lubetaa* age groups boys and girls learnt about pregnancy from first their peers when they were being 'gukurua'. The grandparents, aunts and uncles talked to girls about conception and pregnancy. Parents talked about pregnancy when they warned the girls and boys about illicit sexual affairs. When the boys and girls were circumcised, the sponsors at initiation taught them how to manage a pregnancy. They were told that women should not lie on their stomach when pregnant. They were also told that women should not have sex from the third month of pregnancy. The same notion of not having sex during pregnancy was carried all through to *Miriti* age group but this group started to question the rationality of such information. One man of *Miriti* age-group reported.

My wife and I had been taught that we should not have sex in pregnancy. We abstained when she was pregnant with our first child. We then went without sex for another six months. This began causing conflicts in our marriage. We decided to talk to a doctor who told us that there was not problem in having sex as long as we were all comfortable with it. This made us realize that the education we had received at initiation was flawed. We have had sex in pregnancy and six weeks after our babies were born and we have not had any problem and our children are well.

This was different from another version of Men of the *Miriti* age-group from a different location who reported that their sponsors at initiation told the boys they could have sex with their wives at pregnancy if the wives were willing but withdraw at ejaculation so that the sperms do not harm the baby.

Men of the *Michubu*, *Ratanya*, *Lubetaa* and *Miriti* age-groups reported that they were taught that it was their responsibility to take care of their wives when pregnant. They were expected to make sure that there was enough meat and milk to feed the pregnant wife. They were also taught to make sure that their pregnant wives do not engage in any hard labour. They were also taught about the labour pains and how to manage labour. They were told not to bend when they were having labour for they would harm the baby. This was practically taught when one was pregnant. The mother-in-law to the woman was very instrumental in teaching about pregnancy and prenatal care and guiding the daughter-in-law on how to handle pregnancy. This was the norm which was inherited among generations.

Respondents of the *Guantai* and *Gichunge* age group reported that they mostly got knowledge on pregnancy from their peers in school when discussing those who fell pregnant. They also got the knowledge from their school teachers when the teachers were warning them to avoid sexual affairs for they may lead to pregnancy. Teachers also talked to their students on pregnancy during science, home science and biology lessons where they would teach them about conception, how the baby's grew in the womb, foods that a pregnant mother should feed on among others. Other respondent of this age group indicated that they got knowledge on pregnancy from doctors and nursed during the prenatal clinics. The medics would discuss with them the progress of their foetus and in the process they would understand how pregnancies were expected to progress. The medics would also guide them on how to care for their unborn babies like what to feed on, what activities to avoid, how to manage their emotions among other issues.

It was reported that contraceptives began with the *Lubetaa* age group. People from the *Michubu* and *Ratanya* age groups alluded that contraceptives were bad for they led to lack of children and cancer. Asked what contraceptives they were referring to as being bad and leading to cancer, they talked of the hormonal pills and the Depo-Provera which was referred to as the 'Injection'. The same question was posed to the people of the *Lubetaa* age-group. Majority did not support the use of contraceptives for the same reasons given by the *Michubu* and *Ratanya* age groups. Others said that

they did not support contraceptives due to their religious conviction. One respondent of the *Lubetaa* age-group reported

'I am a Catholic and the Catholic Church does not allow her followers to use contraceptives. We were advised to use natural family planning that required we abstain from sex during the 'safe days'. Natural family planning did not work because we were not able to abstain during the 'safe days'. We ended up with 6 children yet we had intended to have four children. We decided to use contraceptives after getting the sixth child.'

Those who supported the use of contraceptives said that the contraceptives had side effects such as increase in weight, irregular menstrual periods, moodiness, fatigue, rigidity and low libido among women but they preferred the side effects than having many children. The sentiments of those who supported the use of contraceptives were echoed by the people of *Miriti*, *Guantai* and *Gichunge* age-groups. Asked whether the men would prefer to go for vasectomy to save their wives the negative consequences, all the men respondents said they would not attempt because according to them this was same as being castrated. They said that they could only use a condom, withdrawal or abstain from sex during the days their wives considered unsafe for sex.

Other respondents indicated that they were taught to wash their vagina with a coca cola soda or water concentrated with salt after they had sex to clean the sperms hence, they would not get pregnant. Aborting existed but was frowned upon. Young people were taught to disclose spontaneous abortion to elders so that they would be cleansed. Abortion, whether planned or spontaneous, led to a woman being stigmatized. No man would sleep with a woman who had had an abortion until she was cleansed.

If an uncircumcised girl of the *Michubu* age-group got pregnant they used to secretly have an abortion. One man of the *Michubu* age-group reported this

Abortion took during out times. I witnessed several girls procure abortion. A sharp metal would be inserted in her uterus and pull the baby out. No wonder there were many barren women. The painful thing was to watch a girl being stigmatized after the abortion. She would be considered an outcast until she

was cleansed. If a man married such a girl, he also had to be cleansed. People knew of the consequences of illicit sexual affairs and still went ahead to have sex and abortions.

Married women could not have an abortion even if they conceived from affairs outside marriage. As long as bride price had been paid, any child born into the marriage was considered a child of the person who paid the bride price. Some women would advise young girls into procuring an abortion but Women would not participate in the actual procuring of an abortion for the fear of 'Mugiro'. Once such girls had an abortion, the family would take care of them but would be regarded as promiscuous hence had problems getting a suitor to marry them. If it was discovered that a girl had had an abortion among the *Ratanya* age-group, the father would be excluded from the activities of his age group. Elders would not eat miraa for such a girl and there would be no wedding ceremony for a girl who had had an abortion.

Respondents of the *Lubetaa*, *Miriti* and *Guantai* age group indicated that they knew about abortion from peers and the media. Peers would advise those who got unplanned pregnancies to take soot, overdose of Malaria tablets or insert a sharp object inside the uterus to kill the unborn baby. In other instances, the girl would request other people to step on her lower abdomen roughly so as to kill the unborn baby.

Most of the *Michubu* men and women had not heard of STDs/STIs until 1948 when as young men they started leaving their homes to look for work in the white men's farms. That is when they heard of 'Kisonono' Gonorrhoea. They were told by their peers that it was a disease transmitted through having sex with women who had gone to school and white women. The common STDs/STIs were Gonorrhoea, also known as 'Kisonono or Ateo'. Tuberculosis known as 'Maria or Rwamba' and leprosy known as 'Mutiiri' were also considered as STDs/STIs. People who got TB were said to have had an affair with someone who had had an abortion. Asked about the signs of each infection, the *Michubu*. Respondents said that a person with Gonorrhoea got wounds in their private parts and had pus oozing from the private parts.

Men of the *Michubu* and *Ratanya* age-groups heard about HIV/AIDS while working outside Meru. One Man of the *Ratanya* age group reported:

The first person I saw who had AIDS was a Whiteman in Nanyuki. He was an Italian. He got married to a woman called Wambui who had approached him for marriage. He had informed Wambui that he had AIDS but Wambui insisted that they should get married. After sometimes they both got so thin and died of AIDS.

People of the *Lubetaa*, *Miriti*, *Guantai* and *Gichunge* age-groups heard about STDs/STIs and HIV AIDS in schools and from hospitals when they or their spouses were pregnant. Many of the respondents did not know the symptoms of STDs/STIs but they said that medics had taught them to be faithful to their spouses or use condoms to avoid the infections. The respondents were also probed on the differences between HIV/AIDS. Majority said that it is the same thing. The respondents were further probed to explain how they knew on had HIV. They responded that one had to start getting 'thin' meaning losing flesh, getting diarrhoea and sores in the mouth. They were asked how one would confirm that those were signs of AIDS and the respondents said that that is confirmed through a test in hospital. The respondents were asked if the test was to be done before or after the signs appeared and they indicated that most of the people they knew would go for the test after the signs appeared unless one was pregnant then the doctors would advise them to test during pregnancy.

According to Men of *Michubu* and *Ratanya* age groups, the community allowed men to batter their wives if the wife did not feed him, feed the children or feed the cows or refused to have sex with the husband. Among the *Lubetaa* age-groups women would be battered if they did not feed their men, take care of their children, take care of the cows clean the home, were reported to have gossiped and backbitten other people or were found to be idling in other peoples' homes. The women would also be battered if they refused to have sexual intercourse with their husbands. It was an abomination for a woman to hurt her husband in any way. This was a common statement among the respondents:

“Women were not allowed to even look at their husbands in a way thought to be showing any form of disrespect leave alone spitting, speaking rudely or physically hitting her husband. If she attempted doing so, she would be fined by the community”

This changed with the *Miriti*, *Guantai* and *Gichunge* age-groups where women would leave husbands who battered them and started protesting to violence from spouses. Respondents indicated that religion and school education enlightened them that battering was a form of domestic violence and was not to be contained.

Girls were raped during the *Michubu* age group but they would not report the boys due to the fear that the boy of their age group would curse them and they would be stigmatized in the community. However, if such a girl got pregnant, she was banished from the community, forced to procure an abortion or was married off to an old man. Even married women would be raped. When this happened, the woman would not enter in her house or talk to her children until she was cleansed because she was considered unclean. Probed further to know where she went, the respondents reported that she slept in the food granary.

One of the women respondents had been raped was asked her how it had affected her marriage. Her reply was:

It was a very painful experience. She thanked God that she did not get pregnant because she did not know what would have happened to her. However, the incident had caused scars in her marriage that at no time did she enjoy sex. She was in the marriage to get children. She had allowed her husband to marry another wife who would satisfy him sexually.

Male respondents were asked whether they knew that it was wrong to rape a woman, they replied that they knew it was wrong and those who did it were criminals who found fun raping women.

Rapist were known as *Mbenja*, *karinga Ndonge* and were stigmatized and once reported to a village/clan court and found guilty, they would be punished. The

punishment of a rapist was heavy. They were fined ‘*Mirongo ithatu*’, ‘*Kiempe*’, ‘*Ndegwa*’ and ‘*Ikwa*’. He would then produce a sheep so that he is cleansed. The whole clan would be involved in cleansing of a rapist and then the rapist would be excommunicated from the community.

Among the *Miriti* age-group, if a girl was raped, she was told not to disclose to anybody because they feared being cursed by the boys of their age-group. This is because the boy would be fined and this would annoy the boys of the age-group who would call the meeting and curse the girl. This continued with the *Guantai* and *Gichunge* age-groups. One respondent told me that there was a cursing ceremony that took place in November, 2016 in Tigania Central Sub-County when a certain girl was raped, reported to her parents who disclosed it and the boy was fined. The age-mates called a meeting and cursed the girl. The family is now trying to organize how they can cleanse the girl from of the curse of the boys.

Young people of the *Ratanya* and *Lubetaa* age groups were taught to consult with their sponsors at initiation when there was sexuality or relationship problems. If it was a medical problem, the sponsors at initiation would inform the parents of the young person who would seek help from medicine men, herbalists and seers.

If there were conflicts in in relation to sex and other issues, the sponsors at initiation would intervene and help sort the problem. If they were not able to sort, they would invite the leader of the age group to intervene. If the leader of the age group was not able to sort, then parents of the both parties would be invited to help sort the problem. If the parents were unable to solve the problem, the clan elders would be invited to help solve the problem and if the leaders were not able, they would refer the matter to *Njuri Ncheke* Elders for guidance.

Divorce led to stigma during the *Ratanya*, *Miriti* and *Michubu* age-group so some people would stay in marriage to avoid stigma. Nevertheless, a woman could be forced to leave her husband’s home if she did not care of her husband or her children.

Though battering of women was accepted, a man was not allowed to beat the wife to an extent of cause breakage in the skull, a strain, a fracture or a swelling. Women were told that if that happened, they were expected to go back to their parents and wait for the man to come and apologize to the parents. To deter men for ending up being abusive to their wives, if a wife went back to her parents' home after being battered, the man would be fined by the elders to deter him from such actions. Women were also asked to evaluate the character of the husband. If they evaluated and felt that there was a possibility of the man killing them or maiming them, they were taught not to wait for the man to harm or kill them but leave the marriage.

Some respondents of the *Lubetaa* and *Miriti* age-groups sought help when they had problems in marriages from their parents first. Those who had been wedded in church would first seek help from their best couple while others would seek help from their sponsors at initiation. People of the *Guantai* and *Gichunge* age group seek marital help from their peers before informing their parents that they are reporting the issue to either the chiefs or the police. However, those are committed members of the various churches and mosques seek help from their pastors and Imams respectively.

4.4 Differences in Sources of Family Life Knowledge and Marital Satisfaction

A one sample t-test was done to compare differences in sources of family life knowledge among married people in Meru County. Finding revealed evidence to conclude that there were statistically significant differences in sources of family life knowledge ($p < 0.001$).

The study sought to study these differences based on sub constructs which included sources of knowledge on human development, knowledge on human relationships, knowledge on life Skills, knowledge on sexual behaviour and knowledge on sexual health. The first step was to determine the sources of family life knowledge based on the five sub constructs. Then differences in the sources were established before establishing the differences in the influence of the sources on marital satisfaction.

4.4.1 Sources of Knowledge on Human Sexual Development

This study sought to establish sources of knowledge on sexual anatomy and physiology, knowledge on puberty, knowledge on reproduction, knowledge on reproduction and knowledge on gender identity under human development (Table 15).

Table 15: Sources of Knowledge on Human Sexual Development

Source	Knowledge on Human Sexual Anatomy and Physiology		Knowledge on Puberty,		Knowledge on Reproduction		Knowledge on Body Image		Knowledge on Sexual Dysfunction	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
School Teachers	38.5	36.4	28.0	28.5	46.2	42.4	28.7	20.5	16.8	13.9
Parents	2.8	6.6	4.9	11.3	3.5	12.6	1.4	7.3	11.2	22.5
Grandparents	9.8	4.6	3.5	7.3	0.7	4.0	9.8	5.3	12.6-	9.3
Aunts and Uncles	4.2	4.6	-	2.0	2.1	-	2.8	7.3	3.5	2.0
Peers	14.7	13.2	47.2	29.8	14.0	11.3	35.0	41.7	34.3	25.8
Religion	3.5	-	2.8	4.0	6.6	12.6	0.7	-	4.2	3.3
Sponsors at Initiation	5.6	13.9	11.2	14.6	21.0	15.2	9.8	6.0	5.6	9.9
Spouses	-	1.3	-	-	2.8	0.7	-	-	2.8	4.0
Professionals	8.4	2.0	0.7	-	-	4.0	-	1.3	3.5	-
Radio	2.1	0.7	-	-	-	-	4.9	0.7	-	-
Television	-		-	-	-	-	0.7	-	4.2	1.3
Internet	-	2.0	14	0.7	-	-	0.7	2.6	-	0.7
Books and Magazines	3.5	9.3	-	2.0	1.4	5.3	2.1	-	1.4	-
None	7.0	5.3	-	-	2.8	-	2.8	2.0	-	4.0
Others	-		-		-	2.0	2.1	-	-	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

A total of 143 males and 151 females gave their sources of knowledge on human development. Majority (38.5%) of the male and majority (36.4%) of the female respondents indicated that teachers were their most influential source of knowledge on human sexual anatomy and physiology. Peers were the most influential source of knowledge on puberty for majority (47.4%) of the male and majority (29.8%) female respondents. School teachers were the most influential source of knowledge on reproduction for majority of both male (46.2%) and female (42.4%) respondents. Most of the male respondents (40.2%) and female respondents (31.9%) reported that peers were their most influential source of knowledge on body image. Peers were also reported to be the most influential source of knowledge gender identity for majority (34.3%) of the male respondents and majority (25.8%) of the female respondents.

4.4.2 Comparison of Sources of Knowledge on Human Development

Comparison of the sources of knowledge on human development based on sex, age group, level of formal education, religion, rite of initiation and length of period in marriage were done so as to clarify the differences.

4.4.2.1 Comparisons Sources of Knowledge on Human Development based on Sex

Results from a t-test done revealed that there was no statistically significant difference ($F = 2.733, p = 0.099$), in sources of knowledge on human development between males and females (Table 14).

4.4.2.2 Comparisons Sources of Knowledge on Human Development based on Age Group

ANOVA was done to compare differences in sources of knowledge on human development among married people of different age groups (Table 16). The findings revealed a strong evidence of a statistically significant difference in sources of knowledge on human development among people of different age groups ($F=5.565, p < 0.001$).

Table 16: ANOVA Comparing Sources of Knowledge on Human Development based on Age Group

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.849	4	0.212	5.565	0.000
Within Groups	11.018	289	0.038		
Total	11.866	293			

Post hoc test was done to establish which age groups were statistically significantly difference in sources of knowledge on human development (Table 17)

Table 17: Multiple Comparisons of Sources of Knowledge on Human Development Based on Age-group

(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<i>Ratanya</i>	<i>Lubetaa</i>	0.03574	0.03825	0.351	-0.0395	0.1110
	<i>Mung'atia</i>	0.16178*	0.03767	0.000	0.0876	0.2359
	<i>Mburung'a</i>	0.04810	0.03728	0.198	-0.0253	0.1215
	<i>Gichunge</i>	0.07733*	0.03728	0.039	0.0039	0.1507
<i>Lubetaa</i>	<i>Ratanya</i>	-0.03574	0.03825	0.351	-0.1110	0.0395
	<i>Mung'atia</i>	0.12604*	0.03597	0.001	0.0552	0.1968
	<i>Mburunga</i>	0.01236	0.03556	0.728	-0.0576	0.0823
	<i>Gichunge</i>	0.04158	0.03556	0.243	-0.0284	0.1116
<i>Mung'atia</i>	<i>Ratanya</i>	-0.16178*	0.03767	0.000	-0.2359	-0.0876
	<i>Lubetaa</i>	-0.12604*	0.03597	0.001	-0.1968	-0.0552
	<i>Mburunga</i>	-0.11368*	0.03494	0.001	-0.1824	-0.0449
	<i>Gichunge</i>	-0.08445*	0.03494	0.016	-0.1532	-0.0157
<i>Mburunga</i>	<i>Ratanya</i>	-0.04810	0.03728	0.198	-0.1215	0.0253
	<i>Lubetaa</i>	-0.01236	0.03556	0.728	-0.0823	0.0576
	<i>Mung'atia</i>	0.11368*	0.03494	0.001	0.0449	0.1824
	<i>Gichunge</i>	0.02923	0.03452	.398	-0.0387	0.0972
<i>Gichunge</i>	<i>Ratanya</i>	-.07733*	.03728	.039	-0.1507	-0.0039
	<i>Lubetaa</i>	-.04158	.03556	.243	-0.1116	0.0284
	<i>Mung'atia</i>	.08445*	.03494	.016	0.0157	0.1532
	<i>Mburunga</i>	-.02923	.03452	.398	-0.0972	0.0387

*. The mean difference is significant at the 0.05 level.

Results revealed evidence statistically significant differences on sources of knowledge on human development when respondents of the *Ratanya* age group were compared to those of the *Mung'atia* age group ($p < 0.001$), and *Gichunge* age group ($p = 0.039$). Evidence of statistically significant differences in sources of knowledge on human development were noted when responses from respondents of the *Lubetaa* age group

were compared to those of the *Mung'atia* age group ($p = 0.001$). There were also evidences of statistically significant differences when responses from respondents of the *Mung'atia* age group were compared with those of the *Mburung'a* age group ($p = 0.001$) and responses from respondents of *Mung'atia* age group were compared with those of the *Gichunge* age group ($p = 0.016$).

4.4.2.3 Comparison of Sources of Knowledge on Human Development based on Level of Formal Education

ANOVA was done to compare sources of knowledge on human development based on the level of formal education (Table 18). Results shown in Table 18 provided sufficient evidence to conclude that there were no statistically significant differences in sources of knowledge on human development among married people in Meru County with different levels of formal education ($F = 0.204, p = 0.204$).

Table 18: ANOVA Comparing Sources of Knowledge on Human Development based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.293	5	0.059	1.457	0.204
Within Groups	11.574	288	0.040		
Total	11.866	293			

4.4.2.4 Comparisons of Knowledge on Human Development based on Religious Affiliations

ANOVA was done to compare sources of knowledge on human development among people of different religious affiliations Findings revealed that there was evidence to conclude that were no statistically significant differences in the sources of knowledge on human development among people of different religious affiliations ($F = 0.554, p = 0.696$) (Table 19).

Table 19: ANOVA Comparing Sources of Knowledge on Human Development based on Religious Affiliations

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.090	4	0.023	0.554	0.696
Within Groups	11.776	289	0.041		
Total	11.866	293			

4.4.2.5 Comparisons Sources of Knowledge on Human Development based on Rite of Initiation

ANOVA comparing sources of knowledge on human development among respondents based on the rite of initiation. Results did not provide evidence to conclude that there was statistically significant difference in sources of knowledge on human development among married people in Meru County based on the rite of initiation ($F = 0.079, p = 0.925$; Table 20)

Table 20: ANOVA Comparing Sources of Knowledge on Human Development based on Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.006	2	0.003	0.079	0.925
Within Groups	11.860	291	0.041		
Total	11.866	293			

4.4.2.6 Comparisons in Sources of Knowledge on Human Development based on Duration in Marriage

ANOVA was carried out to compare sources of knowledge on human development based on length in marriage. Results showed that there was evidence of significant differences in sources of knowledge on human development based on one's duration in marriage ($F = 3.639, p < 0.001$; Table 21).

Table 21: ANOVA Comparing Sources of Knowledge on Human Development based on Duration in Marriage

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.453	4	0.113	2.864	0.024
Within Groups	11.414	289	0.039		
Total	11.866	293			

Results of the post hoc tests revealed evidence of statistically significant differences in sources of knowledge on human development when those responses from respondents who had been married for a period 16-20 years were compared with responses of those who had been married for 1-5 years ($p=0.019$), 6-10 years ($p = 0.044$), 11-15 years ($p = 0.014$) and over 20 years ($p = 0.001$; Table 22).

Table 22: Multiple Comparisons of Sources of Knowledge on Human Development based on Length in Marriage

(I) How many years have you been married?	(J) How many years have you been married?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1- 5	6 – 10	0.01194	0.03490	0.733	-0.0567	0.0806
	11 – 15	-0.01982	0.04096	0.629	-0.1004	0.0608
	16-20	0.09329*	0.03960	0.019	0.0153	0.1712
	Over 20 years	-0.03108	0.03209	0.334	-0.0942	0.0321
6 – 10	1- 5	-0.01194	0.03490	0.733	-0.0806	0.0567
	11 – 15	-0.03175	0.04164	0.446	-0.1137	0.0502
	16-20	0.08135*	0.04030	0.044	0.0020	0.1607
	Over 20 years	-0.04302	0.03295	0.193	-0.1079	0.0218
11 – 15	1- 5	0.01982	0.04096	0.629	-0.0608	0.1004
	6 – 10	0.03175	0.04164	0.446	-0.0502	0.1137
	16-20	0.11310*	0.04566	0.014	0.0232	0.2030
	Over 20 years	-0.01126	0.03932	0.775	-0.0886	0.0661
16-20	1- 5	-0.09329*	0.03960	0.019	-0.1712	-0.0153
	6 – 10	-0.08135*	0.04030	0.044	-0.1607	-0.0020
	11 – 15	-0.11310*	0.04566	0.014	-0.2030	-0.0232
	Over 20 years	-0.12437*	0.03790	0.001	-0.1990	-0.0498
Over 20 years	1- 5	0.03108	0.03209	0.334	-0.0321	0.0942
	6 – 10	0.04302	0.03295	0.193	-0.0218	0.1079
	11 – 15	0.01126	0.03932	0.775	-0.0661	0.0886
	16-20	0.12437*	0.03790	0.001	0.0498	0.1990

*. The mean difference is significant at the 0.05 level.

4.4.3 Sources of Knowledge on Human Relationships and Marital Satisfaction.

The study explored sources of knowledge on relationship with families, relationship with friends, love and romantic relationships, marriage as a lifetime commitment and raising children are indicator of human relationship (Table 23)

Table 23: Sources of Knowledge on Human Sexual Relationships

Source	Knowledge on Relationship within Families		Knowledge on Relationship with Friends		Knowledge on Love and Romantic Relationships		Knowledge on Marriage as a Lifetime Commitment		Knowledge on Raising Children	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
School Teachers	6.3	4.6	11.9	11.3	-	0.7	0.7	2.6	7.0	0.7
Parents	46.9	52.3	18.9	17.2	1.4	10.6	9.1	25.8	39.9	39.7
Grandparents	22.4	17.2	1.4	5.3	2.1	-	2.8	-	9.8	13.2
Aunts and Uncles	3.5	7.3	-	2.6	2.8	1.3	7.0	2.0	4.2	4.6
Peers	9.8	8.6	49.0	53.6	27.3	35.8	8.4	6.6	4.9	6.0
Religion	5.6	2.6	1.4	4.0	4.9	1.3	11.9	-	3.5	4.0
Sponsors at Initiation	1.4	4.0	8.4	-	12.6	9.3	20.3	15.9	12.6	1.3
Spouses	1.4	-	2.1	-	18.2	15.2	20.3	19.9	1.4	8.6
Professionals	-	1.3	0.7	2.0	11.2	8.6	12.6	9.9	4.2	7.3
Radio	-	-	-	2.6	6.3	1.3	-	9.3	-	-
Television	-	-	-	1.3	-	0.7	-	0.7	-	-
Internet	-	-	-	-	0.7	1.3	-	-	-	2.0
Books and Magazines	-	-	2.8	-	9.6	11.9	4.9	6.0	4.9	8.6
Others	2.8	-	3.5	-	2.8	-	2.1	1.3	5.6	1.3
None	-	2.0	-	-	-	-	-	-	-	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Parents were reported to be the most influential source of knowledge on relationship within families by most (46.9%) of the male respondents and majority (52.3%) of the female respondents. Most (49.0%) of the males Majority (53.6%) the females reported that peers were their most influential sources of knowledge on relationship with friends. Peers were the most influential source of knowledge on romantic relationships as was reported by most (27.3%) and (35.8%) of both male and female respondents. Sponsors at initiation and spouses were both reported by most (20.3%) of the male respondents as the most influential sources of knowledge of marriage as a life time commitment. while most (25.8%) of the female respondents indicated that parents were their most influential sources of knowledge on marriage as a lifetime commitment. Parents were reported to be the most influential source of knowledge on raising children by greatest number (35.0%) and (41.7%) of the male and female respondents.

4.4.4 Comparison of Sources of Knowledge on Human Relationships and Marital Satisfaction among Married People in Meru County

Sources of knowledge on human relationship were compared based on sex, age group, highest of schooling, rite of initiation and length in marriage. The Association between sources of knowledge on human relationships and marital satisfaction was then established.

4.4.4.1 Comparison of Sources of Knowledge on Human Relationships between Sexes

An Independent t-test was carried out to compare the differences in sources of knowledge on human relationship among males and females. Results showed that there was no statistically significant difference in sources of knowledge on human relationships between male and female respondents ($t = 0.057, p = 0.811$).

4.4.4.2 Comparison of Sources of Knowledge on Human Relationships based on Age Groups

ANOVA was used to compare sources of knowledge on human relationships based on age groups (Table 24). Findings from ANOVA showed that there was a statistically significant difference in sources of knowledge on human relationships across age

groups ($F=5.621$, $p>0.001$). Post hoc tests were carried out to establish the differences. Post hoc tests were carried out to establish the differences (Table 25)

Table 24: ANOVA Comparing Sources of Knowledge on Human Relationships based on Age Groups

	Sum of Squares	df	Mean Square	F	p-value
Between Groups	0.389	4	0.097	5.621	0.000
Within Groups	5.001	289	0.017		
Total	5.390	293			

Table 25: Multiple Comparisons of Sources of Knowledge on Human Relationships among Respondents of Different Age Groups

LSD						
(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
<i>Ratanya</i>	<i>Lubetaa</i>	-0.08946*	0.02577	0.001	-0.1402	-0.0387
	<i>Mung'atia</i>	-0.07649*	0.02538	0.003	-0.1264	-0.0265
	<i>Mburunga</i>	-0.06250*	0.02512	0.013	-0.1119	-0.0131
	<i>Gichunge</i>	-0.00516	0.02512	0.838	-0.0546	0.0443
<i>Lubetaa</i>	<i>Ratanya</i>	0.08946*	0.02577	0.001	0.0387	0.1402
	<i>Mung'atia</i>	0.01296	0.02423	0.593	-0.0347	0.0607
	<i>Mburunga</i>	0.02696	0.02396	0.261	-0.0202	0.0741
	<i>Gichunge</i>	0.08430*	0.02396	0.001	0.0372	0.1315
<i>Mung'atia</i>	<i>Ratanya</i>	0.07649*	0.02538	0.003	0.0265	0.1264
	<i>Lubetaa</i>	-0.01296	0.02423	0.593	-0.0607	0.0347
	<i>Mburunga</i>	0.01400	0.02354	0.553	-0.0323	0.0603
	<i>Gichunge</i>	0.07134*	0.02354	0.003	0.0250	0.1177
<i>Mburunga</i>	<i>Ratanya</i>	0.06250*	0.02512	0.013	0.0131	0.1119
	<i>Lubetaa</i>	-0.02696	0.02396	0.261	-0.0741	0.0202
	<i>Mung'atia</i>	-0.01400	0.02354	0.553	-0.0603	0.0323
	<i>Gichunge</i>	0.05734*	0.02325	0.014	0.0116	0.1031
<i>Gichunge</i>	<i>Ratanya</i>	0.00516	0.02512	0.838	-0.0443	0.0546
	<i>Lubetaa</i>	-0.08430*	0.02396	0.001	-0.1315	-0.0372
	<i>Mung'atia</i>	-0.07134*	0.02354	0.003	-0.1177	-0.0250
	<i>Mburunga</i>	-0.05734*	0.02325	0.014	-0.1031	-0.0116

*The mean difference is significant at the 0.05 level.

