Factors affecting risky sexual behavior of participating adolescents of the ENSACA/UNICEF ADOKITS Stepdown/Rollout Program

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Abstract

Adolescents and young adulthood are periods of development and change involving experimentation and adaptation of new roles and behaviors. The Adolescents Kits ADOKITS Program by Enugu State Agency for the Control of AIDS (ENSACA) kin partnership with United Nations Children Fund (UNICEF) is a training of adolescents on several innovations, skills and competencies that help them to cope with stressful circumstances, build healthy relationships, and engage positively with their communities. To assess factors (sexual abuse, gender and peer influence) that affect adolescents' risky sexual behavior. The study population was adolescents from communities and Local Government Areas hosting the ENSACA/UNICEF ADOKITS Program. It was a cross-sectional study. One hundred and thirty-eight (55.4%) of respondents did not practice risky sexual behavior while 28 (11.2%) of respondents practiced high-risk sexual behaviors. A statistically significant relationship exists between sexual abuse, gender; peer pressure and risky sexual behavior p=0.007. Sexual abuse, gender and peer pressure all strongly contribute to sexual risk behavior. There is a need to emphasize continued enlightenment, health education and awareness creation on sexual/ reproductive health among adolescents such as the UNICEF/ENSACA ADOKITS program pursues.

Introduction

Adolescence is a developmental stage with increased risk-taking behaviors that contribute to negative sexual health outcomes.[1,2] Adolescents and young adulthood are periods of development and change. It involves experimentation and adaptation of new roles and behaviors.

Risky sexual behaviors are considered as sexual behaviors that increase the chance that a person engaging in sexual activity with another person infected with a sexually transmitted infection will be infected, or become pregnant, or make a partner pregnant. Sexual risk behaviors include but are not limited to sex without condom use, oral sex, anal sex, having multiple sexual partners, having a high-risk partner, early sexual debut, and sex with a social sex worker.[3]

Adolescents' and young adults' sexual risk behaviors have consequences on health, academic outcomes and social well-being. It exposes them to Human Immunodeficiency Virus (HIV) infection in addition to other Sexually Transmitted Infections (STIs). It can lead to unplanned pregnancy, early marriage, and family and societal rejection. It can also lead to gender-based violence, drug use and other social vices.

In 12 countries of sub-Saharan Africa, Nigeria included, at least 10% of those aged 15 to 49 are estimated to be infected with HIV.[4] The majority of new infections there are among young people aged 15 to 24. Adolescent girls accounted for three quarters of all new HIV infections among adolescents. Nigeria's

HIV/Acquired Immunodeficiency Syndrome (AIDS) prevalence following the National AIDS Indicator Impact Survey (NAIIS) in 2018 is 1,4%.[5]

Globally, the average age at which young people begin to have sex has steadily decreased. There is an increase in the risk of unplanned pregnancy, HIV infection and other STIs.[6]

Misconception about HIV/AIDS is widespread among young people. Over 100 million new STIs, excluding HIV, occur each year among young people younger than 25. The majority of these infections do not produce symptoms or signs especially in females.[4] Awareness of the existence and transmission of these infections, including HIV, is important among adolescents.

STIs are associated with an important psychological and social burden. Individuals who have been diagnosed with STIs reported shame, anxiety, embarrassment, isolation, fear of rejection, and fear of not being sexually desirable.[7]

These are exactly what ADOKITS attempts to attend to. ADOKITS in fact is the training of adolescents on several innovations, skills and competencies. It aims to bring about positive change in adolescents' lives through arts and innovation. The activities offer adolescents the chance to express themselves, experiment, solve real problems, and explore new ideas. In the process, adolescent girls and boys develop key competencies and new skills that help to cope with stressful circumstances, build healthy relationships, and engage positively with their communities.[8] Furthermore, the kit promotes the adolescent circles approach, which involves bringing groups of girls and boys ages 10–18 together in a safe space on a regular basis to have fun, cope with difficult experiences, learn, and work together. It draws from good programmatic approaches in psychosocial support, life skills education, child protection, social cohesion and peace-building.[8]

In this setting the study was conducted with the research questions in mind as the the pattern of sexual risk behaviors of the adolescents; the relationship between gender and sexual harassment/abuse, and the relationship between peer influence and sexual risk behavior of these adolescents involved in the UNICEF/ENSACA ADOKITS Rollout Program in Enugu State.

The research objective was to assess their sexual risk behaviors while specifically identifying the relationship between sexual abuse/ harassment and gender, as well as the role of sexual abuse, gender, and peer influence on the adolescent's indulgence in risky sexual behavior.

