Prevalence and Determinants of Early Sexual Debut among Teenage Students: A Study in Kiryandongo District, Uganda

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ABSTRACT

Early sexual debut among teenagers is a global concern, particularly prevalent in developing countries. This study aimed to investigate the prevalence and factors associated with early sexual debut among teenage students at Kibanda Secondary School in Kiryandongo district, Uganda. A cross-sectional study was conducted, involving 150 respondents. Data were collected using self-administered questionnaires and analyzed using IBM SPSS 27.0. The prevalence of early sexual debut was found to be 20.0%, with predictors including age, sex, caregiver's education level and income, parental history of substance abuse, personal substance abuse, and first sexual partner. Female respondents were 2.17 times more likely to have an early sexual debut compared to males, and teenagers with a personal history of substance abuse were 4.03 times more likely to initiate sex early. Low caregiver education and income were also associated with early sexual debut. These findings underscore the need for targeted interventions and education programs to mitigate the risks associated with early sexual initiation among teenagers.
Keywords: Early sexual debut, Sexual intercourse, Teenage, Students

INTRODUCTION

Early sexual intercourse refers to having had your first sexual intercourse at or before the age of 14 [1]. Globally, the rate of early sexual debut among teenagers (individuals aged between 10 and 18 years) is very high, especially in developing countries [2]. According to the United Nations World Report, 580 million teenagers had engaged in early sex worldwide, and 4/5 of these were from developing countries [3]. Early sexual debuts among teenagers pose a health threat to them, especially in developing countries. In 10 European countries, in a study, the prevalence of sexual initiation was 18.8% among 15-year-olds [4]. Among Jamaican teenagers, the mean age at sexual debut was noted to be 11 years among girls and 15 years among boys. In Ohio, USA, among teenagers aged 13–17, 8.6% of those aged 13 admitted to having been sexually active before 13. This number escalated with increasing age: 17.7% before 14 years, 31.2% before 15 years, 54.9% before 16 years, and as high as 68.6% before 17 years. In a survey carried out in 2015 among US high school students, 41% had ever had sexual intercourse [5]. In Africa, age at early sexual debut varies from place to place and among different individuals and is often due to varying factors. The prevalence of early sexual initiation is on the rise, as ruled out by different

studies. According to the 2016 Ethiopian Demographic and Health Survey report, 24% and 62% of women had initiated sex before the ages of 15 and 18, respectively. This points out the fact that teenagers initiate sex earlier than they should [6]. In Ibadan, Nigeria, 30.0% of the secondary school students admitted they had sexual intercourse at a very tender age [7]. A study done in Ethiopia showed that among unmarried high school female students, 30.8% reported a pre-marital sexual debut [8]. In East African countries, the early onset of sexual activity is equally high, as each year over 100 secondary school teenagers become pregnant and others are diagnosed with a sexually transmitted disease (STD) as a result of early sexual initiation and practices [9]. In Kenya, among high school adolescent boys and girls, 44% reported having had their first sexual encounter before the age of 18 [7]. Factors have been identified as contributing to early sexual debuts. For example, mother's age at first sex was found to be significantly associated with several of the children's early social behaviors and their likelihood of being sexually active before the age of 14. Other factors that have been identified include substance and alcohol abuse, a high prevalence of sexual initiation among peers, permissiveness, family

economic disadvantage, large family size, minority group status, an unstable family environment, low parental education, and media exposure, among others [10, 11]. Early sexual debut escalates the risk to HIV and human papilloma virus infections [12, 13]. Factors that have been protective, on the other hand, include religious inclination, the older age of adolescence, academic expectations and achievements, and parental monitoring, as per studies

in Mozambique [14]. Similar to other African states, the burden of early sexual engagement among teenagers in Uganda is huge. However, only a few studies have been conducted. Little is known about factors associated with early sexual intercourse in Kiryandongo district. Therefore, there is a great need to determine the factors that are associated with early sexual debut among teenagers at Kibanda secondary school, Kiryandongo district.

