

Factors Associated with Early Sexual involvement among Adolescents attending to Out Patient Department Wakiso Health Centre IV in Wakiso

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ABSTRACT

Early sexual involvement refers to having had first sexual intercourse at or below the age of 15 years. Early involvement in Sexual activities is a global problem and creates issues for all those concerned about adolescents and their health and well-being. This study assessed for factors associated with early sexual involvement in Sexual activities among adolescents attending Out Patient Department Wakiso Health Center IV, Wakiso District. The specific objectives were to determine the Socio demographic factors associated with early sexual involvement in Sexual activities, to determine the socioeconomic factors associated with early sexual involvement in Sexual activities and to determine the effects of early sexual involvement in Sexual activities among adolescents attending to Out Patient Department Wakiso Health Center IV, Wakiso district. A descriptive cross-sectional study conducted at Wakiso Health Center IV, Wakiso District. The researcher utilized Convenience sampling on 100 respondents using self-administered questionnaires which were filled collected and data analyzed using tables. Based on the findings of the study, age and religion significantly affected the early involvement in Sexual activities among adolescents. Poverty and lack of financial support from parents and relatives led many adolescents to involve in early Sexual activities in search for money to purchase their needs. Unwanted pregnancy (90%) and STI/HIV (70%) were the most significant effects of early involvement in Sexual activities. Parents / guardians should be sensitized about the need to communicate and acquire ways of approach to convey sexual related matters to their children in order to safe guard the adolescents. Strong measures to provide access to improve economic security and reduce levels of poverty among young people should be put in place.

Keyword: Early Sexual involvement, Adolescents, Out Patient, Department, Wakiso Health Centre IV.

INTRODUCTION

Early sexual intercourse is defined as intercourse initiated before the age of fifteen years [1]. The World Health Organization (WHO) describes adolescents as young people who are between the age of 10 and 19. This developmental stage of adolescence is characterized by emotional, physical, mental as well as psychosocial development [1]. Adolescence period occurs between 10-19 years and it is divided into three stages namely early adolescence (10-13) year, middle adolescence (14-17) years, late adolescence (18- 20) years of age

[2]. Globally, early adolescent sexual activity remains a recurring public health issue [3]. A study in northern Europe and North America showed that 50% of women have reported sexual contact by the age of 17 and this percentage is increased 70% by age of 20 [4]. In USA, teenagers aged 15 to 19 and young adults aged 20 and 24 years accounted for the most reported cases of chlamydia and Gonorrhoea; over 34,000 young people aged 13 to 24 years were estimated to be living with HIV/AIDS and most of them were infected through sexual contact [5]. In Sub Saharan Africa, nearly 60% of

young women and 45% of young men have had sex before age of 18 (Rob Stephen *et al.*, 2014). Young people in sub-Saharan Africa face various sexual and reproductive health risks such as unplanned pregnancy and sexually-transmitted infections (STIs), including HIV infection and this is a result of early sexual involvement among adolescents [6]. Also, in sub-Saharan Africa (SSA), an estimated 45% of the pregnancies among young women age 15-19 are unintended resulting in unintended births, unsafe abortions and miscarriages [7].

It was quoted in soft power news that adolescents make up 34.8% of Uganda's total population, but statistics provided by ministry of health indicate that 25% of the adolescent girls and young women aged between 15 and 19 are pregnant or already mothers, 25% of girls under the age of 19 in Uganda have given birth and this is the highest in the region compared to Kenya and Rwanda. Addressing adolescent sexual and reproductive health needs in Uganda is

especially important, as a growing number of young people are sexually active.

According to the study area, the phenomenon of early sexual initiation among adolescents is a major contributory factor to these negative social and behavioral outcomes: teenage pregnancies, substance abuse, sexually transmitted diseases [8], [9], [10]. In addition, 40% of the clients who deliver from the health facility are teenage mothers (The OPD and MCH department records October 2018).

However, no study has been carried out in Wakiso HCIV, Wakiso district to establish the factors associated with early sexual involvement among adolescents and basing on the situation where there are raised teenage pregnancies, STIs and early marriages among adolescents, the researcher was convinced to carry out the study to establish the prevailing factors associated with early sexual involvement among the adolescents.

