

Risky Sexual Behavior Among Ambo Preparatory School Students West Shoa Zone, Oromia: 2015

Mulu kitaba Negaw¹ Shewaye Fituma Natae²

1. Vice presidents for academic affairs of Ambo University, Ethiopia

2. Department of Public Health, College of Medicine and Health Sciences, Ambo University, Ethiopia

Abstract

Background: Adolescence is a period of transition from childhood to adulthood. World Health Organization defines adolescent as the person between 10 and 19 years of age. Adolescent sexual behavior affects their physical, psychological and social well-being leading to death. Youth are at high risk of Human Immune Virus (HIV) and Sexual Transmitted Infection (STI). The aim of this study was assessing practice of adolescents towards risky sexual behavior in Ambo preparatory school west showa zone, oromia. **Methods:** Institutional based cross-sectional study design was carried out from among 352 students from February to August 2015. A simple random sampling technique was used to select the study participants. The data were collected by using self-administered pre-tested structured questionnaire. Crude and adjusted odds ratios using logistic regression analysis were employed to explore relationship between breast self-examination and associated factors. **Results:** Out of the 352 study subjects; 105 (29.8%) respondents were sexually active. Among the sexually active students: 46(43.8%) reported ever use of condom. Consistent use of condom was reported only by 6(0.6%). Eighty five (32%) had risky sexual behavior. The commonest reason for engaging into risky sexual behavior was watching pornographic sex film watching and peer pressure. **Conclusion:** In this study significant proportion of students engaged in risky sexual behavior. Despite them practiced sex at early age consistence use of condom was not reported due to different reason. Hence the concerned body provides awareness to those students about risky sexual behavior, and the importance of consistence use of condom.

Keywords: Risky sexual behavior, Ambo Ethiopia

Background

Adolescence is a period of transition, when a young person experiences physically, psychological and social changes. Because of those development is incomplete; they tend to experiment with reproductive health risk behavior, often with little awareness of the danger. Adolescent is composed of the period between 10-19 years (1).

In the world about 85 percent of adolescents are living in developing countries. In Sub-Saharan Africa adolescents constitute 20-30 percent of the population. Several countries in Sub-Saharan Africa have large and increasing adolescent population that exceeds those from other parts of the world. The estimated total population of the 42 African countries that lie south Saharan is 767 million. Approximately, 20% of these populations were adolescents aged 10-19 years (1).

In Ethiopia young people constitute one-third of total population. Their number is expected to increase from 20.3 million in 2000 to 25 million in 2010 (3). The adolescent population in Ethiopia has been increasing during the last few decades. Currently adolescents in Ethiopia are estimated to be one-fourth of the total population (4). Because of social or religious custom adolescents in many developing countries rarely discuss about sexual matters explicitly with their parents; as a result their lives are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescent (5).

Several studies suggested that adolescents have a limited knowledge about sexual and reproductive health problems and they know little about the natural process of puberty. Lack of knowledge about reproductive health including HIV/AIDS may have a great consequence. Furthermore, sexual activity occurring in the midst of an HIV/AIDS pandemic that disproportionately affects adolescents and young adults (6).

In many countries the highest incidence of STIs is among adolescents. Half of the 33million new STIs each year are among people under 25 years of age in which Africa is not an exceptional where 65 percent of all new HIV/AIDS infections are in young people (4).

Risky sexual behavior includes pre marital sex, early sexual initiation, unprotected sexual intercourse, sex with multiple partners and un protected sex with partners who are potential carriers of sexually transmitted infection (7).

Risk sexual Behavior (RSB), is a major public health problems across the world, with well documented risk factors (8). Risk and protected factors affecting adolescent reproductive health in developing country. (9). However the predictors of SRB among adolescents confined within welfare institutions are not well known.

Achieving reproductive and sexual health requires more than preventing unwanted pregnancy and sexually transmitted infections. Factors associated with teen fertility and risky sexual behaviors includes socioeconomic status, parental education, community and peer influences, self-esteem, access to education, and school success,

among many others. Teen mothers are more likely to drop out of school and face unemployment, poverty, and welfare, Dependency and other negative outcomes than women who delay childbearing.(10)

The recently increased in secondary and tertiary education enrollment in Ethiopia, there is a pronounced increase in the number of youth in their teens and early twenties entering high schools, colleges and universities. Young people go through physical, emotional, mental and social changes and some of these changes may put their life at high risk if they do not adjust within a changing socio-cultural environment, (11). Young people in general face greater reproductive health risks than adults for many reasons, including a willingness to take greater risks. They are engaged in teenage and premarital sexual practices and at high risk of unwanted and teenage pregnancy, induced abortion and death due to its complications and STIs, particularly HIV infection (4).