Results from the post hoc test comparing sources of knowledge on human relationships across age groups showed statistically significant differences in sources of knowledge on human relationships when respondents of *Ratanya* age group were compared to those of *Lubetaa* age group ($p = 0.001$), *Mung'atia* age group ($p = 0.003$) and *Mburung'a* age group ($p = 0.001$). Statistically significant differences were also

noted in sources of knowledge on human relationships when respondents of the *Gichunge* age group were compared with those of the *Lubetaa* age group ($p = 0.001$), *Mung'atia* age group ($p = 0.003$) and Mburung'a age group ($p = 0.014$).

4.4.4.3 Comparison of Sources of Knowledge on Human Relationships among Different Levels of Formal Education

ANOVA was done to compare sourced of knowledge on human relationships based on the level of formal education (Table 26). Results from ANOVA showed that there was a statistically significant differences in sources of knowledge on human relationship among respondents of different levels of formal education ($F = 8.228, p > 0.001$).

Table 26: ANOVA Comparing Sources of Knowledge on Human Relationships based on Highest Levels of Schooling

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.674	5	0.135	8.228	0.000
Within Groups	4.716	288	0.016		
Total	5.390	293			

Post hoc Tests were done to determine the groups that were statistically significantly different (Table, 27)

Table 27: Multiple Comparisons of Sources of Knowledge on Human Relationships among Different Levels o of Schooling

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Primary	0.07456	0.04098	0.070	-0.0061	0.1552
	Secondary	0.01956	0.04067	0.631	-0.0605	0.0996
	Diploma	-0.00121	0.04262	0.977	-0.0851	0.0827
	Bachelors Degree	0.03942	0.04455	0.377	-0.0483	0.1271
	Postgraduate	0.20937*	0.05080	0.000	0.1094	0.3093
Primary	None	-0.07456	0.04098	0.070	-0.1552	0.0061
	Secondary	-0.05500*	0.01886	0.004	-0.0921	-0.0179
	Diploma	-0.07577*	0.02276	0.001	-0.1206	-0.0310
	Bachelors Degree	-0.03514	0.02620	0.181	-0.0867	0.0164
	Postgraduate	0.13480*	0.03581	0.000	0.0643	0.2053
Secondary	None	-0.01956	0.04067	0.631	-0.0996	0.0605
	Primary	0.05500*	0.01886	0.004	0.0179	0.0921
	Diploma	-0.02077	0.02220	0.350	-0.0645	0.0229
	Bachelors Degree	0.01986	0.02572	.441	-.00308	0.0705
	Postgraduate	.18981*	.03546	.000	0.1200	0.2596
Diploma	None	0.00121	0.04262	0.977	-0.0827	0.0851
	Primary	0.07577*	0.02276	0.001	0.0310	0.1206
	Secondary	0.02077	0.02220	0.350	-0.0229	0.0645
	Bachelors Degree	0.04063	0.02870	0.158	-0.0159	0.0971
	Postgraduate	0.21058*	.03767	.000	0.1364	0.2847
Bachelors Degree	None	-0.03942	0.04455	0.377	-0.1271	0.0483
	Primary	0.03514	0.02620	0.181	-.00164	0.0867
	Secondary	-0.01986	0.02572	0.441	-0.0705	0.0308
	Diploma	-0.04063	0.02870	0.158	-0.0971	0.0159
	Postgraduate	0.16995*	0.03985	0.000	0.0915	0.2484
Postgraduate	None	-0.20937*	0.05080	.000	-0.3093	-0.1094
	Primary	-0.13480*	0.03581	.000	-0.2053	-0.0643
	Secondary	-0.18981*	0.03546	.000	-0.2596	-0.1200
	Diploma	-0.21058*	0.03767	.000	-0.2847	-0.1364
	Bachelors Degree	-0.16995*	0.03985	0.000	-0.2484	-0.0915

*The mean difference is significant at the 0.05 level.

Results from the post hoc test showed a statistically significant difference in sources of knowledge on human relationship when respondents who had attained post graduate qualification were compared with those who had no schooling ($p < 0.001$), who had primary school level of schooling ($p < 0.001$), who had secondary school

level of schooling ($p < 0.001$), those who had diplomas ($p < 0.001$) and those who had Bachelors Degrees ($p < 0.001$). Statistically significant differences in sources of knowledge on human relationships were also noted when respondents who had attained primary school level of schooling were compared with those who had Diplomas ($p = 0.001$).

4.4.4.4 Comparison of Sources of Knowledge on Human Relationships among Respondents of Different Religious Affiliations

ANOVA was run to establish whether there were differences in sources of knowledge on human relationship based on religious affiliations (Table 28). There was no sufficient evidence to conclude that there was statistically significant difference in sources of knowledge on human relationships among respondents of different religious affiliations ($F = 0.805, p = 0.523$).

Table 28: ANOVA Comparing Sources of Knowledge on Human Relationships based on Religious Affiliations

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.059	4	0.015	0.805	0.523
Within Groups	5.330	289	0.018		
Total	5.390	293			

4.4.4.5 Comparison of Sources of Knowledge on Human Relationships Based on Rite of Initiation

ANOVA was done to compare the sources of knowledge on human relationships based on the rite of initiation (Table 29). Finding showed that there was no evident to conclude that there was statistically significant difference in sources of knowledge on Human Relationship ($F = 2.823, p = 0.061$)

Table 29: ANOVA Comparison of Sources of Knowledge on Human Relationships Based on Rite of initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.103	2	0.051	2.823	0.061
Within Groups	5.287	291	0.018		
Total	5.390	293			

4.4.4.6 Comparison of Sources of Knowledge on Human Relationships Based on Duration in Marriage

ANOVA done did not establish statistically significant difference in sources of knowledge on human relationships among married people in Meru County based on their length in marriage ($F = 2.173, p = 0.072$; Table 30)

Table 30: ANOVA Comparing Sources of Knowledge on Human Relationships based on Duration Marriage

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.157	4	0.039	2.173	0.072
Within Groups	5.232	289	0.018		
Total	5.390	293			

4.4.5 Sources of Knowledge on Life Skills and Marital Satisfaction

The study explored sources of knowledge on personal values, decision making, communication, assertiveness and negotiation as indicator of sources of knowledge on life skills (Table 31). The differences in sources of knowledge on life skills based of sex, age group, level of formal education, religion rite of passage and duration in marriage were then established.

Table 31: Sources of Knowledge on Human Sexual Relationships

Source	Knowledge on Personal Values in Marriage		Knowledge on Decision Making		Knowledge on Communication in Marriage		Knowledge on Assertiveness in Marriage		Knowledge on Negotiation in Marriage	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
School Teachers	3.5	5.3	4.2	9.3	10.5	9.3	7.7	6.0	8.4	7.3
Parents	36.4	29.8	22.4	17.2	14.7	15.2	11.2	12.6	18.9	15.9
Grandparents	9.1	25.8	2.8	6.6	1.4	8.6	2.1	10.6	3.5-	7.9
Aunts and Uncles	2.8	2.6	4.9	7.3	4.2	9.9	1.4	4.6	3.5	10.6
Peers	11.2	1.3	6.3	7.9	22.4	9.9	9.8	11.9	4.9	5.3
Religion	10.5	6.0	12.6	6.6	7.0	9.3	9.8	5.3	7.7	5.3
Sponsors at Initiation	9.1	9.9	7.7	7.3	9.8	9.9	26.6	19.9	17.5	16.6
Spouses	-	2.0	7.0	4.6	1.4	0.7	5.6	-	7.0	1.3
Professionals	7.7	11.3	11.9	22.5	5.6	11.9	4.2	11.9	6.3	11.3
Radio	5.6	-	2.1	-	3.5	-	2.8	2.0	4.2	1.3
Television	0.7	1.3	-	1.3	-	-	2.8	3.3	-	-
Internet	-	-	-	-	2.8	2.0	-	-	-	2.1
Books and Magazines	5.6	4.0	6.3	2.6	5.6	8.6	5.6	3.3	5.6	4.6
Others	0.7	-	4.9	2.0	-	-	4.2	6.6	2.8	9.3
None	3.5	0.7	7.0	4.6	-	4.6	6.3	5.3	7.7	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Majority (36.4%) of male and majority (29.8%) of female respondents indicated that parents were their most influential source of knowledge of personal values. Parents were the most influential source of knowledge on decision making for majority (22.4%) of male respondents while professionals were the most influential sources of knowledge on decision making for majority (22.5%) of female respondents. Most (22.4%) of the male respondents reported that peers were their most influential source of knowledge on communication in marriage while Parents were reported to be the most influential source of knowledge on communication in marriage by majority (15.2%) of the female respondents. Majority of male (26.6%) and female (19.9%) respondents learnt assertiveness from their sponsors at initiation. Parents were reported to be the most influential source of knowledge on negotiations by most male (16.6%) respondents while sponsors at initiation were reported as the most influential source of knowledge on negotiation by most (18.9%) of the female respondents.

4.4.6 Comparison of Sources of Knowledge on Life Skills

The study sought to establish if there were differences in sources of knowledge on life skills. Comparisons were based on sex, age group, level of formal education, religion, rite of initiation and length in marriage.

4.4.6.1 Comparison of Sources of Knowledge on Life Skills based on Sex

An Independent samples test was carried out to compare sources of knowledge on Life Skills based on sex. Results showed that there was no sufficient evidence to conclude that there was a significant difference in sources of knowledge on life skills between male and female respondents ($t=1.164, p=0.282$).

4.4.6.2 Comparison of Sources of Knowledge on Life Skills based on Age Group

ANOVA was done to compare sources of knowledge on life skills based on Age Group. Results revealed that there was strong evidence to conclude that there was a statistically significant difference in sources of knowledge on life skills among respondents of different age groups ($F=2.850, p=0.024$; Table 32).

Table 32: ANOVA Comparing Sources of Knowledge on Life Skills based on Age Group

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.669	4	0.167	2.850	0.024
Within Groups	16.962	289	0.059		
Total	17.631	293			

Post hoc tests were done to determine the groups that were different. The findings provided strong evidence to conclude that there was a statistically significant difference in sources of knowledge on life skills among respondents of the *Ratanya* age group when compared with those of the *Lubetaa* age group ($p=0.012$), *Mung'atia* age group ($p=0.005$), *Mburung'a* age group ($p=0.003$) and *Gichunge* age group ($p=0.014$; Table 33).

Table 33: Multiple Comparisons of Sources of Knowledge on Life Skills based on Age Group

(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<i>Ratanya</i>	<i>Lubetaa</i>	-0.11962*	0.04746	0.012	-0.2130	-0.0262
	<i>Mung'atia</i>	-0.13327*	0.04674	0.005	-0.2253	-0.0413
	<i>Mburunga</i>	-0.13884*	0.04626	0.003	-0.2299	-0.0478
	<i>Gichunge</i>	-0.11461*	.004626	0.014	-0.2057	-0.0236
<i>Lubetaa</i>	<i>Ratanya</i>	0.11962*	0.04746	0.012	0.0262	0.2130
	<i>Mung'atia</i>	-0.01365	0.04463	0.760	-0.1015	0.0742
	<i>Mburunga</i>	-0.01923	0.04412	0.663	-0.1061	0.0676
	<i>Gichunge</i>	0.00500	0.04412	0.910	-0.0818	0.0918
<i>Mung'atia</i>	<i>Ratanya</i>	0.13327*	0.04674	0.005	0.0413	0.2253
	<i>Lubetaa</i>	0.01365	0.04463	0.760	-0.0742	0.1015
	<i>Mburunga</i>	-0.00558	0.04335	0.898	-0.0909	0.0797
	<i>Gichunge</i>	0.01865	0.04335	0.667	-0.0667	0.1040
<i>Mburunga</i>	<i>Ratanya</i>	0.13884*	0.04626	0.003	0.0478	0.2299
	<i>Lubetaa</i>	0.01923	0.04412	0.663	-0.0676	0.1061
	<i>Mung'atia</i>	0.00558	0.04335	0.898	-0.0797	0.0909
	<i>Gichunge</i>	0.02423	0.04283	0.572	-0.0601	0.1085
<i>Gichunge</i>	<i>Ratanya</i>	0.11461*	0.04626	0.014	0.0236	0.2057
	<i>Lubetaa</i>	-0.00500	0.04412	0.910	-0.0918	0.0818
	<i>Mung'atia</i>	-0.01865	0.04335	0.667	-0.1040	0.0667
	<i>Mburunga</i>	-0.02423	0.04283	0.572	-0.1085	0.0601

*. The mean difference is significant at the 0.05 level.

4.4.6.3 Comparison of Sources of Knowledge on Life Skills based on Level of Formal Educations

A one-way ANOVA was carried out sources of knowledge on Life Skills based on level of formal education. Results in provided strong evidence of statistically significant differences in sources of knowledge on life skills among people of different levels of formal education ($F = 4.962, p < 0.001$; Table 34)

Table 34: ANOVA Comparing Sources of Knowledge on Life Skills based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.398	5	0.280	4.962	0.000
Within Groups	16.232	288	0.056		
Total	17.631	293			

Findings showed strong evidence of statistically significant differences in sources of knowledge on life skills when respondents who had attained primary level of education as level of formal education were compared with those who had attained secondary level of education as their highest level ($p < 0.001$), Diploma as Level of Formal Education ($p = 0.001$) and Bachelors Degree as level of formal education ($p=0.003$; Table 35)

Table 35: Multiple Comparisons of Sources of Knowledge on Life Skills based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Primary	0.07107	0.07602	0.351	-0.0786	0.2207
	Secondary	-0.08727	0.07545	0.248	-0.2358	0.0612
	Diploma	-0.07183	0.07906	0.364	-0.2275	0.0838
	Bachelors Degree	-0.07569	0.08266	0.361	-0.2384	0.0870
	Postgraduate	0.01426	0.09424	0.880	-0.1712	0.1997
Primary	None	-0.07107	0.07602	0.351	-0.2207	0.0786
	Secondary	-0.15833*	0.03500	0.000	-0.2272	-0.0895
	Diploma	-0.14290*	0.04222	0.001	-0.2260	-0.0598
	Bachelors Degree	-0.14676*	0.04861	0.003	-0.2424	-0.0511
	Postgraduate	-0.05681	0.06643	0.393	-0.1876	0.0739
Secondary	None	0.08727	0.07545	.248	-0.0612	0.2358
	Primary	0.15833*	0.03500	.000	0.0895	0.2272
	Diploma	0.01543	0.04119	.708	-0.0656	0.0965
	Bachelors Degree	0.01157	0.04772	.809	-0.0824	0.1055
	Postgraduate	0.10153	0.06578	.124	-0.0279	0.2310
Diploma	None	0.07183	0.07906	0.364	-0.0838	0.2275
	Primary	0.14290*	0.04222	0.001	0.0598	0.2260
	Secondary	-0.01543	0.04119	0.708	-0.0965	0.0656
	Bachelors Degree	-0.00386	0.05325	0.942	-0.1087	0.1009
	Postgraduate	0.08609	0.06989	0.219	-0.0515	0.2237
Bachelors Degree	None	0.07569	0.08266	0.361	-0.0870	.2384
	Primary	0.14676*	0.04861	0.003	0.0511	.2424
	Secondary	-0.01157	0.04772	0.809	-0.1055	0.0824
	Diploma	0.00386	0.05325	0.942	-0.1009	0.1087
	Postgraduate	0.08995	0.07393	0.225	-0.0556	0.2355
Postgraduate	None	-0.01426	0.09424	0.880	-0.1997	0.1712
	Primary	0.05681	0.06643	0.393	-0.0739	0.1876
	Secondary	-.10153	0.06578	0.124	-0.2310	0.0279
	Diploma	-0.08609	0.06989	0.219	-0.2237	0.0515
	Bachelors Degree	-0.08995	0.07393	0.225	-0.2355	0.0556

*The mean difference is significant at the 0.05 level.

4.4.6.4 Comparison of Sources of Knowledge on Life Skills based on Religious Affiliations

ANOVA was done to compare sources of Knowledge on Life Skills based on religious affiliations. Results Provided very strong evidence to conclude that here

were statistically significant difference in sources of knowledge on life skills among respondents of different religious affiliations ($F=2.732, p=0.029$; Table 36)

Table 36: ANOVA Comparing Sources of Knowledge on Life Skills based on Religious

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.642	4	0.161	2.732	0.029
Within Groups	16.988	289	0.059		
Total	17.631	293			

Post hoc tests were carried out to establish the groups that were statistically significant different (Table 37). Findings revealed strong evidence of a statistically significant difference in sources of knowledge on life skills when Catholics were compared to protestant ($p=0.002$).

Table 37: Multiple Comparisons of Sources of Knowledge on Life Skills Based on Religious Affiliations

(I) Religion	(J) Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
None	Protestant	0.04750	0.08865	0.592	-0.1270	0.2220
	Catholic	-0.04594	0.08780	0.601	-0.2187	0.1269
	Muslim	0.01990	0.16414	0.904	-0.3032	0.3430
	Other	-0.10889	0.13822	0.431	-0.3809	0.1631
Protestant	None	-0.04750	0.08865	0.592	-0.2220	0.1270
	Catholic	-0.09344*	0.02953	0.002	-0.1515	-0.0353
	Muslim	-0.02760	0.14179	0.846	-0.3067	0.2515
	Other	-0.15639	0.11076	0.159	-0.3744	0.0616
Catholic	None	0.04594	0.08780	0.601	-0.1269	0.2187
	Protestant	0.09344*	0.02953	0.002	0.0353	0.1515
	Muslim	0.06583	0.14126	0.642	-0.2122	0.3439
	Other	-0.06296	0.11008	0.568	-0.2796	0.1537
Muslim	None	-0.01990	0.16414	0.904	-0.3430	0.3032
	Protestant	0.02760	0.14179	0.846	-0.2515	0.3067
	Catholic	-0.06583	0.14126	0.642	-0.3439	0.2122
	Other	-0.12879	0.17706	0.468	-0.4773	0.2197
Other	None	0.10889	0.13822	0.431	-0.1631	0.3809
	Protestant	0.15639	0.11076	0.159	-0.0616	0.3744
	Catholic	0.06296	0.11008	0.568	-0.1537	0.2796
	Muslim	0.12879	0.17706	0.468	-0.2197	0.4773

*. The mean difference is significant at the 0.05 level.

4.4.6.5 Comparison of Sources of Knowledge on Life Skills based on Rite of Initiation

ANOVA was done to compare sources of Knowledge on Life Skills based on rite of initiation. Results from A did not give evidence of statistically significant differences in sources of knowledge on life skills education based on the rite of initiation ($F=2.244, p=0.108$; Table 38).

Table 38: ANOVA Comparing Sources of Knowledge on Life Skills among Married People in Meru County based on Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.268	2	0.134	2.244	0.108
Within Groups	17.363	291	0.060		
Total	17.631	293			

4.4.6.6 Comparison of Sources of Knowledge on Life Skills among Married People in Meru County based on Length in Marriage

ANOVA was run to compare differences in sources of knowledge on Life Skills among married people in Meru County based on the length in marriage. Results provided strong evidence of statistically significant difference in sources of knowledge on life skills among married people in Meru County based on the period one had stayed in marriage ($F = 3.583, p = 0.007$; Table 39).

Table 39: ANOVA Comparing Sources of Knowledge on Life Skills based on Duration in Marriage

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.833	4	0.208	3.583	0.007
Within Groups	16.798	289	0.058		
Total	17.631	293			

Post hoc tests were run to determine the groups that were different (Table 40). Results provided evidence of statistically significant differences in sources of knowledge on life skill when respondents who had been married for 6-10 years were compared with those who had been married for 1-5 years ($p = 0.030$), 11-15 years ($p = 0.040$), 16-20 years ($p = 0.031$) and over 20 years ($p < 0.001$).

Table 40: Multiple Comparison of Sources of Knowledge on Life Skills based on Duration in Marriage

(I) How many years have you been married?	(J) How many years have you been married?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1- 5	6 – 10	-0.09217*	0.04233	0.030	-0.1755	-0.0088
	11 – 15	0.01206	0.04969	0.808	-0.0857	0.1099
	16-20	0.01381	0.04804	0.774	-0.0807	0.1084
	Over 20 years	0.05777	0.03893	0.139	-0.0188	0.1344
6 – 10	1- 5	0.09217*	0.04233	0.030	0.0088	0.1755
	11 – 15	0.10424*	0.05052	0.040	0.0048	0.2037
	16-20	0.10599*	0.04889	0.031	0.0098	0.2022
	Over 20 years	0.14995*	0.03997	0.000	0.0713	0.2286
11 – 15	1- 5	-0.01206	0.04969	0.808	-0.1099	0.0857
	6 – 10	-0.10424*	0.05052	0.040	-0.2037	-0.0048
	16-20	0.00175	0.05539	0.975	-0.1073	0.1108
	Over 20 years	0.04571	0.04770	0.339	-0.0482	0.1396
16-20	1- 5	0.01381	0.04804	0.774	-0.1084	0.0807
	6 – 10	-0.10599*	0.04889	0.031	-0.2022	-0.0098
	11 – 15	-0.00175	0.05539	0.975	-0.1108	0.1073
	Over 20 years	0.04396	0.04597	0.340	-0.0465	0.1344
Over 20 years	1- 5	-0.05777	0.03893	0.139	-0.1344	0.0188
	6 – 10	-0.14995*	0.03997	0.000	-0.2286	-0.0713
	11 – 15	-0.04571	0.04770	0.339	-0.1396	0.0482
	16-20	-0.04396	0.04597	0.340	-0.1344	0.0465

*. The mean difference is significant at the 0.05 level.

4.4.7 Sources of Knowledge on Sexual Behaviour among Married People in Meru County

The study explored sources of knowledge on sexuality throughout life, shared sexual behaviour, abstinence, sexual response cycle and sexual dysfunction as the areas of sexual behaviour. The first step was to determine the sources among people of different age group (Table 41). Then the differences in the sources of knowledge on sexual behaviour were compared based on sex, age group, level of formal education, religion, rite of passage and level of formal education. After that, the association between the sources of knowledge on sexual behaviour was established.

Table 41: Sources of Knowledge on Human Sexual Behavior

Source	Knowledge on Sexuality Throughout Life		Knowledge on Shared Sexual Behaviour,		Knowledge on Sexual Abstinence,		Knowledge on Sexual Response Cycle		Knowledge on Sexual Dysfunction	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
School Teachers	1.4	2.6	6.6	11.3	7.7	6.0	14.7	11.3	12.6	8.6
Parents	2.8	3.3	9.8	4.2	4.9	10.6	3.5	1.3	3.5	3.3
Grandparents	3.5	8.6	1.4	2.6	4.2	5.3	0.7	3.5	-	4.0
Aunts and Uncles	3.5	2.0	2.8	6.0	4.9	9.9		5.6	0.7	4.6
Peers	28.0	23.8	40.2	31.9	4.9	1.3	11.2	12.6	13.3	7.3
Religious Leaders	2.1	2.0	1.4	4.1	4.9	7.9	7.0	4.2	3.5	1.3
Sponsors at Initiation	25.2	15.2	1.4	10.6	18.9	9.3	21.7	7.9	12.6	5.3
Spouses	4.9	7.4	16.1	20.5	3.5	-	4.9	3.0	10.5	16.6
Professionals	7.0	2.0	11.9	1.3	1.4	12.6	7.0	5.3	10.5	11.9
Radio	1.3	1.3		2.2	0.7	4.0	4.1	1.3	1.4	2.0
Television							4.2	5.6	4.2	-
Internet	2.1	4.6					2.1	4.0	1.4	2.0
Books and Magazines	11.9	12.6	5.6	4.0	19.6	11.9	9.1	11.9	11.2	9.9
None	6.3	14.6		1.3	24.4	21.2	7.7	17.9	14.6	23.2
Others			2.8				2.1	4.6	-	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Most of the male (28.0%) and female (23.8%), respondents indicated that peers were their most influential sources of knowledge on changes in sexuality throughout life. Peers were also reported to be the most influential source of knowledge on shared sexual behaviour by majority of male (40.2%) and female (31.9%) respondents. Majority of the male (24.4%) and female (21.2%) respondents indicated that none was their most influential source of knowledge on sexual abstinence. 21.7%, sponsors at initiation, were the most influential sources of knowledge on human sexual response cycle for most (21.7%) of the male respondents while none was the most influential source of knowledge on human sexual response cycle for most (17.9%) of the female respondents. Majority of the male (14.7%) and female (23.2%) respondents indicated none of was their most influential source of knowledge on sexual dysfunctions

4.4.8 Comparison of Sources of Knowledge on Sexual Behaviour among Married People in Meru County

Comparison on sources of knowledge on sexual behaviour was done based on sex, age group, level of formal education, rite of passage and duration in marriage. Independent t-test and ANOVAs were done to compare the differences.

4.4.8.1 Comparison of Sources of Knowledge on Sexual Behaviour based on Sex

An independent samples t-test was used to compare sources of knowledge on sexual behaviour between males and females. Findings did not give evidence to conclude that there were statistically significant differences in sources of knowledge on sexual behaviour between male and female respondents ($t = 0.182, p = 0.670$).

4.4.8.2 Comparison of Sources of Knowledge on Sexual Behaviour Based on Age Group

ANOVA was used to compare the sources of knowledge on sexual behaviour based on age group. Results did not provide strong evidence to conclude that there was a statistically significant difference in sources of knowledge on sexual behaviour among married people in Meru County based on their age groups ($F = 2.339, p=0.055$; Table 42).

Table 42: ANOVA Comparing Sources of Knowledge on Sexual Behaviour based on Age Group

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.356	4	0.089	2.339	0.055
Within Groups	10.989	289	0.038		
Total	11.345	293			

4.4.8.3 Comparison of Sources of Knowledge on Sexual Behaviour Based on Level of Formal Education

ANOVA was done to compare sources of knowledge on sexual behaviour based on level of formal education. Findings provide a strong evidence to conclude that there were statistically significant differences in sources of knowledge on sexual behaviour among married people in Meru County based on their level of formal education ($F = 6.594$, $p < 0.001$; Table 43)

Table 43: ANOVA Comparing Sources of Knowledge on Sexual Behaviour Based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.165	5	0.233	6.594	0.000
Within Groups	10.180	288	0.035		
Total	11.345	293			

Post hoc tests were done to establish the groups that were different. Findings provided strong evidence to conclude that there were statistically significant differences between respondents who had attained postgraduate as their level of formal education when they were compared with those who had no formal schooling ($p = 0.001$), primary level of schooling as the highest ($p = 0.005$), secondary school as their level of formal education ($p < 0.001$), Diploma as the level of formal education ($p < 0.001$) and Bachelors Degree as their Level of Formal Education ($p = 0.003$). Statistically significant differences were also noted between those who had attained primary school as their level of formal education when compared to those who had secondary school as their level of formal education ($p=0.001$) and Diploma ($p = 0.006$; Table 44).

Table 44: Multiple Comparisons of Sources of Knowledge on Sexual Behaviour Based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
None	Primary	0.10866	0.06020	0.072	-0.0098	0.2272
	Secondary	0.01284	0.05975	0.830	-0.1048	0.1304
	Diploma	0.01631	0.06261	0.795	-0.1069	0.1395
	Bachelors Degree	0.08151	0.06545	0.214	-0.0473	0.2103
	Postgraduate	0.25862*	0.07463	0.001	0.1117	0.4055
Primary	None	-0.10866	0.06020	0.072	-0.2272	0.0098
	Secondary	-0.09582*	0.02771	0.001	-0.1504	-0.0413
	Diploma	-0.09235*	0.03344	0.006	-0.1582	-0.0265
	Bachelors Degree	-0.02715	0.03850	0.481	-0.1029	0.0486
	Postgraduate	0.14995*	0.05261	0.005	0.0464	0.2535
Secondary	None	-0.01284	0.05975	0.830	-0.1304	0.1048
	Primary	0.09582*	0.02771	0.001	0.0413	0.1504
	Diploma	0.00347	0.03262	0.915	-0.0607	0.0677
	Bachelors Degree	0.06867	0.03779	0.070	-0.0057	0.1431
	Postgraduate	0.24578*	0.05209	0.000	0.1433	0.3483
Diploma	None	-0.01631	0.06261	0.795	-0.1395	0.1069
	Primary	0.09235*	0.03344	0.006	0.0265	0.1582
	Secondary	-0.00347	0.03262	0.915	-0.0677	0.0607
	Bachelors Degree	0.06520	0.04217	0.123	-0.0178	0.1482
	Postgraduate	0.24230*	0.05535	0.000	0.1334	0.3512
Bachelors Degree	None	-0.08151	0.06545	0.214	-0.2103	0.0473
	Primary	0.02715	0.03850	0.481	-0.0486	0.1029
	Secondary	-0.06867	0.03779	0.070	-0.1431	0.0057
	Diploma	-0.06520	0.04217	0.123	-0.1482	0.0178
	Postgraduate	0.17710*	0.05854	0.003	0.0619	0.2923
Postgraduate	None	-0.25862*	0.07463	0.001	-0.4055	-0.1117
	Primary	-0.14995*	0.05261	0.005	-0.2535	-0.0464
	Secondary	-0.24578*	0.05209	0.000	-0.3483	-0.1433
	Diploma	-0.24230*	0.05535	0.000	-0.3512	-0.1334
	Bachelors Degree	-0.17710*	0.05854	0.003	-0.2923	-0.0619

*. The mean difference is significant at the 0.05 level.