METHODOLOGY

Study Design

The study design was descriptive [11] and cross sectional in nature, employing both quantitative and qualitative data collection methods.

Study Area

The study was conducted at Wakiso Health Centre IV in Kyadondo Sub County, Wakiso district.

Study Population

The target population involved male and female adolescents who attend to Wakiso HCIV, Wakiso district.

Sample Size Determination

The sample size was determined using the sample size determination formula by Kish Leslie 1965.

$$N = X^2 pq / y^2$$

Where;

N= desired sample size

X = standard normal deviation usually set at 1.96 which corresponds to 95% confidence level

p = proportion of survey population with particulars under investigation and where it is unknown, 50% is used.

q = probability that the researcher got a certain amount of error. 50% has been considered to cater for that

y = degree of accuracy which ranges from 0.01-0.1

$$\text{Therefore, it is; } (1.96)^2 \times 0.5 \times 0.5 / (0.098)^2 = 100$$

Therefore, a sample size of 100 respondents was used for convenience purposes.

Sampling Technique

Convenience sampling technique was used to select the respondents where all adolescents who attended the adolescents' clinic were interviewed after seeking consent.

Sampling Procedure

Using a convenient sampling technique, adolescents who were available at the OPD of Wakiso HCIV during the adolescents' clinic were conveniently recruited, specifically those that were willing to participate in the study and present at the time of data collection and were selected to participate after being explained well the objectives of the study.

Data Collection Method

The pretested questionnaire was prepared and utilized in data collection. The questionnaire was opted for data collection as the data collected was analyzed scientifically and objectively. The questionnaire was prepared in English and then translated to Luganda

which is the common local language used by almost everyone in the district. Respondents were then given the questionnaire to fill.

Data Collection Procedure

The study employed self-administration approach of data collection to ensure that the unintended people did not fill the questionnaire or be interviewed. After data collection it was edited to check for double entries and missing information, data coding was done, data entry in Microsoft Excel 2010, data cleaning and exported to a computer programme SPSS for analysis. Data was analyzed by grouping the ideas as per the objectives of the study.

Inclusion Criteria

The study included all adolescents attending to outpatient department Wakiso Health Centre IV who gave consent to participate in the study.

Exclusion Criteria

Adolescents who did not consent to participate in the study were excluded.

Data analysis and presentation

The collected data was analyzed, grouped using a computer, summarized into frequency tables, graphs, pie charts and computed into percentages according to their categories, tabulation was done. This was done to facilitate the process of easy analyzing and interpretation of findings.

Ethical Consideration

An introductory letter was obtained from the research committee of Kampala International University- Western campus introducing the researcher to the hospital administrator of Wakiso HCIV for signing, who forwarded the letter to the in-charge of OPD of the hospital for a go ahead. The study objectives were explained to the participants from whom consent was obtained. The participants were assured of privacy and confidentiality at all levels [12]. The respondents were thanked for their corporation at the end of the interview.

RESULTS

Table 1: Shows distribution of respondents by social demographic characteristics. (n=100)

Variable	Respondents	Frequency(f)	Percentage (%)
Gender	Female	46	46
	Male	54	54
	Total	100	100
Age	10-13	38	38
	14-18	53	53
	19-20	9	9
	Total	100	100
Tribe	Muganda	65	65
	Munyankole	9	9
	Musoga	19	19
	Others	7	7
	Total	100	100
Religion	Muslim	15	15
	Pentecostal	9	9
	Catholic	32	32
	Protestant	32	32
	Total	100	100
Level of education	Primary	8	8
	Secondary	82	82
	Tertiary	10	10
	Total	100	100

More than half of the respondents 54 (54%) were male and less than half of the respondents 46 (46%) were female. Majority of the respondents 53 (53%) were aged 14-18 years while the minorities 9(9%) were aged 19-20 years.

Most of the respondents 65(65%) were Baganda by tribe, while the least 7 (7%) were other tribes. Majority of the respondents 91 (91%) were Christians (Pentecostals, Catholics and Protestants, while the minorities 9(9%) were Muslims.

