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Early Sexual Debut and Associated Factors Among High School Students in Bench-Maji Zone, Southwest Ethiopia: A Cross-Sectional Study

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Abstract

Background: Early initiation of sexual intercourse has been associated with risky sexual behaviors like unprotected sex, sexually transmitted infections, and unwanted pregnancy. Considering and comprehending the factors that are associated with early sexual debut is a center for designing meaningful strategies to tackle its adverse consequences. Therefore, this study aimed to assess the prevalence and factors associated with early sexual debut among high school youths in the Bench-Maji zone, Southwest Ethiopia.

Methods: Facility-based cross-sectional study was conducted among a random sample of 822 high school students in the Bench-Maji zone from15th -30th September 2018. Pretested, self-administered structured questionnaire was used to collect data. Data were analyzed by SPSS version 24. Descriptive statistics were computed. Binary and multiple logistic regression analyses were done. Association was assessed using AOR and its 95%CI. Variable with P-Value less than 0.05 was considered statistically significant.

Results: The prevalence of early sexual debut is 22.1% [95% CI:(19.5,24.9)]. Having knowledge on consequences of unsafe sex[AOR=0.452, 95% CI:(0.306,0.667)], peer encouragement to have sex [AOR=1.487, 95% CI:(1.021, 2.165)], exposure to pornography [AOR=5.979, 95% CI: (4.036, 8.859)] and substance use[AOR=2.225,95% CI:(1.515, 3.270)] were found to be significantly associated with early sexual debut.

Conclusion: The prevalence of early sexual debut was found to be high. Intervention should target the provision of education on sexual and reproductive health issues and the risks of sexually explicit media. Further research and targeted interventions are recommended.

keywords: Early sexual debut, youth, prevalence, factor, students

Introduction

Initiation of sexual intercourse is a normative step in a youth's sexual development. However, early sexual intercourse initiation is problematic [1]. Early sexual intercourse has been associated with risky sexual behaviors like unprotected sex, sexually transmitted infections (STIs), and unwanted pregnancy [2]. Youth that has sexual intercourse at an earlier age tend to lack social, emotional, and cognitive skills that are normally gained with life experiences, including experiences with romantic and sexual partnerships. Additionally, youth have limited knowledge about the risks involved in unprotected sexual intercourse and they are likely to be involved with

multiple sexual partners [3], [4]. The earlier a youth begins sexual activity, the more sexual partners he/she is likely to have during their lifetime. Girls who begin voluntary sexual activity at ages 13 or 14 will have, on average, more than 13 non-marital sex partners during their lives [5]. Though youth is the healthiest period of a lifetime, mortality is high. Among the cause of death HIV/AIDS and risky sex leading to early or unintended pregnancy are some of them. About 16 million girls aged 15 to 19 and some 1 million girls under age 15 give birth every year of which 95% occurs in low- and middle-income countries. Consequently, complications during pregnancy and childbirth occur, which are the second cause of death for 15-19-year-old girls globally. In addition to these 3 million girls aged 15 to 19 undergo unsafe abortions annually. However, mid-adolescents and late adolescents account for a larger proportion of total adolescent pregnancies [6]. Different studies conducted in Africa indicated a higher prevalence of early sexual debut [7]–[10]. In Ethiopia, various studies have also shown a high prevalence of early sexual debut; particularly in youth, it ranges between 20.4% in the Awi zone to 56.9% in Debremarkos [11]–[16]. Young people are most likely to gravitate toward and adapt to the behavior of their peer groups. Peer influences also play through peers' beliefs about sexual behavior, youth beliefs about what his/her peers are doing, and peer support/caring for youth. Quality relationships between adolescents and their parents, especially between mothers and daughters, may help to protect against early sexual initiation [17]. Less parental communication and connectedness were identified as a predictor of early sexual initiation [18]. Early sexual debut carries significant health, socio-economic and psychological hazards, and it can set the patterns for subsequent sexual and other bad behaviors. Under the national Adolescent and Youth Health Strategy (2016-2020), Ethiopia has set a plan of reducing pregnancy-related deaths by 50%, HIV incidence by 75%, and pregnancy rate by 75% among adolescents [19]. Despite the significance of early sexual debut in the different aspects of youth life, no research has been conducted in the study area. Considering and comprehending the magnitude and factors that are associated with the early sexual debut in the study area is a center for improved understanding of sexual and reproductive health problems among youth and designing meaningful strategies to tackle the adverse consequences of youth sexual intercourse. It also strengthens the result of previous studies for the achievement of national goals. Therefore, this study aimed to assess the prevalence of early sexual debut and associated factors among preparatory and high school students in the Bench-Maji zone, South-west Ethiopia.