METHODOLOGY

Study Design

The study employed a school-based cross-sectional descriptive study utilizing quantitative method for semi-structured questions of data collection. The researcher preferred the study design because it was relatively quick and easy to conduct; all data on variables was collected once. The researcher measured the prevalence of all factors under investigation, which was good for descriptive analysis and for generating hypotheses.

Area of Study

The study was conducted at Kibanda Secondary School, a school found in Kiryandongo town in Kiryandongo district. The school was located in the western part of Uganda, about 200km from Kampala along the Gulu road. The school was a government-aided school, ranging from senior one to senior six, and offers both science and art subjects. The school has a capacity of about 1100 students. The students from this school mainly come from the nearby villages, though a few stay in the trading center. Languages spoken are mainly Runyoro, Kiswahili, Luo, Luganda, and English. However, English was the major language used at school, whereas the local languages were used outside of school. The crops grown in the area around the school include maize, beans, matooke, and groundnuts, and the means of transport used were mainly public taxis and boda bodas. The researcher conducted the study in this area because no such study has ever been done at this school.

Study population

Teenage students at Kibanda Secondary School in Kiryandongo district.

Sample Size Determination

The sample size was calculated using Kish Leslie formula [15]

$$n = \frac{z^2 p(1-p)}{e^2}$$

n = Estimated minimum sample size required
p = Proportion of a characteristic in a sample
e = The acceptable Margin of error set a 5%.
z = 1.96 (for 95% confidence interval).

A cross-sectional study conducted in Thailand reported a prevalence of early sexual intercourse among adolescents of 11%. Therefore, the sample size will be:

$$n = \frac{(1.96)^2 \times 0.01 \times (1 - 0.01)}{(0.05)^2} = 150$$

Sampling Procedure

The Head Teacher of Kibanda Secondary School provided the researcher with the lists of all students at the school, from which the researcher built his sampling frame, ensuring that only those who are teenagers are included in the study. The researcher used the stratified random sampling method; a stratum was the year or class of study to achieve proportionate representation in the study. At stratum level, simple random sampling was used. Here, the researcher thoroughly shook the box to churn similar folded papers written on either YES or NO. Respondents were asked to pick, and only those who picked a YES qualified for the study.

Inclusion Criteria

All teenage students from Kibanda Secondary School present at the time of study were included, provided that they consented.

Exclusion Criteria

All students above the age of 19 and those whose parents have not consented

Data Collection

The study was a self-administered questionnaire with both open-ended and closed-ended questions in order to obtain information about the factors contributing to early sexual debuts among teenage students. The questionnaire contained three sections: section A, which consisted of the demographic data of the respondents; section B, which consisted of the socio-economic factors; and section C, which consisted of the environmental factors. The researcher used this tool to collect data from the respondents because it was cheap, quick to administer, minimized bias, and was easy to analyze. The researcher made an informal visit to the study area. This was important to confirm acceptability by the stakeholders of Kibanda

Secondary School and to scan the environment for social amenities and understand any obstacles that may interfere with data collection. The questionnaire was tested at St. Andrew's Kaggwa's SS. The purpose of pretesting was to check the validity and reliability of the questions in the tool. As a result of pretesting, some questions were rephrased, rearranged, added, and deleted. Due to the huge and unmanageable size of the study sample, the researcher collected data by himself with the help of one of the teaching staff members. Whom he trained a day before the data collection. In order to have a quick capture of responses, a coding frame was also constructed for each question to aid summarizing, analysis, and presentation. Some questions were pre-coded, while others were post-coded. Coding involves assigning numerical codes to responses to help with data entry in the template. Data editing was done in the field immediately after interviewing a respondent before leaving the respondent for the next one. It involved checking that each question had an appropriate response.