Materials and Methods

Study area

The study was carried out at the UNICEF/ENSACA Adolescent KITS (ADOKITS) Rollout Program which was held in two Local Government Areas (LGAs) of Enugu East and Enugu North, in four communities (two communities per LGA). Enugu State in the South Eastern part of Nigeria has 17 LGAs. The literacy level is about 70%.[9,10]

Study design

The study was a cross-sectional descriptive study of sexual risk behaviors.

Study population

The participating adolescents in the UNICEF/ENSACA ADOKITS Rollout in Enugu State served the study population.

Inclusion criteria

Adolescents who were part of the ADOKITS Rollout and who consented to participate in the study.

Exclusion criteria

Adolescents who were part of the ADOKITS Rollout and who did not consent to participate in the study.

Sample size estimation

The sample size was calculated using the statistical formula:[11]

$$N = \frac{[\ Z^2\ P\ (1\text{-}P)]}{D^2}$$

Where:
N = minimum sample size
Z = standard score at 95% confidence level which is 1.96
P = prevalence rate from previous studies which is 17.9%. [12]
D = margin of error tolerated 5%.

The sample size was calculated using the prevalence of sexual risk behavior accessed by the number of sexual partners in a study done among undergraduate students in Southeast Nigeria in which a prevalence of 17.9% was obtained.

$N = (1.96)^2 \times 0.179\ (1 - 0.179) / (0.05)^2$
$= 0.565 / 0.0025$
$= 226$

An additional 10% of the minimum sample size will be added to make for non-response.

10% of 226 = (10/100) x (226)
= 22.6
22.6 + 226 = 248.6

To make room for more invalid responses and to improve accuracy, we worked with a sample size of 260.

Sampling method

Sampling was essentially multi-stage. The two LGAs involved in the UNICEF/ENSACA ADOKITS Stepdown Training were purposively (convenience sampling) selected for the study. Stratified Sampling Method was employed to spread the data collection equally across the four communities in the two ADOKITS participating LGAs. Each Local Government had 130 respondents and each community had 65. Participating adolescents in each community and LGA of the Rollout were randomly selected until the sample size was achieved.

Data collection

The tool for data collection was a pre-tested structured, self-administered questionnaire shared with the selected consenting adolescent participants. The structured questionnaire was self-administered and designed by the researchers, adapted from similar studies on sexual risk behaviors.

Data analysis

The data were analyzed using the Statistical Package for Social Science Software (SPSS) program version 25. Data were summarized using frequency tables and charts, means and standard deviations. Statistical associations were tested using Pearson's chi-

square. A p-value of <0.05 was set as a criterion for establishing statistical significance. Chi-square test was used to test the relationship among factors that affect sexual risk behaviors.

Results

A total of 260 questionnaires were given out, with 249 questionnaires retrieved; this translates to a response rate of 95.8%.

The analysis shows that 106 (42.6%) fell within the 10-12 age group, 96 (38.6%) within the 13-15 age group, and 47 (28.8%) are aged above 15. There were 182 (73.1%) male respondents and 67 (26.9%) female respondents; 242 (97.2%) respondents were Christians, with the majority (50.6%) of Catholics. About 151 (60.6%) respondents have both parents as primary caregivers.

In Table 1 we see a statistical significance between sexual abuse and gender, as well as sexual harassment and gender.

As seen in Table 2, sexual risk behavior was graded into no risk, moderate risk, and high risk. A significant majority of the respondents, 138 (55.4%), fell in the no-risk category of the sexual risk behavior score. However, 28 (11.2%) respondents were within the high-risk sexual risk behavior score.

In Table 3, it is seen that peer influence does play a huge role in the sexual risk behavior of adolescents. In fact, the study proves a statistically significant relationship between peer influence and sexual risk behavior (p<0.001).

Finally, Figure 1 presents the frequency of respondents who were sexually abused and those who were sexually harassed. It

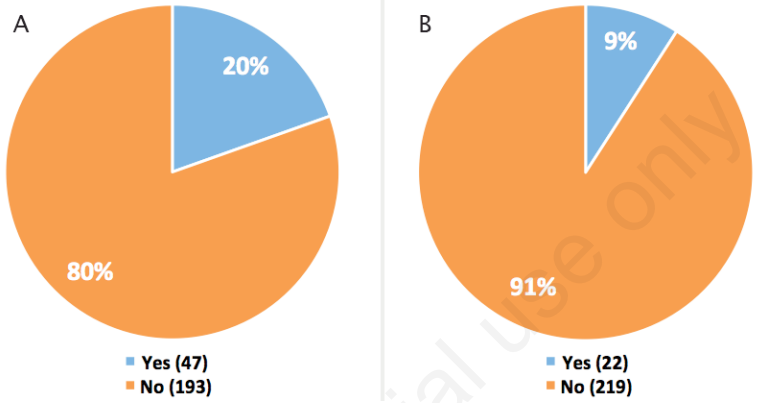

Figure 1. A) Respondents who have been sexually harassed *vs* B) those who have been sexually abused.