Most of the respondents 82 (82%) had attended education up to secondary level, while the least, at least primary level.

level, while the least, at least primary level.

Table 2: Shows distribution of the respondents by type of school attended

Respondents	Frequency	Percentage (%)
Day school mixed	60	60
Day school (boys/girls)	13	13
Boarding school, mixed	17	17
Boarding school, (boys/girls)	10	10
Total	100	100

From the table above, the majority 60(60%) attended Day schools which are mixed, while the minority 10(10%)

attended boarding schools which are single.

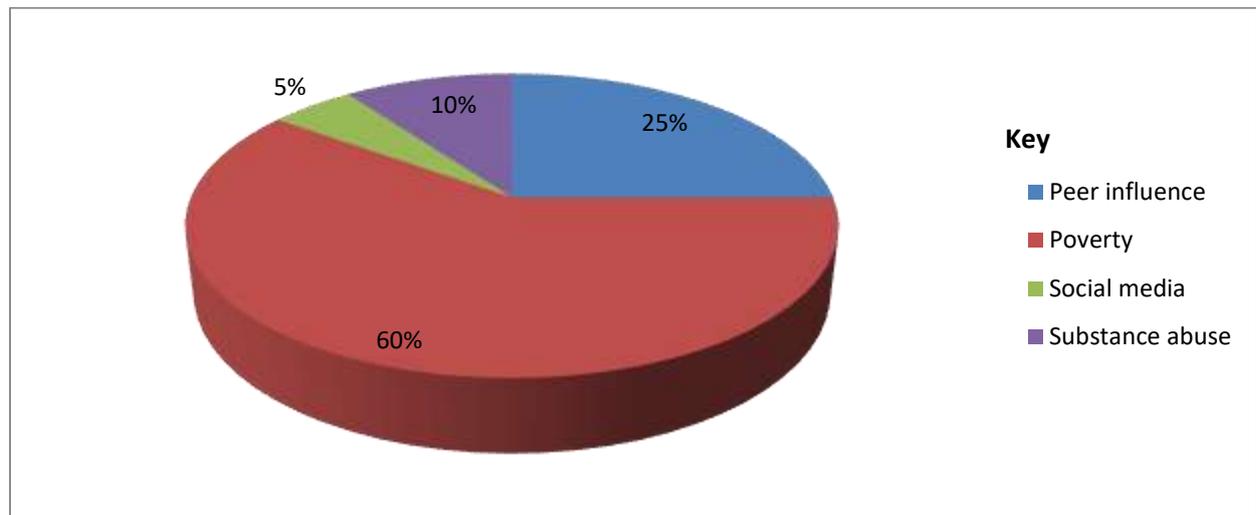


Figure 1: Distribution of the respondents' reasons why adolescents engage in sexual activities

From the figure above, the majority 60(60%) engaged in sexual activities because of poverty, while the minority

5(5%) engaged in sexual activities because of social media.

