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Casual sex-debuts among female adolescents in Addis Ababa, Ethiopia

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Abstract

Background: In the era of HIV/AIDS epidemic understanding the nature of sexual debuts among female adolescents is critical in developing effective preventive strategies.

Objectives: The objectives of the study were to investigate the specific age at sex-debuts, to identify the specific reasons for sex-debuts, and to examine the self-restraining capability of female adolescents.

Methods: A self-administered questionnaire survey was conducted among sexually active adolescent females in Addis Ababa,.

Results: A total of 354 sexually active female adolescents (aged 15 to 19 years) completed the self-administered questionnaire, of which 29% had planned sex while the remaining 71% reportedly had casual sex. Moreover, 22% reported ever use of condoms, while 24% admittedly experienced abortion. With the average age at sex debut (Mean = 16.7 years, SD=1.7), the respondents initiated sex as early as 11 years. Some of the reasons for sexual debut were identified, with 'maintaining relation with male partner's (51%), 'for the sake of passionate love'(45.8%), and 'to overcome loneliness' (40%) as the three most important reasons. Regarding self-restraining capacity, the majority of the respondents (75.4%) indicated that they had 'little or no control over' their sexuality in the face of sexual advances made by male partners.

Conclusion: Efforts must be strengthened to empower young female adolescents to protect themselves from sexual exploitations. [*Ethiop. J. Health Dev.* 2001;15(2):109-116]

Introduction

For many, adolescence is a time to begin to experiment with sex (1, 2). In the course of such experimentation, adolescents often encounter high-risk situations, such as contracting STD/HIV/AIDS (3), and often experience unintended pregnancy and illicit abortions. For some portion of the youth, adolescence is characterized by recklessness, risk seeking, sexual and drug experimentation, and lower perception of vulnerability to the adverse consequences of the above risk-behaviors (4). In spite of being in a transition period from childhood to adulthood (2), young adolescents in Ethiopia are often expected to engage in sexual encounters, and even in some cases, to initiate families of their own (5,6).

Premarital sexuality, which is characterized as being unanticipated, unpredictable, inconsistent with values, and personally uncontrollable (7), is becoming a common feature among adolescents (8,9,10). Often such sexuality results in the curtailment of career prospects and a greater likelihood of educational disadvantages for the adolescent girl (11,12,13,14), in addition to the pregnancy related complications.

Reviews of reports in Ethiopia suggest that adolescent sexuality has been the subject of investigations by many researchers in different cultural contexts (8,9,10,15,16,17,18,19). Some addressed adolescent sexuality in terms of the frequency of sex and the number of sex partners, while others in terms of the frequency of unprotected sex. Still others examined it in terms of the use or nonuse of condoms, with quite few of them (10,17,18) addressing out-of-school-youth. Previous studies reported scores of sociodemographic correlates of premarital sexuality, although little has been reported regarding the psychosocial correlates. Furthermore, several researchers have widely reported that the youth is knowledgeable about the mode of acquiring STD/HIV/AIDS as well as the prevention of unintended pregnancy, although they did not practice safe sexuality (8,9,10,19), for instance. Despite the knowledge about the gravity of the danger associated with unprotected sex, the prevalence of high-risk sexual behaviors among well-informed adolescents might insinuate the presence of other factors that are not accounted for in those reports. The self-restraining capability (defined here as the ability to say 'NO' to sexual advances made by male partners) among female adolescents constitutes an instance of such psychosocial variables particularly addressed in the present study. Thus, the present study is an additional discourse to advance local knowledge pertaining to the motivational nature of 'adolescent sexuality', however much spontaneous and unpredictable (7) it may be. The specific aims of the study are to investigate (1) the specific age at sex-debut, (2) the self-reported reasons for *sex-debut*, and (3) the *self-restraining* capability of female adolescents.