4.4.8.4 Comparison of Sources of Knowledge on Sexual Behaviour Based on Religious Affiliations

ANOVA was done to compare sources of knowledge on sexual behaviour based on religious affiliation. Results did not provide evidence to conclude that there were statistically significant differences in sources of knowledge on among married people in Meru County based on their religious affiliations ($F = 2.062, p = 0.086$; Table 45)

Table 45: ANOVA Comparing Sources of Knowledge on Sexual Behaviour Based on Religious Affiliations

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.315	4	0.079	2.062	0.086
Within Groups	11.030	289	0.038		
Total	11.345	293			

4.4.8.5 Comparison of Sources of Knowledge on Sexual Behaviour Based on Rite of Initiation

ANOVA was carried out to compare sources of knowledge on sexual behaviour based on rite of passage. Findings did not provided evidence to conclude that there were statistically significant differences in sources of knowledge on sexual behaviour based on the rite of initiation ($F = 0.590, p = 0.555$; Table 46).

Table 46: ANOVA Comparing Sources of Knowledge on Sexual Behaviour based on Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.046	2	0.023	0.590	0.555
Within Groups	11.299	291	0.039		
Total	11.345	293			

4.4.8.6 Comparison of Sources of Knowledge on Sexual Behaviour Based on Duration in Marriage

ANOVA was carried out to compare sources of knowledge on sexual behaviour based on duration in marriage. Results did not provide evidence to conclude that there were statistically significant differences in sources of knowledge on sexual behaviour based on length in marriage ($F=0.286, p=0.887$; Table 47).

Table 47: ANOVA Comparing Sources of Knowledge on Sexual Behaviour based on Duration in Marriage

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.045	4	0.011	0.286	0.887
Within Groups	11.300	289	0.039		
Total	11.345	293			

Statistically significant differences in the sources of family life knowledge were observed based on the level of formal education. Those who had attained postgraduate qualifications reported significant differences with the rest of the groups.

4.4.9 Sources of Knowledge on Sexual Health

Sources of Knowledge on reproductive health, contraceptives, pregnancy and prenatal care, abortion, STDs/STIs/HIV and AIDS, abuse, sexual assault, violence and harassment; looking for help on sexual issues were studied under sources of knowledge on sexual health (Table 48). A comparison of these sources was made based on sex, age group, level of formal education, religion, rite of initiation and duration in the marriage.

Table 48: Sources of Knowledge on Human Sexual Health

Source	Knowledge on Reproductive Health		Knowledge on Contraceptives		Knowledge on Pregnancy and Prenatal Care		Knowledge on Abortion		Knowledge on HIV/AIDS		Knowledge on Abuse, Sexual Assault, Violence and Harassment		Knowledge on Looking for Help on Sexual Issues	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
School Teachers	28.0	29.1	18.7	2.0	16.8	5.3	25.2	19.9	21.7	33.1	10.5	23.8	9.1	2.6
Parents	8.4	6.6	4.9	7.3	5.6	9.9	-	3.3	4.2	2.6	1.4	5.3	4.2	4.0
Grandparents	-	6.6	-	-	4.9	3.3	1.4	3.3	-	2.0	7.7	4.6	-	5.3
Aunts and Uncles	1.4	-	3.5	4.6	4.2	2.0	4.9	0.7	4.2	-	2.1	-	0.7	2.0
Peers	3.5	2.0	25.9	13.2	11.9	6.6	21.0	25.2	14.7	21.9	25.9	19.9	11.2	4.6
Religion	-	-	2.8	1.3	3.5	3.3	-	4.0	-	2.0	2.1	5.3	9.1	6.0
Sponsors at Initiation	22.4	11.9	-	4.0	7.7	19.9	2.8	3.3	1.4	4.6	9.1	9.3	20.3	13.9
Spouses	9.1	6.0	3.5	-	7.7	-	2.1	0.7	0.7	2.6	-	2.0	4.2	9.3
Professionals	16.1	23.2	23.1	37.1	18.2	35.1	14.0	6.6	21.0	17.2	11.2	6.6	10.5	20.5
Radio	2.8	-	2.8	-	-	-	-	2.0	4.9	2.0	6.3	-	3.5	-
Television	-	-	-	-	3.5	-	-	-	3.5	-	-	-	2.1	-
Internet	2.1	2.0	-	4.6	-	2.6	2.1	2.6	2.1	-	2.8	7.3	1.4	2.4
Books and Magazines	2.8	4.0	4.2	7.9	2.8	7.9	7.0	2.0	4.2	2.0	4.9	2.6	7.0	9.9
Others	1.4	-	2.1	2.0	5.6	0.7	2.1	7.3	-	4.0	4.9	6.0	7.2	2.6
None	2.1	8.6	8.4	15.9	7.7	3.3	17.5	19.2	17.5	6.0	11.2	7.3	9.1	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The findings revealed that school teachers were the most influential source of knowledge on reproductive health for majority of male (28.0%) and female (29.7%) respondents. Professionals were the most influential source of knowledge on pregnancy and prenatal care for majority (18.2%) of the male and majority (35.1%) of the female. Peers most influential sources of knowledge on contraceptive for majority (25.9) of the male respondents while professions were reported as the most influential sources of knowledge on contraceptives by most (37.1 %) of the female respondents. Teachers and Peers were reported as the most influential source of knowledge on abortion by majority 25.2% of both the male and female respondents.

School teacher were the most influential sources of knowledge on STDS/STIs and HIV/AIDS among male respondents for most of the male (21.7%) and female (33.1%) respondents. Peers were the most influential source of knowledge on abuse, assault, violence and harassment for majority (25.9%) of the male respondents while school teachers were the most influential source of knowledge on abuse, assault, violence and harassment for majority 23.8% of the female respondents. Sponsors at initiation were the most influential sources of knowledge on looking for help on sexual issues for majority (20.3%) of the male respondents. Professionals were the most influential sources of knowledge on looking for help on sexual issues most (20.5%) of the female

4.4.10 Comparison of Sources of Knowledge on Sexual Health

Sources of knowledge on sexual health were compared based on sex, gender, age group, level of formal education, religion, rite of initiation and duration in marriage. The findings are discussed in this section.

4.4.10.1 Comparison of Sources of Knowledge on Sexual Health among Married People in Meru County Based on Sex

An independent Samples t-test was done to compare the differences in sources of knowledge on sexual health between married men and women in Meru County. Results do not provide evidence to conclude that there were statistically significant differences in sources of knowledge on sexual health between males and females in Meru County ($F = 0.013, p = 0.911$)

4.4.10.2 Comparison of Sources of Knowledge on Sexual Health Based on Age Group

ANOVA was conducted to compare differences in sources of knowledge on sexual health based on age group. Findings did not provide evidence to conclude that there were statistically significant differences in sources of knowledge on sexual health among married people of different age groups ($F = 1.625, p = 0.168$; Table 49).

Table 49: ANOVA Comparing Sources of Knowledge on Sexual Health Based on Age Group

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.222	4	0.056	1.624	0.168
Within Groups	9.880	289	0.034		
Total	10.102	293			

4.4.10.3 Comparison of Sources of Knowledge on Sexual Health Based on Level of Formal Education

ANOVA was done to compare differences in sources of knowledge on sexual health based on level of formal education. Results provided evidence to conclude that there were statistically significant differences in sources of knowledge on sexual health among people of different levels of formal education ($F = 5.876, p < 0.001$; Table 50).

Table 50: Comparison of Sources of Knowledge on Sexual Health Based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.935	5	0.187	5.876	0.000
Within Groups	9.167	288	0.032		
Total	10.102	293			

Post hoc test were carried out to establish the groups that were statistically significantly different. Findings provided evidence to conclude that there statistically significant differences sources of knowledge on sexual health when respondents who had attained diploma education as level of formal education were compared to those who had attained primary ($p < 0.001$), secondary ($p = 0.001$) and bachelor's degree ($p = 0.046$). Statistically significant differences were also found when respondents who

had attained postgraduate qualifications as their level of formal education were compared to those who had not attained any formal schooling ($p = 0.007$), those who had attained secondary ($p = 0.009$), Diploma ($p < 0.001$) and bachelor's degree ($p = 0.007$) as their highest levels of schooling, (Table, 51)

Table 51: Multiple Comparisons of Sources of Knowledge on Sexual Health Based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Interval Lower Bound	Confidence Upper Bound
None	Primary	0.10113	0.05713	0.078	-0.0113	0.2136
	Secondary	0.06260	0.05670	0.271	-0.0490	0.1742
	Diploma	-0.03755	0.05942	0.528	-0.1545	0.0794
	Bachelors Degree	0.04279	0.06211	0.491	-0.0795	0.1650
	Postgraduate	0.19271*	0.07082	.007	0.0533	0.3321
Primary	None	-0.10113	0.05713	0.078	-0.2136	0.0113
	Secondary	-0.03853	0.02630	0.144	-0.0903	0.0132
	Diploma	-0.13868*	0.03173	0.000	-0.2011	-0.0762
	Bachelors Degree	-0.05834	0.03653	0.111	-0.1302	0.0136
	Postgraduate	0.09158	0.04992	0.068	-0.0067	0.1898
Secondary	None	-.06260	.05670	.271	-.1742	.0490
	Primary	.03853	.02630	.144	-.0132	.0903
	Diploma	-.10015*	.03095	.001	-.1611	-.0392
	Bachelors Degree	-.01981	.03586	.581	-.0904	.0508
	Postgraduate	.13011*	.04943	.009	.0328	.2274
Diploma	None	.03755	.05942	.528	-.0794	.1545
	Primary	.13868*	.03173	.000	.0762	.2011
	Secondary	.10015*	.03095	.001	.0392	.1611
	Bachelors Degree	.08034*	.04001	.046	.0016	.1591
	Postgraduate	.23026*	.05252	.000	.1269	.3336
Bachelors Degree	None	-.04279	.06211	.491	-.1650	.0795
	Primary	.05834	.03653	.111	-.0136	.1302
	Secondary	.01981	.03586	.581	-.0508	.0904
	Diploma	-.08034*	.04001	.046	-.1591	-.0016
	Postgraduate	.14992*	.05556	.007	.0406	.2593
Postgraduate	None	-.19271*	.07082	.007	-.3321	-.0533
	Primary	-.09158	.04992	.068	-.1898	.0067
	Secondary	-.13011*	.04943	.009	-.2274	-.0328
	Diploma	-.23026*	.05252	.000	-.3336	-.1269
	Bachelors Degree	-.14992*	.05556	.007	-.2593	-.0406

*The mean difference is significant at the 0.05 level.

4.4.10.4 Comparison of Sources of Knowledge on Sexual Health Based on Religious Affiliations

ANOVA was run to compare differences in sources of knowledge on sexual health based on religious affiliations. Results provided evidence to conclude that there were statistically significant differences in sources of knowledge on sexual health among married people in Meru County based on religious affiliations ($F=2.401$, $p = 0.0500$), (Table 52).

Table 52: ANOVA Comparing Sources of Knowledge on Sexual Health Based on Religious Affiliations

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.325	4	0.081	2.401	0.050
Within Groups	9.777	289	0.034		
Total	10.102	293			

Post hoc tests were done to establish the groups that were statistically significantly different. Results showed evidence of statistically significant differences in sources of knowledge on sexual health when Muslims were compared to those who had no religious affiliations ($p = 0.003$), Protestants ($p = 0.018$), Catholics ($p = 0.013$) and others ($p = 0.028$; Table 53).

Table 53: Multiple Comparisons of Sources of Knowledge on Sexual Health based on Religion

(I) Religion	(J) Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Protestant	-0.12066	.06725	.074	-.2530	.0117
	Catholic	-.10963	.06661	.101	-.2407	.0215
	Muslim	-.37662*	.12452	.003	-.6217	-.1315
	Other	-.07917	.10486	.451	-.2856	.1272
Protestant	None	.12066	.06725	.074	-.0117	.2530
	Catholic	.01103	.02240	.623	-.0331	.0551
	Muslim	-.25596*	.10757	.018	-.4677	-.0442
	Other	.04149	.08403	.622	-.1239	.2069
Catholic	None	.10963	.06661	.101	-.0215	.2407
	Protestant	-.01103	.02240	.623	-.0551	.0331
	Muslim	-.26699*	.10717	.013	-.4779	-.0561
	Other	.03046	.08351	.716	-.1339	.1948
Muslim	None	.37662*	.12452	.003	.1315	.6217
	Protestant	.25596*	.10757	.018	.0442	.4677
	Catholic	.26699*	.10717	.013	.0561	.4779
	Other	.29745*	.13433	.028	.0331	.5618
Other	None	.07917	.10486	.451	-.1272	.2856
	Protestant	-.04149	.08403	.622	-.2069	.1239
	Catholic	-.03046	.08351	.716	-.1948	.1339
	Muslim	-.29745*	.13433	.028	-.5618	-.0331

*The mean difference is significant at the 0.05 level.

4.4.10.5 Comparison of Sources of Knowledge on Sexual Health Based on Rite of Initiation

ANOVA was done to compare differences in sources of knowledge on sexual health based on rite of initiation. The findings did not provide sufficient evidence to conclude that there were statistically significant differences in sources of knowledge on sexual health among people of different rites of passage ($F = 1.669$), $p = 0.190$; Table 54).

Table 54: ANOVA Comparing Sources of Knowledge on Sexual Health Based on Rite of Initiation

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.115	2	0.057	1.669	0.190
Within Groups	9.988	291	.034		
Total	10.102	293			

4.4.9.6 Comparisons of Sources of Knowledge on Sexual Health based on Length in Marriage

ANOVA was carried out to compare differences in sources of knowledge on sexual health based on the duration in marriage. Results did not provide evidence to conclude that there were statistically significant differences in sources of knowledge on sexual health based on the length one had stayed in the marriage ($F = 0.542$, $p = 0.705$; Table 55).

Table 55: ANOVA Comparing Sources of Knowledge on Sexual Health based on Duration in Marriage

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.075	4	0.019	0.542	0.705
Within Groups	10.027	289	0.035		
Total	10.102	293			

4.4.11 Comparison of Influence of Sources of Family Life Knowledge on Marital Satisfaction

One-Sample Kolmogorov-Smirnov Test was done to establish differences in the influence of sources of family life knowledge. The findings provided evidence to conclude that there were statistically significant differences ($p < 0.001$).

The study found it necessary to establish the sources of differences in the influence on sources of family life knowledge on marital satisfaction. Kruskal Wallis test was used to make Comparisons based on sex, age group, level of formal education, religion, rite of passage and duration in marriage.

4.4.11.1 Influence of Sources of Family Life Knowledge on Marital Satisfaction Based on Sex

Kruskal Wallis test was done to establish differences in the influence of sources of family life knowledge and marital satisfaction among married males and females in Meru County. Results provided evidence to conclude that there was a statistically significant difference in the influence of sources of family life knowledge on marital satisfaction ($\chi^2=4.020$, $p=0.045$) between married males and females in Meru County of Kenya. Results also provided evidence to conclude that there were statistically significant differences in the influence of sources of family life knowledge on

intimacy ($\chi^2 = 5.412, p = 0.020$), passion ($\chi^2 = 4.164, p = 0.041$). There was however no evidence to conclude that there were statistically significant differences in the influence of sources of family life knowledge of commitment ($\chi^2 = 0.708, p = 0.400$).

4.4.11.2 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Age Group

Kruskal Wallis test was carried out to determine the influence of sources of family life knowledge on marital satisfaction based on age group. Results provided strong evidence to conclude that there were statistically significant differences in the influence of sources of family life knowledge on intimacy ($\chi^2 = 14.815, p = 0.005$), passion ($\chi^2 = 23.198, p < 0.001$), commitment ($\chi^2 = 11.585, p = 0.021$) and marital satisfaction ($\chi^2 = 13.631, p = 0.009$) among married people of different age groups in Meru County.

4.4.11.3 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Level of Formal Education

Kruskal Wallis test was carried out to compare the influence of sources of family life knowledge between people of different levels of formal. Results provided enough evidence to conclude that there were no statistically significant differences in the influence of family life knowledge of intimacy ($\chi^2 = 9.182, p = 0.102$), Passion ($\chi^2 = 10.121, p = 0.072$), commitment ($\chi^2 = 4.631, p = 0.463$) and marital satisfaction ($\chi^2 = 9.831, p = 0.081$) among married people of different highest levels of schooling in Meru County.

4.4.11.4 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Religious Affiliations

Kruskal Wallis test was carried out to compare the influence of sources of family life knowledge between people of different religious affiliation. Results did not provide sufficient evidence to conclude that there were differences in the influence of sources of family life knowledge of passion ($\chi^2 = 8.560, p = 0.070$). However, there was evidence to conclude that there were statistically significant differences in the influence of sources of family life knowledge on intimacy ($\chi^2 = 12.749, p = 0.003$), commitment ($\chi^2 = 14.682, p = 0.005$) and marital satisfaction ($\chi^2 = 12.555, p = 0.014$) among married people of different religious affiliations in Meru County.

4.4.11.5 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on Rite of Initiation

Kruskal Wallis test was carried out to compare the influence of sources of family life knowledge between people of different religious affiliation. Results did not provide evidence to conclude that there were statistically significant differences in the influence of sources of family life knowledge on intimacy ($\chi^2 = 4.465$, $p = 0.107$), Commitment ($\chi^2 = 1.393$, $p = 0.498$), passion ($\chi^2 = 2.877$, $p = 0.237$) and marital satisfaction ($\chi^2 = 2.594$, $p = 0.273$).

4.4.11.6 Influence of Sources of Family Life Knowledge on Marital Satisfaction based on the Duration in the marriage

Kruskal Wallis test was done to compare differences in influence of sources of family life knowledge on marital satisfaction based on the duration in marriage. Results provided strong evidence to conclude that there were statistically significant differences in the influence of sources of family life knowledge on intimacy ($\chi^2 = 20.207$, $p < 0.001$), passion ($\chi^2 = 17.121$, $p = 0.002$), commitment ($\chi^2 = 26.620$, $p < 0.001$) and Marital Satisfaction $\chi^2 = 26.620$, $p < 0.001$) among married people of different duration in marriage in Meru County.

4.5 Differences in Age of Delivery of Family Life Knowledge among Married People in Meru County

One Sample t-test was used to determine differences in age of delivery of family life knowledge among married people in Meru County. Findings provided evidence to conclude that there were statistically significant differences in ($p < 0.001$). The study then set out to establish the sources of the differences by studying the five sub constructs of knowledge of human sexuality which includes knowledge on human development, knowledge on human relationships, knowledge on life skills, knowledge on sexual behaviour and knowledge on sexual health.

4.5.1 Age of Delivery of Knowledge on Human Development

The study evaluated age of delivery of knowledge on human development among married people in Meru County by looking at knowledge on human sexual anatomy and physiology, knowledge on puberty, knowledge on reproduction, knowledge on body image and knowledge on gender identity (Table 56).

Table 56: Age of Delivery of Knowledge on Human Sexual Development

Source	Knowledge on Human Sexual Anatomy and Physiology		Knowledge on Puberty,		Knowledge on Reproduction		Knowledge on Body Image		Knowledge on Gender Identity	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Never	2.1	2.6	-	-	-	1.3	-	2.6	2.1	3.3
1-10 Years	49.0	39.7	25.9	13.2	12.6	6.6	33.6	19.9	53.8	27.2
11-20 Years	39.9	49.0	74.1	78.8	65.7	66.9	62.2	66.9	35.0	51.7
21-30 Years	9.1	6.0	-	-	21.0	23.8	4.2	10.6	9.1	17.9
31- 40 Years	-	2.6	-	-	-	1.3	-	-	-	-
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Findings revealed that majority (49.0%) of the male respondents got knowledge on human sexual anatomy and physiology at the age of 0-10 years while Majority (49.0%) of the female respondents indicated that they got knowledge on human sexual anatomy and physiology at the age of 11-20 years. Most (71.1%) of the male respondents reported that they got knowledge on puberty when they were aged between 11-20 years while majority 78.8%) of the female respondents reported that they got knowledge on puberty at the age of 11-20 years Most (65.4%) of the male respondents got knowledge on reproduction at the age of 11-20 years. Among the female respondents, 66.9% reported that they got knowledge on reproduction at the ages of 11-20 years. Most of the male (62.2%) and female (66.9%) respondents got knowledge on body image at the age of 11-20 years. Majority (58.3%) the -male indicated that they got knowledge on gender identity at the ages of 0-10 years while majority (51.7%) indicated that they got knowledge on gender identity at the ages of 11-20 years.

4.5.2 Comparisons of Age of Delivery of Knowledge on Human Development County

Comparison were made to establish whether there were differences in age at which knowledge on human development on was delivered to married people in Meru County based on sex, age group, level of formal education, religion, rite of initiation and duration in marriage.

4.5.2.1 Comparisons of Age of Delivery of Knowledge on Human Development based on Sex

An independent t-test was done to compare the age of at which knowledge on human development was delivered based on sex. Statistically significant differences were noted ($F = 5.975, p = 0.015$).

4.5.2.2 Comparisons of Age of Delivery of Knowledge on Human Development County based on Age Group

ANOVA was carried out to compare the differences in age at which on knowledge on human development was delivered based on the age group. Results provided evidence to conclude that there were statistically significant differences in ($F = 3.237, p = 0.013$) (Table 57)

Table 57: ANOVA comparing of Age of Delivery of Knowledge on Human Development based on Age Group

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.085	4	0.021	3.237	0.013
Within Groups	1.892	289	0.007		
Total	1.976	293			

Post hoc test were done to compare the groups that were different. Statistically significant differences were noted in the age at which on knowledge on human development was delivered to married people Meru County when respondents of the *Ratanya* age group were compared to those of the *Gichunge* age group ($p = 0.005$). There were also statistically significant differences when respondents of the *Lubetaa* age group were compared with those of *Mung'atia* age group ($p = 0.039$) and when respondents of the *Lubetaa* age group were compared with those of the *Gichunge* age group ($p=0.003$; Table 58).

Table 58: Multiple Comparisons of Age of Delivery of Knowledge on Human Development based on Age Group

(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
<i>Ratanya</i>	<i>Lubetaa</i>	0.00073	0.01585	0.963	-0.0305	0.0319
	<i>Mung'atia</i>	0-.03015	0.01561	0.054	-0.0609	0.0006
	<i>Mburung'a</i>	-0.01959	0.01545	0.206	-0.0500	0.0108
	<i>Gichunge</i>	-0.04331*	0.01545	0.005	-0.0737	-0.0129
<i>Lubetaa</i>	<i>Ratanya</i>	-0.00073	0.01585	0.963	-0.0319	0.0305
	<i>Mung'atia</i>	-0.03088*	0.01490	0.039	-0.0602	-0.0015
	<i>Mburung'a</i>	-0.02032	0.01473	0.169	-0.0493	0.0087
	<i>Gichunge</i>	-0.04404*	0.01473	0.003	-0.0730	-0.0150
<i>Mung'atia</i>	<i>Ratanya</i>	0.03015	0.01561	0.054	-0.0006	0.0609
	<i>Lubetaa</i>	0.03088*	0.01490	0.039	0.0015	0.0602
	<i>Mburung'a</i>	0.01056	0.01448	0.466	-0.0179	0.0391
	<i>Gichunge</i>	-0.01316	0.01448	0.364	-0.0417	0.0153
<i>Mburung'a</i>	<i>Ratanya</i>	0.01959	0.01545	0.206	-0.0108	0.0500
	<i>Lubetaa</i>	0.02032	0.01473	0.169	-0.0087	0.0493
	<i>Mung'atia</i>	-0.01056	0.01448	0.466	-0.0391	0.0179
	<i>Gichunge</i>	-0.02372	0.01430	0.098	-0.0519	0.0044
<i>Gichunge</i>	<i>Ratanya</i>	0.04331*	0.01545	0.005	0.0129	0.0737
	<i>Lubetaa</i>	0.04404*	0.01473	0.003	0.0150	0.0730
	<i>Mung'atia</i>	0.01316	0.01448	0.364	-0.0153	0.0417
	<i>Mburung'a</i>	0.02372	0.01430	0.098	-0.0044	0.0519

*. The mean difference is significant at the 0.05 level.

4.5.2.3 Comparisons of Age of Delivery of Knowledge on Human Development based on Level of Formal Education

ANOVA was done to compare differences in age of delivery of knowledge on human development based on the level of formal education. Results provided evidence to conclude that there were a statistically significant differences ($F = 4.814$, $p < 0.001$; Table 59).

Table 59: ANOVA Comparing Age of Delivery of Knowledge on Human Development based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.152	5	0.030	4.814	0.000
Within Groups	1.824	288	0.006		
Total	1.976	293			

Post hoc test were done to determine the groups that were different (Table 60). Statistically significant differences in age of delivery of knowledge on human development were noted when those who had no formal education were compared to those who had primary school as the level of formal education ($p = 0.002$) and those who had diploma as their level of formal education ($p = 0.020$). Statistically significant differences were also noted when those who had primary level of schooling as their level of formal schooling were compared with those who had secondary as their level of formal education ($p < 0.001$) and those who had bachelor's degree as their level of formal education ($p = 0.002$). Statistically significant differences were also found when those who had secondary school as the level of formal education were compared with those who had diploma as their level of formal education ($p = 0.044$).

Table 60: Multiple Comparisons Age of Delivery of Knowledge on Human Development County Based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
None	Primary	0.08011*	0.02548	0.002	0.0300	0.1303
	Secondary	0.03394	0.02529	0.181	-0.0158	0.0837
	Diploma	0.06182*	0.02650	0.020	0.0097	0.1140
	Bachelors Degree	0.02906	0.02771	0.295	-0.0255	0.0836
	Postgraduate	0.04574	0.03159	0.149	-0.0164	0.1079
Primary	None	-0.08011*	0.02548	0.002	-0.1303	-0.0300
	Secondary	-0.04616*	0.01173	0.000	-0.0693	-0.0231
	Diploma	-0.01829	0.01415	0.197	-0.0461	0.0096
	Bachelors Degree	-0.05105*	0.01630	0.002	-0.0831	-0.0190
	Postgraduate	-0.03437	.02227	0.124	-0.0782	0.0095
Secondary	None	-0.03394	0.02529	0.181	-0.0837	0.0158
	Primary	0.04616*	0.01173	0.000	0.0231	0.0693
	Diploma	0.02788*	0.01381	0.044	0.0007	0.0551
	Bachelors Degree	-0.00489	0.01600	0.760	-0.0364	0.0266
	Postgraduate	0.01179	0.02205	0.593	-0.0316	0.0552
Diploma	None	-0.06182*	0.02650	0.020	-0.1140	-0.0097
	Primary	.01829	0.01415	0.197	-0.0096	0.0461
	Secondary	0.02788*	0.01381	0.044	-0.0551	-0.0007
	Bachelors Degree	-0.03276	0.01785	0.067	-0.0679	0.0024
	Postgraduate	-0.01608	0.02343	0.493	-0.0622	0.0300
Bachelors Degree	None	-0.02906	0.02771	0.295	-0.0836	0.0255
	Primary	0.05105*	0.01630	0.002	0.0190	0.0831
	Secondary	0.00489	0.01600	0.760	-0.0266	0.0364
	Diploma	0.03276	0.01785	0.067	-0.0024	0.0679
	Postgraduate	0.01668	0.02478	0.501	-0.0321	0.0655
Postgraduate	None	-0.04574	0.03159	0.149	-0.1079	0.0164
	Primary	0.03437	0.02227	0.124	-0.0095	0.0782
	Secondary	-0.01179	0.02205	0.593	-0.0552	0.0316
	Diploma	0.01608	0.02343	0.493	-0.0300	0.0622
	Bachelors Degree	-0.01668	0.02478	0.501	-0.0655	0.0321

*. The mean difference is significant at the 0.05 level.

4.5.2.4 Comparisons of Age of Delivery of Knowledge on Human Development Based on Religious Affiliations

ANOVA was done to compare differences in Age at which knowledge on human development was delivered to married people in Meru based on religious affiliations.

Results did not provide sufficient evidence to conclude that there were statistically significant differences ($F=1.439$, $p=0.221$; Table 61).

Table 61: ANOVA Comparing of Age of Delivery of Knowledge on Human Development Based on Religious Affiliations

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.039	4	0.010	1.439	0.221
Within Groups	1.938	289	0.007		
Total	1.976	293			

4.5.2.5 Comparisons of Age of Delivery of Knowledge on Human Development based on Rite of Initiation

ANOVA was done to compare the differences in age of delivery of knowledge on human development county based on rite of initiation. Results provided strong evidence to conclude that there were statistically significant differences ($F=143.739$, $p<0.001$; Table 62).

Table 62: ANOVA Comparing Age of Delivery of Knowledge on Human Development Based on Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.182	2	0.091	14.739	0.000
Within Groups	1.795	291	0.006		
Total	1.976	293			

Post hoc test were done to establish the groups that were different. Statistically significant differences were noted when those who had not go through any rite of initiation were compared to those who had undergone the traditional rite of initiation ($p<0.001$) and those who had undergone the modern rite of initiation ($p<0.001$; Table 63)

Table 63: Multiple Comparisons of Age of Delivery of Knowledge on Human Development Based on Rite of Initiation

LSD

(I) Rite of initiation	(J) Rite of initiation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Traditional	Modern	0.00785	0.01230	0.524	-0.0164	0.0321
	None	-0.05769*	0.01140	0.000	-0.0801	-0.0353
Modern	Traditional	-0.00785	0.01230	0.524	-0.0321	0.0164
	None	-0.06554*	0.01453	0.000	-0.0941	-0.0369
None	Traditional	.05769*	0.01140	0.000	0.0353	0.0801
	Modern	.06554*	0.01453	0.000	0.0369	0.0941

*. The mean difference is significant at the 0.05 level.

