



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 10, Issue, 05, pp. 35677-35680, May, 2020

<https://doi.org/10.37118/ijdr.17085.05.2020>



RESEARCH ARTICLE

OPEN ACCESS

RISK FACTORS OF PREMARITAL SEX AND MANAGEMENT OF THE OUTCOME AMONG ADOLESCENT YOUTHS IN KADIBO DIVISION, NYANDO SUB-COUNTY-WESTERN KENYA

*Ivy Akinyi and George Ayodo

Department of Public Health, School of Health Sciences, Jaramogi Oginga Odinga University of Science and Technology, P.O. Box 210-40601, Bondo, Kenya

ARTICLE INFO

Article History:

Received 06th February, 2020

Received in revised form

08th March, 2020

Accepted 11th April, 2020

Published online 25th May, 2020

Key Words:

Premarital sex.

ABSTRACT

The premarital sex results in unwanted pregnancies, increased risk of HIV and sexually transmitted infections, abortions and deaths. A recent estimate by WHO shows that globally 60% of young women and 45% of youthful men have had sex before the age of 18 years. In Kenya, premarital sex is reported among adolescents at the age of 12 to 23 years. However, the prevalence and risk factors are poorly understood in peri-urban settings. In addition, the capacity to manage the outcome has not been investigated. This study adopted descriptive cross sectional study design and established the prevalence of premarital marital sex, knowledge of risk factors and also evaluated the ability to manage outcome among 407 adolescent youths in secondary schools in Kadibo Division, Nyando Sub County western Kenya. The study shows a high sex prevalence of 50.83%. On the knowledge of the risk factors, the adolescent youths are significantly aware of the risk factors that make them engage in premarital sex. Specifically, 88.5% agreed that poor socioeconomic status as a major risk factors. The study further shows the adolescent youths do not have adequate knowledge on the management of outcomes of premarital sex with 62% admitting to using unacceptable means such as abortion, running away from home and not knowing what to do. The findings of the study show high prevalence of premarital sex and also provide some critical insights on potential risk factors that need immediate intervention. It further shows poor preparedness of adolescents to manage the outcome of premarital sex. It therefore calls for policy makers advocacy groups come up with educational and counseling programs that are geared towards empowering the adolescent youths.

*Corresponding author: *Dalila Camêlo Aguiar*

Copyright © 2020, Ivy Akinyi and George Ayodo. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Ivy Akinyi and George Ayodo. "Risk factors of premarital sex and management of the outcome among adolescent youths in kadibo division, nyando sub-county-western kenya", *International Journal of Development Research*, 10, (04), 35677-35680.

INTRODUCTION

According to WHO (2017), about 60% of young women and 45% of youthful men have had sex before the age of 18 years. Moreover, there is an estimated 12-14 million pregnancies among teenagers that take place in sub-Saharan countries (WHO, 2017). In Kenya, early sexual activities among teenagers occur between the ages of 12-17 years (Kim & Lee, 2012). The high prevalence has both social and health impacts to the lives of the adolescents. The effects include increased risk of HIV and sexually transmitted infections, unintended pregnancies, abortions, increased risk of papilloma virus among others. In 2007, about 45% of all HIV infection did occur among youths between the ages of 15-25 years in Kenya (Kim & Lee., 2012). In Kenya, premarital sex is reported in as early as 12 to 23 years (WHO, 2017). Reports of a study conducted by the United Nations revealed that teenagers are at the greatest risk of getting HIV/AIDS and sexually transmitted infections (WHO, 2017). There is need to understand premarital sex debut. According to the Kenyan Constitution,

any person who is below 18 years is considered a minor. When a child >18 years has a sexual experience, then we refer to it as an early sex debut. However, in this study, we focused on standard sex. There are significant studies that have documented the risky behaviors that characterize sexually active among adolescent youths. The existing literatures also focus on some of the community and individual factors that determine the risks of adverse sexual health outcomes. They include economic activities, parenting, and peer pressure, type of school and alcohol use among others. However, the factors differ from one community to another. For instance, some of the correlates that propagate early sexual debut in the developing world are distinct from those in the African context. The role of social media in the propagation of the sex debut is another factor that requires adequate examination. The current study focused on the prevalence and knowledge on risk factors concerning premarital sex in Kadibo Division. It also sought to establish the capacity of the adolescent youths to manage the outcome of premarital sex.