Data analysis and Management

Once the data presentation was done, it was ready for analysis. Data analysis using the Statistical Package for Social Sciences software involved summarizing and making meaningful interpretations to aid discussion.

Ethical Considerations

The research proposal was handed over to my supervisor for approval. The introductory letter from the school was presented to the head teacher, who in turn authorized the researcher to collect data from the respondents. They were informed about the purpose of the study, and the data collection procedure was explained to them. Informed consent was obtained from the parents or guardians of respondents who were under the age of 18. However, the respondents reserved the right to withdraw from the research program at any time. During the research, the respondent's participation was voluntary, with the right to participate or refuse and a right to protection from discomfort. All respondents were treated fairly, and autonomy was ensured by explaining the aims and objectives of the study to them and informing them that if they did not want to take part in the study, their non-participation would not have negative implications. No identifiers, like the names of participants, were recorded. Anonymity was further maintained by reporting the research as group data. Participants who did not have interest were allowed to withdraw from the study because it did not affect their health. The questionnaires were confidential to each individual, and the information that was obtained was strictly confidential and for only academic purposes, not for any other reason.

RESULTS

From table 1, majority (50.0%) of the respondents were aged 15-16years, female (60.0%) and banyoro (50.0%) by tribe. The predominant religion among study participants was catholic (66.7%), followed by Muslims (20.0%), SDA (6.7%) and born again (6.7%).

Most (40.0%) of the respondents were in S2 and majority (36.0%) of their caregivers attained secondary education with a monthly income of 500,000-1,000,000.

Table 1: Socio-demographic characteristics of the study participants

Variable	Frequency(N)	Percentage (%)
Age(years)		
13-14	50	33.3
15-16	75	50.0
17-19	25	16.7
Sex		
Female	90	60.0
Male	60	40.0
Tribe		
Munyoro	75	50.0
Muganda	40	26.7
Langi	15	10.0
Others	20	13.3
Religion		
Catholic	100	66.7
Moslems	30	20.0
SDA	10	6.7
Born again	10	6.7
Education level		
S1	40	26.7
S2	60	40.0
S3	30	20.0
S4	20	13.3
Education level of the caregiver		
No formal education	23	15.3
Primary	41	27.3
Secondary	54	36.0
Tertiary	32	21.3
Caregiver's monthly income		
≤500,000/=	39	26.0
500,000-1,000,000/=	84	56.0
≥1,000,000/=	27	18.0

Prevalence of Early Sexual Debut

Out of the 150 study participants 30 were found to have had their first sexual debut early giving a prevalence of 20.0% as shown in figure 2 below.
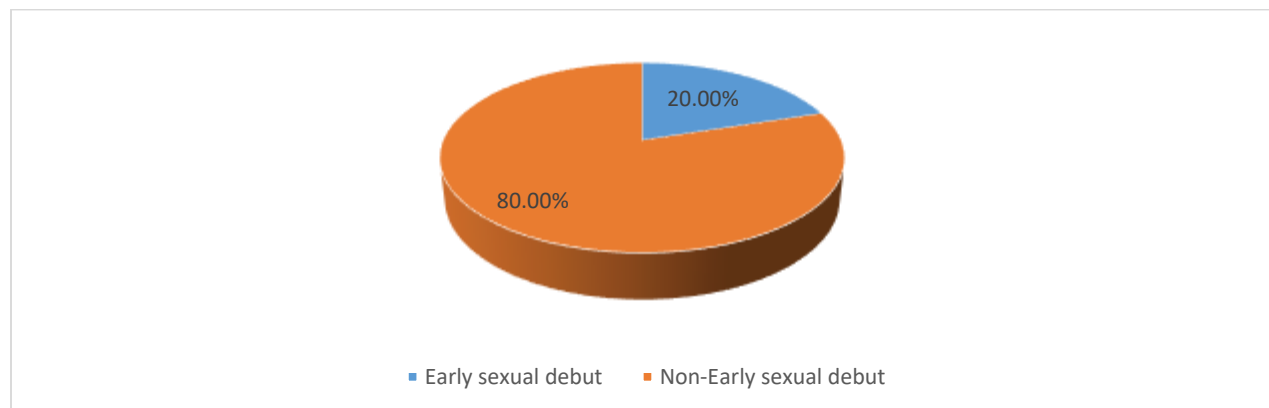
Figure 1: Prevalence of early sexual debut