Methods

Study design and population

A facility-based cross-sectional study was conducted from 15th - 30th September 2018 in the Bench-Maji zone. Bench-Maji zone is located in Southwest Ethiopia. Mizan-Aman, the capital of the zone, is located approximately 580 Km South-West of Addis Ababa. The zone has one teaching hospital, 39 health centers, 222 health posts, and 30 private clinics. It is divided into 11 woredas with a total population of 659,046 [20]. According to the zonal education office, there are 31 government and 2 private high schools. All regular students attending selected secondary and preparatory schools in Bench- Maji zone during the study period were eligible for enrollment.

Sample size and sampling procedure

The sample size was calculated using the single population proportion formula by taking into account: P=20.4% [21], CI=95%, Margin of error =4%, Design effect=2, and 10% non-response rate. A total of 858 students were invited to participate in the study. A multistage sampling technique was employed to select study participants. The schools were stratified into private and government. One private and nine government high schools were selected randomly by lottery method. The sample size for each institution was distributed proportionally. A simple random sampling technique was used to select participants from each section of selected schools.

Operational Definition

Early sexual debut: is defined as an experience of sexual intercourse before age 18 [18].

Pornographic materials: are magazines, books, photographs, and videos intended to sexually arouse the viewer.

Knowledge of the consequences of unsafe sex: able to mention at least one consequence of unsafe sex.

Substance use: use of materials like cigarettes, chat, and shisha to create excessive sensibility that led to sexual activities and related [22].

Data collection

Data on participants' demographic, peer pressure, sexual behavior, parent/guardian communication, sexually explicit media and substance/alcohol use were collected using a pre-

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tested, self-administered structured questionnaire. The data collection tool prepared in English was translated into Amharic and then returned to English to ensure accuracy. Five trained graduate assistants from Mizan-Tepi University were recruited as data collection facilitators. Before the actual data collection, a Pre-test was done on 45 youth in Teklehymanot School and necessary corrections were made to assure the proper wording of the questionnaire and made it straightforward. Detailed information was provided introducing the research study, explaining the purpose of the survey, and providing instructions on how to complete the instrument. Privacy was assured during completing the questionnaire and no personal identifier was used. The principal investigator checked the filled questionnaire for completeness and consistency.

Data Analysis

Data were coded and entered into Epi-info version 7 after it has been checked for completeness and analyzed using SPSS version 24. Descriptive statistics were computed. Bivariate analysis has been done and all explanatory variables with a p-value less than 0.2 were entered into the final multiple logistic regression model. The association between the dependent and the explanatory variables was assessed using AOR and its 95%CI. And p-value of < 0.05 was considered statistically significant.

Results

Data were analyzed from 822 students making a response rate of 95.8%. The mean age of participants was 17.6(2.36). Two-thirds (67%) of the respondents were male. Around three-fourths of respondents(72.1%)were secondary-level pupils. The majority of the respondents (82.5%)attend religious institutions. Eighteen (2.2%) students were married or in a union. A quarter of respondents (24.8%) have a Job for pay/income. Table 1

TABLE 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF HIGH SCHOOL STUDENTS INBENCH-MAJI ZONE, 2018 (N=822)

Variable	Category	Freq.	(%)
2*Age	<18 years	416	50.6
	≥18 years	406	49.4
2*Sex	Male	551	67.0
	Female	271	33.0
2*Education Status	Secondary Level	593	72.1
	Preparatory	229	27.9
2*School Type	Government	788	95.9
	Private	34	4.1
2*Attend Religious Institution	Yes	678	82.5
	No	144	17.5
2*Marital Status	Unmarried	804	97.8
	Married/In-union	18	2.2
2*Job for Pay/Income	Yes	204	24.8
	No	618	75.2

Parental communication and peer pressure

More than two third of respondents (69.5%) were living with both parents. Around one-third of respondents' parents(30.5%) apply an Authoritarian parenting style. Less than half of the respondents (43%) have had discussions with their parents on Sexual and Reproductive Health (SHR) issues. All of them have discussed puberty, 63.1% about pregnancy, and 35.2% about STIs. More than one-third of the respondents (37.1%) were encouraged by their peers to have sexual intercourse. Half of the participants (51%) knew the consequences of unsafe sex. Additionally, 16.3% of the respondents agree that initiation of sexual intercourse during adolescence is natural. Table 2

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TABLE 2
PARENTAL COMMUNICATION AND PEER PRESSURE AMONG HIGH SCHOOL STUDENTS IN BENCH-MAJI ZONE, 2018 (N=822)