4. 5.2.6 Comparisons of Age of Delivery of Knowledge on Human Development Based Duration in Marriage

ANOVA was done to compare differences in age of delivery of knowledge on human development among married people in Meru County based on the duration in marriage. Results provided strong evidence to conclude that there were statistically significant differences ($F = 3.639$, $p = 0.007$; Table 64).

Table 64: ANOVA Comparing of Age of Delivery of Knowledge on Human Development based on Duration Marriage

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.095	4	0.024	3.639	0.007
Within Groups	1.882	289	.007		
Total	1.976	293			

Post hoc tests were done to confirm the groups that were different (Table 65). Statically significant differences were noted when those who had been in marriage for 11-15 years were compared with those who had been in marriage for 6-10 years ($p = 0.006$), 16-20 years ($p = 0.003$) and over 20 years ($p = 0.001$)

Table 65: Multiple Comparisons of Age of Delivery of Knowledge on Human Development based on Duration in Marriage

(I) How many years have you been married?	(J) How many years have you been married?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1- 5	6 – 10	0.01635	0.01417	0.249	-0.0115	0.0442
	11 – 15	-.03063	0.01663	0.067	-0.0634	0.0021
	16-20	0.02528	0.01608	0.117	-0.0064	0.0569
	Over 20	0.02378	0.01303	0.069	-0.0019	.00494
6 – 10	1- 5	-0.01635	0.01417	0.249	-0.0442	0.0115
	11 – 15	-0.04698*	0.01691	0.006	-0.0803	-0.0137
	16 -20	0.00893	0.01636	0.586	-0.0233	0.0411
	Over 20	0.00743	0.01338	0.579	-0.0189	0.0338
11 – 15	1- 5	0.03063	0.01663	0.067	-0.0021	0.0634
	6 – 10	0.04698*	0.01691	0.006	0.0137	0.0803
	16-20	0.05592*	0.01854	0.003	0.0194	0.0924
	Over 20	0.05441*	0.01596	0.001	0.0230	0.0858
16-20	1- 5	-0.02528	0.01608	0.117	-0.0569	0.0064
	6 – 10	-0.00893	0.01636	0.586	-0.0411	0.0233
	11 – 15	-0.05592*	0.01854	0.003	-0.0924	-0.0194
	Over 20	-0.00150	0.01539	0.922	-0.0318	0.0288
Over 20 y	1- 5	-0.02378	0.01303	0.069	-0.0494	0.0019
	6 – 10	-0.00743	0.01338	0.579	-0.0338	0.0189
	11 – 15	-0.05441*	0.01596	0.001	-0.0858	-0.0230
	16-20	0.00150	0.01539	0.922	-0.0288	0.0318

*. The mean difference is significant at the 0.05 level.

4.5.3 Age of Delivery of Knowledge on Human Relationships among Married People in Meru County

The study established the age at which knowledge on relationship within families, relationship with friends, love and romantic relationships, marriage as a lifetime commitment and raising children; under the age of delivery of knowledge on human relationships (Table 66). Then the differences in age of delivery of knowledge on human relationships were compared based on sex, age group, level of formal education, religious affiliations, rite of initiation and duration in marriage.

Table 66: Sources of Knowledge on Human Sexual Relationships

Source	Knowledge on Relationship within Families		Knowledge on Relationship with Friends		Knowledge on Love and Romantic Relationships		Knowledge on Marriage as a Lifetime Commitment		Knowledge on Raising Children	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Never	-	-	-	-	-	1.3	-	-	-	2.6
0-10 Year	34.4	31.1	28.0	19.9	4.2	3.3	1.4	2.0	11.9	4.0
11-20 Years	48.3	50.3	66.4	65.6	62.2	55.6	46.9	63.0	39.9	51.0
21-30 Years	17.5	18.5	5.6	14.6	33.6	39.7	51.7	45.0	46.9	41.1
31-40 Years	-	-	-	-	-	-	-	-	-	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Most of the male (49.7%), and female (50.3%), respondents, indicated that they got knowledge on relationship within families between the ages of 11-20 years. Majority of the male (66.4%) and female (65.9%) respondents indicated that they got knowledge on relationship with friends between the ages of 11-20 years. Most of the male, (62.2%) and female (55.6%) indicated that they had got knowledge on love and romantic relationships at the age of 11-20 years. Majority 51.7% of the male respondents indicated that they received knowledge on marriage as a lifetime commitment at the ages of 21-30 years while majority (53.0%), of the female respondents indicated that they got knowledge on marriage as a lifetime commitment at the ages of 11-20 years. Most (46.9%) of the male indicated that they got knowledge on raising children at the ages of 21-30 years, while most (41.1%) of the female respondents indicated that they got knowledge on raising children at the age of 11-20 years

4.5.4 Comparisons of Age of Delivery of Knowledge on Human Relationships

Comparison were made to establish differences is the age of delivery of knowledge on human relationships among married people in Meru county based on sex, age group, level of formal education, religious affiliations, rite of initiation and duration in marriage. An independent t-test and One-Way ANOVAs were used to establish the differences.

4.5.4.1 Comparison of Age of Delivery of Knowledge on Human Relationships Based on Sex

An independent t-test was done to compare age at which knowledge on relationships was delivered to married people in Meru County based on sex. Results provided strong evidence to conclude that there were statistically significant differences ($F = 7.926$), $p = 0.005$).

4.5.4.2 Comparison of Age of Delivery of Knowledge on Human Relationships based on Age Group

ANOVA was done to compare age at which knowledge on human relationship was delivered to married people in Meru County based on age group. Results provided

very strong evidence to conclude that there statistically significant differences ($F=15.411, p<0.001$; Table 67).

Table 67: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships Based on Age Group

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.190	4	0.047	15.411	0.000
Within Groups	0.890	289	0.003		
Total	1.080	293			

Post hoc tests were carried out to determine the groups that were different. Statistically significant differences were noted when respondents of the *Ratanya* age group were compared against those of the *Lubetaa* age group ($p < 0.001$), *Mung'atia* age group ($p < 0.001$), *Mburung'a* age group ($p < 0.001$) and *Gichunge* age group ($p < 0.001$). There were also statistically significant differences when respondents of the *Lubetaa* age group were compared against those of the *Gichunge* age group ($p = 0.034$; Table 68).

Table 68: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships Based on Age Group

(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<i>Ratanya</i>	<i>Lubetaa</i>	-0.05255*	0.01087	0.000	-0.0740	-0.0311
	<i>Mung'atia</i>	-0.06709*	0.01071	0.000	-0.0882	-0.0460
	<i>Mburung'a</i>	-0.06886*	0.01060	0.000	-0.0897	-0.0480
	<i>Gichunge</i>	-0.07404*	0.01060	0.000	-0.0949	-0.0532
<i>Lubetaa</i>	<i>Ratanya</i>	0.05255*	0.01087	0.000	0.0311	0.0740
	<i>Mung'atia</i>	-0.01454	0.01023	0.156	-0.0347	0.0056
	<i>Mburung'a</i>	-0.01630	0.01011	0.108	-0.0362	0.0036
	<i>Gichunge</i>	-0.02149*	0.01011	0.034	-0.0414	-0.0016
<i>Mung'atia</i>	<i>Ratanya</i>	0.06709*	0.01071	0.000	0.0460	0.0882
	<i>Lubetaa</i>	0.01454	0.01023	0.156	-0.0056	0.0347
	<i>Mburung'a</i>	-0.00177	0.00993	0.859	-0.0213	0.0178
	<i>Gichunge</i>	-0.00695	0.00993	0.485	-0.0265	0.0126
<i>Mburung'a</i>	<i>Ratanya</i>	0.06886*	0.01060	0.000	0.0480	0.0897
	<i>Lubetaa</i>	0.01630	0.01011	0.108	-0.0036	0.0362
	<i>Mung'atia</i>	0.00177	0.00993	0.859	-0.0178	0.0213
	<i>Gichunge</i>	-0.00518	0.00981	0.598	-0.0245	0.0141
<i>Gichunge</i>	<i>Ratanya</i>	0.07404*	0.01060	0.000	0.0532	0.0949
	<i>Lubetaa</i>	0.02149*	0.01011	0.034	0.0016	0.0414
	<i>Mung'atia</i>	0.00695	0.00993	0.485	-0.0126	0.0265
	<i>Mburung'a</i>	0.00518	0.00981	0.598	-0.0141	0.0245

*. The mean difference is significant at the 0.05 level.

4.5.4.3 Comparison of Age of Delivery of Knowledge on Human Relationships based on Level of Formal Education

ANOVA was carried out to compare Age at which knowledge on relationships was delivered to married people in Meru County based on the highest level among married people in Meru County base on their level of formal education. Results provided very strong evidence to conclude that there was a statistically significant differences ($F = 7.546, p < 0.001$; Table 69)

Table 69: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.125	5	0.025	7.546	0.000
Within Groups	0.955	288	0.003		
Total	1.080	293			

Post hoc tests were done to compare the groups that were different. (Table 70) Statistically significant differences in the age of delivery of knowledge on human relationships married people in Meru County when those who had not attained any formal education were compared with those who had secondary education as their level of formal education ($p = 0.033$) and those who had bachelors degree as their level of formal education ($p = 0.018$). Statistically significant differences were also noted when those who had primary school as their level of formal education were compared with those who had secondary schooling as the highest level ($p < 0.001$), diploma as the level of formal education ($p < 0.001$), bachelors degree as the level of formal education ($p < 0.001$) and post graduate as the level of formal education ($p = 0.029$).

Table 70: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
None	Primary	0.00511	0.01844	0.782	-0.0312	0.0414
	Secondary	-0.03916*	0.01830	0.033	-0.0752	-0.0031
	Diploma	-0.03324	0.01918	0.084	-0.0710	0.0045
	Bachelors Degree	-0.04758*	0.02005	0.018	-0.0870	-0.0081
	Postgraduate	-0.03021	0.02286	0.187	-0.0752	0.0148
Primary	None	-0.00511	0.01844	0.782	-0.0414	0.0312
	Secondary	-0.04427*	0.00849	0.000	-0.0610	-0.0276
	Diploma	-0.03835*	0.01024	0.000	-0.0585	-0.0182
	Bachelors Degree	-0.05269*	0.01179	0.000	-0.0759	-0.0295
	Postgraduate	-0.03532*	0.01611	0.029	-0.0670	-0.0036
Secondary	None	0.03916*	0.01830	0.033	0.0031	0.0752
	Primary	0.04427*	0.00849	0.000	0.0276	0.0610
	Diploma	0.00592	0.00999	0.554	-0.0137	0.0256
	Bachelors Degree	-0.00842	0.01158	0.467	-0.0312	0.0144
	Postgraduate	0.00895	0.01596	0.575	-0.0225	0.0404
Diploma	None	0.03324	0.01918	0.084	-0.0045	0.0710
	Primary	0.03835*	0.01024	0.000	0.0182	0.0585
	Secondary	-0.00592	0.00999	0.554	-0.0256	0.0137
	Bachelors Degree	-0.01434	0.01292	0.268	-0.0398	0.0111
	Postgraduate	0.00303	0.01695	0.858	-0.0303	0.0364
Bachelors Degree	None	0.04758*	0.02005	0.018	0.0081	0.0870
	Primary	0.05269*	0.01179	0.000	0.0295	0.0759
	Secondary	0.00842	0.01158	0.467	-0.0144	0.0312
	Diploma	0.01434	0.01292	0.268	-0.0111	0.0398
	Postgraduate	0.01737	0.01793	0.333	-0.0179	0.0527
Postgraduate	None	0.03021	0.02286	0.187	-0.0148	0.0752
	Primary	0.03532*	0.01611	0.029	0.0036	0.0670
	Secondary	-0.00895	0.01596	0.575	-0.0404	0.0225
	Diploma	-0.00303	0.01695	0.858	-0.0364	0.0303
	Bachelors Degree	-0.01737	0.01793	0.333	-0.0527	0.0179

*. The mean difference is significant at the 0.05 level.

4.5.4.4 Comparison of Age of Delivery of Knowledge on Human Relationships County based on Religious Affiliations

ANOVA was done to compare differences in age at which knowledge on human relationships was delivered to married people in Meru County based on religious

affiliations. Findings provided strong evidence to conclude that there were statistically significant differences ($F=4.213$, $p=0.002$; (Table.71)

Table 71: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Religious Affiliations

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.060	4	.015	4.213	.002
Within Groups	1.021	289	.004		
Total	1.080	293			

Post hoc tests were carried out to compare the groups and find out which ones were different Table 72). Statistically significant differences were noted when those who had no religious affiliations were compared to protestants ($p = 0.001$), Catholics ($p<0.001$), Muslims ($p=0.015$) and others ($p<0.001$),

Table 72: Multiple Comparisons Age of Delivery of Knowledge on Human Relationships based on Religious Affiliation

(I) Religion	(J) Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Protestant	-0.07439*	0.02173	0.001	-0.1172	-0.0316
	Catholic	-0.07777*	0.02152	0.000	-.01201	-0.0354
	Muslim	-0.09881*	0.04024	0.015	-.01780	-0.0196
	Other	-0.12309*	0.03388	0.000	-0.1898	-0.0564
Protestant	None	0.07439*	0.02173	0.001	0.0316	0.1172
	Catholic	-0.00338	0.00724	0.641	-0.0176	0.0109
	Muslim	-0.02442	0.03476	0.483	-0.0928	0.0440
	Other	-0.04870	0.02715	0.074	-0.1021	0.0047
Catholic	None	0.07777*	0.02152	0.000	0.0354	0.1201
	Protestant	0.00338	0.00724	0.641	-0.0109	0.0176
	Muslim	-0.02104	0.03463	0.544	-0.0892	0.0471
	Other	-0.04532	0.02698	0.094	-0.0984	0.0078
Muslim	None	0.09881*	.04024	0.015	.0196	0.1780
	Protestant	0.02442	.03476	0.483	-0.0440	0.0928
	Catholic	0.02104	.03463	0.544	-0.0471	0.0892
	Other	-0.02428	.04340	0.576	-0.1097	0.0611
Other	None	0.12309*	0.03388	0.000	0.0564	0.1898
	Protestant	0.04870	0.02715	0.074	-0.0047	0.1021
	Catholic	0.04532	0.02698	0.094	-0.0078	0.0984
	Muslim	0.02428	0.04340	0.576	-0.0611	0.1097

*. The mean difference is significant at the 0.05 level.

4.5.4.5 Comparison of Age of Delivery of Knowledge on Human Relationships based on Rite of Initiation

ANOVA was carried out to compare the age at which knowledge of human was of knowledge on relationships was delivered to married people in Meru County based on the rite of initiation. Findings provided strong evidence to conclude that there were statistically significant differences ($F= 9.602, p < 0.001$; Table 73).

Table 73: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Rite of initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.067	2	0.033	9.602	0.000
Within Groups	1.013	291	0.003		
Total	1.080	293			

Post hoc tests were carried out to compare and establish the groups that were different (Table, 74). Statistically significant differences were found when those who had gone the traditional rite of initiation were compared against those who had not undergone any rite of initiation ($p = 0.006$) and those who had gone through the modern rite of initiation ($p < 0.001$).

Table 74: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships Based on Rite of initiation

(I) Rite of initiation	(J) Rite of initiation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Traditional	Modern	-0.03683*	0.00925	0.000	-0.0550	-0.0186
	None	-0.02367*	0.00857	0.006	-0.0405	-0.0068
Modern	Traditional	0.03683*	0.00925	0.000	0.0186	0.0550
	None	0.01316	0.01092	0.229	-0.0083	0.0347
None	Traditional	0.02367*	0.00857	0.006	0.0068	0.0405
	Modern	-0.01316	0.01092	0.229	-0.0347	0.0083

*. The mean difference is significant at the 0.05 level.

4.5.4.6 Comparison of Age of Delivery of Knowledge on Human Relationships based on Duration in Marriage

ANOVA was done to compare age at which Knowledge on human relationships was delivered to married people in Meru County based on duration in marriage Findings provided very strong evidence to conclude that there were statistically significant differences ($F=3.902, p=0.004$; Table 75).

Table 75: ANOVA Comparing Age of Delivery of Knowledge on Human Relationships based on Duration in Marriage

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.055	4	.014	3.902	.004
Within Groups	1.025	289	.004		
Total	1.080	293			

Post hoc tests were carried out to determine the groups that were different (Table 76). Statistically significant differences in the age of delivery of knowledge on human relationships married people in Meru County were noted when people who had been married for over 20 years were compared with those who had been married for 1-5 years ($p=0.002$), 6-10 years ($p=0.009$), 11-15 years ($p=0.005$) and 16-20 years ($p=0.008$).

Table 76: Multiple Comparisons of Age of Delivery of Knowledge on Human Relationships based on Duration in Marriage

LSD						
(I) How many years have you been married?	(J) How many years have you been married?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound Upper Bound	
1- 5	6 – 10	0.00422	0.01046	0.687	-0.0164	0.0248
	11 – 15	-0.00329	0.01228	0.789	-0.0274	0.0209
	16-20	-0.00032	0.01187	0.979	-0.0237	0.0230
	Over 20 years	0.03021*	0.00962	0.002	0.0113	0.0491
6 – 10	1- 5	-0.00422	0.01046	0.687	-0.0248	0.0164
	11 – 15	-0.00751	0.01248	0.548	-0.0321	0.0171
	16-20	-0.00454	0.01208	0.707	-0.0283	0.0192
	Over 20 years	0.02599*	0.00987	0.009	0.0066	0.0454
11 – 15	1- 5	0.00329	0.01228	0.789	-0.0209	0.0274
	6 – 10	0.00751	0.01248	0.548	-0.0171	0.0321
	16-20	0.00297	0.01368	0.828	-.00240	0.0299
	Over 20 years	0.03350*	0.01178	0.005	0.0103	0.0567
16-20	1- 5	0.00032	0.01187	0.979	-0.0230	0.0237
	6 – 10	0.00454	0.01208	0.707	-0.0192	0.0283
	11 – 15	-0.00297	0.01368	0.828	-0.0299	0.0240
	Over 20 years	0.03053*	0.01136	0.008	.0082	0.0529
Over 20 years	1- 5	-0.03021*	0.00962	0.002	-0.0491	-0.0113
	6 – 10	-0.02599*	0.00987	0.009	-0.0454	-0.0066
	11 – 15	-0.03350*	0.01178	0.005	-0.0567	-0.0103
	16-20	-0.03053*	0.01136	0.008	-0.0529	-0.0082

*. The mean difference is significant at the 0.05 level.

4.5.5 Age of Delivery of Knowledge on Life Skills among married people in Meru County

Age of delivery of knowledge on personal values, decision making, communication, assertiveness and negotiation were studied under the age of delivery of knowledge on life skills (Table 77). Data was analyzed using frequencies and percentages. Differences in age at which knowledge life skills on was delivered were established based on sex, level of formal education, religion, rite of initiation duration in the marriage

Table 77: Sources of Knowledge on Human Sexual Relationships

Source	Knowledge on Personal Values in Marriage		Knowledge on Decision Making		Knowledge on Communication in Marriage		Knowledge on Assertiveness in Marriage		Knowledge on Negotiation in Marriage	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Never	1.4	2.6	1.4	4.6	-	4.6	-	4.6	-	7.3
0-10 Years	18.2	18.5	9.8	14.6	17.5	19.9	9.1	15.2	9.8	7.3
11-20 Years	48.3	44.4	55.2	52.3	60.0	47.7	68.5	51.7	69.9	55.0
21-30 Years	32.2	34.4	33.6	28.5	22.4	27.8	22.4	28.5	20.3	55.0
31-40 Years	-	-	-	-	-	-	-	-	-	30.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Findings revealed that most male (48.3%) and female (44.4%) respondents got knowledge on personal values at the ages of 11-20 years. Majority of the male (55.2%) and female (52.3%) respondents got knowledge on decision making at the age of 11-20 years. Most male (60.0%) and female (47.7%) indicated that they got knowledge on communication in relationships at the ages of 11-20 years. Most male (68.5%) and female respondents got knowledge on assertiveness at the age of 11-20 years. Majority of the male (69.9%) and female respondents got knowledge on negotiations at the ages of 11-20 years.

4.5.6 Comparison of Age of Delivery of Knowledge on Life Skills among Married People in Meru County

Differences in age of delivery of knowledge on life skills among married people in Meru County was compared based on sex, age group, level of formal education, religion, rite of initiation and duration in marriage. An independent t-test and series of ANOVAs were used to do the comparisons.

4.5.6.1 Comparison of Age of Delivery of Knowledge on Life Skills Based on Sex

An Independent Samples test was done to compare Age of Delivery of Knowledge on Life Skills among married people in Meru County based on sex. Findings provided very strong evidence to conclude that there were statistically significant differences in the Age of Delivery of Knowledge on Life Skills among married people in Meru County between married males and females in Meru County ($t = 9.713, p = 0.002$),

4.5.6.2 Comparison of Age of Delivery of Knowledge on Life Skills based on Age Group

ANOVA carried out was carried out to establish the differences in age at which knowledge on life skills was delivered to married people in Meru County based on age group. Results provided evidence to conclude that there were statistically significant differences ($F = 3.366, p = 0.010$; Table 78).

Table 78: ANOVA Comparing of Age of Delivery of Life Skills based on Age Group

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.117	4	0.029	3.366	0.010
Within Groups	2.514	289	0.009		
Total	2.631	293			

Post hoc tests were done to identify the groups that were different (Table 79). Statistically significant differences were noted when respondents of the *Ratanya* age group were compared against respondents of the *Lubetaa* age group ($p=0.001$) and those of the *Mung'atia* age group ($p=0.030$).

Table 79: Multiple Comparisons of Age of Delivery of Life Skills based on Age Group

LSD

(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<i>Ratanya</i>	<i>Lubetaa</i>	-0.06402*	0.01827	0.001	-0.1000	-0.0281
	<i>Mung'atia</i>	-0.03918*	0.01799	0.030	-0.0746	-0.0038
	<i>Mburung'a</i>	-0.03285	0.01781	0.066	-0.0679	0.0022
	<i>Gichunge</i>	-0.02202	0.01781	0.217	-0.0571	0.0130
<i>Lubetaa</i>	<i>Ratanya</i>	0.06402*	0.01827	0.001	0.0281	0.1000
	<i>Mung'atia</i>	0.02484	0.01718	0.149	-0.0090	0.0587
	<i>Mburung'a</i>	0.03117	0.01699	0.067	-0.0023	0.0646
	<i>Gichunge</i>	0.04200*	0.01699	0.014	0.0086	0.0754
<i>Mung'atia</i>	<i>Ratanya</i>	0.03918*	0.01799	0.030	0.0038	0.0746
	<i>Lubetaa</i>	-0.02484	0.01718	0.149	-0.0587	0.0090
	<i>Mburung'a</i>	0.00634	0.01669	0.704	-0.0265	0.0392
	<i>Gichunge</i>	0.01717	0.01669	0.304	-0.0157	0.0500
<i>Mburung'a</i>	<i>Ratanya</i>	0.03285	0.01781	0.066	-0.0022	0.0679
	<i>Lubetaa</i>	-0.03117	0.01699	0.067	-0.0646	0.0023
	<i>Mung'atia</i>	-0.00634	0.01669	0.704	-0.0392	0.0265
	<i>Gichunge</i>	0.01083	0.01649	0.512	-0.0216	0.0433
<i>Gichunge</i>	<i>Ratanya</i>	0.02202	0.01781	0.217	-0.0130	0.0571
	<i>Lubetaa</i>	-0.04200*	0.01699	0.014	-0.0754	-0.0086
	<i>Mung'atia</i>	-0.01717	0.01669	0.304	-0.0500	0.0157
	<i>Mburung'a</i>	-0.01083	0.01649	0.512	-0.0433	0.0216

The mean difference is significant at the 0.05 level.

4.5.6.3 Comparison of Age of Delivery of Knowledge on Life Skills based on Level of Formal Education

ANOVA was done to establish differences in establish the differences in age at which knowledge on life skills was delivered to married people in Meru County based on the level of formal education. Results provided strong evidence to conclude that there were statistically significant differences ($F=3.766$, $p=0.003$; Table 80).

Table 80: ANOVA Comparing Age of Delivery of Life Skills based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.161	5	0.032	3.766	0.003
Within Groups	2.469	288	0.009		
Total	2.631	293			

Post hoc tests were done to establish which groups were different (Table 81). Statistically significant differences when those who had no formal schooling were compared to those who had diplomas as their level of formal education ($p = 0.028$) and those who had bachelors degree as their level of formal education ($p = 0.018$). Statistically significant differences were also noted when those who had primary school as the level of formal education were compared against those who had secondary as their level of formal education ($p = 0.025$), diploma as the level of formal education ($p=0.005$) and bachelors degree as their level of formal education ($p = 0.005$). There was also a statistically significant in age of delivery of knowledge on life skills among married people in Meru county when those who had bachelors degrees were compared against those who had postgraduate qualifications ($p = 0.011$).

Table 81: Multiple Comparisons of Age of Delivery of Life Skills based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Primary	-0.02147	0.02965	0.470	-0.0798	0.0369
	Secondary	-0.05213	0.02943	0.078	-0.1101	0.0058
	Diploma	-0.06808*	0.03084	.028	-0.1288	-0.0074
	Bachelors Degree	-0.07649*	0.03224	0.018	-0.1399	-0.0130
	Postgraduate	-0.00226	0.03676	0.951	-0.0746	0.0701
Primary	None	0.02147	0.02965	0.470	-0.0369	0.0798
	Secondary	-0.03066*	0.01365	0.025	-0.0575	-0.0038
	Diploma	-0.04661*	0.01647	0.005	-0.0790	-0.0142
	Bachelors Degree	-0.05502*	0.01896	0.004	-0.0923	-0.0177
	Postgraduate	0.01922	0.02591	0.459	-0.0318	0.0702
Secondary	None	0.05213	0.02943	0.078	-0.0058	0.1101
	Primary	0.03066*	0.01365	0.025	0.0038	0.0575
	Diploma	-0.01595	0.01607	0.322	-0.0476	0.0157
	Bachelors Degree	-0.02435	0.01861	.0192	-0.0610	0.0123
	Postgraduate	0.04988	0.02566	0.053	-0.0006	0.1004
Diploma	None	0.06808*	0.03084	0.028	0.0074	0.1288
	Primary	0.04661*	0.01647	0.005	0.0142	0.0790
	Secondary	0.01595	0.01607	0.322	-0.0157	0.0476
	Bachelors Degree	-0.00840	0.02077	0.686	-0.0493	0.0325
	Postgraduate	0.06583*	0.02726	0.016	0.0122	0.1195
Bachelors Degree	None	.07649*	.03224	.018	0.0130	0.1399
	Primary	0.05502*	0.01896	0.004	0.0177	0.0923
	Secondary	0.02435	0.01861	0.192	-0.0123	0.0610
	Diploma	0.00840	0.02077	0.686	-0.0325	0.0493
	Postgraduate	0.07423*	0.02883	0.011	0.0175	0.1310
Postgraduate	None	0.00226	0.03676	0.951	-0.0701	0.0746
	Primary	-.001922	0.02591	0.459	-0.0702	0.0318
	Secondary	-0.04988	0.02566	0.053	-0.1004	0.0006
	Diploma	-0.06583*	0.02726	0.016	-0.1195	-0.0122
	Bachelors Degree	-0.07423*	0.02883	0.011	-0.1310	-0.0175

*. The mean difference is significant at the 0.05 level.

4.5.6.4 Comparison of Age of Delivery of Knowledge on Life Skills based on Religious Affiliations

ANOVA was run to compare differences in age at which knowledge on life skills was delivered to married people in Meru County based on religious affiliations. Results

provided strong evidence to conclude that there were statistically significant differences ($F = 2.586, p = 0.037$; Table 82).

Table 82: ANOVA Comparing Age of Delivery of Life Skills based on Religious Affiliations

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.091	4	0.023	2.586	0.037
Within Groups	2.540	289	0.009		
Total	2.631	293			

Post hoc tests were done to establish differences between groups (Table 83). Significant differences were noted when those who had other religious affiliations were compared against those who had no religious affiliations ($p=0.005$), protestants ($p=0.004$) and Catholics ($p=0.004$).

Table 83: Multiple Comparisons of Age of Delivery of Life Skills based on Religious Affiliations

(I) Religion	(J) Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
None	Protestant	-0.02687	0.03428	0.434	-0.0943	0.0406
	Catholic	-0.02872	0.03395	0.398	-0.0955	0.0381
	Muslim	-0.08141	0.06347	0.201	-0.2063	0.0435
	Other	-0.15199*	0.05344	0.005	-0.2572	-0.0468
Protestant	None	0.02687	0.03428	0.434	-0.0406	0.0943
	Catholic	-0.00186	0.01142	0.871	-0.0243	0.0206
	Muslim	-0.05454	0.05483	0.321	-0.1625	0.0534
	Other	-0.12512*	0.04283	0.004	-0.2094	-0.0408
Catholic	None	0.02872	0.03395	0.398	-0.0381	0.0955
	Protestant	0.00186	0.01142	0.871	-0.0206	0.0243
	Muslim	-0.05269	0.05462	0.336	-0.1602	0.0548
	Other	-0.12327*	0.04256	0.004	-0.2070	-0.0395
Muslim	None	0.08141	0.06347	0.201	-0.0435	0.2063
	Protestant	0.05454	0.05483	0.321	-0.0534	0.1625
	Catholic	0.05269	0.05462	0.336	-0.0548	0.1602
	Other	-0.07058	0.06846	0.303	-0.2053	0.0642
Other	None	0.15199*	0.05344	0.005	0.0468	0.2572
	Protestant	0.12512*	0.04283	0.004	0.0408	0.2094
	Catholic	0.12327*	0.04256	0.004	0.0395	0.2070
	Muslim	0.07058	0.06846	0.303	0.0642	0.2053

*. The mean difference is significant at the 0.05 level.