METHODOLOGY

The study site: The study was conducted among adolescent youths in secondary schools in Kadibo Division, Nyando Sub County, which is one of the largest informal settlements in the Kisumu County in Western Kenya. It has a population of 119400 people. There are 17 public secondary schools with a population of 4933. It is an area that is endemic for major life challenges, including poverty, teenage pregnancies and school drop outs due to its peri-urban setting.

The study design: The cross sectional descriptive research design was used in this study.

Sampling and data analyses: The sample population was 407 adolescent youths obtained through proportionate sampling. 17 guidance and counselling teachers who were the key informants were obtained through purposive sampling. The data were collected using semi structured questionnaires administered to the respondents. The descriptive data analysis for the quantitative data was performed using the Statistical Package for Social Sciences (SPSS Version. 21.0) and summarized using frequency and percentages and then presented in form of tables and graphs. The qualitative data from the key informants were subjected to thematic analysis.

Ethical approval: Ethical approval for this study was sought from Institutional Research Ethics Committee, NACOSTI and administrative approval from the Ministry of Education in Kisumu County that gave informed consent for the respondents who were adolescent youths in the Public secondary schools. The respondents were assured of anonymity and confidentiality.

RESULTS

Demographic characteristics: The females were 50.8% (184) while the males were 49.2% (N=178). The majority of the respondents 67.1% (N=243) were aged 17-19 years. Form fours were the majority of the respondents standing at 29.4% (N=108) while form threes were the lowest at 16% (N=58). Among the respondents, Protestants were the majority 27.3% (N=99) and 52.8% (N=191) of the respondents noted that they stay with both the father and the mother. Only 1.5% (N=4) stay with non-relatives (Table 1).

Prevalence of Premarital sex: The findings show that 51.4% (N=184) admit that they have engaged in sexual activity while 49% (N=178) say they have not. The prevalence of premarital sex is thus 51.4% in Kadibo Division Nyando Sub County.

Knowledge of risk factors: The Table 2 shows the extent to which adolescent youths have knowledge of risk factors that lead to premarital sex. Majority of the respondents 61.05% (N=221) agree that poor socioeconomic status is a key risk factor that predisposes them to premarital sex. This is an agreement to KII-17. In his response he says "Poverty is the major reasons why many learners, especially girls get involved in premarital sex, they get men who can buy them sanitary towels and give them small pocket money". Also, the majority of the respondents 88.5% (N= 322) agree that boda boda men account for the involvement of learners in premarital sex. This is supported by KII-10 who says that "Many girls have fallen prey to Boda boda men because of small monies they

give them". The respondents 65.19% (N=223) further show that Gang involvement in sex also exist and this a predisposing factor. This is supported by KII-2. He says "There are mabati video halls all around us. Many learners go there to watch football. However, they end up watching pornography and engage in sex with the men in the places". Majority of the Respondents 70.72% (N=256) also agree that a little education with limited exposure make them prone to premarital sex.

Table 1. Demographic characteristics of the respondents

	N	%
Gender		
Male	178	49.2
Female	184	50.8
Total	362	100
Age Bracket		
>13	13	3.6
13-14	38	10.5
15-16	68	18.8
17-19	243	67.1
Total	362	100
Class		
Form 1	96	26.5
Form 2	100	27.6
Form 3	58	16.0
Form 4	108	29.9
Total	362	100
Religion		
Catholic	186	51.4
Muslim	9	2.5
Protestant	99	27.3
No Religion	68	18.8
Total	362	100
Who do you stay with		
Both Parents	191	52.8
Father only	18	4.9
Mother only	66	18.2
Relative	82	22.7
Non relative	5	1.4
Total	362	100

Capacity to manage pre-marital outcomes: Figure 2 shows that the majority of the respondents, 62% (N=198) noted that most adolescent youths drop out of school upon learning that they have an outcome of premarital sex such as pregnancy. 12% (N=39) considered abortion. This is quite high compared to only 2% (N=10) who admitted that most of their friends consulted their parents after becoming pregnant.