Variable	Response	Frequency	Percentage (%)
5*Living with	Both parents	571	69.5
	Mother only	112	13.6
	Father only	56	6.8
	Relatives	44	5.4
	Other*	39	4.7
4*Parenting style (n=739)	Authoritative	224	30.4
	Authoritarian	231	31.3
	Permissive	217	29.4
	Neglectful	66	8.9
2*SRH discussion with parent	Yes	355	43.2
	No	467	56.8
5*SRH topics discussed (n=355)	Puberty	355	100.0
	Opposite sex relationship	159	44.8
	Pregnancy	224	63.1
	STI	125	35.2
	Substance use	182	51.3
2*Encouraged by peers	Yes	305	37.1
	No	517	62.9
2*Knowledge of unsafe sex consequences	Yes	419	51.0
	No	403	49.0
5*Teenage sex is natural	Strongly agree	64	7.8
	Agree	134	16.3
	Disagree	188	22.9
	Strongly disagree	313	38.1
	I don't know	123	15.0

Exposure to pornographic media and substance use

Less than half of the respondents(41.4%)were exposed to pornographic media. The majority of them (88.8%) had first exposure at an age of less than 17. More than one-fourth of them(28.5%) viewed these materials with opposite-sex peers and 22.7% had sexual intercourse afterward. More than one-fourth of the respondents (28%) ever used addictive substances. khat was the dominant substance used (92.6%). Alcohol user accounts for 30.1% of the respondents and 6.1% of the users have had sexual intercourse after alcohol consumption. Table 3.

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TABLE 3
EXPOSURE TO PORNOGRAPHIC MEDIA AND SUBSTANCE USE AMONG HIGH SCHOOL STUDENTS IN BENCH-MAJI ZONE, 2018 (N=822)

Variable	Response	Frequency	Percentage (%)
2*Ever viewed pornography	Yes	340	41.4
	No	482	58.6
2*Age at first exposure (n=340)	<18	302	88.8
	≥18	38	11.2
2*Sex after pornography exposure	Yes	77	22.7
	No	263	77.3
2*Substance use	Yes	230	28.0
	No	592	72.0
2*Type of substance (n=230)	Khat	213	92.6
	Hookah*	17	7.4
2*Alcohol use	Yes	247	30.1
	No	575	69.9
4*Frequency of alcohol use (n=247)	Daily	11	4.5
	Often	64	25.9
	Usually	75	30.3
	Occasionally	97	39.3
2*Sex after substance/alcohol use (n=247)	Yes	15	6.1
	No	232	93.9

Prevalence of early sexual debut

Of a total of 822 respondents, 214(26%) ever had sexual intercourse with a mean age at first sex of 16.6(1.45). Among participants,182(22.1%)had a history of early sexual debut, and Out of those 117(64.3%) were male students. Of those participants who had an early sexual debut, 35(19.2%) participants' first sex was against their will, and 41.6% was with their sexual partner in a relationship. Table 4.

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TABLE 4
SEXUAL BEHAVIOR AND EXPERIENCE AMONG HIGH SCHOOL STUDENTS IN BENCH-MAJI ZONE, 2018 (N=822)

Variable	Response	Frequency	Percentage (%)
2*Ever had sex	Yes	264	32.1
	No	558	67.9
2*Age at first intercourse (n=264)	<18	182	68.9
	≥18	82	31.1
6*Relationship with sex partner (n=182)	Spouse	30	16.5
	In-union	46	25.3
	In relationship	76	41.6
	Prostitute	20	11.0
	Stranger	4	2.2
	Other	6	3.3
2*First sexual experience	With willingness	147	80.8
	Against their will	35	19.2

Factors associated with early sexual debut

Bivariate and multiple logistic regression analyses were conducted to determine factors associated with early sexual debut. It was found that the age of the participant, Type of school students attend, Knowledge of the consequences of unsafe sex, Peer encouragement to have sex, having discussions on Sexual and Reproductive Health issues with parents, Exposure to pornography, Substance use, and Alcohol use were associated in bivariate logistic regression analysis at P-value of 0.2. However, in multiple logistic regression analyses knowledge of consequences of unsafe sex, exposure to pornographic media, ever use of addictive substances, and Peer encouragement to have sex were found to be significantly associated with an early sexual debut. Those students who have knowledge of the consequences of unsafe sex were 54.8% less likely to initiate sexual intercourse before the age of 18 years [AOR=0.45, 95% (CI:0.31-0.67)]. Students who were encouraged to have sex by their peers were two times more likely to have a history of early sexual debut [AOR=1.48 ,95% CI:(1.02-2.16)]. Those Students who have exposure to pornography were five times more likely to experience early sexual debut [AOR=5.98, 95% CI; (4.04-8.86)]. Youths who had ever used an addictive substance were two times more likely to initiate sexual intercourse early [AOR=2.23,95% CI:(1.52-3.27)].Table 5

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TABLE 5
REGRESSION ANALYSIS FOR DETERMINANTS OF EARLY SEXUAL DEBUT AMONG HIGH SCHOOL STUDENTS IN BENCH-MAJI ZONE, 2018 (N=822)