Baseline Environmental Characteristics of the Study Participants

In the study, majority of the study participants (46.0%) received sexual information from school, had no parental history of substance abuse (62.7%) and had no personal history of substance abuse (84.0%) as illustrated in table 2 below.

Table 2: Environmental characteristics of the study participants

Variable	Frequency(N)	Percentage (%)
Source of sexual information		
Family /friends	47	31.3
School	69	46.0
Radio/TV	21	14.0
Others	13	86.7
Parental history of substance abuse		
Yes	56	37.3
No	94	62.7
Personal history of substance abuse		
Yes	24	16.0
No	126	84.0
The first sexual partner		
Teacher	13	8.7
Classmate	45	30.0
Others	92	61.3

Bivariate Analysis of Socio-Demographic Factors Associated with Early Sexual Debut
Results of bivariate analysis revealed that age, sex, education level, education level of caregiver and caregiver's monthly income were statistically significant as shown in table 3 below.

Table 3: Bivariate analysis of socio-demographic factors associated with early sexual debut

Variable	N	Early sexual debut		COR(95% CI)	P-value
		Yes n(%)	No n(%)		
Age(years)					
13-14	50	07(14.0)	43(86.0)	1	
15-16	75	14(18.7)	61(81.3)	1.95(1.05-3.27)	0.108
17-19	25	09(36.0)	16(64.0)	3.61(1.53-7.21)	0.054
Sex					
Female	90	20(22.2)	70(77.8)	2.84(1.87-5.60)	0.073
Male	60	10(16.7)	50(83.3)	1	
Tribe					
Munyoro	75	19(25.3)	56(74.7)	4.59(2.67-10.15)	0.447
Muganda	40	08(20.0)	32(80.0)	2.76(1.23-4.10)	0.296
Langi	15	02(13.3)	13(86.7)	0.73(0.45-1.74)	0.827
Others	20	01(5.0)	19(95.0)	1	
Religion					
Catholic	100	23(23.0)	77(77.0)	3.41(1.96-5.70)	0.250
Moslems	30	06(20.0)	24(80.0)	2.62(1.40-4.65)	0.592
Born again	10	01(10.0)	09(90.0)	2.30(1.00-3.72)	0.364
SDA	10	–	10(100.0)	1	
Education level					
S1	40	04(10.0)	36(90.0)	1	
S2	60	09(15.0)	51(85.0)	1.75(0.97-2.36)	0.114
S3	30	10(33.3)	20(66.7)	2.18(1.63-4.20)	0.027
S4	20	07(35.0)	13(65.0)	3.26(1.88-5.78)	0.084
Education level of the caregiver					
No formal education	23	07(30.4)	16(69.6)	4.63(2.25-7.59)	0.008
Primary	41	11(26.8)	30(73.2)	3.51(1.75-5.29)	0.046
Secondary	54	09(16.7)	45(83.3)	2.48(1.16-3.94)	0.125
Tertiary	32	03(9.4)	29(90.6)	1	
Caregiver's monthly income					
≤500,000/=	39	12(30.8)	27(69.2)	3.98(1.93-6.79)	0.038
500,000-1,000,000/=	84	15(17.9)	69(82.1)	1.40(0.86-2.64)	0.029
≥1,000,000/=	27	04(14.8)	23(85.2)	1	

Bivariate Analysis of Environmental Factors Associated with Early Sexual Debut
Source of sexual information, parental history of substance abuse, personal history of substance abuse and the first sexual partner had a statistically significant association with p-values ≤0.2 and were therefore considered for multivariate analysis (Table 4).