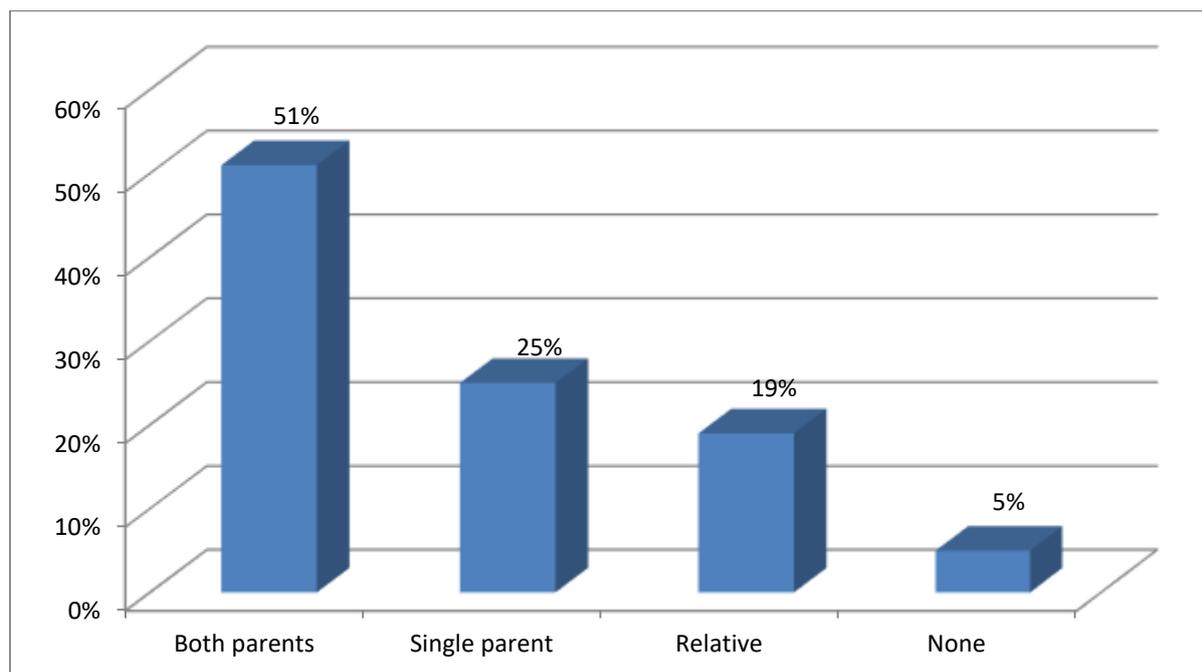


Figure 2: Shows distribution of the respondents according to who they live with

From the figure above, the majority 51(51%) lived with both parents, followed

by 25 (25%) who live with single parents, while the minority 5(5%) lived alone.

Table 3: Shows distribution of the respondents by source of information regarding sex

Respondents	Frequency	Percentage (%)
Parents	9	9
Guardian	7	7
School	60	60
Media	19	19
Church	2	2
Total	100	100

From the table above, the majority 60 (60%) got sex information from school, followed by media (19), then parents (9%)

and guardians (7%), while the minority 2 (2%) got sex education from church.

Table 4: Shows distribution of the respondents whether they have ever had a lesson on sex education

Respondents	Frequency	Percentage (%)
Yes	60	60
No	40	40
Total	100	100

From the table above, the majority 60(60%) had a lesson on sex education

from school, while the minority 40(40%) did not have a lesson on sex education.

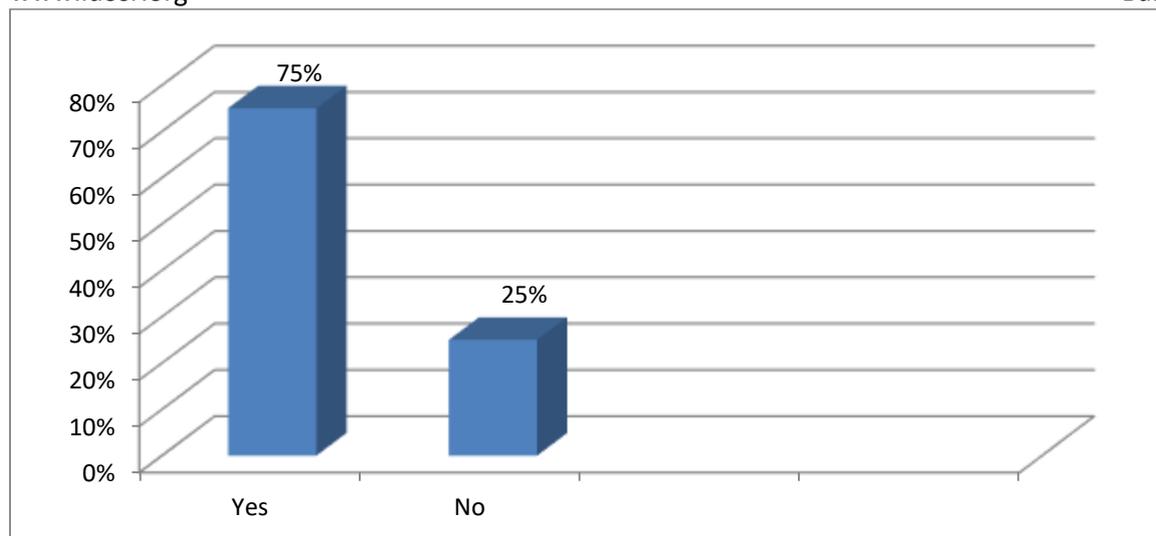


Figure 3: Distribution of the respondents according whether they have heard about sexual workers

From the figure above, the majority 75(75%) have heard about sexual

workers, while the minority 25(25%) have never heard about sexual workers.