4.5.6.5 Comparison of Age of Delivery of Knowledge on Life Skills based on Rite of Initiation

ANOVA was carried out to compare differences in differences in age at which knowledge on life skills was delivered to married people in Meru County based on their rite of initiation. Findings provided very strong evidence to conclude that there were statistically significant differences ($F=7.335$, $p=0.001$, Table 84).

Table 84: ANOVA Comparing Age of Delivery of Life Skills based on Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.126	2	0.063	7.335	0.001
Within Groups	2.505	291	0.009		
Total	2.631	293			

Post hoc tests were done to establish which groups were different (Table 85). Statistically significant differences in age at which knowledge on was delivered sexuality knowledge were noted when those who had not undergone any rite of initiation were compared to those who had undergone the traditional rite of initiation ($p<0.001$) and those who had undergone the modern rite of initiation ($p=0.007$).

Table 85: Multiple Comparisons o Age of Delivery of Life Skills based on Rite of Initiation

(I) Rite of initiation	(J) Rite of initiation	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Traditional	Modern	-0.00362	0.01454	0.803	-0.0322	0.0250
	None	-0.05067*	0.01347	0.000	-0.0772	-0.0242
Modern	Traditional	0.00362	0.01454	0.803	-0.0250	0.0322
	None	-0.04705*	0.01717	0.007	-0.0808	-0.0133
None	Traditional	0.05067*	0.01347	0.000	0.0242	0.0772
	Modern	0.04705*	0.01717	0.007	0.0133	0.0808

*. The mean difference is significant at the 0.05 level.

4.5.6.6 Comparison of Age of Delivery of Knowledge on Life Skills based on Duration in Marriage

ANOVA was done to differences in age at which knowledge on life skills was delivered to married people in Meru County based on duration in marriage. Results

provided evidence to conclude that there were no statistically significant differences ($F=0.249$, $p=0.910$; Table 86).

Table 86: ANOVA Comparison of Age of Delivery of Life Skills based on Duration in Marriage

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.009	4	0.002	.249	0.910
Within Groups	2.622	289	.009		
Total	2.631	293			

4.5.7 Age of Delivery of Knowledge on Sexual Behaviour among Married People in Meru County

Knowledge on sexuality throughout life, shared sexual behavior, abstinence sexual response cycle and sexual dysfunctions were studied as under the age of delivery of knowledge on sexual behaviour (Table 87). Data was analyzed using frequencies and percentages. Differences in age at which knowledge life skills on was delivered were established based on sex, level of formal education, religion, rite of initiation duraton in the marriage

Table 87: Age of Delivery of Knowledge on Human Sexual Behavior

Age	Knowledge on Sexuality Throughout Life		Knowledge on Shared Sexual Behaviour,		Knowledge on Abstinence,		Knowledge on Sexual Response Cycle		Knowledge on Sexual Dysfunction	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Never	-	4.6	3.7	7.9	4.9	8.6	4.2	9.3	16.8	14.6
0-10 Years	15.4	15.2	11.9	6.6	10.5	9.9	7.7	4.0	38.5	4.6
11-20 Years	62.2	57.6	58.0	54.3	55.2	57.6	60.8	58.9	44.8	46.4
21-30 Years	22.4	22.5	25.2	26.5	29.4	23.8	25.2	23.2	-	34.4
31-40 Years	-	-	1.4	4.6	-	-	2.1	4.6	-	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Majority of male (57.3%) and female (65.6%) respondents got knowledge on shared sexual behavior at the ages of 11-20 years. Most (55.2%) and (57.6%) of the male and female respondents respectively respondents got knowledge on abstinence at the ages of 11-20 years. Majority of the male (60.8 %) and female (58.9%) respondents got knowledge on human sexual response cycle at the age of 11-20 years. Majority (44.8%) of the male respondents got knowledge on sexual dysfunctions at the ages of 21-30 while most (46.4%) of the female respondents, indicated that they got knowledge on sexual dysfunctions at the ages of 11-20 years

4.5.8 Comparison of Age of Delivery of Knowledge on Sexual Behaviour among Married People in Meru County

Comparisons on age at which knowledge on was delivered on sexual behavior were made based on sex, age group, Level of Formal Education, religion, rite of initiation and duration in marriage. Data was analyzed using t-test and one-way ANOVA.

4.5.8.1 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Sex

An independent samples t-test done did not provide evidence to conclude that there were statistically significant differences in age at which knowledge on sexual behavior to married men and women in Meru County ($F = 0.168, p = 0.683$).

4.5.8.2 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Age Group

ANOVA was done to compare differences in age at which knowledge on sexual behavior was delivered to married people in Meru County based on age group. There was sufficient evidence to conclude that there were no statistically significant differences ($F=1.796 p=0.130$; Table 88).

Table 88: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Age Group

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.083	4	0.021	1.796	0.130
Within Groups	3.323	289	0.011		
Total	3.406	293			

4.5.8.3 Comparison of Age of Delivery of Knowledge on Sexual Behaviour Based on Level of Formal Education

ANOVA was done to compare differences in age at which knowledge on sexual behaviour was delivered to married people in Meru County based on the level of formal education. Results provided very strong evidence to conclude that there were statistically significant differences ($F=8.207$, $p<0.001$; Table 89).

Table 89: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Level of Formal Education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.425	5	0.085	8.207	0.000
Within Groups	2.981	288	0.010		
Total	3.406	293			

Post hoc tests were done to determine the groups that were different (Table 90). Statistically significant differences in age at which knowledge on sexual behavior was delivered when those who had no formal or formal schooling were compared to those who had primary school ($p=0.001$) and secondary school ($p=0.032$) level of formal education. Significant differences were also noted when those who had not attained any formal schooling were compared to those who had diploma qualifications ($p=0.013$) and those who had post graduate qualifications ($p=0.023$). Findings also revealed statistically significant differences when those who had attained primary school as their highest level of formal education were compared to those who had secondary school as their level of formal education ($p<0.001$) and those who had diploma qualification as their level of formal education ($p=0.016$).

Table 90: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Behaviour based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Primary	0.12823*	0.03258	0.000	0.0641	0.1924
	Secondary	0.06975*	0.03234	0.032	0.0061	0.1334
	Diploma	0.08446*	0.03388	0.013	0.0178	0.1512
	Bachelors Degree	0.01452	0.03542	0.682	-0.0552	0.0842
	Postgraduate	0.09236*	0.04039	0.023	0.0129	0.1718
Primary	None	-0.12823*	0.03258	0.000	-0.1924	-0.0641
	Secondary	-0.05848*	0.01500	0.000	-0.0880	-0.0290
	Diploma	-0.04377*	0.01809	0.016	-0.0794	-0.0082
	Bachelors Degree	-0.11371*	0.02083	0.000	-0.1547	-0.0727
	Postgraduate	-0.03588	0.02847	0.209	-0.0919	0.0202
Secondary	None	-0.06975*	0.03234	0.032	-0.1334	-0.0061
	Primary	0.05848*	0.01500	0.000	0.0290	0.0880
	Diploma	0.01471	0.01765	0.405	-0.0200	0.0495
	Bachelors Degree	-0.05523*	0.02045	0.007	-0.0955	-0.0150
	Postgraduate	0.02260	0.02819	0.423	-0.0329	0.0781
Diploma	None	-0.08446*	0.03388	0.013	-0.1512	-0.0178
	Primary	0.04377*	0.01809	0.016	0.0082	0.0794
	Secondary	-0.01471	0.01765	0.405	-0.0495	0.0200
	Bachelors Degree	-0.06994*	0.02282	0.002	-0.1149	-0.0250
	Postgraduate	0.00789	0.02995	0.792	-0.0511	0.0668
Bachelors Degree	None	-0.01452	0.03542	0.682	-0.0842	0.0552
	Primary	0.11371*	0.02083	0.000	0.0727	0.1547
	Secondary	0.05523*	0.02045	0.007	0.0150	0.0955
	Diploma	0.06994*	0.02282	0.002	0.0250	0.1149
	Postgraduate	0.07784*	0.03168	0.015	0.0155	0.1402
Postgraduate	None	-0.09236*	0.04039	0.023	-0.1718	-0.0129
	Primary	0.03588	0.02847	0.209	-0.0202	0.0919
	Secondary	-0.02260	0.02819	0.423	-0.0781	0.0329
	Diploma	-0.00789	0.02995	0.792	-0.0668	0.0511
	Bachelors Degree	-0.07784*	0.03168	0.015	-0.1402	-0.0155

*. The mean difference is significant at the 0.05 level.

Statistically significant differences were also noted when those who had bachelors degree were compared against those who had primary school qualifications ($p<0.001$), those who had secondary schooling ($p=0.007$), those who had diploma

($p=0.013$) and those who had post graduate qualifications ($p=0.015$) as their Level of formal education (Table 81)

4.5.8.4 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Religious Affiliations

ANOVA was done to compare age at which knowledge on sexual behavior was delivered to married people based religious affiliations. Results provided evidence to conclude that there were no statistically significant ($F = 1.877, p = 0.114$; Table 91)

Table 91: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Religious Affiliations

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.086	4	0.022	1.877	0.114
Within Groups	3.320	289	0.011		
Total	3.406	293			

4.5.8.5 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Rite of initiation

ANOVA was done to compare differences in age at which knowledge on sexual behavior was delivered to married people in Meru County based on the rite of initiation. Results provided evidence to conclude that there were no statistically significant differences ($F=0.213, p=0.809$; Table 92)

Table 92: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Behaviour based on Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.005	2	0.002	0.213	0.809
Within Groups	3.401	291	.012		
Total	3.406	293			

4.5.8.6 Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Duration in Marriage

ANOVA was done to compare differences in age at which knowledge on sexual behavior was delivered to married people in Meru County based on their duration in marriage. Results provided evidence to conclude that there were no statistically significant differences ($F=0.412, p=0.800$; Table 93)

Table 93: Comparison of Age of Delivery of Knowledge on Sexual Behaviour based on Duration in Marriage

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.019	4	0.005	0.412	0.800
Within Groups	3.387	289	0.012		
Total	3.406	293			

4.5.9 Age of Delivery of Knowledge on Sexual Health among Married People in Meru County

Age at which knowledge on reproductive health, knowledge on pregnancy and prenatal care, knowledge on contraceptives, knowledge on abortion, knowledge on STDs/STIs/HIV/AIDS, knowledge on sexual abuse, assault, violence and harassment and knowledge on looking for help on sexual issues were studied as the sub constructs of age at which knowledge on sexual health was delivered (Table 94). Then, comparison were made to establish the differences in the age at which the knowledge on sexual health was delivered to married people in Meru County.

Table 94: Aged of Delivery of Knowledge on Human Sexual Health

Age of Delivery	Knowledge on Reproductive Health		Knowledge on Contraceptives		Knowledge on Pregnancy and Prenatal Care		Knowledge on Abortion		Knowledge on HIV/AIDS		Knowledge on Abuse, Sexual Assault, Violence and Harassment		Knowledge on Looking for Help on Social Issues	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Never	4.2	2.6	3.5	-	-	-	3.5	11.3	3.5	2.6	3.5	4.0	11.9	5.3
0-10 Years	7.0	7.9	4.9	3.3	7.0	5.3	2.8	5.3	6.3	9.9	12.6	7.3	11.2	4.6
11-20 Years	62.2	60.3	58.0	58.9	66.4	56.3	62.2	43.0	58.7	47.7	62.9	60.9	41.4	35.1
21-30 Years	25.2	29.1	33.6	31.7	26.6	38.4	31.5	33.8	31.5	39.7	21.0	27.8	35.7	48.3
31-40 Years	1.4	-	-	-	-	-	-	-	-	-	-	-	-	2.0
41-50 Years	-	-	-	-	-	-	-	-	-	-	-	-	-	4.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Most (62.2%) and (60.0%) of the male and female respondents respectively got knowledge on reproductive health at the ages of 11-20 years. Most of the male (58.0%) and female (58.9%) respondents got knowledge on contraception at the age of 11-20 years. Majority of the male (66.4%) and female (56.3%) respondents got knowledge on pregnancy and prenatal care at the age of 11-20 years. Most male (62.2%) and female (43.0%) respondents got knowledge on abortion at the ages of 11-20 years. Majority male (58.7%) and female (47.7%) respondents indicated that they got knowledge on STDS/STI and HIV/AIDS at the age of 11-20 years. STI and HIV/AIDS. Most of the male (62.9%) and female (60.9) respondents got knowledge on sexual abuse, assault, violence and harassment at the age of 11-20 years. Majority (41.4%) and (48.3%) of the male and female respondents respectively indicated that they got knowledge on looking for help on sexuality issues at the ages of 21-30 years.

4.5.10 Comparison of Age of Delivery of Knowledge on Sexual Health among Married People in Meru County

Comparisons of age of delivery of knowledge on sexual health to married people in Meru County were done based on sex, age group, Level of Formal Education, religion, rite of initiation and duration in marriage. Data was analyzed using t-test and one-way ANOVA.

4.5.10.1 Comparison of Age of Delivery of Knowledge on Sexual Health Based on Sex

An Independent t-test was done to compare differences in age at which knowledge on sexual health was delivered between married men and women. Results provided evidence conclude that there were no statistically significant differences ($F = 2.339, p = 0.127$).

4.5.10.2 Comparison of Age of Delivery of Knowledge on Sexual Health Based on Age Group

ANOVA was conducted to compare differences in Age of delivery of knowledge on sexual health based on age group. Findings provided very strong evidence to conclude that there were statistically significant differences ($F = 5.465, p < 0.001$; Table 95).

Table 95: ANOVA Comparing of Age of Delivery of Knowledge on Sexual Health to based on Age Group

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.145	4	0.036	5.465	0.000
Within Groups	1.902	286	0.007		
Total	2.048	290			

Post hoc tests were carried out to determine the groups that were different (Table 96). Statistically significant differences were noted in the so age of delivery of knowledge on sexual health sexual health when respondents of the *Lubetaa* age group were compared with those of the *Mung'atia* age group ($p=0.046$). Statistically significant differences in the age of delivery of knowledge on sexual health were noted when respondents of the *Gichunge* age group were compared against those of the *Ratanya* age group ($p < 0.001$), *Lubetaa* age group ($p < 0.001$) and *Mburung'a* age group ($p < 0.001$)

Table 96: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Health Based on Age Group

(I) Age-group	(J) Age-group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<i>Ratanya/Kibabu</i>	<i>Lubetaa/Gichunge</i>	-.00015	.01598	.992	-.0316	.0313
	<i>Miriti/Mung'atia</i>	.03035	.01591	.057	-.0010	.0617
	<i>Guantai/Mburunga</i>	.00724	.01557	.642	-.0234	.0379
	<i>Gichunge</i>	.05674*	.01557	.000	.0261	.0874
<i>Lubetaa/Gichunge</i>	<i>Ratanya/Kibabu</i>	.00015	.01598	.992	-.0313	.0316
	<i>Miriti/Mung'atia</i>	.03051*	.01521	.046	.0006	.0604
	<i>Guantai/Mburunga</i>	.00739	.01485	.619	-.0218	.0366
	<i>Gichunge</i>	.05690*	.01485	.000	.0277	.0861
<i>Miriti/Mung'atia</i>	<i>Ratanya/Kibabu</i>	-.03035	.01591	.057	-.0617	.0010
	<i>Lubetaa/Gichunge</i>	-.03051*	.01521	.046	-.0604	-.0006
	<i>Guantai/Mburunga</i>	-.02312	.01479	.119	-.0522	.0060
	<i>Gichunge</i>	.02639	.01479	.075	-.0027	.0555
<i>Guantai/Mburunga</i>	<i>Ratanya/Kibabu</i>	-.00724	.01557	.642	-.0379	.0234
	<i>Lubetaa/Gichunge</i>	-.00739	.01485	.619	-.0366	.0218
	<i>Miriti/Mung'atia</i>	.02312	.01479	.119	-.0060	.0522
	<i>Gichunge</i>	.04950*	.01442	.001	.0211	.0779
<i>Gichunge</i>	<i>Ratanya/Kibabu</i>	-.05674*	.01557	.000	-.0874	-.0261
	<i>Lubetaa/Gichunge</i>	-.05690*	.01485	.000	-.0861	-.0277
	<i>Miriti/Mung'atia</i>	-.02639	.01479	.075	-.0555	.0027
	<i>Guantai/Mburunga</i>	-.04950*	.01442	.001	-.0779	-.0211

*. The mean difference is significant at the 0.05 level.

4.5.10.3 Comparison of Age of Delivery of Knowledge on Sexual Based on Level of Formal Education

ANOVA was carried out to compare differences in age of delivery of knowledge on sexual health among people with different highest levels of formal education. Results gave very strong evidence to conclude that there were statistically significant differences ($F = 3.477, p = 0.005$; Table 97).

Table 97: ANOVA Comparing Age of Delivery of Knowledge on Sexual Based on Level of Formal Education

Between Groups	0.118	5	0.024	3.477	0.005
Within Groups	1.930	285	0.007		
Total	2.048	290			
Between Groups	0.118	5	0.024	3.477	0.005

Post hoc tests were conducted to establish the groups that were different. Statistically significant differences were noted when those who had not received formal education were compared with those who had primary school level of formal education ($p=0.002$), secondary school level of education ($p < 0.001$), Diplomas ($p = 0.008$) Bachelors Degree ($p=0.009$) and post graduate qualification ($p = 0.003$) as their levels of formal education (Table 98).

Table 98: Multiple Comparison of Age of Delivery of Knowledge on Sexual Health Based on Level of Formal Education

(I) Level of Formal Education	(J) Level of Formal Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
None	Primary	0.10113	0.05713	0.078	-0.0113	0.2136
	Secondary	0.06260	0.05670	0.271	-0.0490	0.1742
	Diploma	-0.03755	0.05942	0.528	-0.1545	0.0794
	Bachelors Degree	0.04279	0.06211	0.491	-0.0795	0.1650
	Postgraduate	.019271*	0.07082	0.007	.0533	0.3321
Primary	None	-0.10113	0.05713	0.078	-0.2136	0.0113
	Secondary	-0.03853	0.02630	0.144	-0.0903	0.0132
	Diploma	-0.13868*	0.03173	0.000	-0.2011	-0.0762
	Bachelors Degree	-0.05834	0.03653	0.111	-0.1302	0.0136
	Postgraduate	0.09158	0.04992	0.068	-0.0067	0.1898
Secondary	None	-0.06260	0.05670	0.271	-0.1742	0.0490
	Primary	0.03853	0.02630	0.144	-0.0132	0.0903
	Diploma	-0.10015*	0.03095	0.001	-0.1611	-0.0392
	Bachelors Degree	-0.01981	0.03586	0.581	-0.0904	0.0508
	Postgraduate	0.13011*	0.04943	0.009	0.0328	0.2274
Diploma	None	0.03755	0.05942	0.528	-0.0794	0.1545
	Primary	0.13868*	0.03173	0.000	0.0762	0.2011
	Secondary	0.10015*	0.03095	0.001	0.0392	0.1611
	Bachelors Degree	0.08034*	0.04001	0.046	0.0016	0.1591
	Postgraduate	0.23026*	0.05252	0.000	0.1269	0.3336
Bachelors Degree	None	-0.04279	0.06211	0.491	-0.1650	0.0795
	Primary	0.05834	0.03653	0.111	-0.0136	0.1302
	Secondary	0.01981	0.03586	0.581	-0.0508	0.0904
	Diploma	-0.08034*	0.04001	0.046	-0.1591	-0.0016
	Postgraduate	0.14992*	0.05556	0.007	0.0406	0.2593
Postgraduate	None	-0.19271*	0.07082	0.007	-0.3321	-0.0533
	Primary	-0.09158	0.04992	0.068	-0.1898	0.0067
	Secondary	-0.13011*	0.04943	0.009	-0.2274	-0.0328
	Diploma	-0.23026*	0.05252	0.000	-0.3336	-.1269
	Bachelors Degree	-0.14992*	0.05556	0.007	-0.2593	-0.0406

*. The mean difference is significant at the 0.05 level.

4.5.10.4 Comparison of Age of Delivery of Knowledge on Sexual Health Based on Religious Affiliation

ANOVA was run to establish differences in the age of delivery of knowledge on sexual health among married people with different religious affiliations (Table 99).

Results provided very strong evidence to conclude that there were statistically significant differences ($F = 13.188, p < 0.001$)

Table 99: ANOVA Comparison of Age of Delivery of Knowledge on Sexual Health Based on Religious Affiliation

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.319	4	0.080	13.188	0.000
Within Groups	1.729	286	0.006		
Total	2.048	290			

Post hoc test conducted to establish the specific groups that were significant (Table 100). Statistically significant differences in the Age of Delivery of Knowledge on Sexual Health were noted when Muslims were compared against all other groups ($p < 0.001$); and when people with other religious affiliations were compared against those with no religious affiliations ($p < 0.001$), protestants ($p = 0.006$) and Catholics ($p = 0.001$). Statistically significant differences were also noted when Catholics were compared with protestants ($p = 0.039$).

Table 100: Multiple Comparisons Age of Delivery of Knowledge on Sexual Health to Married People in Meru County Based on Religious Affiliation

(I) Religion	(J) Religion	Mean		Sig.	95% Confidence Interval	
		Difference (I- J)	Std. Error		Lower Bound	Upper Bound
None	Protestant	-.06118*	.02845	.032	-.1172	-.0052
	Catholic	-.04136	.02815	.143	-.0968	.0141
	Muslim	.21793*	.05264	.000	.1143	.3215
	Other	-.15919*	.04432	.000	-.2464	-.0719
Protestant	None	.06118*	.02845	.032	.0052	.1172
	Catholic	.01982*	.00954	.039	.0010	.0386
	Muslim	.27912*	.04549	.000	.1896	.3686
	Other	-.09800*	.03554	.006	-.1680	-.0281
Catholic	None	.04136	.02815	.143	-.0141	.0968
	Protestant	-.01982*	.00954	.039	-.0386	-.0010
	Muslim	.25930*	.04530	.000	.1701	.3485
	Other	-.11782*	.03530	.001	-.1873	-.0483
Muslim	None	-.21793*	.05264	.000	-.3215	-.1143
	Protestant	-.27912*	.04549	.000	-.3686	-.1896
	Catholic	-.25930*	.04530	.000	-.3485	-.1701
	Other	-.37712*	.05678	.000	-.4889	-.2654
Other	None	.15919*	.04432	.000	.0719	.2464
	Protestant	.09800*	.03554	.006	.0281	.1680
	Catholic	.11782*	.03530	.001	.0483	.1873
	Muslim	.37712*	.05678	.000	.2654	.4889

*. The mean difference is significant at the 0.05 level.

4.5.10.5 Comparison of Age of Delivery of Knowledge on Sexual Health Based on the Rite of Initiation

ANOVA was done to compare differences in Age of Delivery of Knowledge on Sexual Health among people based on rite of passage. Findings presented very strong evidence to conclude that there were statistically significant differences ($F=9.199$, $p < 0.001$; Table 101).

Table 101: ANOVA Comparison of Age of Delivery of Knowledge on Sexual Health Based on the Rite of Initiation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.123	2	0.061	9.199	0.000
Within Groups	1.925	288	0.007		
Total	2.048	290			

Post hoc tests were done to establish the groups that were different. Results revealed statistically significant differences in Age of Delivery of Knowledge on Sexual Health

when those who underwent through the traditional rite of initiation were compared to those who went through the modern rite of initiation ($p = 0.002$) and those who did not undergo any rite of initiation ($p = 0.032$). Statistically significant differences were also noted when those who underwent through the modern rite of initiation were compared with those who did not undergo any rite of initiation ($p < 0.001$) (Table102).

Table 102: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Health Based on Rite of Initiation

(I) Rite of initiation	of (J) Rite of initiation	Mean of Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Traditional	Modern	0.03923*	0.01281	0.002	0.0140	0.0644
	None	-0.02607*	0.01207	0.032	-0.0498	-0.0023
Modern	Traditional	-0.03923*	0.01281	0.002	-0.0644	-0.0140
	None	-0.06530*	0.01529	0.000	-0.0954	-0.0352
None	Traditional	0.02607*	0.01207	0.032	0.0023	0.0498
	Modern	0.06530*	0.01529	0.000	0.0352	0.0954

*. The mean difference is significant at the 0.05 level.

4.5.10.6 Comparison of Age of Delivery of Knowledge on Sexual Based on Duration in Marriage

ANOVA was done to compare differences in Age of Delivery of Knowledge on Sexual Health based on their duration in the marriage. There strong evidence to conclude that there were statistically significant differences ($F = 5.902$, $p < 0.001$) (Table 103).

Table 103: ANOVA Comparing Age of Delivery of Knowledge on Sexual Health based on Duration in Marriage

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.156	4	0.039	5.902	0.000
Within Groups	1.892	286	0.007		
Total	2.048	290			

Post hoc tests were carried out to establish the specific groups that were different (Table 104). Statistically significant differences in the Age of Delivery of Knowledge on Sexual Health were noted when those who had stayed in married for 1-5 years

when compared to those who were in marriage for 6-10 years ($p=0.043$), 11-15 years ($p=0.007$ and over 20 years ($p<0.001$). Statistically significant differences in Age of Delivery of Knowledge on Sexual Health was also noted when those who had been married for over 20 years were compared against those who had been married for over 6-10 years ($p=0.048$) and those who had been in marriage for 16-20 years($p=0.001$). Similarly, there were statistically significant differences when those who had been married for 11-15 years were compared with those who had been married for 16-20 years ($p=0.033$).

Table 104: Multiple Comparisons of Age of Delivery of Knowledge on Sexual Health Based on Duration in Marriage

LSD

(I) How many years have you been married?	(J) How many years have you been married?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1- 5	6 – 10	-0.02948*	0.01447	0.043	-0.0580	-0.0010
	11 – 15	-0.04543*	0.01676	0.007	-0.0784	-0.0124
	16 – 15	-0.00543	0.01621	0.738	-0.0373	0.0265
	Over 20 years	-0.05661*	0.01313	0.000	-0.0825	-0.0308
6 – 10	1- 5	0.02948*	0.01447	0.043	0.0010	0.0580
	11 – 15	-0.01594	0.01720	0.355	-0.0498	0.0179
	16 – 15	0.02406	0.01666	0.150	-0.0087	0.0568
	Over 20 years	-0.02712*	0.01368	0.048	-0.0541	-0.0002
11 – 15	1- 5	0.04543*	0.01676	0.007	0.0124	0.0784
	6 – 10	0.01594	0.01720	0.355	-0.0179	0.0498
	16 – 15	0.04000*	0.01868	0.033	0.0032	0.0768
	Over 20 years	-.001118	0.01609	0.488	-0.0428	0.0205
16-20	1- 5	0.00543	0.01621	0.738	-0.0265	0.0373
	6 – 10	-0.02406	0.01666	0.150	-0.0568	0.0087
	11 – 15	-0.04000*	0.01868	0.033	-0.0768	-0.0032
	Over 20 years	-0.05118*	0.01551	0.001	-0.0817	-0.0207
Over 20 years	1- 5	0.05661*	0.01313	0.000	0.0308	0.0825
	6 – 10	0.02712*	0.01368	0.048	0.0002	0.0541
	11 – 15	0.01118	0.01609	0.488	-0.0205	0.0428
	16 – 15	0.05118*	0.01551	0.001	0.0207	0.0817

*. The mean difference is significant at the 0.05 level.

4.5.11 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction of Married People in Meru County

A One-Sample Kolmogorov-Smirnov Test was done to determine differences in influence of age of delivery of family life knowledge on marital satisfaction. Findings

provided evidence to conclude that there were statistically significant differences ($p < 0.001$). The influence of age of delivery of family life knowledge on marital satisfaction of married people in Meru County was compared based on sex, age group, level of formal education, religion, rite of initiation and duration in marriage to establish the cause of the differences.

4.5.11.1 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction based on Sex

Differences in the influence of Age of delivery of family life knowledge on Marital Satisfaction among Male and Female was established using Kruskal Wallis test. There was sufficient evidence to conclude that there were no statistically significant differences in the influence of age of delivery of family life knowledge on intimacy ($\chi^2=0.304, p=0.582$), commitment ($\chi^2=0.544, p=0.461$), passion ($\chi^2=0.017, p=0.896$) and marital satisfaction ($\chi^2=0.003, p=0.957$; Table 105).