Students in High school are at greater sexual and reproductive health risks than other youth due to different factors. Most of these students are in fire ages during which they are vulnerable/exposed to peer pressures and different socio economic problems as well as being exposed to factors that aggravate risky behaviors such as substance use, exposure to pornography and risky sexual practices,(12)

According to the World Health Organization (WHO), sexual and reproductive health problems are amongst the health problems that threatened young people throughout the world and particularly in developing countries. About 16 million girls aged 15 to 19 years give birth every year - roughly 11% of all births worldwide. The risk of dying from pregnancy-related causes is much higher for adolescents than for older women. Fifteen to 24 years old accounted for an estimated 40% of all new HIV infections among adults worldwide in 2009. Every day, 2400 more young people get infected and globally there are more than 5 million young people living with HIV/AIDS (13). Students of preparatory school who belong to the younger age of 15-24 years are vulnerable to wider sexual and reproductive health (SRH) and HIV/AIDS problems .There is also limited knowledge of SRH among this group with regard to preventing unwanted pregnancy and STIs. In addition to this the finding of Behavioral surveillance survey (BSS) shows that there is knowledge-behavior gap among young people.(14).

MTHODS AND MATERIALS

Study design and period

- Institutional based cross sectional study design was employed from February –August 2015

Study Area

The study was conducted in west shoa Zone Ambo Preparatory school. It is found in Oromia Regional State at 114km away from Addis Ababa to the West direction. The total population of the zone is 2,607827. Ambo town has 5 high schools among which 2 were private schools. These schools feed to Ambo preparatory school. Ambo preparatory school was established in 1948 EC during Emperor Hayile silase first for the purpose of teaching and learning from grade 1 up to 8th. This High school was started in 1951 by the demand of the community around then gradually the school up graded to grade 12th in 1954. Currently, the total number of students who are attending their education at this school were 1893(Male =1063, Female =830).

Sample Size determination and sampling procedure:

Single population proportion formula was used to calculate the sample size. a 95% confidence level , a 5% margin of error (d) and add 10% non-response rate. The total sample size will be 384; since the target population were <10,000 we use the correction formula to correct the final sample size. Hence the final sample size for this study was 352 students. Simple random sampling technique was used to recruit the study subjects.

Data collection and analysis

Structured questionnaires were developed in English language and translated into Afan Oromo and administered and provided to the respondents. The collected data was coded, entered and analyzed by using SPSS version 16 stastical software. The data were summarized in percentages, tables and graphs. Crude and adjusted odds ratios with their 95% confidence intervals (CIs) using logistic regression analysis were computed.

Results

Socio-Demographic Characteristics of the Study Participants

A total of 352 students were participated in the study; Almost half (53.7%) of the respondents were male while the rest 46.3% were female. Their age was range from 15-24 year with the mean age of 18±1.2 SD years. The majority (94%) of the students' age ranged from 15-19 years. Regarding the religious status more than half (55.7%) of the students were protestant followed by orthodox (38.6%). Majority, 328 (93.2%) of them belonged to the Oromo ethnic group. Concerning the place of residence of the students 305(86.6%) of the students were from urban area while the rest 13.4% were reside in rural area. (Table 1)

Table 1: Socio demographic characteristics of adolescent of Ambo preparatory school students;2015

Variable	Frequency	Percent (%)
Age		
15-19	331	94
20-24	21	5.2
Sex		
Male	189	53.7
Female	163	46.3
Grade		
Grade 11	219	62.2
Grade 12	133	37.8
Residence		
Urban	305	86.6
Rural	47	13.4
Religion		
Orthodox	136	38.64
Protestant	196	55.7
Muslim	5	1.4
Others*	15	4.3
Ethnicity		
Oromo	328	93.2
Amhara	20	5.7
Gurage	2	0.6
Other	2	0.6
Source of income		
Family	148	86.5
Boy/Girl friends	6	3.5
Others	17	9.9