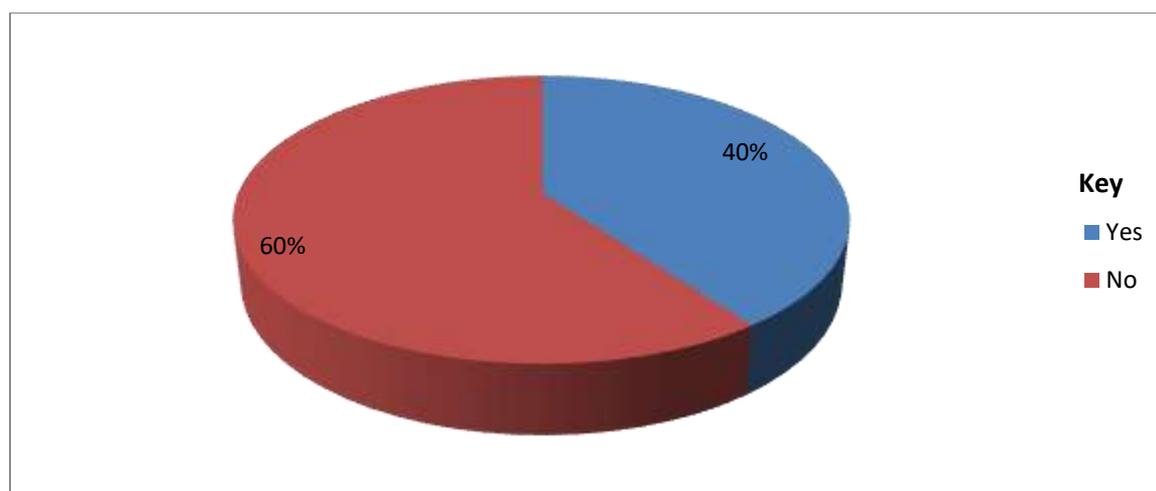


Figure 4: Distribution of the respondents whether they have had sexual workers in their areas

From the figure above, the majority 60(60%) said they did not have sexual workers in their area, while the minority

40(40%) said they had sexual workers in their area.

Table 5: Distribution of the respondents by age bracket of the sexual workers

Respondents	Frequency	Percentage (%)
14-19	12	30
20-29	20	50
30-39	8	20
Total	40	100

From the table above, of the 40 respondents, half 20 (50%) of the respondents said sexual workers were of

the age bracket of 20-29years, followed by 20-29 years, while the minority 8(20%) were of the age bracket of 30-39 years.