Table 105: Kruskal Wallis Test Comparing Influence of Age of Delivery of Human Sexuality on Marital Satisfaction Based on Sex

	Influence of Age of Delivery of Family Life Knowledge on Intimacy	Influence of Age of Delivery of Family Life Knowledge on Commitment	Influence of Age of Delivery of Family Life Knowledge on Passion	Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction
Chi-Square	0.304	0.544	0.017	0.003
Df	1	1	1	1
Asymp. Sig.	0.582	0.461	0.896	0.957

4.5.11.2 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction based on Age Group

Kruskal Wallis test was done to determine differences in the Influence of Age of Delivery of Knowledge on marital satisfaction of married people in Meru County based on age group (Table 106). Findings provide evidence to conclude that there were no statistically differences in the influence of age at which family life knowledge was delivered on intimacy ($\chi^2=6.283, p=0.179$), commitment ($\chi^2 = 6.872, p=0.143$), passion ($\chi^2 = 8.469, p = 0.076$) and marital satisfaction ($\chi^2 = 6.164, p = 0.187$)

Table 106: Kruskall Wallis Test Comparing Influence of Age of Delivery of Human Sexuality on Marital Satisfaction Based on Age Group

	Influence of Age of Delivery of Family Life Knowledge on Intimacy	Influence of Age of Delivery of Family Life Knowledge on Commitment	Influence of Age of Delivery of Family Life Knowledge on Passion	Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction
Chi-Square	6.283	6.872	8.469	6.164
Df	4	4	4	4
Asymp. Sig.	.179	.143	.076	.187

4.5.11.3 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction based on Level of Formal Education

Difference in Influence of age of delivery of family life knowledge among married people with different levels of schooling in Meru County was established using the Kruskall Wallis Test (Table 107). There was strong evidence to conclude that there were statistically significant differences in the influence of age at which family life knowledge was delivered on intimacy ($x^2 = 13.660, p = 0.018$), passion ($x^2 = 15.207, p = 0.010$) and marital satisfaction ($x^2 = 11.404, p = 0.044$). There was also evidence to conclude that there were no statistically significant differences in the influence of age at which family life knowledge was delivered sexuality commitment ($x^2 = 10.625, p = 0.059$)

Table 107: Kruskall Wallis Test Comparing Influence of Age of Delivery of Human Sexuality on Marital Satisfaction Based on Level of Formal Education

	Influence of Age of Delivery of Family Life Knowledge on Intimacy	Influence of Age of Delivery of Family Life Knowledge on Commitment	Influence of Age of Delivery of Family Life Knowledge on Passion	Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction
Chi-Square	13.660	10.635	15.207	11.404
Df	5	5	5	5
Asymp. Sig.	.018	0.059	0.010	0.044

4.5.11.4 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction based on Religious Affiliations

Kruskall Wallis test was also done to compare differences in the influence of age at which family life knowledge was delivered on marital satisfaction of married people in Meru County based on religious affiliations (Table 108). Results provided strong evidence to conclude that there were statistically significant differences in the influence of age of delivery of Family Life Knowledge on intimacy ($\chi^2 = 18.479$, $p = 0.001$), commitment ($\chi^2 = 34.912$, $p < 0.001$), passion ($\chi^2 = 22.471$, $p < 0.001$) and marital satisfaction ($\chi^2 = 34.912$, $p < 0.001$).

Table 108: Influence of Age of Delivery of Human Sexuality on Marital Satisfaction Based on Religious Affiliations

	Influence of Age of Delivery of Family Life Knowledge on Intimacy	Influence of Age of Delivery of Family Life Knowledge on Commitment	Influence of Age of Delivery of Family Life Knowledge on Passion	Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction
Chi-Square	18.479	34.912	22.471	26.213
Df	4	4	4	4
Asymp. Sig.	0.001	0.000	0.000	0.000

4.5.11.5 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction based on Rite of Initiation

Kruskal Wallis Test was done to determine differences in the influence of age at which family life knowledge was delivered on marital satisfaction of married people in Meru County based on rites of initiation (Table 109). There was evidence to conclude that there were no statistically significant differences in the influence of age of delivery on intimacy ($\chi^2 = 3.172$, $p = 0.204$), Commitment ($\chi^2 = 0.395$, $p = 0.821$), Passion ($\chi^2 = 0.488$, $p = 0.783$) and marital satisfaction ($\chi^2 = 0.156$, $p = 0.925$) among married who underwent different rites of initiation in Meru county (

Table 109: Comparing Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction Based on Rite of Initiation

	Influence of Age of Delivery of Family Life Knowledge on Intimacy	Influence of Age of Delivery of Family Life Knowledge on Commitment	Influence of Age of Delivery of Family Life Knowledge on Passion	Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction
Chi-Square	3.175	0.395	0.488	0.156
Df	2	2	2	2
Asymp. Sig.	0.204	0.821	0.783	0.925

4.5.11.6 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction based on Duration in Marriage

Kruskal Wallis test was used to make Comparisons of differences in the influence of age at which family life knowledge was delivered on marital satisfaction of married people based on different duration in marriages (Table 110).. Results provided evidence to conclude that there were statistically significant differences in the influence of age of delivery of family life knowledge on intimacy ($\chi^2 = 16.153, p < 0.003$). There was also evidence to conclude that there were no statistically significant differences in the influence of age of delivery of family life knowledge on commitment ($\chi^2 = 6.753, p = 0.150$), passion ($\chi^2 = 6.989, p = 0.136$) and marital satisfaction ($\chi^2 = 7.689, p = 0.104$).

Table 110: Kruskal Wallis Test Comparing Influence of Age of Delivery of Human Sexuality on Marital Satisfaction Based on Duration in Marriage

	Influence of Age of Delivery of Family Life Knowledge on Intimacy	Influence of Age of Delivery of Family Life Knowledge on Commitment	Influence of Age of Delivery of Family Life Knowledge on Passion	Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction
Chi-Square	16.153	6.753	6.989	7.689
Df	4	4	4	4
Asymp. Sig.	0.003	0.150	0.136	0.104

CHAPTER FIVE

DISCUSSION

5.1 Differences in Level of Marital Satisfaction among Married People in Meru County

This study established that marriages within Meru County were generally satisfactory. Sub-constructs of religious affiliation, rite of initiation and duration in marriage were significant in explaining differences in intimacy, passion, commitment and marital satisfaction among married people in Meru County. Sub-constructs of age group and Level of formal education were also significant in explaining differences in intimacy, passion and marital satisfaction among married people in Meru County. However, the sub constructs of age group and level of formal education were not significant in explain differences in commitment among married people in Meru County. The sub-construct of sex was not significant in explaining differences in intimacy, passion, commitment and marital satisfaction in Meru County.

These findings contradicted findings Tumuti *et al.* (2012) who argued that young people were afraid of getting into marriage and that the institution of marriage is dying due to dissatisfaction in marriages. The findings nonetheless agreed with Cherlin (2004) and Coontz (2005) who asserted that institution of marriage is not dying but is being transformed by contemporary conditions in the world. This led the researcher to conclude that marriage still has a future in Meru County if family life knowledge that is tailored towards achieving a satisfactory marriage is given to the youth.

Respondents of the *Ratanya* age group which was the oldest age group reported higher levels of intimacy and commitment in their marriages that those of the other age groups. *Ratanya* and *Lubetaa* (which were the two oldest age groups) had the lowest score for passion while respondents of the *Gichunge* age group (the youngest age group) reported highest levels of passion than respondents of the other age groups. These findings agree with conclusions by Sumter *et al.* (2013) that older adults above the age of 50 years reported lower levels of passion and intimacy than those aged between 18-20 years but similar levels of commitment compared to young (18–30 years) and middle adults (30–50 years). The implication from this finding is

that young married people focus on more on passion in marriages yet passion dies within the first five years of marriages if not properly nurtured (Tung, 2007). It is therefore necessary to teach young people s family life knowledge that helps them blend passion, intimacy and commitment so as to have satisfactory marriages.

Gichunge age group are the immediate followers of the *Mburung'a* age group yet there were statistically significant differences in their levels of passion and marital satisfaction. *Ratanya* and *Lubetaa* age group are also immediately following each other yet there are statistically significant differences in intimacy. These findings tally with the findings from the FDGs and interviews that the respondents of the *Lubetaa* and *Mburung'a* Age Group have challenges in their marriages. The *Lubetaa* Age Group was the group that was circumcised immediately after the “*Ngaitana*” revolt. The *Mburunga* age group are generally the children of the *Lubetaa* age group. The *Mburung'a* the group that was circumcised immediately after the community started accepting the “modern” rite of initiation and a large part of the Meru Community stopped the female circumcision. This means that the Family Life Knowledge that was offered at initiation with the aim of enhancing marital satisfaction in Meru County was affected for these two group leading to dissatisfaction in marriages. These findings agree with assertion by Murah (2006) that traditional structures as well as rituals of initiation into adulthood functioned as sources of family life education that focused on fulfilling marital relationship, and were widespread in the initiation rates rapidly lost ground in many sections of the community due to the school system. Murah alleges that school system does not allow girls and boys to undergo initiation period.

Murah studied the initiation among the Tanzania Communities. The initiations practices among the Tanzanians were similar to those of the Meru Community. The value placed to marriage in the three communities was similar and the initiation rites were used to teach sexuality with the aim of establishing satisfactory and functional marital relationships. Murah (2006) alleges that where rites of initiation have withered away, young girls and boys do not receive any systematic family life education. The rites of initiation among in Meru have not withered away but have changed due to religion and schooling. The sexuality knowledge that was impacted at

initiation also has changed as alluded by respondents. In Meru, the researcher found out that it was a taboo for parents to discuss sexuality issues especially issues of love and romantic relationships and sexual behaviour. This researcher concluded that with the change in the rites of initiations, there is no systematic way of passing family life knowledge that is focused on marital satisfaction. This is because the formal school system did not offer an alternative education that enhances marital satisfaction.

These findings led the researcher to conclude that there was an association between the levels of education one had attained and marital satisfaction. There was a consistency in the findings that those who had not attained any formal schooling seemed to enjoy more intimacy, passion and commitment in their marriages. The researcher concluded that this is due to the fact marital relationships of those who had no formal schooling were guided by the Meru cultural guidelines. For example, very few married people who had no formal schooling had conflicts with their spouses over side relationships and polygamy whereas those who had formal schooling raised concerns over the consequences of multiple sexual relationships. Multiple sexual relationships were one of the reasons for divorce and separation in Meru County as the period of this study. The study also concluded that the reason why people with were more satisfied in their marriages is that they did not have many influences from outside the Meru community. They had very little or no exposure to technology hence no influence from the conventional and social media hence their expectations from their spouses is as stipulated by Meru Traditional education. These assertions are supported by Kithinji (2013) who established that marriages that were purely guided by the traditional education were more stable. From the findings of this study, the researcher concluded that the traditional Meru education on family life had significant influence on marital satisfaction. Therefore, it is necessary to develop a curriculum that incorporated Meru traditional education so as to enhance marital satisfaction in Meru County.

These findings showed that religion was significant in explaining differences in marital satisfaction in Meru County. Those without a religious affiliation reported lowest levels of commitment and intimacy and marital satisfaction in marriages. This may be due to the fact that lack of faith in God causes an individual to lose his peace

and integrity and this will lead to weakness and is the origin of many controversies in life that lead to dissatisfaction (Fateme *et al.*, 2013). It can therefore be concluded that that religion influences satisfaction in marriages as differences were seen in intimacy, passion, commitment and marital satisfaction based on religious affiliations. The findings from this study led the researcher to conclude that faith in God impacts more positively on marital satisfaction.

It is evident that married people who had undergone the traditional rite of passage reported more intimacy, commitment and passion in marriages than the rest of the groups. This can be concluded that this was due to the practicability in the nature of family life education taught to the initiates during their time in seclusion. Findings from the FDGs and oral interviews indicated that the knowledge that was taught to the initiates who underwent traditional rite of passage was focused on sustaining a strong and health marital bonds. The sexuality knowledge taught, set boundaries for both spouses which were not to be crossed (Nyaga, 2007). This therefore ensured harmony that led to satisfaction in marriages. Furthermore, the initiation was a prerequisite for marriage among the older age groups who reported more intimacy and commitment in their marriages. This means that the family life knowledge at initiation could explain differences in marital satisfaction.

Respondents who had been married for the shortest period (1-5 years) and those who had been married for the longest period (over 20 years) reported highest levels of intimacy. Those who had been married for the longest period were ranked highest in commitment in marriages while those who had been married for the shorted period were ranked highest in their passion in marriages. These findings agree with the studies that indicate that there are higher levels of intimacy at the early stages of marriages but tend to decline as the marriages progresses but improves again after the empty nest syndrome sets in (Sara, Oliver & John, 2018). This finding agreed with Mbiti (2003) who argues that love develops as a marriage progresses. The researcher concluded that learning is an ongoing process and couples learn how to meet the expectations that lead to marital satisfaction even when they are in marriage. The researcher therefore recommends regular seminars to help couples achieve satisfactory marital relationships.

Commitment in marriage improved as the marriage progressed. Respondents from the FDGs reported that this is because as they lived together as married couples, they were able to understand and accept each other's weaknesses. Passion is highest in marriages during the early years of marriage and reduces as the marriages progress. This was confirmed by responses from FDGs because the younger couples were reporting more passion in their marriages while the older couples were more concerned with commitment and stability in their marriages. These findings tally with Tung (2007); Lauer and Lauer, (2007) that passion component of love needs to be nurtured in marriage (Tung, 2007). If it is not properly nurtured, it fades within six to thirty-six months of a new relationship (Lauer & Lauer, 2007)

Conspicuous differences in intimacy, commitment, passion and marital satisfaction were noted when people who had been married for 11-15 years were compared to other groups. The study sought to confirm these findings from the FDGs and Interviews. Responses from the FDGs indicated that during this period parents are struggling with financial challenges because they have to raise school fees for most of the children hence, they have no time to attend to the needs of their spouses fully. They also reported that at this age each of the spouse was focused on self-development. This means that there was more social independence than interdependence in marriages of people who had been married for 11-15 years. Social interdependence helps improve commitment in a marital relationship because partners to perform 'pro-relationship acts' that is things that are good for the relationship. When one partner performs 'Pro-relationship acts' and the other partner perceives the 'pro-relationship acts' the relationship is enhanced. The partners' willingness to depend on the relationship increases the feeling of commitment to the relationship (Lauer & Lauer, 2007). The study therefore concluded that couples need to be helped to develop social interdependence even during the difficult times in their marriages. This is because social interdependence would help spouse to be open to being influenced by each other. It would help them move from interest to mutual interest which is necessary for a satisfactory marriage. Marital satisfaction is best maintained when there is a sense of interdependence between partners in an attempt to understand one another's needs, point of view and willingness to work on the relationships (Kelly, 2003).

5.2 Influence of Content of Family Life Knowledge on Marital Satisfaction of Married People in Meru County

The study established that there were differences in content of family life delivered to people of different generations. The content had an influence on marital satisfaction leading to the older age groups being more intimate and committed in their marriages and the lower age groups being more passionate in their marriages.

Content of family life education was properly organized for the older generation. Those *Ratanya* age group, *Lubetaa* and part of the *Miriti* age group reported that they had a program of teaching relationship with families, sexual behaviour, and sexual health at initiation at initiation, though it was not written. The members of the age group that was slightly older acted as the sexuality educators who passed the content to the subsequent age group. These findings agree with Fadiman, (2012) that culture among was transmitted from the oldest generation to the youngest and that before embarking on any study in Meru Community about any aspect of the community, on was expected to begin from the oldest age group for they were considered the custodian of knowledge. The researcher got a similar experience to Fadiman because respondents of the younger age groups often requested that the researcher talk to the older persons about the content of family life education. During the FDGs it was a requirement that the researcher listens to the older member in the group before listening to the younger generations. This implied that content of sexuality knowledge was passed from one generation to the other. It also implied that in the cultural context of the Ameru, the older generations have to approve the content of family life education to be taught. This is a factor that any stakeholder who needs to implement a curriculum among the Ameru has to consider if what is in the curriculum has to be accepted the people of the Meru Community.

The responses of the respondents of the *Michubu*, *Ratanya*, *Lubetaa* and *Miriti* age group led the researcher to conclude that Meru Community had an informal problem-based curriculum on family life that was delivered at initiation. According to Yew and Goh (2016) a problem based curriculum focuses on engaging the learner meaningfully to solve the problems of in their lives. The curriculum had an entry which was the actual day of the cut (initiation). The education took place in a

secluded house at initiation. There were trainers who were sponsors at initiation, peers and members of an age group slightly older than the initiates as well as the grandmothers' to the initiates. There were methodologies that involved lectures, group discussions and practical demonstrations. There was an evaluation and grading where the initiate would be asked questions in relationship to what was taught and any correct answer or demonstration. There was a graduation which took place on the day the initiate was getting out of seclusion. There was a follow up where one was required to repeat what they had been taught to the younger initiates. In case a person gave the wrong information, they were punished by beating or ridicule. Follow up occurred throughout life so in case one went against or acted contrary to what was taught at initiation, they were fined or faced other forms of punishment. This means that content of family life education taught to the older generations can be evaluated and the content that is applicable in the contemporary world can be easily incorporated in the curriculum to help solve the modern issues of marital satisfaction.

The content also become more diverse as the age groups got younger. This is due to the breakdown of the Meru social system that was influenced by formal education, embracing of Christianity increase of media coverage ((Murah, 2006). During the interviews, the respondents of the *Ratanya*, *Lubetaa* and *Mung'atia* age groups were very certain about content and age at which they received family life knowledge education. Contrariwise, the respondents of the *Mburung'a* and *Gichunge* age groups had to take time to remember the sources, content and the age at which they got family life knowledge. These two younger generations also had diverse content of family life knowledge such that they could not agree during the FDGs. The findings of this study agree assertion by Kithinji (2013) that the Meru Community had a way of teaching their young people knowledge on marital issues leading to stable marriages among the older age groups. Kithinji concluded that colonialism impacted negatively on marriages in Meru County. What Kithinji did not establish is the influence of content of family life education on marital satisfaction in Meru County. The findings from this it can be concluded that study that content of family life education influenced marital satisfaction in different ways. Those older age groups reported more intimacy and commitment their marriages than the younger age groups. This is because the family life education they received was tailored towards life long

satisfactory marriages. The younger generation reported more passion in their marriages also because the family life knowledge they received was more focused on sexual satisfaction. The researcher attributed this to differences in the family life knowledge each had received.

Family life knowledge in Meru began to change with the advent of colonization, missionaries and the formal school system. This began with the first ban on female circumcision that occurred during the Ratanya age-group. The Merus defied the ban in a protest known as “*ngaitana*” meaning “I will circumcise myself” (Lynn, 1996). In the protest, it alleged young girls circumcised themselves and marched to the police station and demanded to be arrested and detained. This ban became the turning point for family life knowledge and marital satisfaction among the Meru. Lynn did not understand the ‘Ngaitana protest’ from the perspective of an historian and did not evaluate the psychosocial reasons for the protest. This study established that the women were protesting against the ban on female circumcision because that is where they got knowledge on their sexuality which was tailored towards a satisfactory marriage. The study therefore concluded that one of the reasons for differences in marital satisfaction in Meru County was due to the differences in family life knowledge. It is therefore necessary for the stakeholder in education, health and culture to revisit the issue of developing a curriculum on family life that focus on satisfactory marriages. The curriculum developers need to borrow some of the content on family life from the Meru Community who had a functional curriculum.

The *Gaaru* system is where boys were circumcised and were not married moved into a common house away from their families. Here they were taught about societal culture, customs and values. Those who defied the values, were punished. ‘*Gaaru*’ for men stopped with the *Miriti* age-group. This is the group where many people starting going to school. The missionaries also started discouraging traditional African circumcision. The crisis in marriages in Meru County began with the *Miriti* age-group and has continued to get worse. Marriage was no longer very stable. It is not uncommon for people to walk in and out of marriages. Asked which marriages were more satisfactory, respondents indicated that marriages among the older age groups were more satisfactory than the younger age groups because of the family life

education that taught the older generations to respect the psychosocial boundaries set by the community. This implies that there is need to revisit the psychosocial boundaries and teach the youth about them. Most conflicts that led to marital dissatisfaction among the respondents of the Mburung'a and Gichunge age groups were due to failure to respect each other's personal space which is necessary for a satisfactory marriage.

Marriages in the Michubu, Ratanya and Lubetaa age-groups are seen as more satisfactory than those of the *Miriti*, *Guantai* and *Gichunge* age-groups. The research concluded that this is because family life knowledge received by the older age groups set boundaries on how they should relate to each other. The main education that girls were taught was they were created for a husband and that the husband should be their priority always. They were also taught that God created men to be in charge of women and that men were natural leaders who were to be respected and obeyed always. So everything that a wife did was to please the husband. Men on the other hand were taught the responsibility of protecting their families and making sure that their wives were contented. This implies that the content of knowledge among the married people from the older aged enhanced interdependence in marriages. This interdependence is what was lacking in many marriages of the *Mburung'a* and *Gichunge* age groups. Social interdependence is necessary for a satisfactory marriage.

5.3 Influence of Sources of Family Life Knowledge on Marital Satisfaction among Married People in Meru County

Parents were also the most influential source of knowledge relationship within families and raising children for both men and women. This was confirmed in the FDGs that fathers and mothers were comfortable talking to their children about relationship within families. The respondents also reported that they learnt about raising children from their parents through observations. They reported that any time they had challenges with raising children mostly consulted their parents. These findings are in agreement with Angera *et al.* (2008). Parents provide family life education through role modelling. They provide unspoken family life education by the way they act towards each other, towards other people and towards their children (Angera *et al.*, 2008).

Information from the FDGs corroborated with what was got from the questionnaires that parents were the most influential source of knowledge on relationship with friends as well as knowledge as a marriage as a lifetime commitment for the girls. Peers were the most influential source of knowledge on love and romantic relationships. Respondents were asked why peers and not parents were the most influential sources of knowledge on love and romantic relationships. They reported that parents talked about love and romantic relationships in a negative way especially warning them about pregnancy. One respondent reported that “*parents demonize love and romantic relationship yet they expect one to marry and be happy*” They also reported that most of the time, parents used coded language to communicate about love and romantic relationships which they did not understand. This is in agreement with Turnbull, Van and Van (2008) who indicated that parents are ashamed to talk to their children on sexual relationship.

They were asked why teachers were not the most influential source of knowledge on love and romantic relationship. Respondents reported that just like parents, most teachers give a negative picture on love and romantic relationship which most often is associated with sexual intercourse. Some respondents reported having been punished by teachers for associating with people of opposite sex. Several female respondents reported that their teachers used to tell them “never trust a man in a relationship because all men are beasts”. Therefore, teachers were not an influential source of knowledge on love and romantic relationships for them. Teachers have regular interaction with people from childhood and can create a big impact if empowered to teach age appropriate family life education. According to Suter, McCracken, & Calam, (2012) people support teachers in refusing to teach sexuality and relationship education but with encouragement and proper training on sexuality matters, teachers can feel more comfortable teaching students about family life and create a great positive change.

Sponsors at initiation were most influential sources of knowledge of marriage as a lifetime commitment for majority of the male respondents and not female respondents because men find it easier to talk to their sponsors about marriage than to their parents because of the cultural provisions. However, women were free to their mothers once

they got married and were less restricted by the Meru traditions. Sexuality educators and counsellor reported that many women had not undergone any rite of initiation were less restrained by cultural provision so they were more open to their parents on sexuality and marital issues.

Significant adults who included parents, sponsors at initiation and professionals were reported as the most influential sources of knowledge on life skills by majority of both male and female respondents. This is due to the fact that parents are very focused on helped their children develop life skills and did not shy from voicing opinions on these matters. Respondents who participated in FDGs also reported that sponsors at initiation were very influential agents in teaching assertiveness by both men and women especially during imitation. It was the role of the sponsors at initiation to teach men how to be men and how to go about achieving what they wanted in life. Sponsors at initiation also were very instrumental in teaching ladies how to negotiate in relationships. Peers were evidently a source on knowledge on communication in relationships for most male respondents. Men who participated in FDGs reported that they learnt how to communicate with women from their peers especially on how to persuade a girl to accept to be in a relationship and keep how to talk to their wives.

Most of the married did not have an influential source of knowledge on sexual behavior. These findings agree with the results of the FDGs where most respondents indicated that they learnt about sexual behavior through experience. The findings also agreed with the reports from FDGs that Meru People did not pay serious attention in teaching young people about abstinence. This contradicts the stand of most religions (of which many respondents belonged) that forbids adultery and fornication. It also contradicts the position held by RCC that sexual behavior should be taught by religion and family. These findings concur Wanyonyi, (2014) that most churches are hesitant to assume the role of sexuality educators.

The findings also raised concerns of the campaigns against spread HIV/AIDs that recommends abstinence as the first option to stop the spread of HIV yet most people have no influential source of abstinence. This can help explain the rampant infidelity in marriages as reported by population council (2007) who established that a high

number of young married people engaging in infidelity. 10 % of the married girls interviewed admitted that they had not faithful to their husbands. Asked whether they were sure that their husbands had been faithful to them, 10% of the married girls reported that they were sure that their husbands had not been faithful to them while 23 % were not sure of their partner's faithfulness, suggesting that they were suspecting infidelity. Other women reported that they had found their husband in an affair with another woman.

Married men indicated that their most influential source of knowledge on sexual response cycle from sponsors at initiation while most married women indicated that they had no most influential source of knowledge on sexual response. Sponsors at initiation were tasked with teaching taboo topics in traditional African societies. The initiation ceremonies were used as sources of family life education in adolescence (Marah, 2006). Every initiate whether a boy or a girl was given a guide who instructed them on sexuality related issues. Among the Tanzanian Communities, the guide at initiation was known as *Somo* (Fuglesang, 1997) while in Meru the guide was known as *Mugwati* hence it would be expected that sponsors at initiation were the most influential source of sexual response cycle.

Both married men and women also reported that they had no most influential source of knowledge on sexual dysfunctions. Understanding of sexual response cycle and sexual dysfunctions is very important for sexual fulfillment in marriages. It is also influential in helping partners assist one another during the periods of sexual difficulties. It is therefore necessary for stake holders in education to revisit the issues of introducing family life education in schools to teach sexual behavior. This is because there is no influential source of many aspects of sexual behaviour. Research indicates that openness is the most important factor in creating ongoing dialogue with children about sexuality (Murphy & Young, 2005). Studies indicate that misinformation as well as lack or information about sexuality increases sexual confusion and vulnerability (Dayton, 2010). It stimulates curiosity and leads to early sexual experimentation resulting to premarital pregnancy, rape, sexually transmitted infections (STIs), Acquired Immunodeficiency Syndrome (AIDS) and lack of trust, all which influence to marital satisfaction (Martinello, 2016).

School teachers and professionals played a great role in influencing knowledge on sexual health. Professionals were very influential in transmitting knowledge on pregnancy and prenatal care to both men and women. Professionals were also very influential in transmitting knowledge on contraceptives and looking for help on sexual issues. This according to the participants of the FDGs was due to the fact that most women visit health centers when they are pregnant hence have interactions with doctors, nurses and midwives who give them information on pregnancy and prenatal care, advise them on use of contraceptives and guide them on where to look for help. This means that the recommendation by the World Health Organization (WHO) international consultation on the topic of family life education that comprehensive family life education should be expanded in order to provide accurate information and education about contraceptives to help people protect themselves against unintended pregnancy and prevents sexually transmitted infections (STIs), including HIV and AIDS (WHO, 2011) have been well implemented on women by professionals in Meru County. Knowledge on reproductive health and knowledge on STI/STDs/HIV/AIDs was incorporated in the school curriculum hence teachers were the most influential source for both men and women.

Knowledge on abortion is also taught by teachers who mostly to warn their students against abortion. Women said that they found it easier to discuss abortion with peers because they have common challenges. This is due to the fact that most young girls did not have adequate knowledge on abstinence hence they engaged in sexual intercourse and had the risk of unplanned pregnancies. They therefore find it easy to share their fears of getting pregnant with their friends and end up discussing abortion as an option. During the FDGs, women reported that they got knowledge on abortion from their peers while discussing a peer who either had got unplanned pregnancy or had had an abortion. Asked why they do not seek to talk to their parents about these issues, it was reported that it looks shameful to discuss these issues with parents for one may sound “evil”, manner less or promiscuous to the parents which is not acceptable in the Meru culture.

Neither religion nor parents were most influential sources of family life knowledge for majority of the respondents. This is contrary to the expectation that parents and

church teach family life education, a stand held by the RCC (Kavinya, 2013). The findings also agree with Hagland & Fehring, (2010) that churches have either maintained silence about sexuality issues or when they have spoken, it has most often been to link sexuality to sin or immorality. It is therefore necessary to have an organized source of family life education. School would be the most appropriate because most children pass through school. This would require training curriculum developers, teachers and peer sexuality educators.

Sub construct of age group was significant in explaining differences in sources of knowledge on human development, human relationships and life skills among married people in Meru County. Level of Formal Education was significant in explaining differences in sources of knowledge on human relationships, life skills, sexual behaviour and sexual health. Religion was significant in explaining differences sources of knowledge of life skills and sexual health while duration in marriage was significant in explaining differences in sources of knowledge on human development and life skills in Meru County.

Sub constructs of sex, age group, religious affiliation and duration in marriage were significant in explaining differences in the influence of sources of family life knowledge on intimacy while Sub constructs of age group, and religious affiliation and duration in marriages were significant in explaining differences in the influence of sources of knowledge on commitment in marriages. Sex, age group and duration in marriage were significant in explaining differences in the influence of sexuality knowledge on commitment in marriages.

Age group, religious affiliations and duration in marriage were significant in explaining the influence of family life knowledge on marital satisfaction. Level of formal education was significant in explaining the differences in sources of the most sub constructs of sexuality knowledge but was not significant in explaining the differences in the influence of family life knowledge on marital satisfaction. Age group is significant in explaining differences in sources of family life knowledge and also significant in explaining differences in the influence of sources family life knowledge on marital satisfaction. These two are major elements of socialization

hence affect how people relate in marriages. The role of peers in school who are also members of the same age group in teaching social expectation and how to interact with other people is clearly seen in this objective. This agreed with the findings (Ingunn & Edvin 2011) who asserted that peers in school are very important of behavioral and emotional growth which is important in relationships. It is therefore necessary to train peer educators on family life to enable them disseminate correct knowledge to their peers. A research on family life education by Walker (2014) revealed that peer involvement in family life education appeared to increase confidence in communicating sexual matters enabling positive change on sexual knowledge and beliefs about future sexual behaviour. It also helped increase confidence in relationships.