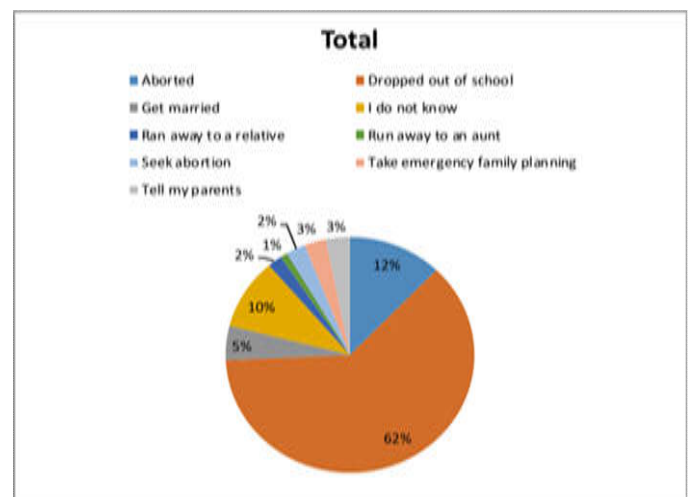


Table 2. Knowledge of risk factors

Statement		1 Disagree	2 Neutral	3 Agree	Total
Education level determines sex involvement	N(%)	76(20.99)	30 (8.29)	256(70.72)	362 (100)
Boda boda men take Advantage of learners		22(6.08)	18(4.97)	322(88.95)	362(100)
Premarital sex leads to pregnancy that causes girls to drop out		92(25.41)	46(12.71)	224(61.88)	362(100)
Pornography makes youth engage in sex		261(72.3)	25(6.93)	75(20.78)	361
Lack of confidence makes you engage in premarital sex		163(45.4)	28(7.8)	168(46.8)	359(100)
Many of my friends have engaged in premarital sex		183(50.55)	48(13.26)	131(36.19)	362(100)
Gang involvement in sex occur at the local video rooms		97(26.8)	29(8.01)	236(65.19)	362(100)
Young people have a complacent attitude towards premarital sex		206(57.22)	79(21.94)	75(20.83)	360(100)
Local media channels encourage youth to try out sex		184(50.83)	53(14.64)	125(34.53)	362(100)
Low Socioeconomic status make the youths engage in premarital sex		99(27.35)	42(11.6)	221(61.05)	362(100)
Absence of parents and their guidance make youths engage in premarital sex		209(57.89)	35(9.7)	117(32.41)	361(100)
Lack of sleeping space/mixed sleeping in the house make youth engage in sex		294(81.22)	2(0.55)	66(18.23)	362(100)

DISCUSSION

A majority of the adolescent youths (50.83%) admitted being engaged in premarital sex and levels is slightly lower than the findings of a similar study that was carried in coast province, Kenya (Wanjiru, 2012). The study reported a prevalence of premarital sex as 61.8% with the average age of sexual debut standing at 16.14 years (Wanjiru, 2012). The findings suggest high sexual prevalence in Kenya and signify the need to know the risk factors that may be regionally specific. Economic activities have been attributed to premarital sex and is evident in Coast areas in Kenya that embrace flashy beach life that has often been blamed for enhancing premarital sex (Wanjiru, 2012). On the other hand, the site of this study is a peri-urban zone with flashy town lifestyle by Boda boda operators. A Similar study was recently carried out by Seifu, Abdissa & Mesfin (2017) in Ethiopia. The findings were quite contradictory. The sexual prevalence was 25.7% with the mean of first sexual intercourse at 16.9+- 2.7years. The difference can be attributed cultural dynamics that distinguish Kenya and Ethiopia. Ethiopia is a nation with strong cultural orientation especially for the girls. Despite the differences, one similarity cuts across the three studies, the age of first sexual encounter averages at 16 years. The findings reveal that adolescent youths are aware of some risk factor, but some appear very ignorant. For instance, majority of them agreed that poor socioeconomic status, lack of self-confidence, peer pressure, funeral ceremonies are risk factors that predispose them to premarital sex. This finding echo the results of a study that was carried out by Santelli et al., (2010). In the study, they sought to examine the relationship between socioeconomic status, family structure and sexual behavior.