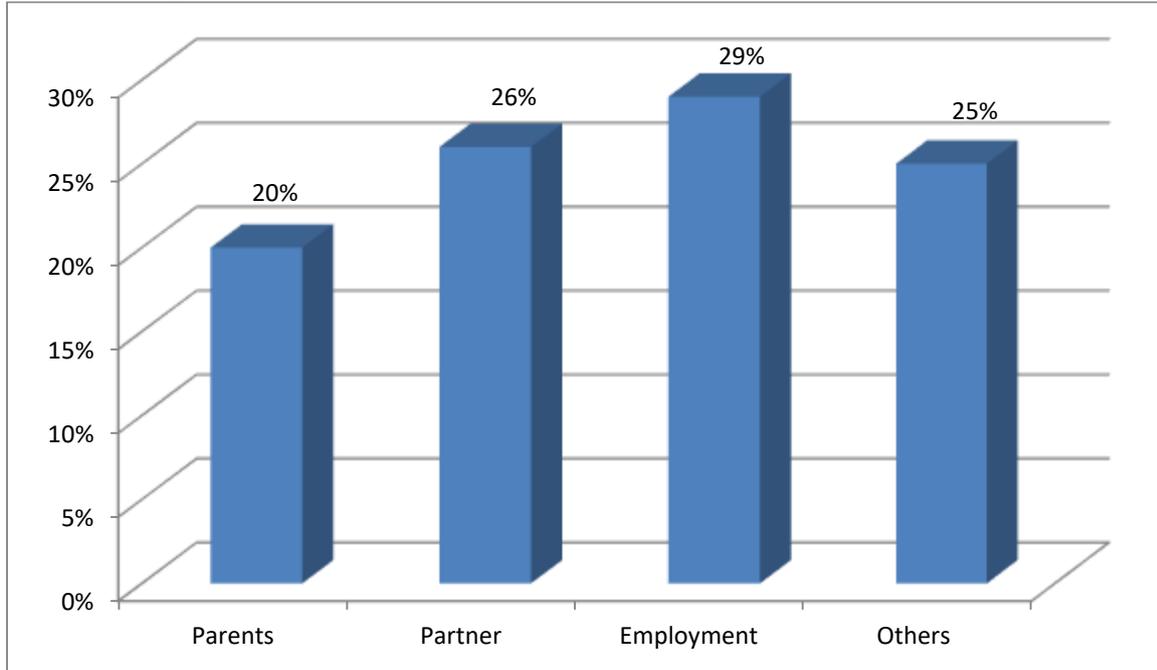


Figure 5: Distribution of the respondents' source of income

From the figure above, the majority 29 (29%) get their incomes from

employment, while the minority 20(20%) have parents as their source of income.

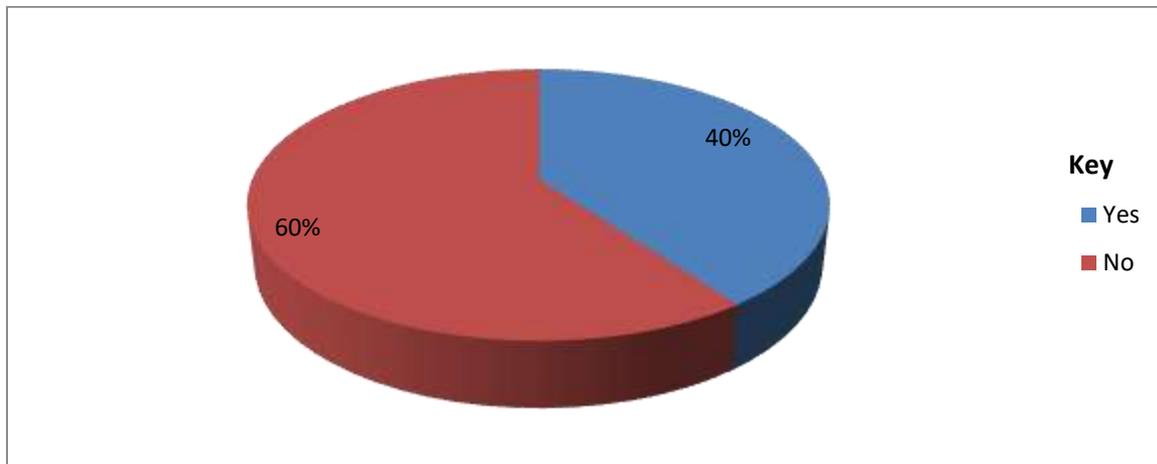


Figure 6: Distribution of the respondents on reasons for adolescents' involvement in commercial sex

From the figure above, the majority 60(60%) said they did not have sexual workers in their area, while the minority

40(40%) said they had sexual workers in their area.