Significant differences in family life knowledge were noted among people with different highest levels of schooling. This means that sexuality knowledge got from school had a major influence on marital satisfaction. However, According to Lai, (2006), pre-service training and professional development opportunities for teachers are both lacking yet they are necessary in supporting family life education. It is therefore necessary that the Ministry of Education takes urgent measures to harmonize the family life knowledge delivered in schools. This can be done by developing an age appropriate curriculum and training sexuality educators to implement the curriculum. This will help standardize the sources of family life knowledge.

5.4 Influence of Age of Delivery of Family Life Knowledge on Marital Satisfaction among Married People in Meru County

Most married people got knowledge on human development during adolescence. This contradicts the position held by many scholars who recommend that topics such as anatomy, birth and reproduction should begin from two years of age (El-shaieb & Wurtele, 2009). Most of the male respondents got knowledge on human relationships between ages of 11-20 years. However, they got knowledge on marriage as a lifetime commitment and raising children at the ages of 21-30 years. Most of the female respondents got knowledge on human relationships at the ages of 11-20 years. This is contrary to the assertion by Robinson & Davies (2008) that due to the Changing

technology, access to information on the Internet, greater awareness on none heterosexual identities, relationships, families and significant shift in meanings and experiences of childhood it is necessary to be more open and complex discussion with children on relationship issues if they are to become competent, informed and responsible citizens. These findings also show that the change in teaching family life education among the Ameru because family life education in Meru began in Childhood and a Meru child was educated across eight Social Institutional Stages through which a child was transformed into a complete person. These stages included the stage for the uncircumcised, the stages for the circumcised and the old.

The objective of these institutions was to instil upright behaviour in members of the community, to train a person to be brave and capable of coping with difficult situations, to train a person to be altruistic and devoted to the community, to be a master of one oneself and subdue selfish inclination, to appreciate others successes and abilities and to be a trustworthy person who could be trusted with secrets (Nyaga, 1997). Every person was expected to learn content appropriate to his or her ages. These trainings were meant to ensure solidarity of the society and make sure that the society enjoyed peace and tranquillity (Nyaga, 1997). The aspects would also ensure satisfaction in marriage.

Most married people in Meru County also got knowledge on Life Skills during adolescence. This is contrary to the expectation that teaching of life skills begins in childhood. These discoveries support findings by Riungu (2013) that many schools do not teach Life skills education and most of those schools that teach do not adequately cover sexuality content. This is due to inadequate number of trained trainers, religious conservatism, lack of capacity in institutions, cultural conservatism and the fact that LSE is not examinable hence not taken seriously (NAYA, 2010). There is also an assumption that family and religious institutions teach life Skills to children (Kavinya, 2013) but these findings found that most people did not get knowledge on life skills in childhood. It is therefore necessary for the Ministry of Education and Kenya Institute of Curriculum Develop to work with teachers and other stakeholders in education to find better ways of delivering life skills to children below the age of 10 years. This is because instilling correct knowledge of life skills helps a child grow knowing that

need to participate in relationship of their choice, including marriage, with dignity, respect, privacy, equality and freedom as recommended by (Bernett, 2012).

These results show that most of the married people in Meru County got knowledge on sexual behavior at the ages of 11-20 years except for male respondents who majority reported that they got knowledge on sexual dysfunctions at the age of 21-30 years. This is also contrary to the expectations by scholars in sexuality children need to learn the correct aspects of family life, helps avoid haphazard, unreliable, stereotypical, incomplete, unrealistic and irrelevant or dishonest information Crooks & Baur, (2008). A correct understanding of expectations of human sexual behavior often helps to avoid the myths, half-truths, factual errors and distortions found in the society which most of the time are a cause of dissatisfaction in marriages (Haward-Barr, More, Weiss & Jobli, 2011)

The study sought to establish why there is delay in delivery of knowledge on sexual behavior from sexuality educators and counselors. Respondents indicated that parents were not sure of what topics to teach to children. This is in agreement with Robinson & Davies (2008) report that parents were unsure of what topics to discuss with their children and how much their children may understand about human sexual behavior with the intention of protecting “Childhood innocence” .Nonetheless, parents should not ignore teaching knowledge on sexual behavior to children because children have interest in family life education, which is often ignored by adults who assume that children are not ready to learn about human sexual behaviour (Surtle, 2008).

Knowledge on sexual health was delived to most married people in Meru County at adolescence, except for knowledge on looking for help on sexual issues that most people got in early adulthood. These findings show that there is little knowledge on sexual health in childhood. These findings concur with reports by UNESCO & UNFPA, (2012) that key aspects of sexual health were lacking most curricula in Africa. Information about reproduction, STIs Abortion, condoms and where to access sexual health services were lacking. Most curricula also addressed the experience of puberty strictly as a biological process without acknowledging the social environment

that often confuses. Gender based violence and intimate partner violence was also overlooked (UNESCO & UNFPA, 2012).

Sub constructs of level of formal education, religion and duration in marriages were significant in explaining differences in the influence of age of delivery of family life knowledge on intimacy. Only religion was significant in explaining differences in the influence of age of delivery on commitment in marriages. Age groups, level of formal education and religious affiliation were significant in explaining differences in the influence of age of delivery of family life knowledge on passion in marriages. It is evident from the findings that level of formal education and religion were significant in explaining differences in the influence of age of delivery of family life knowledge on marital satisfaction of married people in Meru County.

The findings from this objective reveal that level of formal education was significant in determining the age at which family life knowledge was delivered and how family life knowledge influences marital satisfaction. It is therefore necessary for Ministry of Education, Ministry of Health and Ministry of Gender and Social Services in Kenya through the Kenya Institute of Curriculum Development to evaluate how best to deliver age appropriate family life education that focuses on enhancing marital satisfaction.

CHAPTER SIX

CONCUSSION AND RECOMMENDATIONS

6.1 Conclusion of the Findings

The study established that marriages in Meru County were satisfactory. Statistically significant differences in marital satisfaction were noted among married in Meru County. Age group, level of education, religious affiliations, rite of initiation, and period of stay in married were significant in explaining differences in marital satisfaction among married in Meru County.

There was existing content of on family life among married people in Meru County. All the areas of family life education were covered for the older generation with more emphasized on human relationships. Knowledge on life skills was integrated in teaching human relationships. This education was offered for the older age groups at initiation and there was a curriculum at imitation. The content of family life knowledge was uniform among the oldest three age groups across all the areas sampled. The younger age groups did not have uniform content of family life education across all the sampled regions. There was a concern that knowledge on human sexual behavior was lacking in both young and old generalations. Content of family life knowledge had an influence on marital satisfaction in Meru County.

Peers, school teachers, parents and sponsor at initiation were the most influential sources of family life knowledge among married people in Meru County. There were significant differences in the sources of family life knowledge on among married people in married people in Meru County. There were significant differences in the influence of sources of family life knowledge on marital satisfaction of married people in Meru County. Level of formal education, age group, religious affiliation and duration in marriage were significant in explaining differences in the influence of family life knowledge on marital satisfaction of married people in Meru County.

Most of the married people in Meru County got family life knowledge at the age of 11-20 years. There were statistically significant differences in age of delivery of knowledge of family life among married people in Meru County. There were also statistically significant differences in the influence of age of delivery of Fa family life

knowledge on marital satisfaction of married people in Meru County. Levels of formal education were significant in explaining differences in sources of family life knowledge while religious affiliation was significant in explaining differences in the influence of age of delivery of family life knowledge on marital satisfaction.

6.2 Recommendations

- i. Ministry of Education, Ministry of Health and Ministry of Gender and Social Services to work with the Kenya Institute of Curriculum Development to develop age appropriate family life education curriculum and tailor the curriculum towards achieving satisfactory marriages and relationships. This curriculum should identify areas that should be covered in the ordinary school curriculum and those that can be implemented by other social institutions.
- ii. The Ministry of Education to facilitate the training of peer family life educators because peers are the most influential sources of family life knowledge so as to enhance delivery of the correct family life knowledge.
- iii. The Ministry of Social Services need to come up with programmes to train parents and married people on the how to deliver family life education knowledge that is tailored towards satisfactory marriages.
- iv. Universities and Teacher Training Colleges to incorporate family life education in their curriculums and prepare teachers on the appropriate methodology for delivering family life knowledge that focuses on satisfactory marriages.

6.3 Suggestions for Further Research

- i. A study to establish other factors that contribute to higher levels of marital satisfaction among people who had received no formal education when compared to those who had received formal education.
- ii. Similar studies are carried out across different socio-cultural contexts to establish the influence of family life knowledge on marital satisfaction.

REFERENCES

- Adams, M., Oyez, J., & Parker, T. (2003). Sexuality of Older Adults and the Internet: from Sex Education to Cybersex. *Sex and Relationships Therapy*, 18 (3), 405. Retrieved from Academic Search Premier Database.
- Aderemi, T. J., & Pillay, B. J. (2013) Sexual Abstinence and HIV Knowledge in School- Going Adolescents with Intellectual Disabilities and Non-Disabled Adolescents in Nigeria. *Journal of Child & Adolescent Mental Health*, 25(2), 161-174.
- Allen, R.S., Petro, K. N. & Phillip, L.L. (2009). Factors Influencing Young Adults Attitudes, Knowledge and Late-Life Sexuality among Older Women. *Journal of Aging and Mental Health* Vol. 13 (2), 238-245.
- Angera, J. J., Brookins-Fisher, J., & Inungu, J. N. (2008). An investigation of parent/child communication about sexuality. *American Journal of Family life education*, 3(2), 165-181.
- Apter, D. (2009). Family life education Programmes and Sexual Health Services: Link for Better Sexual Health (SRH). *Entre Nous. The European Magazine for Sexual and Reproductive Health*, (69), 12-14
- Arkkelin, D. (2014). *Using SPSS to Understand Research and Data Analysis. Psychology Curricular Materials. Book 1.* Available online: http://scholar.valpo.edu/psych_oer/1
- Bachman, Ronet. (2007). *the Practice of Research in Criminology and Criminal Justice, Causation and Research Designs*. 3rd. Ed. Thousands Oaks. C.A. Pine Forge Press.
- Ballan, M. S. (2012). Parental perspectives of communication about sexuality in families of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 42(5), 676-84.
- Ballard S.M. and Gross K.H. (2009). Exploring Parental Perspectives on Parent-Child Sexual Communication. *American Journal of Family life education*. Vol. 4 (1) Available Online at <http://www.haworthpress.com/web/AJSE>.
- Baker, S.E., & Edwards, R. *How Many Qualitative Interviews is Enough? Expert Voices and Early Career Reflections on Sampling and Cases in Qualitative Research*. UK. National Centre for Research Methods.
- Basavanthappa, B.T. (1998). *Nursing Research*. India. Jaypee Brother Ltd.
- Bernett, D. J. (2011). Sexuality and disability in the lives of women with intellectual disabilities. *Sexuality and Disability*, 29(2), 129–141.
- Boateng, (1983). African Traditional Education: A method of Disseminating Cultural Values. *Journal of Black Studies*, (3), 321-336.

- Boonstra, H. (2010). Winning Campaign: California's Concerted Effort to reduce its Teens Pregnancy Rate. *Guttmacher Policy Reviews* Spring 2010 (13), 2
- Boonstra, H. (2001). Legislators Craft Alternative Vision of Sex Education to Counter Abstinence Only Drive. *Guttmacher Report on Public Policy*, 4(6), 4-7
- Bordens, K. S., & Abbot, B. B. (2011). *Research Design and Methods: A Process Approach* (8th Ed). USA. New York. MacGraw Hill Companies.
- Borg, W.R., & Gall, M. D. (1996). *Education Research: An Introduction* (4th Ed). New York: Longman.
- Borneman, E. (1983). "Progress in Empirical Research on Children's Sexuality." *SEICUS Report*, 1-5.
- Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Re-search on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and the Family*, 62 (4), 964-980.
- Bramlett, M.D., & Mosher, W.D. (2002). Cohabitation, Marriage, Divorce and Remarriage in the United States. *National Center for Health Statistics: Vital Health Stats*, 23(22).
- Breznysyak, M., & Whisman, M. A. (2004). Sexual Desire and Relationship Functioning: The effects of Marital Satisfaction & Power. *Journal of Sex and Marital Therapy*, 30, 199-227
- Britten, B., & C. (2006). *Answers for your Marriage*. Kenya. Nairobi. Uzima Publishing House.
- Brown, N. (2003). *A Guide to Parenting*. England: Stanborough Press
- Brownlie, E.B. (2006). Young Adults Construction of Gender Conformity and Nonconformity. A methodological Study. *Journal of Feminism & Psychology*. Vol 16 (289).
- Butzer, B., & Campbell, L. (2008). *Adult Attachment, Sexual Satisfaction and Relationship Satisfaction. A Study of Married Couples. Personal Relationship*, 15 (141-154).
- Canel, A. N. (2013). The Development of the Marital Satisfaction Scale (MSS). *Educational Sciences: Theory & Practice* - 13(1)
- Castillo, G. (2004). *Teenagers and Their Problems*. Kenya. Nairobi: Focus Publishers.
- Chan, J., & John, R. M. (2012). Sexuality and sexual health in children and adolescents with autism. *The Journal for Nurse Practitioners*, 8(4), 306-315.

- Chapin, L. R., Chapin, T. J., & Sattler, L. G. (2001). The relationship of conflict resolution styles and certain marital satisfaction factors to marital distress. *Family Journal*, 9(3), 259-265.
- Cherlin, A. (2004). "The Deinstitutionalization of Marriage." *Journal of Marriage and the Family*, 66 (4),
- Cohen, R.J. (2008). *Sex Education and the American Public Library. A study of Collection Development, Reference Services and Programming for Young Adults*. Young Adults Library Services.
- Coontz, S. (2005). *Marriage, a History: From Obedience to Intimacy, or How Love Conquered Marriage*, Viking, USA.
- Cox, M. F., Scharer, K., Baliko, B., & Clark, A. (2010). Using focus groups to understand mother-child communication about sex. *Journal of Pediatric Nursing*, 25, 187–193.
- Creswell, J.W. (2003). *Research Design: Qualitative, Quantitative and Mixed Method Approaches*. (2nd Ed). Thousand. OAKS. CA. Sage Publications.
- Creswell, J.W. (1998). *Qualitative Inquiry in Research Design, Choosing among Five Traditions*. Thousand. OAKS. CA. Sage Publications.
- Crooks, R., & Baur, K. (2008). *Our Sexuality* (10th Ed). Belmont, CA. Thomson Higher Education.
- David A. Frederick, D.A., Lever, J., Gillespie, B.J. & Garcia, J.R. (2016). What Keeps Passion Alive? Sexual Satisfaction Is Associated With Sexual Communication, Mood Setting, Sexual Variety, Oral Sex, Orgasm, and Sex Frequency in a National U.S. Study. *The Journal of Sex Research*, 2016; 1 DOI: 10.1080/00224499.2015.1137854
- Davidson, B. (1969). *The African Genius. An Introduction to African Social and Cultural History*. The Atlantic Monthly Press.
- Dayton, R. (2010). Life Skills Education in Kenya: A Comprehensive Analysis and Stakeholder Perspective. Unpublished Report. Nairobi. Kenya.
- DeFrain, J., & Oslon, H., (2001). *Marriage and the Family: Diversity and Strengths*, (3rd Ed). USA. Mayfield Publishing Company.
- Dines, G. (2010). *Pornland; how porn has hijacked our sexuality*. Boston Massachusetts: Beacon Press.
- Dunifon, R. (2012). Role of Grandparents in lives of youth. *J. Fam Issues*: 33(9): 1168–1194. Doi: 10.1177/0192513X12444271.

- Dwyer, S. B. & Buckle, and J. L. (2009). The Space Between: On being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods*. 8 (1): 54-63. Doi: 10.1177/160940690900800105
- East, L. J., & Orchard, T. R. (2014). Somebody else's job: Experiences of sex education among health professionals, parents and adolescents with physical disabilities in South-western Ontario. *Sexuality and Disability*, 32(3), 335-350.
- Ekeopora, C. (2012). Impact of Extended Family Systems on Socio-Ethical Order in Igboland. *American Journal of Social Issues & Humanities (ISSN: 2276 - 6928)* Vol.2 (4) pp.262-267. Available online
- Eliot & Associates (2005). *Guidelines for Conducting a Focus Group*. Available online: https://assessment.aas.duke.edu/.../How_to_Conduct_a_Focus_Group.Pdf
- El-Shaieb, M., & Wurtele, S. K. (2009). Parents' Plans to Discuss Sexuality with Their Young Children. *American Journal of Family life education*, 4, 103-115.
- Erickson, E. (1963). *Identity: Youth and Crisis*. New York: W. W. Norton.
- Fadiman, J. A. (2012). *Meru's Golden Age: An Oral History of the Ameru*. Kenya. Nairobi. Kiraitu Murungi Foundation.
- Fatemeh, H., Sajjad, S., Sobhan, J. (2013). The Relationship between Religious Attitudes and Marital Satisfaction among married Personnel of Departments of Education in Rasht City, Iran. *International Journal of Advanced Studies in Humanities and Social Science 1* (6), 608-615
- Feeney, J. A. (2002). Attachment, Marital Interaction and Relationship Satisfaction: A diary study. *Personal Relationships*, 9 (1), 39-55.
- Feldhaus-Dahir, M. (2009). Female Sexual Dysfunctions: Barriers to Treatment. *Urologic Nursing*, 29 (2), 81-85. Retrieved from Academic Search Premier Database.
- Fincham, F. D., & Bradbury, T. N. (1987). The Assessment of Marital Quality: A Re-Evaluation. *Journal of Marriage and the Family*, 49, 797-809.
- Freud, S. (1901/1990). *The Psychopathology of Everyday Life*. New York. W. W. Norton.
- Freud, S. (1973). *Three Essays on the Theory of Sexuality*. Basic Books.
- Golafshani, N. (2003). Understanding Reliability and Validity in Qualitative Research. *The Qualitative Review Report*. Vol. 8 Article 2. Retrieved 6th July, 2016 from <http://www.nova.edu/sss/QR/QRS/golafshani.pdf>.

- Gitome, J. W. (2003). *Integration of African Indigenous Guidance Practices to Adolescents' Pastoral Care and Counselling Programmes in Selected Churches of Nairobi*, Doctor of Philosophy thesis, Kenyatta University, Kenya, 2003
- Gordon, P. (2007). *Review of Sex, Relationships and HIV Education in Schools Prepared for the first meeting of UNESCO's Global Advisory Group meeting 13-14 December 2007*. Paris: UNESCO. (Available at <http://unesdoc.unesco.org/images/0016/001629/162989e.pdf>)
- Gougeon, N. A. (2010). Sexuality and Autism: A Critical Review of Selected Literature Using a Social-Relational of Disability. *American Journal of Family life education*, 5(4), 328-361.
- Gougeon, N. A. (2009). Sexual education for students with intellectual disabilities, a critical pedagogical approach: Outing the ignored curriculum. *Sex Education*, 9(3), 277-291.
- Harper, G., Riplinger, A., Neubauer, L., Murphy, A., Velcoff, J., & Bangi, A. (2014). Ecological factors influencing HIV sexual risk and resilience among young people in rural Kenya: Implications for prevention. *Health Education Research*, 29(1), 131-146.
- Harway, M. (2005). *Handbook of couples' therapy*. NJ: Wiley, Hoboken.
- Hatch, M. J., & Cunliffe, A. L. (2006). *Organizational theory: Modern, symbolic, and post-modern perspectives*. New York, NY: Oxford University Press
- Hawkins, A.J. (2018). Shifting the Relationship Education Field to Prioritize Youth Relationship Education, *Journal of Couple & Relationship Therapy*, 17:3, 165-180, DOI: 10.1080/15332691.2017.1341355
- Henry, R., & Miller, R. (2004). Marital Problems Occurring in Midlife: Implication for Couples' Therapists. *American Journal of Family Therapy*, 32(5), 405-417.
- Holman, T. B. (2002). *Premarital prediction of marital quality or breakup: Research, theory, and practice*. MA: Kluwer Academic Publishers, Hingham.
- Hockey, J. (2006). Research Methods: Researching Peers and Familiar settings. *Taylor & Francis online*. DOI: 10.1080/0267152930080205. 99-225.
- Howard-Barr, More M.J., Weiss J.A., & Jobli. E. (2011). Public Opinion toward Family life education: Findings Among on South Florida County. *American Journal of Family life education* Vol 6 issue 2. Available Online at <http://www.haworthpress.com/web/AJSE>.
- Huffsetler, B. (2006). Sexuality in Older Adults. A Deconstruction Perspective. *Adultspan: Theory and Practice*, 5(1), 4-14. Retrieved from Academic Search Premier Database.

- Haglund, K. A., & Fehring, R. J. (2010). The association of religiosity, sexual education, and parental factors with risky sexual behaviors among adolescents and young adults. *Journal of Religion and Health*, 49(4), 460-472.
- Ingunn, S., & Edvin, B. (2011). Perception of Peers as Socialization Agents and Adjustment in Upper Secondary School, Emotional and Behaviours Difficulties 16(2). DOI: 10.1080/13632752.2011.569401
- Job, J. (2004). Factors involved in the ineffective dissemination of sexuality information to individuals who are deaf or hard of hearing. *American Annals of the Deaf*, 149(3), 264-273.
- Johnson, W. D., & Johnson, T.R. (2006). New Developments in Social Interdependence Theory. *Journal of Genetic, Social and General Psychology Monograph*. 131(4), 285-358. Heldref Publications.
- Johnson, W. D., Johnson, T.R. & Smith, J. (2007): 16 *Educ Psychol Rev* 19:15–29 2 <http://www.emeraldinsight.com/fig/1350080301003>.
- Jones, M.L., (2007). Using Software to Analyse Qualitative Data. *Journal of Qualitative Research*, 1, 64-76. <http://ro.uow.edu.au/commpapers/249>.
- Kaiser Family Foundation (2002a). *Teens, Sex and TV: Survey Snapshot*: Menlo Park, CA: KFF.
- Kaiser Family Foundation (2002b). *The Sexual Health of Adolescents and Young Adults*: Menlo Park, CA: KFF.
- Kail, R.V., & Cavanaugh, J.C. (2010). *Human Development. A lifespan View*. 5th Ed. USA. Wadsworth.
- Kamalikhah, T., Rahmati Najarkolaei, F., Karimi, M. (2012). Barriers of Reproductive Health Education in Schools, Zahedan. *J Res Med Sci*. 2012;14:71–5. [
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, method and research. *Psychological Bulletin*, 118 (1), 3-34.
- Karney, B. R., & Crown, J. S. (2007). *Families under Stress: An assessment of Data, Theory, and Research on Marriage and Divorce in The Military*. Santa Monica, CA: RAND Corporation.
- Kathryn G., & David G. (2008). *Relationship counselling for Children, Young People and Families*, Sage.
- Kavivya, C.M. 2003. *The policy of the Catholic Church on Family Planning and Infertility Behaviour in Kangundo Division, Machoakos District*. Unpublished, PH.D Thesis, Kenyatta University.

- Kelly, F. G. (2006). *Sexuality Today: The Human Perspective* (8th Ed. U.S.A. New York. MacGraw Hill Companies.
- Kelly, F. G (2005). Re-Visioning Family life education: A challenge for future. *American Journal of Family life education* Vol 1. Available Online at <http://www.haworthpress.com/web/AJSE>.
- Kenny, M. C. (2009). Child sexual abuse prevention: Psycho-educational groups for pre-schoolers and their parents. *The Journal for Specialists in Group Work*, 34(1), 24-42.
- Kenny, M. C., Capri, V., Thakkar-Kolar, R. R., Ryan, E. E., & Runyon, M. K. (2008). Child sexual abuse: From prevention to self-protection. *Child Abuse Review*, 17, 36-54.
- Kim, Y. (2010). The Pilot Study in Qualitative Inquiry: Identifying Issues and Learning Lessons for Culturally Competent Research. *Journal Qualitative Social Work*. Vol.10 (2): 190-206 available online www.sagepublications.com DOI: 10.1177/1473325010362001.
- Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC. National Campaign to Prevent Teen and Unplanned Pregnancies.
- Kirby, D. (2008). Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programmes on Adolescent Sexual Behaviour. *Sexuality Research and Social Policy*, 5 (3), 18-27
- Kithinji, C. M. (2013). *Impact of Colonialism on Traditional African Marriages among the People of Igoji, 1907-2012*. (Master's Thesis, Chuka University. Chuka. Kenya).
- Kombo, D. K. & Tromp, L. A. (2011). *Proposal and Thesis Writing. An Introduction*. Kenya. Nairobi. Paulines Publication
- Kosomo, D., (2006). *Research Methods in Humanities and Education*. Kenya Egerton University. Egerton University Press.
- Kothari, R. (2004). *Research Methodology: Methods and Techniques*. India. New Delhi. New Age International.
- Krejcie, R.V., & Morgan, D.W. (1970). Determining Sample Sizes for Research Activities. *Journal of Educational and Psychological Measurement* (30), 607-610
- Kyalo P., (2012). A reflection on the African Traditional Values of Marriage and Sexuality. In *International Journal of Academic Research in Progressive Education and Development*. Vol. 1. No. 2. SSN: 2226-6348211

- LaHaye, T & B. (2005). *The Act of Marriage: the Beauty of Sexual Love*. Kenya. Nairobi. World Alive Publishers.
- Labor, N., Medeiros, D., Carlson, E., Pullo, N., Seehaus, M., Peake, K. & Epstein, I. (2005). Adolescents' Need to Talk about Sex and Sexuality in the Urban Mental Health Setting. *Social Work in Mental Health*, 3(1), 135-153. Doi 10.1300/J200v03n01_08
- Lai, Y. C. (2006). A preliminary study of teachers' perceptions of sex education in Hong Kong preschools. *Australian Journal of Early Childhood*, 31(3), 1-5.
- Langer, N. (2009). Late life Love and Intimacy. *Educational Gerontology*, 35 (8), 752-764. Retrieved from Online ERIC Database.
- Lauer, R., &Lauer, J. (2007). *Marriage and Family: The Quest for Intimacy*, McGraw-Hill Higher Education, [10]
- LeVay, S., & Valente, S. M. (2002). *Human Sexuality*. U.S.A. Sunderland. Somauer Associates, Inc.
- Lynn, M.T. (1996). "Ngaitana (I will circumcise myself)" The Gender and Generational Politics of the 1956 Ban on Clitoridectomy in Meru, Kenya. *African Sexualities*
- McConkey, R., & Leavey, G. (2013). Irish attitudes to sexual relationships and people with intellectual disability. *British Journal of Learning Disabilities*, 41(3), 181-188.
- Maciver, J. E. Dimkpa, D. I. (2012). Factors Influencing Marital Stability Mediterranean *Journal of Social Sciences* Vol.3 (1). 2039-2117.
- Maigallo, A. K. (2010). *Influence of Parenting on Discipline of Students in Public Boarding Secondary Schools in Githunguri Division of Kenya*. (Master's Thesis, Chuka University. Chuka. Kenya).
- Marah, J.K. (2006). Virtues and Challenges in Traditional African Education. *The Journal of Pan African Studies*. Vol. 1 (4), 14-24
- Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews. *Forum for Qualitative Social Research* Vol. 11 (3)
- Masters, W. H., Johnson, V., & Kolodny, R.C. (1992). *Human Sexuality* (3rd Ed.). New York. Harper Collins.
- Mbiti, S.J. (1987). *Love and Marriage in Africa* (8th Ed.). United Kingdom. Longman Group Limited
- Mbiti, S.J. (1987). *African Religious Philosophy*. New York. Anchor Books

- Mbunda, F. R. D. (1991). *Traditional Sex Education in Tanzania: A study of Twelve Ethnic Groups*. Dar es Salaam. WAZAZI and UNFPA
- McConkey, R., & Leavey, G. (2013). Irish attitudes to sexual relationships and people with intellectual disability. *British Journal of Learning Disabilities*, 41(3), 181-188.
- Melgosa, J. (2001). *To Adolescents and Parents* (4th Ed.). Spain. Editorial Safeliz.
- Melgosa J., & Posse, P. (2002). *For Raising your Child*. Spain. Editorial Safeliz.
- Meru County. (2015). *Meru County Integrated Development Plan -2013-2017*. Available online from meru.go/file/20150518_meru_county_intergrated_development_plan_2013-2017.pdf.
- Miller, S., (2001). *Christian Family Life Education: A Guide for Teaching Adolescents Sexuality and Reproductive Health*. USA. New York. Margret Sanger Centre International.
- Minou Fuglesang (1997). Lessons for Life – Past and Present Modes of Family life education. *Tanzanian Society Soc. Sci. Med.* Vol. 44. No. 8. 1245-1254. Great Britain.
- Money, J. (1980). *Love and Love Sickness. The Science of Sex, Gender Differences and Pair Bonding*. Baltimore. John Hopkins University Press.
- Morse, J.M., Barret, M., Mayan, M., Oslon, K., & Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods* 1 (2). Retrieved 13th July, 2016 from <http://www.ualberta.ca/ijqm>
- Mugenda, O.M., & Mugenda, L. G. (1999). *Research Methods in Quantitative & Qualitative Approaches*. Kenya. Nairobi. Act Press.
- Murphy, N., & Young, P. C. (2005). Sexuality in Children and Adolescents with Disabilities. *Developmental Medicine & Child Neurology*, 47(9), 640-644.
- Network of Adolescent and Youth of Africa (NAYA). 2010. *Assessment of Effectiveness of Life Skills Education in Kenya*. Nairobi. Kenya.
- Nkanatha, J. K., & Karuri, M. J. Female Genital Mutilation: Its Physical-Social Effects and Reasons for its persistence Among Communities. *Research on Humanities and Social Sciences*. ISSN (Paper) 2224-5766 ISSN (Online) 2225-0484 (Online) 4 (28), 93-96
- Nyaga, D. (1997). *Customs and Traditions of the Meru*. Kenya. Nairobi. East African Education Publishers