Table 4: Bivariate analysis of environmental factors associated with early sexual debut

Variable	N	Early sexual debut		COR(95% CI)	P-value
		Yes n(%)	No n(%)		
Source of sexual information					
Family /friends	47	04(8.5)	43(91.5)	1	
School	69	16(23.2)	53(76.8)	1.44(0.58-2.09)	0.416
Radio/TV	21	06 (28.6)	15(71.4)	1.87(1.42-3.50)	0.149
Others	13	04 (30.8)	09(69.2)	2.10(1.76-4.25)	0.037
Parental history of substance abuse					
Yes	56	17(30.4)	39(69.6)	3.95(1.69-6.30)	0.002
No	94	13(13.8)	81(86.2)	1	
Personal history of substance abuse					
Yes	24	10(41.7)	14(58.3)	5.28(2.16-7.85)	0.058
No	126	20(15.9)	106(84.1)	1	
The first sexual partner					
Teacher	13	05(38.5)	08(61.5)	4.81(1.98-6.52)	0.094
Classmate	45	14(31.1)	31(68.9)	2.46(1.67-4.29)	0.160
Others	92	11(12.0)	81(88.0)	1	

Multivariate Analysis of Factors Associated with Early Sexual Debut

At multivariate analysis, age, sex, education level of caregiver, caregiver's monthly income, parental history of substance abuse, personal history of substance abuse and first sexual partner were significantly associated with early sexual debut (Table 5).

Table 5: Multivariate analysis of factors associated with early sexual debut

Variable	N	Early sexual debut		AOR(95% CI)	P-value
		Yes n(%)	No n(%)		
Age(years)					
13-14	50	07(14.0)	43(86.0)	1	
15-16	75	14(18.7)	61(81.3)	1.27(0.47-2.80)	0.037
17-19	25	09(36.0)	16(64.0)	2.94(1.10-6.37)	0.015
Sex					
Female	90	20(22.2)	70(77.8)	2.17(1.22-4.91)	0.021
Male	60	10(16.7)	50(83.3)	1	
Education level					
S1	40	04(10.0)	36(90.0)	1	
S2	60	09(15.0)	51(85.0)	1.02(0.58-1.69)	0.059
S3	30	10(33.3)	20(66.7)	1.63(1.08-3.30)	0.073
S4	20	07(35.0)	13(65.0)	2.54(1.41-4.62)	0.196
Education level of the caregiver					
No formal education	23	07(30.4)	16(69.6)	3.12(1.64-6.37)	0.001
Primary	41	11(26.8)	30(73.2)	2.56(1.00-4.56)	0.003
Secondary	54	09(16.7)	45(83.3)	1.37(0.49-2.87)	0.037
Tertiary	32	03(9.4)	29(90.6)	1	
Caregiver's monthly income					
≤500,000/=	39	12(30.8)	27(69.2)	2.47(1.24-5.47)	0.019
500,000-1,000,000/=	84	15(17.9)	69(82.1)	1.14(0.50-2.19)	0.042
≥1,000,000/=	27	04(14.8)	23(85.2)	1	
Source of sexual information					
Family/friends	47	04(8.5)	43(91.5)	1	
School	69	16(23.2)	53(76.8)	0.72(0.31-1.58)	0.267
Radio/TV	21	06(28.6)	15(71.4)	1.20(0.96-3.06)	0.085
Others	13	04(30.8)	09(69.2)	1.79(0.65-3.81)	0.060
Parental history of substance abuse					
Yes	56	17(30.4)	39(69.6)	2.85(1.24-5.17)	0.034
No	94	13(13.8)	81(86.2)	1	
Personal history of substance abuse					
Yes	24	10(41.7)	14(58.3)	4.03(1.37-6.07)	0.005
No	126	20(15.9)	106(84.1)	1	
First sexual partner					
Teacher	13	05(38.5)	08(61.5)	3.71(1.43-5.64)	0.009
Classmate	45	14(31.1)	31(68.9)	1.53(1.02-3.57)	0.010
Others	92	11(12.0)	81(88.0)	1	