Other* wakefata

Source of information about risky sexual behavior

Out of the total 352, respondents, 281 (79.8 %) had heard about risky sexual behavior. The commonest source of information were TV 63(22.4%), radio 61(21.7%), friend 43(15.3%) and the rest 32 (11.4 %) got information from school reproductive health (SRH) clubs.(Figure 1)

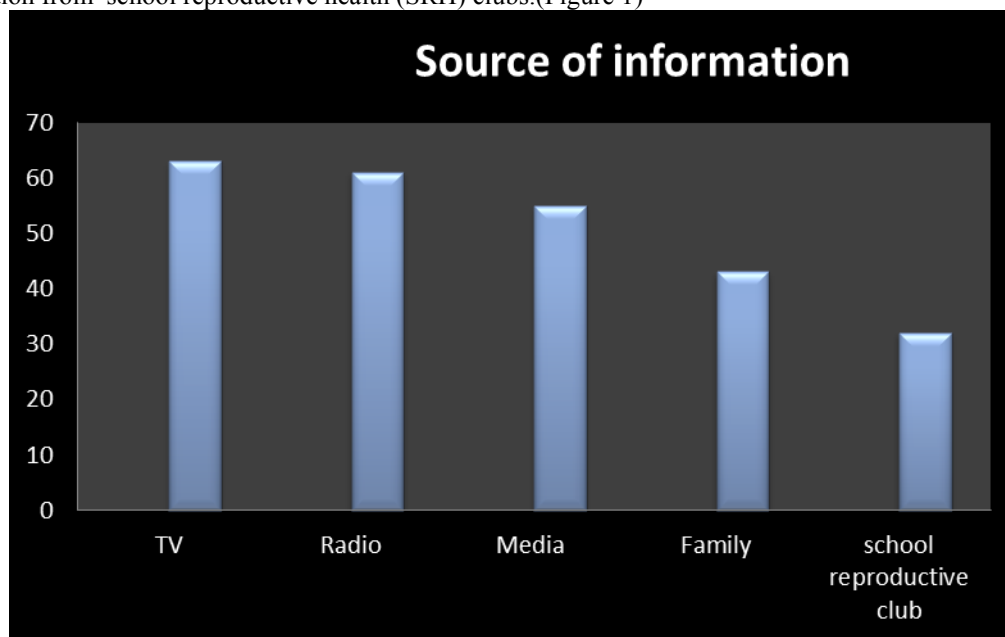


Figure 1: Source of information on risky sexual behavior by Ambo preparatory students;2015

Knowledge about risky sexual behavior

About 267(76%) of the students responded that they had knowledge about risky sexual behavior. Of which 85 (32%) of them defined it as only contracting of sexual transmitted infection (STI) whereas 124(46.4%) of adolescents understood risky sexual behavior as it expose to an intended pregnancy. Eighty five (32%) of

adolescents realized themselves that they are at higher risk of contracting risky sexual behavior. Some of the respondents reported that having more than one sexual partner was risk for contracting STI including HIV/AIDs.

Risky sexual practices

From the total of 352 preparatory students participated in this study, 105(29.8%) them had already experienced sexual intercourses. Out of 105 adolescents who had started sexual intercourse, 46 (43.8%) of them ever used condom while majority of adolescents who started sexual intercourse 58(55.2%) had never used condom at every course of sexual intercourse. Of those adolescents who ever had sex; only 6(0.6%) of them used condom consistently. Among adolescents who had started sexual intercourse, 25% of them where girls who got pregnant due to unprotected sex; of which 20 % of them undertake intentional abortion. Among those who stared sex 89(85%) of them had sex through vagina and 5 (5%) was experienced anal sex. (Figure 2)