Table 1. Relationship between gender and respondents who were sexually abused and harassed using cross-tabulations and Chi-square.

Variables	Values	Gender		Chi-square	p-value
		Male (%)	Female (%)		
Have you ever been sexually harassed?	Yes	28 (15.4%)	19 (28.4%)	6.149	0.046
	No	146 (80.2%)	47 (70.1%)		
	Total	182 (100.0%)	67 (100.0%)		
Have you ever been sexually abused?	Yes	10 (5.5%)	12 (17.9%)	9.953	0.007
	No	165 (90.7%)	54 (80.6%)		
	Not sure	7 (3.8%)	1 (1.5%)		
	Total	182 (100.0%)	67 (100.0%)		

Table 2. Sexual Risk Behavior (SRB) score of the respondents.

SRB score	Frequency (N=249)	Percentage (%)	Remark
0	138	55.4	No risk
1-3	83	33.3	Moderate risk
4-10	28	11.2	High risk

Table 3. Relationship between peer influence and Sexual Risk Behavior (SRB) score.

Variables	Values	SRB score				Chi-square	p-value
		No risk	Mod. risk	High risk	Total		
Peer influence	Yes	2(8.3%)	17 (70.8%)	5 (20.8%)	24 (100.0%)	24.003	<0.001
	No	136 (60.4%)	66 (29.3%)	23 (10.2%)	225 (100.0%)		

shows that among the respondents studied, 47 (20%) have been sexually harassed, while 22 (9%) have been sexually abused.

Discussion

The study reveals a statistically significant association between sexual abuse and gender. Twenty-two students, which represent 9% of the students in this study reported ever being sexually abused; 10 (5.5%) were male and 12 (17.9%) were female. This result is consistent with that of a study done at the University of Nairobi which reported 6% of respondents ever being sexually abused with 9 (5%) male and 11 (17%) female.[13]

Interestingly also, there was a statistically significant relationship between sexual abuse and sexual risk behavior. However, no significant association between sexual harassment and risky sexual behavior was established. This study shows that those who have been sexually abused are more likely to engage in risky sexual behavior than those who have not been. Sometimes the reasons for this may not be farfetched and sometimes include reasons like "what again do I have to lose?', "after all, the worst has already happened" *etc*.

Furthermore, in this study, 138 (55.4%) respondents did not practice sexual risk behaviors while 28 (11.2%) respondents practiced high-risk sexual behaviors. This result is similar to the findings in a study done in South Western Ethiopia where about 189 (75.9%) respondents expressed awareness of risky sexual behavior which in turn informed their disposition to be wary of it.[13]

It is worthy of note that certain social factors have been found to be associated with sexual risk behaviors. In this study, peer influence stands out; peer influence is associated with sexual risk behaviors with $p<0.05$. Peers have the potential to contribute to the engagement in risky sexual behavior.[15]

A lot of young people want to be like their peers, and favorably compete with them in activities/things they believe are in vogue resulting in peer pressures even for inherently negative things. This stand is emphasized in other studies which recognize peer influence as the prime driver of risky sexual behaviors such as a study carried out among female school students in Lagos[15] and another one in Malaysia[16] which reported curiosity as the driving force for sexual initiation and engagement in risky sexual behaviors.[17]

Limitations

The adolescents involved in the ADOKITS Program in one community/LGA did not meet up with the population needed to achieve the sample size. To circumvent this challenge, however, the study was stratified across the different communities/LGAs involved in the ADOKITS Program in Enugu State.

Conclusions

Sexual abuse, gender and peer pressure all strongly linked to/significantly contribute to sexual risk behavior.

Recommendations

The need for continued enlightenment, health education, and awareness creation on sexual/reproductive health among adolescents as the UNICEF/ ENSACA ADOKITS program pursues cannot be overemphasized.

More studies to understand the factors that underlie adolescents'/young people's predispositions and perspectives as concerns sexual and reproductive health is to be encouraged.

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