Variable	Category	Yes	No	Crude OR (95% CI)	Adjusted OR (95% CI)
2*Age	<18 years	78	338	1.49 (1.07–2.08)	1.42 (0.97–2.07)
	≥18 years (Ref)	104	302	1	1
2*School type	Government	179	578	0.18 (0.05–0.57)	0.31 (0.09–1.08)
	Private (Ref)	3	31	1	1
2*Knowledge of unsafe sex	Yes	126	293	0.38 (0.26–0.53)	0.45 (0.31–0.67)**
	No (Ref)	56	347	1	1
2*Peer encouragement	Yes	90	215	1.93 (1.38–2.70)	1.49 (1.02–2.16)*
	No (Ref)	92	425	1	1
2*SRH discussion with parents	Yes	92	263	0.68 (0.49–0.95)	0.84 (0.57–1.21)
	No (Ref)	90	377	1	1
2*Exposure to pornography	Yes	139	201	7.06 (4.82–10.33)	5.98 (4.04–8.86)**
	No (Ref)	43	439	1	1
2*Substance use	Yes	85	145	2.88 (2.03–4.07)	2.23 (1.52–3.27)**
	No (Ref)	97	495	1	1
2*Alcohol use	Yes	78	169	2.09 (1.48–2.93)	1.15 (0.71–1.74)
	No (Ref)	104	471	1	1

Discussion

Early sexual debut is a critical public health issue that affects the health, educational, social, and economic future of in-school youths. This facility-based cross-sectional study attempted Lto assess the prevalence and factors associated with an early sexual debut. In this study, the prevalence of early sexual debut among secondary and preparatory students is 22.1% (95% CI: 19.5, 24.9). This is comparable with a study in Gondar town [15] and Awi zone [21].On the other hand, it is lower than a study in Addis Ababa [16]. The possible explanation can be the difference in the characteristics of study participants. The majority of youths have been exposed to pornographic material in Addis Ababa which might be contributed to the higher prevalence of early sexual debut. It is also lower than a study in Tigray [12] and Ambo [23]. The variation can be due to differences in the sociodemographic characteristics of participants. The prevalence of early sexual debut in this study was found to be higher than in a study in Nigeria [9]. This might be due to age variation among participants. The mean age of participants was higher than a study in Nigeria(17.6 ± 2.36 Vs 14.9 ± 1.73) and it is comparable with the mean age at first sexual intercourse in Ethiopia [24]. That might contribute to a higher prevalence of early sexual debut. Peer encouragement to have sexual intercourse was found to be significantly associated with early initiation of sex among secondary and preparatory students. It is in line with a study in Woldia [15]. This is possibly explained by the fact that peers enforce traditional sexual scripts for sexual behaviors during adolescence [25]. In addition, adolescents seek peer acceptance by performing their advice without considering its consequence. Knowing the adverse outcomes of unsafe sex has protected students from initiating sexual intercourse before the age of 18 years. This finding is supported by another study [26]. This indicated the need for comprehensive health education on the consequences of unsafe sex which encourage and guide youth to make the correct decisions about their sexuality. Those students who had ever used addictive substances were more likely to engage in early sexual debut. It is in line with a study done in Addis Ababa [16], Tigray [12], and Gamo Gofa [27]. This can be explained by the effect of addictive substances. Substance users may not be able to make rational judgments and predict the serious consequences of their actions. Thus, they could engage in risky situations and get motivated to have early sexual initiation [25]. Another factor associated with early sexual debut was exposure to pornographic media. Students who were exposed to pornographic media were more likely to initiate sexual intercourse early. This is supported by different studies [12], [15], [16], [28]. This can be due to the social learning theory where young people learn about sexuality by observing others depicted in the media and are encouraged to practice it. The physiologic and psychological sexual stimulation effects of pornographic materials possibly explain the association.

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Limitation

The topic addressed sensitive issues related to sexuality which might result in underreporting of some behaviors. As this study was conducted among in-school students, the finding might not be representative of out-of-school youths.

Conclusion

Early sexual debut among preparatory and high school students was found to be high in this study. Intervention should target advocating the provision of information on the consequences of unsafe sex, the risk of substance use, and sexually explicit media. Empowering youths to be selective in their watching and criticizing literature/movies idealizing sex need to be emphasized. Further research and targeted interventions are recommended.

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from Mizan-Tepi University Ethical Review Committee. A cooperation letter was submitted to selected schools. The objectives, benefits, and risks of the study were explained, and written informed consent was obtained from all respondents aged 18 years and above, and from parents or guardians for participants under 18 years. Confidentiality of participants was strictly maintained.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

NDB and LGL contributed to the study conception, design, and data collection. NDB, LGL, and BFW performed data analysis and interpretation. EAW contributed to manuscript revision and interpretation. All authors read and approved the final manuscript.

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Consent for publication

Not applicable.

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