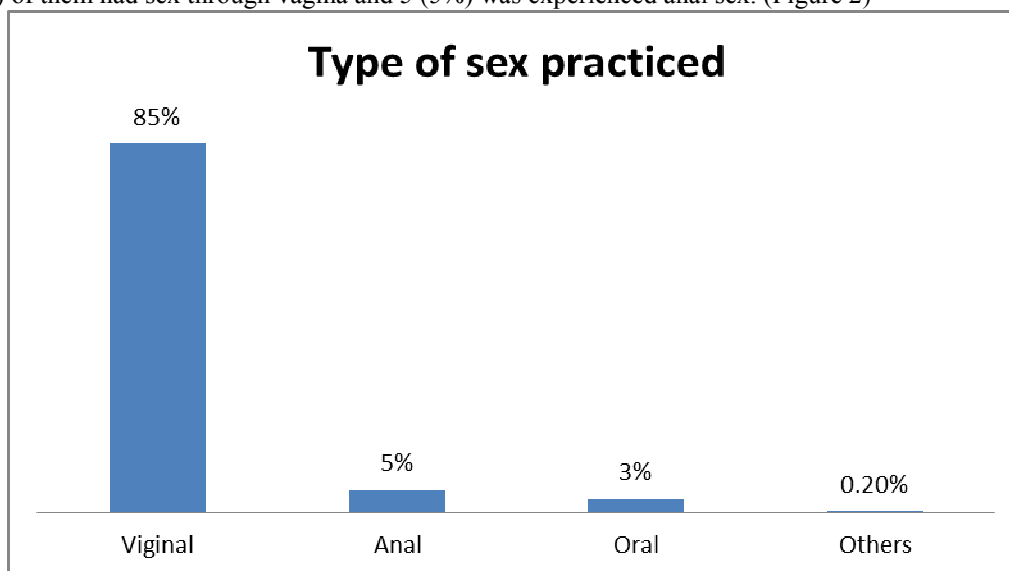


Figure 2: Types of sex practiced by respondents of Ambo preparatory school students, west shoa zone;2015.

Reason for sexual contact initiation

Out of those who experienced sexual intercourse, 65(62%) of them could started sex because of fall in love whereas 14(13%) of students also responded that they could started sexual intercourse because of exertion of pressures from their own teachers which might also had impact on the continuation of their education. Of the respondents who reported as they begun sexual intercourse 58(55%) of students were never used condom during sexual contact. The main reason were feeling shame to buy/ask for condom 45(77.6), partner objection 35(60.3%) and fear of reduction of sexual pleasure 20 (34.5%). (Figure 3)

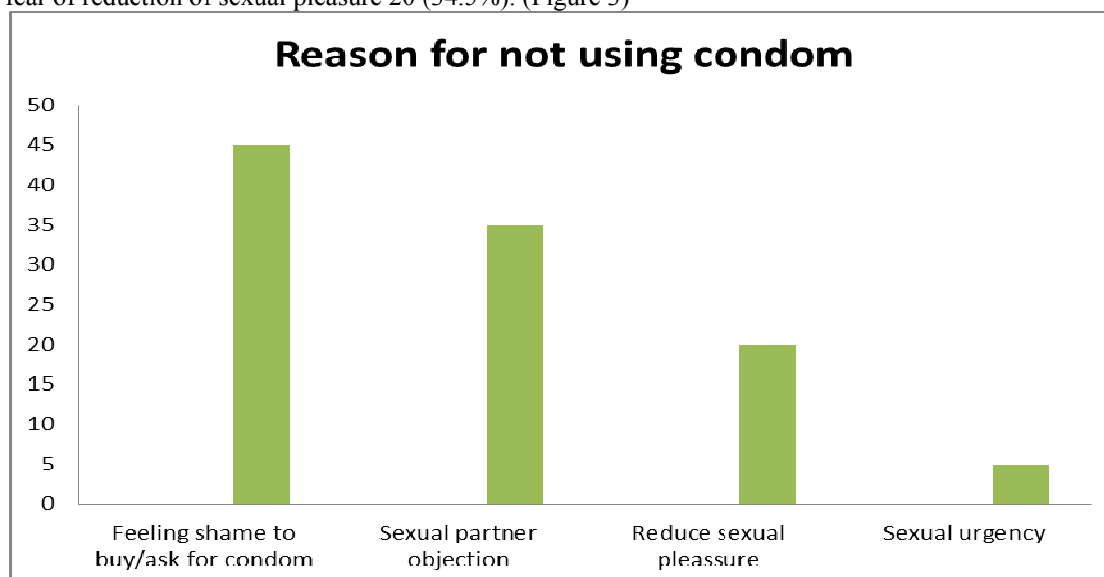


Figure 3: reason for not using condom during sexual practice by respondents of Ambo preparatory school students, west shoa zone, 2015

Age at which the respondents begun sexual intercourse

As shown in table 2 below majority of students had ever start sexual intercourse at the age of 15-19 which

accounts for 73(69.5%), and most of them are experienced with greater than two person 23(22%). In addition to this, 8% of the students ever had experienced unusual sex with same sex partner as a result of influence from their peers, forced and influence of rape. Almost half of them did not use condom during sexual contact; the reason for not using condom was of partner objection 35(33%) and embarrassed to buy or ask for partners to have condom during sexual intercourse 8(7.6%).