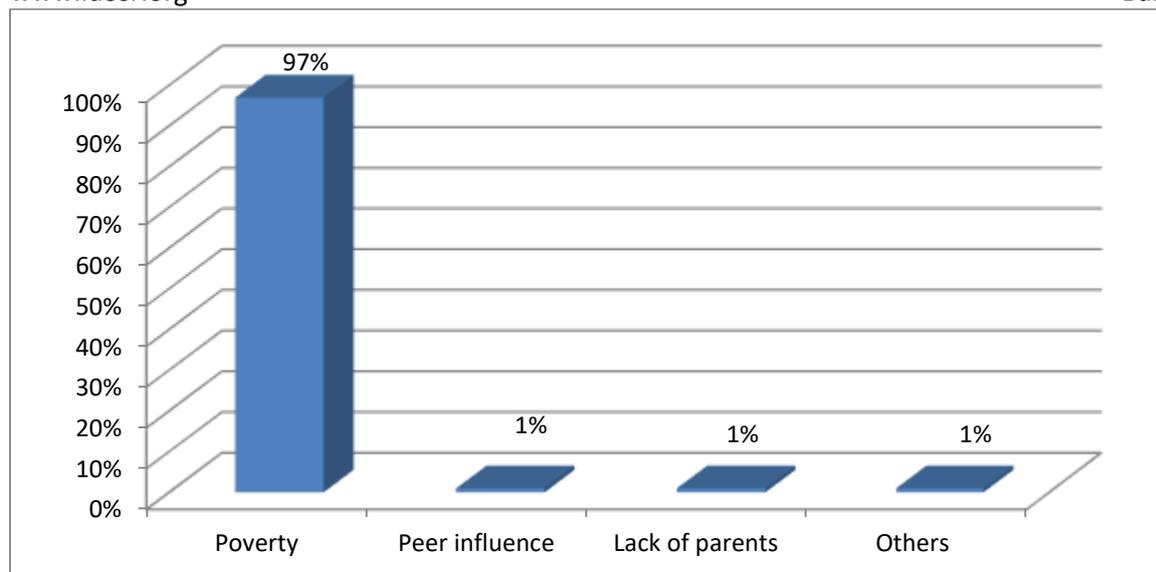


Figure 7: Distribution of the respondents' source of income

From the figure above, almost all 97 (97%) the respondents said poverty as the reason for adolescents to involve in

commercial sex, while the rest said other factors like peer influence and lack of parents.

Table 6: Shows distribution by effects of adolescents involving themselves in early sexual activity

Variable	Response	Frequency	Percentage (%)
Unwanted pregnancy	Agree	90	10
	disagree	10	10
Risky child birth	Agree	80	80
	disagree	20	20
Death	Agree	60	60
	Disagree	40	40
Schooling interruption	Agree	100	100
	Disagree	0	0
HIV/STI	Agree	70	70
	Disagree	30	30

From the table above, Majority of the respondents 90% reported unwanted pregnancy while the minority 10% disagreed that unwanted pregnancy was not as a result of early sexual involvement.70% of the respondents agreed that early Sexual involvement resulted in STI/HIV and only 30%

disagreed to this. Majority (80%) of the respondents said that early Sexual involvement resulted into risky child birth while 20%disagreed to this. All the respondents (100%) agreed that early Sexual involvement interrupted schooling.

DISCUSSION

The study found out that majority, 54% of adolescents of age 14-18 years, followed by age 10-13 years had experienced sexual activity. This was probably because the respondents in these age brackets were in their active age experiencing new thought and bodily changes such as desire to intimately socialize with persons of opposite sex and changes in their physical appearance like enlargement of hips in females and

muscles in males. This is in agreement with the findings of a study done by [13], in South Africa about the Socio demographic factors associated with early sexual experience among South African female youths which found out that 52% of the respondents between 15-24years had their first sexual experience by the age of 14years because of the primary and secondary sex

characteristics that had started to show signs of maturity in their bodies.

The study found out that majority of the respondents that had experienced early sexual activity were males 54% as compared to the females 46%. This was probably because in the community attention was put on girl child and male child was neglected and not given psychosocial support which misled male adolescents into increased early sexual practice. This study report is in line with the study conducted in Ibadan Nigeria where also male adolescents were found to be more likely to have played early sex than their female counterparts because male children received little or no guidance from the community about information concerning sexual practices and reproductive health [14]. This at the same time contradicts the findings from a study conducted by [15], about Experience of sexual coercion among students which found out that female students, 33.1% reported having had some experience of sexual coercion and only 29.0% male students had experience of sexual practices.