- Nympha M. S. C. & Guda I.V. P. (2015). Indicators of Marital Satisfaction of Batangueño Couples: Components of Love and the Other External Factors in Marriage. *International Journal of Information and Education Technology*, Vol. 5, No. 1, January 2015
- Nicholas, W. (2005). The first years of marital commitment in Harway M. (Ed.), *Handbook of couples' therapy* (pp. 35-36). NJ: John Wiley & Sons, Incorporated, Hoboken.
- Office of the Surgeon General. (2001). *Surgeon General's Call to Sex Health and Responsible Sexual Behaviour*. Washington. U.S. Government Printing Office.
- Ogunfowokan, A. A., & Fajemilehin, R. B. (2012). Impact of a school-based sexual abuse prevention education program on the knowledge and attitude of high school girls. *The Journal of School Nursing*, 28(6) 459-468.
- Ondigi, A.L., & Mugenda, O.M. (2011). Psychosocial Determinants of Quality of life among Kenyan Families. *International Journal of Humanities and Social Sciences*, 1 (7), 125
- Pangman, V., & Sanguire, M. (2000). Sexuality and the Chronologically Ill Older Adults. A Social Justice Issue. *Sexuality and Disability*, 18 (1), 49. Retrieved online from Academic Research Database.
- Parchomiuk, M. (2012). Specialists and sexuality of individuals with disability. *Sexuality and Disability*, 30(4), 407-419.
- Parker D. (2008). *Dating and Courtship – God's Way*. USA. The Restored Church of God.
- Parvathy V., Renjith R. P. (2015). Impact of Life Skills Education on Adolescents in *International Journal of Advanced Research* (2015), Volume 3 (2), 788-794
- Population council. (2007). Adolescence in Kibera Slums Nairobi, Population Council, USA,
- Rademaker, E., Grace, J.D., & Curda, S.K. (2012). Using Computer-assisted Qualitative Data Analysis Software (CAQDAS) to Re-examine Traditionally Analysed Data: Expanding our Understanding of the Data and of Ourselves as Scholars. *The Qualitative Report*. Vol. 17. 43, 1-11. <http://www.nova.edu/ssss/QR/QR17/rademaker.pdf>
- Rathus, J. S., Navid *et al.*, (2011) *Human Sexuality in a World of Diversity*, Boston: Pearson Education, Inc. [8
- Raup, J., & Myers, J. (1989). The Empty Nest Syndrome: Myth or Reality. *Journal of Counseling and Development*. 68 (2), 180

- Rezaee, M., & Forozandeh, E. (2016). Effectiveness of family life education on marital satisfaction of couples attending counseling centers in Isfahan City. *Int. J Educ. Psychol. Res* (serial online) (cited 2016 Mar 2): 2:54-9. Available from <http://www.ijperjournal.org.text.asp?2016/2/54/174792>.
- Richardson, J., & Schuster, M.A. (2003). *Everything you never wanted Your Kids to Know about Sex (but Were Afraid They'd Ask. Secrets to Surviving Your Child's Sexual Development from Birth to Teens*. USA. New York. Crown Publishers.
- Robinson, K., & Davies, C. (2008). Docile bodies and heteronormative moral subjects: Constructing the child and sexual knowledge in schooling. *Sexuality & Culture*, 12(4), 221-239.
- Rimita, D. M. (1988). *The Njuri-Ncheke of Meru*. Meru, Kenya: Self-published.
- Rogow, D., & Haberland, N. (2005). Sexuality and relationships education: Toward a social studies approach. *Sex Education*, Vol. 5, No. 4, November 2005, pp. 333-44. Population Council, New York, USA (Available at http://www.carraguard.com/pdfs/SE_5_4.pdf)
- Ragin, C. C. (2014). *The Comparative Method: Moving beyond Qualitative and Quantitative Strategies*. Univ of California Press
- Savitz-Smith, J. (2003). Couples Undergoing Infertility Treatment. Implication for Counselors. *Family Journal* 11 (4), 383-387
- Sdorow, L.M. (2000). *Psychology*. England. Oxford.
- Silverston, H., & Robert, S. (2001). Grandparents as sexuality educators: having our say. SIECUS Report 30.2. 30+. Academic on file.web. 22 Mar. 2016.
- Sex Education Forum. (2010). Does Sex and Relationship Education Work? A *Sex Education Forum Evidence Briefing*. London: NCB
- Sex Education Forum. (2008a). *Key Findings: Teacher's Survey on Sex and Relationships Education* [NCB//www.siecus.org.policy/index.cfm?fuseaction=Page.Viewpage&pageID=262](http://www.siecus.org.policy/index.cfm?fuseaction=Page.Viewpage&pageID=262)
- Sex Education Forum. (2008b). *Key Findings: Young People's Survey on Sex and Relationships Education*. London:
- Sexuality Information and Education Council of the United State (SEICUS). (2010). *An Explanation for Federal Funding for More Comprehensive Approaches to Family life education*. Retrieved from <http://www.siecus.org.policy>
- Sexuality Information and Education Council of the United State (SEICUS). (2005). *Fact Sheet: In Good Company. Who Supports Comprehensive Family life education?* Retrieved from [http://www.siecus.org.policy/in good_ company.pdf](http://www.siecus.org.policy/in_good_company.pdf).

- Sexuality Information and Education Council of the United State (SEICUS). (2004). *Guidelines for Comprehensive Family life education, Kindergarten through 12th Grade. National Task Force 3rd Ed.* Washington DC: SEICUS
- Shaughnessy, J. J., Zechmeister, B. E., & Zechmeister, J. S. (2006). *Research Methods in Psychology* (7th Ed). USA. New York. MacGraw Hill Companies.
- Sharpe, T.H. (2003) Adult Sexuality. *The Family Journal* Vol. 11 (432).
- Shelton, A.K. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information* (22) 63-75. IOS Press.
- Strasburger, V.C., & Brown, S.S. (2014), Sex education in the 21st century. *JAMA*. 312(2):125-6.
- Suar, D., & Khuntia, R. (2010). Influence of Personal values and Value Congruence on Ethical Practices and Work Behaviour. *Journal of Business Ethics*, 97, 443-460. Doi 10.1007/s10551-010-0517-y.
- Surtees, N. (2008). Teachers following children? *Australian Journal of Early Childhood Education*, 33(3), 10-17.
- Suter, S., McCracken, W., & Calam, R. (2012). The views, verdict and recommendations for school and home sex and relationships education by young deaf and hearing people. *Sex Education: Sexuality, Society and Learning*, 12(2), 147-163.
- Sternberg, J. R. (1997). Construct Validation of A Triangular Love Scale. *European Journal of Social Psychology*. [Online]. 27. pp. 313-335. Available:<http://web.comhem.se/u68426711/8/sternberg97.pdf> [5]
- Sternberg, J. R. (1986). A Triangular Theory of love: Psychological Review. *American Psychological Association*. Vol. 93 No. 2, 119-135.
- Strong, B., Christine, D., Sayad, W.B., & Yarber, W.L. (2005). *Human Sexuality: Diversity in Contemporary America*. (5th Ed). U.S.A. McGraw Hill Companies.
- Tashakkori, A., & Teddlie, C. (2003). *Handbook on Mixed Methods in Behavioural and Social Sciences*. Thousand. OAKS. CA. Sage Publications.
- Tashakkori, A., & Teddlie, C. (1998). Mixed Methodology. Combining Qualitative and Quantitative Approaches. *Applied Social Research Methods Series* 46.Thousand. OAKS. CA. Sage Publications.
- Thomas, T.P., *The Effect of Organizational Values, and Person Organization Fit on Ethical Behaviour and Organizational Commitment Outcomes among Substance Abuse Counselors. A Preliminary Investigation*. Ph.D. (Doctor of Philosophy) Thesis, University of Iowa. <http://ir.uiowa.edu/etd/4920>

- Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practise on parent-child interactions and child development. *Topics in Early Childhood Special Education, 30*(1), 3-19.
- Tumuti, D.W., Ileri, M.A., Tumuti, J.W. (2012). Relationship Guidance Sources, Fears and Reasons for Marriage among Young Urban Christians in Kenya. *International Journal of Prevention and Treatment 2012, 1*(2): 31-39 DOI: 10.5923/j.ijpt.20120102.03
- Tung, T. P. (2007). *Romantic Relationship: Love Styles, Triangular Love and Relationship Satisfaction*. City University of Hong Kong. [Online]. Available: <http://lbms03.cityu.edu.hk/oaps/ss2007-4708-tpt530.pdf> [9]
- Turner, T.W. (2010). A Qualitative Interview Design: A Practical Guide for Novice Investigators. *The Qualitative Report, Vol. 15* (3), 754-750. Available Online: http://www.nova.edu/sss/QR/QR_15-3/qid.pdf.
- Tutty, L. M. (2014). Listen to the Children: Kids' Impressions of Who Do You Tell. *Journal of Child Sexual Abuse, 23*(1), 17-37.
- UN Committee on the Rights of the Child (2008). *49th Session, Consideration of Reports Submitted by State Parties under Article 44 of the Convention, Concluding Observations: United Kingdom and Northern Ireland*. Geneva. United Nations.
- UNESCO, (2014). Comprehensive family life education: the challenges and opportunities of scaling-up. (Available online at: <http://www.unesco.org/open-access/terms-use-ccbysa-en>).
- UNESCO. (2011). School-based family life education programmes: A cost and cost effectiveness analysis in six countries. Available online at <http://unesdoc.org/images/0020/002070/55e.pdf>
- UNESCO, UNFPA, & UNICEF (2012). *Family life education, a Ten-Country Review of School Curricula in East and Southern Africa*. New York. UNESCO.
- Walker, J. (2004). Parents and sex education- Looking beyond 'the birds and the bees'. *Sex Education, 4*(3), 239-254.
- Walker, J., & Milton, J. (2006). Teachers' and parents' roles in the family life education of primary school children: A comparison of experiences in Leeds, UK and in Sydney, Australia. *Sex Education, 6*(4), 415-428.
- Wanyonyi, H.S. (2014). Youth Sexual behaviour and Sex Education. *International Journal of Education and Research, Vol. 2* No. 3
- Watters, Y., & Boyd, T. (2009). Sexuality Later in Life: Opportunity for Reflection for Health Care Providers. *Sexual and Relationship Therapy, 24* (3/4), 307-315. Doi: 10.1080/14681990903398047

- WHO. (2011). Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Geneva: WHO.
- Willert, A., & Semans, M. (2000). Knowledge and Attitudes about Later Life Sexuality: What Clinicians Need to Know about Helping the Elderly. *Contemporary Family Therapy. An International Journal*, 22 (4), 415
- Worthman, C.M., Writing, J.W. (1987). Social change in adolescent sexual behaviour, mate selection and premarital pregnancy rates in a Kikuyu community, *Ethos*, 15 (2), 146-165.
- [www.parliament.uk>parliament business>publications and records>research publications>relationship and sex education in schools](http://www.parliament.uk/parliament-business/publications-and-records/research-publications/relationship-and-sex-education-in-schools) (England).
- Zaheri, F., Dolatian, M., Shariati, M., Simbar, M., Ebadi, A., Batool, S., & Azghadi, H. (2016) Effective factors in Marital Satisfaction in Perspective of Iranian Women and Men: A Systematic Review. *Electronic Physician*. 8(12): 3369–3377 .Doi: 10.19082/3369

APPENDICES

Appendix 1: Consent Note

My name is Agnes Karambu Maigallo. I am a Ph.D. student in Counseling Psychology in Chuka University. I am doing a research on **Family Life Knowledge and its Influence on Marital Satisfaction in Meru County of Kenya**. I am requesting to an interview/conduct a Focus Group Discussion with you on various issues of family life education and marital satisfaction. Please be as genuine as you can. This is not a test and there is no right or wrong answer, good or bad answer. All answers are acceptable. You have also the right to choose whether to answer or not to answer any of the questions asked. This is a confidential discussion so your identity will not be revealed to anybody else.

Appendix 2: Questionnaire for Married People.

Section A: Demographic Characteristics

1.	Sex	<ul style="list-style-type: none"> a) Male b) Female
2.	Age-group	<ul style="list-style-type: none"> a) Michubu b) Ratanya c) Lubetaa d) Miriti e) Guantai f) Gichunge
3.	Level of Formal Education completed	<ul style="list-style-type: none"> a) None b) Primary c) Secondary d) Certificate e) Diploma f) Degree g) Postgraduate (Specify)
4.	Religion	<ul style="list-style-type: none"> a) None b) Catholic c) Protestant d) Muslim e) Hindu f) Others Specify
5.	Did you undergo the African traditional or Modern Rite of initiation	<ul style="list-style-type: none"> a) Traditional b) Modern c) None
6.	How many years have you been married?	<ul style="list-style-type: none"> a) 1- 5 b) 6 – 10 c) 11 – 15 d) 16 – 20 e) Over 20

Section B

This part is designed to measure the degree of satisfaction you have with your present marriage. Answer each item carefully and accurately as you can by ticking the most correct answer besides each statement.

Issue in marriage/Indicators of satisfaction.		Always	Often	Not Sure	Rarely	Never
		1	2	3	4	5
Intimacy						
i.	I feel that my partner is affectionate enough					
ii.	I feel that my partner treats me badly					
iii.	I feel that my partner really cares for me					
iv.	I feel that I can trust my partner					
		1	2	3	4	5
v.	I feel that my partner does not confide in me					
vi.	I feel that my partner does not understand me.					
vii.	I feel that ours is a very happy relationship					
viii.	I feel that I cannot rely on my partner					
Commitment		1	2	3	4	5
	I feel that our relationship is breaking up					
ix.	I feel that our relationship is a good one					
x.	I feel that we manage arguments and disagreements very well					
xi.	I feel that I should not have married my partner					
xii.	I feel that my partner and I <i>get along</i> very well.					
xiii.	If feel that our relationship is very stable					
xiv.	I feel that I would not choose the same marriage partner if I had to do it over again					
Passion		1	2	3	4	5
xv.	I feel that ours is a very close sexual relationship					

xvi.	I feel that my partner is pleased with me as a sex partner					
xvii.	I feel that my partner and me are not sexually compatible					
xviii.	I feel that we have a lot of fun during sexual intercourse with my spouse.					
xix.	I feel that sex life in my marriage is dull					
xx.	I feel that I do not have enough common sex interests with my partner					
xxi.	I feel that sex future looks bright in my marriage.					
xxii.	I feel that our relationship is sexually empty					
xxiii.	I feel that my partner and I are no longer attracted to each other sexually.					

Section C1: Sources of Family Life Knowledge

This part is designed to know your sources of Family Life Knowledge. Answer each item carefully and accurately as you can by ticking the most correct answer besides each statement.

What was/has been the most influential source of the following Family Life Knowledge?

Area of Family Life Knowledge/ Sources of Family Life Knowledge		School Teacher	Mother	Father	Siblings	Peers	Religious Leaders	Sponsor at initiation	A Spouse in marriage	Professionals like Counselors/Doctor	Radio	Television	Internet	Books and Magazines	Others	None
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Human Development																
1	Reproductive, sexual anatomy and physiology.															
2	Puberty															
3	Reproduction															
4	Body Image															
6	Gender Identity															
Relationship																
7	With Families															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
8	With friends Friendship															
9	Love															
10	Romantic relationships and dating															

11	Marriage and lifetime commitment															
12	Raising children															
Personal Skills																
13	Personal values															
14	Decision Making															
15	Communication															
16	Assertiveness,															
17	Negotiation															
Sexual Behaviour																
18	Sexuality throughout life															
20	Shared sexual behaviour															
21	Sexual Abstinence															
23	Human Sexual Response															
25	Sexual dysfunctions															
Sexual Health																
26	Reproductive Health															
27	Contraception															
28	Pregnancy and Prenatal care															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
29	Abortion															
30	STDs/STIs															
31	HIV/AIDS															
32	Sexual abuse, assault, violence and harassment.															
33	Looking for help in relation to sexuality issues															

Section C2: This part is designed to determine how the sources of Family Life Knowledge have influenced your satisfaction with your present marriage. Answer each item carefully and accurately as you can by ticking the most correct answer besides each statement.

How have the sources of Family Life Knowledge influenced your satisfaction in your marriage?

Issue in marriage/Indicators of marital satisfaction		Very Positively	Positively	No influence	Negatively	Very Negatively
		1	2	3	4	5
Intimacy						
i.	The sources from which I received family life knowledge have influenced my affection for my spouse in marriage.					
ii.	The sources from which I received family life knowledge have influenced the treatment I give my spouse in my marriage					
iii.	The sources from which I received family life knowledge have influenced the care I give my spouse in my marriage					
		1	2	3	4	5
iv.	The sources from which I received family life knowledge have influenced my trust for my spouse in my marriage					
v.	The sources from which I received family life knowledge have influenced my confiding with in my spouse in my marriage					
vi.	The sources from which I received family life knowledge have influenced my understanding my spouse in marriage					
vii.	The sources from which I received family life knowledge have influenced my happiness with my					

	spouse in my marriage.					
viii.	The sources from which I family life knowledge have influenced my reliance on my partner in marriage.					
Commitment						
ix.	The sources from which I received family life knowledge have influenced the strength of my relationship with my spouse.					
x.	The sources from which I received family life knowledge have influenced the quality of marital relationship between me and my spouse					
xi.	The sources from which I received family life knowledge have influenced management of arguments and disagreements with my spouse.					
xii.	The sources from which I received family life knowledge have influenced my decision to remain married to my spouse.					
xiii.	The sources from which I received family life knowledge have influenced how I <i>get along</i> with my spouse.					
		1	2	3	4	5
xiii.	The sources from which I received family life knowledge have influenced the stability of my marital relationship.					
xiv.	The sources from which I received family life knowledge have influenced my satisfaction with my spouse's activities in our marriage.					
Passion						
xv.	The sources from which I received family life knowledge have influenced my closeness to my spouse					
xvi.	The sources from which I received family life knowledge have influenced my sexual pleasure with					

	my spouse					
xvii.	The sources from which I received family life knowledge have influenced my sexual compatibility with my spouse					
xviii.	The sources from which I received family life knowledge have influenced my sexual fun with my spouse.					
xix.	The sources from which I received family life knowledge have influenced my sexual excitement with my spouse in marriage.					
xx.	The sources from which I received Family Life Knowledge have influenced my having common sexual interests with my spouse					
xxi.	The sources from which I received family life knowledge have influenced my ability to do romantic activities with my spouse in marriage					
xxii.	The sources from which I received family life knowledge have influenced sex future of my marriage.					
xxiii.	The sources from which I received family life knowledge have influenced sustainment of sexual excitement between me and my spouse					
xxiv.	The sources from which I received family life knowledge have influenced my continued sexual attraction to my spouse in marriage.					

Section D1: Timeliness in the Delivery of Content of Family Life Knowledge

This part is intended to know the age at which you received Family Life Knowledge. Answer each item carefully and accurately as you can by ticking the most correct answer besides each statement.

At what age did you received Family Life Knowledge content indicated on this table? *(Tick below the method presented on this table. You can tick more than one method)*

Family Life Knowledge / Age in Years		0 to 7 Years	8 to 10 Years	11 to 20 Years	21 to 40 Years	41 to 60 Years	Above 60 Years
		1	2	3	4	5	6
Human Development							
1	Reproductive, sexual anatomy and physiology						
2	Puberty						
3	Reproduction						
4	Body Image						
5	Sexual orientation						
6	Gender Identity						
Relationship							
		1	2	3	4	5	6
7	Families						
8	Friendship						
9	Love						

10	Romantic relationships and dating						
11	Marriage and lifetime commitment						
12	Raising children						
Personal Skills							
13	Values						
14	Decision Making						
15	Communication						
16	Assertiveness,						
17	Negotiation						
Sexual Behaviour							
18	Sexuality throughout life						
19	Masturbation						
20	Shared sexual behavior						
21	Sexual Abstinence						
23	Human Sexual Response						
24	Sexual fantasy						
25	Sexual dysfunctions						
Sexual Health							
26	Reproductive Health						
27	Contraception						
28	Pregnancy and Prenatal care						
29	Abortion						
30	STDs/STIs						
31	HIV/AIDS						
32	Sexual abuse, assault, violence and harassment.						
33	Looking for help in relation to sexuality issues						

Section D2: This part is designed how the age at which you received Family Life Knowledge has influenced the satisfaction you have with your present marriage. Answer each item carefully and accurately as you can by ticking the most correct answer besides each statement.

How has the age at which sexuality information was delivered to you influenced your satisfaction in your present marriage?

Issue in marriage/Indicators of marital satisfaction		Very Positively	Positively	No influence	Negatively	Very Negatively
		1	2	3	4	5
Intimacy						
i.	The age at which I received family life knowledge has influenced my affection towards my spouse in my marriage.					
ii.	The age at which I received family life knowledge has influenced how I treat my spouse.					
iii.	The age at which I received family life knowledge has influenced my caring for my spouse.					
iv.	The age at which I received family life knowledge has influenced the trust I have for my spouse					
v.	The age at which I received family life knowledge has influenced my confiding to my spouse					
vi.	The age at which I received family life knowledge has influenced my understanding of my spouse in my marriage.					
vii.	The age at which I received family life knowledge has influenced my happiness with my spouse.					
viii.	The age at which I received family life knowledge has influenced my reliance on my spouse.					
Commitment		1	2	3	4	5
ix.	The age at which I received family life knowledge has influenced the strength of my marital relationship with my spouse.					
x.	The age at which I received family life knowledge has					

	influenced the quality of my marital relationship with my spouse					
xi.	The age at which I received family life knowledge has influenced management of arguments and disagreements between and my spouse.					
xii.	The age at which I received family life knowledge has influenced my decision to remain married to my spouse.					
xiii.	The age at which I received family life knowledge has influenced how I <i>get along</i> with my spouse in marriage.					
xiv.	The age at which I received family life knowledge has influenced the stability of my marital relationship with my spouse.					
xv.	The age at which I received family life knowledge has influenced satisfaction with my spouse's activities in our marriage.					
Passion		1	2	3	4	5
xvi.	The age at which I received family life knowledge has influenced my closeness to my spouse					
xvii.	The age at which I received family life knowledge has influenced my continued experiencing sexual pleasure with my spouse					
xviii.	The age at which I received family life knowledge has influenced my sexual compatibility with my spouse in marriage.					
		1	2	3	4	5
xix.	The age at which I received family life knowledge has influenced how we have fun with my spouse in marriage.					
xx.	The age at which I received family life knowledge has influenced my excitement and that of my spouse in my marriage.					
xxi.	The age at which I received family life knowledge has					

	influenced development of common interests with my spouse in marriage					
xxii.	The age at which I received family life knowledge has influenced the ability to do things together with my spouse in marriage					
xxiii.	The age at which I received family life knowledge has influenced the future of my marriage marriage.					
xxiv.	The age at which I received Family Life Knowledge has influenced the sustaining of sexual excitement between me and my spouse					
xxv.	The age at which I received family life knowledge has influenced my continued sexual attraction to my spouse.					

Appendix 3: Focus Discussion Group Guide for Married People

This focus group discussion is intended to get information from married people on how content of family life knowledge influences marital satisfaction among married people in Meru County.

1. Discuss with me is the content of family life knowledge people receive in Meru County. (Probe on sources and timeliness in the delivery of the content).
2. How has content family life knowledge influenced satisfaction in marriages in Meru County? (Probe for influence on intimacy, passion and commitment).

Areas of Family Life Knowledge to be explored will include:

Human Development

1. Reproductive, sexual anatomy and physiology
2. Puberty
3. Reproduction
4. Body Image
5. Sexual orientation
6. Gender Identity

Relationship

7. Families
8. Friendship
9. Love
10. Romantic relationships and dating
11. Marriage and lifetime commitment
12. Raising children

Personal Skills

13. Values
14. Decision Making
15. Communication
16. Assertiveness
17. Negotiation

Sexual Behaviour

18. Sexuality throughout life
19. Masturbation
20. Shared sexual behaviour
21. Sexual Abstinence
22. Human sexual response cycle
23. Sexual fantasy
24. Sexual dysfunctions

Sexual Health

25. Reproductive Health
26. Contraception
27. Pregnancy and Prenatal care
28. Abortion
29. STDs/STIs
30. HIV/AIDS
31. Sexual abuse, assault, violence and harassment
32. Looking for help in relation to sexuality issues

Appendix 4: Interview Schedule for Marriage Counselors and Family Life Educators

Section A: Demographic Characteristics

1. Sex
2. Age-group
3. Religion
4. Level of Formal Education completed
5. Number of years in marriage
6. Designation

Please share with me, from your experience as a marriage counselor/ family life educator,

7.
 - a. What was/has been the content of family life knowledge received by married people in Meru County?
 - b. How has family life content influenced levels of marital satisfaction among married people in Meru County? (Probe differences in levels of intimacy, passion and commitment)
8.
 - a. What was/have been the sources of family life knowledge among married people in Meru County?
 - b. How have sources of family life knowledge influenced marital satisfaction among married people in Meru County? (Probe for intimacy, passion and commitment)
9.
 - a. At What age did married people in Meru County get family life knowledge?
 - b. How has the age at which married people received family life knowledge influenced marital satisfaction among married people in Meru County? (Probe for intimacy, passion and commitment)

Areas of Family Life Knowledge to be explored will include:

Human Development

1. Reproductive, sexual anatomy and physiology
2. Puberty
3. Reproduction
4. Body Image
5. Sexual orientation
6. Gender Identity

Relationship

7. Families
8. Friendship
9. Love
10. Romantic relationships and dating
11. Marriage and lifetime commitment
12. Raising children

Personal Skills

13. Values
14. Decision Making
15. Communication
16. Assertiveness
17. Negotiation

Sexual Behaviour

18. Sexuality throughout life
19. Masturbation
20. Shared sexual behaviour
21. Sexual Abstinence
22. Human sexual response cycle
23. Sexual fantasy
24. Sexual dysfunctions

Sexual Health

25. Reproductive Health
26. Contraception

27. Pregnancy and Prenatal care
28. Abortion
29. STDs/STIs
30. HIV/AIDS
31. Sexual abuse, assault, violence and harassment
32. Looking for help in relation to sexuality issues

Appendix 5: Table for Determining Sample Size for a Finite Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	26	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	154	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

Note: N is population size; S is Sample Size
Source: Krejcie & Morgan 1970

Appendix 6: County Commissioner's Authorization Letter



**THE PRESIDENCY
MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL
GOVERNMENT**

Telegrams:
Telephone:
Email: ccmeru@yahoo.com
Fax:

COUNTY COMMISSIONER
MERU COUNTY
P.O. BOX 703-60200
MERU.

When replying please quote
Ref: ED.12/3 VOL.II/49

Date: 22nd May 2017

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION – AGNES KARAMBU MAIGALLO

This is to inform you that **Agnes Karambu Maigallo** of **Chuka University** has reported to this office as directed by Commission for Science, Technology and Innovation and will be carrying out Research on “**Influence of sexuality education on marital satisfaction of married people in Meru County of Kenya.**”

Since authority has been granted by the said Commission, and the above named student has reported to this office, she can embark on her research project for the period ending **11th May, 2018.**

Kindly accord her any necessary assistance she may require.

COUNTY COMMISSIONER
MERU COUNTY
P. O. Box 703 -60200, MERU

Maina George
For: County Commissioner
MERU

Appendix 7: Authorization Letter from the County Education Office



REPUBLIC OF KENYA
MINISTRY OF EDUCATION
State Department For Basic Education

Telegrams: " ELIMU " Meru
EMAIL: cdemerucounty@gmail.com
When Replying please quote

COUNTY DIRECTOR OF EDUCATION OFFICE
MERU COUNTY
P.O. BOX 61
MERU

Ref: MRU/C/EDU/11/1/261

22nd May, 2017


TO WHOM IT MAY CONCERN

RE: RESERCH AUTHORIZATON - AGNES KARAMBU MAIGALLO

Reference is made to letter Ref:NACOSTI/17/37279/17168 dated 12th May, 2017

Authority is hereby granted to **Agnes Karambu Maigallo** to carry out research on "Influence of sexuality education on marital satisfaction of married people in Meru County of Kenya" for a period ending 21st May, 2018.

The authorities concerned are also requested to accord her the necessary assistance.


SARAFINO SAMUEL
For: COUNTY DIRECTOR OF EDUCATION
MERU

For: COUNTY DIRECTOR OF EDUCATION
MERU COUNTY
P.O. Box 61 - 60200
Tel: 054 - 32372, MERU

/fm

Appendix 8: Authorization Letter from NACOSTI



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uburu Highway
P.O. Box 30823-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/37279/17168**

Date: **12th May, 2017**


Agnes Karambu Maigallo
Chuka University
P.O. Box 109-60400
CHUKA.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of sexuality education on marital satisfaction of married people in meru county of Kenya,”* I am pleased to inform you that you have been authorized to undertake research in **Meru County** for the period ending **11th May, 2018.**

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

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


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioners
Meru County.

The County Directors of Education
Meru County.

Appendix 9: NACOSTI Research Permit


THIS IS TO CERTIFY THAT:

MS. AGNES KARAMBU MAIGALLO
of CHUKA UNIVERSITY, 0-60600
Meru, has been permitted to conduct
research in Meru County


on the topic: INFLUENCE OF SEXUALITY
EDUCATION ON MARITAL SATISFACTION
OF MARRIED PEOPLE IN MERU COUNTY
OF KENYA

for the period ending:
11th May, 2018

Permit No : NACOSTI/P/17/37279/17168
Date Of Issue : 12th May, 2017
Fee Received :Ksh 2000



.....
Applicant's
Signature



Director General
National Commission for Science,
Technology & Innovation