The findings revealed that adolescent youths who came from families of low socioeconomic status were at risk of getting involved in sexual incidence compared to those of higher socioeconomic status. Evidently, sexual involvement, especially among girls is orchestrated by the need to meet daily needs (Kim & Lee, 2012). Further, in a study done by Uche & Oyediran (2010), the findings reveal exposure to media and poverty as the major risk factors. There is a slight difference because this study emphasizes media exposure as a major risk factor while adolescent youths in the current study did not view it as a risk factor. The disparity stems from setting of the study. Kadibo division is peri-urban hence limited availability of media that characterize town setting. Lack of confidence, peer pressure have strongly been echoed in a case control study by Hallmark (2007). In examining the personal and environmental factors associated with premarital sex, Hallmark (2007) found a lack of confidence to resist peer

pressure, low socio-economic status as crucial elements that promoted premarital sex. Majority (62%) of the adolescent youth did not have the capacity to manage the outcome of premarital sex. In particular, most of the responded preferred aborting, running away, silence as means of management of the outcome. This is however different from the findings of a study in Côte d'Ivoire by Babalola et al. (2005). The study examined how the knowledge of the premarital sex and risk factors made most of the youths develop measure on how to deal with the situation. The findings showed that the discourse of trust and fidelity has been on the rise. Youths share their challenges only to the people that they trust. There are also youths who have sought to abstain from premarital sex. Similarly, the difference emanate in a study done in Malaysia where Islam is the original religion (Babalola et al., 2005). It sought to examine coping strategies after of the consequences of premarital sex. The findings of the study did conclude that there was a significant relationship between coping strategies and the moral values among the adolescents. The results of the study implied that sex education was vital in preventing premarital sex. The adolescent youth would thus hold on moral values that would help them abstain from sex. Self-respect and esteem were thus vital coping strategy acquired through assertive training. The difference emanate from the fact that these two nations(Ethiopia and Burkina Faso) exhibit strong moral values orchestrated by religion and thorough public education on capacity to manage outcome being carried out on the teenagers. However, the current study fails to consider the role of cultural background in enhancing moral values. Consequently, it cannot give a vivid picture of how the societal culture influences sexual behaviors in the community.

Acknowledgement

We are grateful to the study participants and supervisors of the first author. This study was carried out as part of Corresponding Author's Thesis in partial fulfillment of the requirements of her Master of Science degree program of Jaramogi Oginga Odinga University of Science and Technology

REFERENCES

- Babalola S, Tambashe BO, Vondrasek C. 2005. Parental factors and sexual risk-taking among young people in Côte d'Ivoire. *Afr J Reprod Health*. 9:49-65.
- Hallman, K. 2007. *Socioeconomic disadvantage and unsafe sexual behaviors among young women and men in South Africa*. The Population Council, Inc, South Africa

- Kim, J. and Lee, J. 2012. Early Sexual Debut and Condom nonuse among adolescents in South Korea. *Sexual Health*.9, 5 1-15
- Ministry of Education, Nyando Subcounty. 2016. *Statistics*. Pdf
- Santelli *et al.*, 2010. Teen Fertility in Pregnancy: Recent and Historic Trends in the US. *Annual Review of Public Health*, 31, 371-383
- Seifu, Abdissa & Mesfin 2017. Premarital sexual practices, Consequences and Associated Factors among Regular Undergraduate Female Students in Ambo University, Oromia Regional State, Central Ethiopia, 2015. *Health Science Journal* 11(1), 45-77
- Uche, C. I. and Oyediran, A.K. 2012. *Household Socio-economic Status and Sexual Behavior*. Centre for Development and Population Activities. Abuja, Nigeria
- Uche, C. I. and Oyediran, A.K. 2012. *Household Socio-economic Status and Sexual Behavior*. Centre for Development and Population Activities. Abuja, Nigeria
- Wanjiru, L. 2012. Factors influencing early sexual debut among 15-24 year old female youth in Coast Province, Kenya. *Journal of Biosocial Sciences*, 15(32), 1-55
- WHO 2017. *Sexual Health*. Retrieved on 23rd September 2019 from <https://www.who.int/reproductivehealth/topics/linkages/en/>