The study found out those adolescents that were involved in religion, 78% less involved in early sexual activities while those that were never involved in religion, 22% got involved in sexual activities at an early age. This was probably because adolescents that were involved in religion were taught in church about early sexual involvement being a sin and these adolescents also got involved in religious matters there by getting fear for God and fear to commit sins like involving in sexual practices. This study is in line with the findings from a study conducted about Protective factors in adolescent problem behavior by [16], which found out that religiosity is a powerful protection against early sexual practices in adolescents because religious leaders instilled fear of sin and it's results amongst teenagers.

The study found out that majority 55% of the adolescents that were involved in early sexual activities lived in urban areas and only 45% lived in rural areas. This was probably because adolescents in urban areas were more exposed to media and internet which influenced their sexual behaviors. This is contrary to the findings from a study conducted by

[17], who found out that adolescents living in rural areas were at a much higher risk of early sexual experience because they rarely attended school and had little knowledge about sexual education compared to those staying on urban areas.

The study found out that majority 60% of the participants got involved in early sexual activities because of poverty. This was because they wanted to get money as an exchange for sex so that they are able to purchase their basic needs. This study is in line with a study conducted in Uganda by [18] who found out that 85% of the respondents lack financial support from parents and relatives for meeting their needs and wants which compels them to enter into relationships at an early age and engage in early sexual practices.

The study found out that majority of the participants that had involved in early sexual activities had attained low levels of education (Primary and Secondary) and the minority of the participants had attended tertiary level of education. This was because education was probably a protective factor to early sexual experience providing youths with relevant information about sexual and reproductive health needs and rights that may affect their future career and also educating them about the consequences of early involvement in sexual activities. This study contradicts with a study conducted by [19], who found out that more schooling was directly associated with early sexual experience because in school adolescents in mixed schools become attractive to their counter parts and spend most of the time together in peers which makes them develop intimacy towards themselves.

The results also showed that half 50% of the respondents said sexual workers were of the age bracket of 20-29years, followed by 20-29 years. This was because these age groups lack financial support from parents and yet they have a lot of needs therefore they end up involving in early sexual activities in exchange for money to meet their needs. This is in line with the study conducted by [18]-[23] who found out that adolescents face poverty that drives them in sexual activities in exchange for money to purchase their basic needs.

The study found out that the majority, 90% of the participants said early sexual involvement resulted in unwanted pregnancy while the 10% disagreed early sexual involvement resulting in unwanted pregnancy. This was possibly because most adolescents were still young and had little or no knowledge about contraceptive methods so they ended up getting unplanned pregnancies when they got involved in early sexual activities. This study is in line with a study conducted by [20] who found out that over 76% of the teenage respondents that were involved in early sexual activities had experienced unplanned pregnancies because they had limited knowledge about prevention of teenage pregnancy. The study also found out that 70% of the respondents said that early involvement in sexual activities led to sexually Transmitted Infections and HIV while the 30% disagreed early sexual involvement resulting in STIs. This was possibly because adolescents had less or no knowledge about the use of condoms as a means of prevention of transmission of Sexually Transmitted Infections during sexual activities. This study is in

The study established that the demographic factors that influenced early sexual practice significantly were age, gender and religion while tribe of the respondent less significantly affected the early involvement of adolescents into sexual activities. The study findings indicated that poverty

CONCLUSION

Barbara line with a study conducted by [21], [24]-[26] who found that adolescents involving early sexual activities had contacted sexually Transmitted Infections as a result of not being informed about the protective sexual behaviors like use of condoms.

Majority of the respondents, 80% said that early sexual involvement led to unwanted pregnancy and subsequently risky child birth while 20% disagreed to risky child birth being a result of early sexual involvement in unwanted pregnancy. This was because their reproductive organs are not fully grown to a maximum capacity and also early pregnancy is always associated with several maternal complications for example obstructed and prolonged labor, Hemorrhage, fistula. This study is in line with findings from the National Academy of Science, 2019 which showed that Pregnancy related conditions were common among adolescent girls in developing countries and teenage pregnancy results in poor maternal and child Health outcomes and increased risk of death during pregnancy.

and low level of education attained were the major socioeconomic factors that led to early sexual involvement among adolescents. Based on the study findings unwanted pregnancy and sexually transmitted Infections were the major effects of early involvement in Sexual activities among adolescents.

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