DISCUSSION

Prevalence of Early Sexual Debut

Based on the study, the prevalence of early sexual debuts among teenagers was 20.0%. This is higher than 11%, 7%, reported by studies in Indonesia, Brazil, respectively [16, 17]. The differences could be explained by the high income, better socioeconomic status, youth education, gender equity, and youth reproductive health services provided in these countries, which could increase their levels of understanding of the effects of early sexual initiation [18]. The findings of this study are lower than 46.39% in sub-Saharan Africa[19]. The difference may be due to variations in the socio-demographic characteristics of the study participants. The findings

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of the study are comparable to the 17.9% reported in Ethiopia [20]. Additionally, the findings of this study are similar to those of a study in Uganda, which revealed that the prevalence of early sexual debut was 22.6% among female adolescents and 22.1% among male adolescents [1].

Factors Associated with Early Sexual Debut

This study revealed that the factors associated with early sexual debut were age, sex, education level of caregiver, caregiver's monthly income, parental history of substance abuse, personal history of substance abuse, and first sexual partner. Female respondents were 2.17 times more likely to have an early sexual debut compared to males. This premise is in line with a study in Ethiopia that revealed that female participants had two times higher odds of early sexual intercourse than males [20]. This could be explained by the fact that females are more likely to compete with their peers for material possessions, which forces them to engage in unwanted and early sexual activity with older, wealthy people to satisfy their needs. This study observed that respondents with a personal history of substance abuse were 4.03 times more likely to have early sexual intercourse compared to their counterparts. This is similar to a study in Ethiopia that revealed that respondents who chewed khat had seven times higher odds of having early sexual initiation than those who had not chewed khat [20]. Substances cause them to stop thinking about what is good and harmful in that circumstance, which may unexpectedly trigger the start of early sexual activity with the unconscious mind. In the current study, the age of the participants was

significantly associated with their early sexual debut. More of the teenagers above 15 years old were found to have had sexual intercourse early. This is supported by the findings of a study in Uganda [1]. My findings showed that parental substance abuse was a predictor of early sexual debut among teenagers. This finding is supported by another study that revealed similar findings [21]. This may be because parents who abuse substances have little or no time to guide their children. The present study also indicated that low educational attainment among caregivers was associated with early sexual debuts. This is consistent with the findings of a review by Reis et al.[21]. Low educational attainment is an indicator of low socio-economic status, which influences early sexual debuts. Teenagers whose caregivers had low incomes were more likely to have sexual intercourse early compared to their counterparts. This is consistent with a study in Ethiopia that revealed that being from the poorest wealth quintile was associated with early sexual initiation [22]. Additionally, a review in SSA revealed that youth from lower-middle and upper-middle-income statuses were less likely to participate in early sexual activity than youth from lower-income statuses [19]. This could be because upper- and lower-middle-class people have strong health-seeking behavior and awareness of lifestyle variables, in contrast to those from low-income homes who might engage in earlier sexual interactions to acquire money and other benefits.

CONCLUSION

The prevalence of early sexual debuts is high. Predictors of early sexual debut include age, sex, education level of caregiver, caregiver's monthly income, parental history of substance abuse, personal history of substance abuse, and first sexual partner.

Recommendation

Policymakers and health planners should develop programs and strategies to raise awareness among teenagers of early sexual initiation through formal

and informal education while taking into account early sexual initiation and its health consequences. Parents should have a supportive relationship with adolescents in order to encourage open communication with them and strive to meet their fundamental requirements in order to encourage them to put off starting a sexual relationship.

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