Table 2: Sexual practices of the study participants by frequency and %, Ambo preparatory February, 2015

Variables	Frequency	Percentage (%)
Age at you ever had the first sexual intercourse		
10-14	15	14.2
15-19	73	69.5
20-24	4	3.8
I don't know	13	12.3
Have you ever had sex with same sex partner?		
One only	64	60.9
Two only	23	22%
Three or more	16	15%
None response	2	1.9
Have you ever had sex with same sex partner?		
Yes	8	7.6%
No	91	86.7
None response	6	5.7
How frequently did you use condom?		
Some times	15	14.3
Most of the times	16	15.2
Always	6	5.7
Never used	9	8.6

Discussion

Adolescent reproductive health issues have been particularly of interest in the last two decades because of widespread HIV/AIDS. Several researchers have made efforts to find measures to control the unacceptable prevalence of HIV/AIDS and other STIs among the youths. Data from some states in the country indicate that adolescents engage in unhealthy sexual behaviors like early age at sexual initiation, unsafe sex and multiple sexual partners (25-33)

The socio-demographic characteristics of students studied were comparable to previous findings in south eastern Nigeria and in Benishangul Gumuz Ethiopia(17,18,20) and also similar to previous studies, most respondents in this study were from monogamous settings and about one third of their parents had completed primary school.(16)

In this study 281(79.8%) of the study participants had information about risky sexual behavior; the commonest source of information as reported by study subjects was TV (22.4%) and Radio (21.7%). This finding was almost similar with a study conducted in South-Eastern Nigeria with the commonest source of information for risky sexual behavior was mass media (17). Regarding the information about school reproductive health only 4.3% (12) of them obtained RH information from their families otherwise no information shared between parent and children. This finding is lower than the study conducted among AAU students where 90.1% of them had discussed about reproductive health with their parents (7)

One hundred five (29.8%) them had already begun sexual intercourses. Of which 46 (43.8%) of them were ever used condom while majority of adolescents (55.2%) were never used condom during sexual intercourse. The finding was similar with the study conducted in Tana Haik High School which showed 79 (26%) respondents were practiced sexual intercourse. Among the sexually active students 73% were not utilized condoms (17,19)

The finding also showed that 73(69.5%) of the participants debut sex for the first time at 15-19 years of age and about 22% of them had sexual contact with more than one person. In addition to this, 8% of the students ever had experienced unusual sex with same sex partner. The finding was in line with the study conducted in Benishangul Gumuz and Tana Haik High School,(18,19,20)

The method of sexual activity practiced by the sexually experienced respondents were vaginal 89(85%), 5 (5%) was experienced anal sex and the rest 3% practiced oral sex. The finding also related with the study conducted in Nigeria and Jimma 91.6% were practice vaginal sex, Anal (21.1%) and oral (7.4%) but the proportion of anal and oral sex was high among Nigerian respondents this might be due to different seating.(17,16).

The study also revealed that the commonest reason for inconsistence use of condom were feeling shame to

buy/ask for condom 45(77.6), partner objection 35(60.3%) and fear of reduction of sexual pleasure 20 (34.5%). The finding in line with the study conducted in Lalibela Town, North Wollo Zone which showed that shame of buying condoms 35.6% (84/236), followed by trusting a partner 29.6% (70/236), a partner's refusal 25.0%(59/236) and not available 9.8% (23/236) were the most cited reason for not consistently use of a condom. (21)

Conclusion

In this study significant proportion of students engaged in risky sexual behavior. Despite they practiced sex at early age consistence use of condom was not reported due to different reason. Hence the concerned body provides awareness to those students about risky sexual behavior, and the importance of consistence use of condom.

Competing interest: Authors declare that there are no competing interests.

Authors' contribution

Mk - designed the study, prepared questionnaire, and collected data, performed Analysis, wrote the report for this study and prepared manuscript.

SHF - participated in reviewing and editing the manuscript

All authors have read and approved this manuscript

Authors' information:

Mulu Kitaba Negaw: Vice presidents for academic affairs of Ambo University, Ethiopia

Shewaye Fituma Natae: Department of public health, College of Medicine and Health Sciences, Ambo University.

Acknowledgments

We are grateful to all participants for taking part in this study.

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