Methods

Procedures and participants

The study was conducted in the northern district of Addis Ababa City. The survey was undertaken in October of 1998, as part of the NUFU's (Norwegian Council of Universities for Research and Development in Education) collaborative project with Addis Ababa University. The data presented in the study stemmed from a major survey conducted in Woreda 10, Addis Ababa, Ethiopia. The present study reports data generated from a survey conducted on 354 sexually active respondents, who were selected using a systematic sampling procedure. The procedures on sample selection and characteristics and data collection procedures are discussed in an earlier report addressing the same respondents (9).

The Questionnaire and variables

A self-administered questionnaire was prepared in 'Amharic'. Respondents filled out the questionnaire at the *Youth Counseling and Family Planning Project Office of the FGAE (Family Guidance Association of Ethiopia)*, to ensure a higher response rates.

Sexual risk behavior survey: In the absence of scales with established psychometric properties for Ethiopian adolescents, the prevalence of adolescent sexual risk behaviors was assessed using the self-reported paper-and-pencil inventory. The survey asked respondents to report on the frequency of their 'anonymous sex', 'the number of sex partners', and 'condom use' during the past four months as of the survey time. They were also asked to indicate whether their past sex encounters were planned and had ever experienced abortion.

Age at sex-debut: This was determined by asking respondents to report the approximate age at which they initiated sex.

Self-reported reasons for sex-debut: These were assessed, by asking respondents to mention specific reasons for their sex-debuts, in retrospect.

Self-restraining capability: Following similar procedures employed earlier (Lugoe, 1996), two items were used to assess the variable. Respondents were asked to indicate how much control they think they would exercise over their sexuality if (1) 'Some one other than their regular partner unrigs them to have sex without their desire?' and (2) 'Their regular partner unrigs them to have sex without their desire?' Responses were then coded using a 4-point scale value ranging from (1)'very little control' to (4)'complete control'. A summative score was computed for sexual restraining by adding the responses on the above two items.

Sociodemographic factors: Respondents were also asked to provide information on age, religious denomination, grade level and also other background variables.

Results

Regarding the sociodemographic characteristics, the preliminary assessment on the background information revealed that the median age was 18 years ($SD=1.4$). The majority of them were Amharas (52.5%), followed by Oromos and Tigres, with 24 % and 10.7%, respectively. These three major ethnic groups constitute about 80% of the country's population (10). A great majority of the respondents (81.6%) were Coptic Christians followed by Islam (6.4%). Information on occupational status revealed that about 68% of the respondents were students whereas the rest were self-employed street vendors or waitresses in pubs or cafeteria. Furthermore, information on civil status revealed that about 12 % of the respondents had marital experience, 35 % had some kinds of steady relationship, and about 50% did not have any permanent relationship. Moreover, about 72 % of the respondents were living with their own parents, 6.6 % with their partner, 8.3 % with relatives, and the remaining 3.6 % in orphanages.

Table 1 presents results on the sexual risk behaviors. Of the total of 354 respondents, 211 (59.6%) were sexually active. Similarly, 91 (47%) reported to have more than one sexual-partner. Another 69 (21.3%) of the respondents admittedly reported having at least one abortion experience. Only 64 (38.6%) of the respondents were consistent users of condoms, while the remaining 95 (57.2%) were not. In addition, only 119 (39.3%) of the respondents claimed to have planned sexual encounters in the past, while the majority (70.8%) had reportedly been involved in casual sex.

Table 2 presents results on ages at sex-debuts, first condom use and first marriage. Regarding age at sex-debut, the majority 162(90.5%) of respondents had initiated sex after the age of 15 years (Mean=16.9, $SD=1.7$). The average age at first condom use was 17.25 years ($SD=1.5$). Likewise, the average age at first marriage was 17.5 ($SD=1.68$), with the majority of them 43 (84.4%) entering marital unions beyond the age of 17 years.

Table 3 presents the percentage distribution of respondents by the amount of perceived control over the sexual advances made by male partners. Regarding sexual restraining with 'main partner', 218 (61.6%) reported to have 'very little control' while only 30 (8.5%) said they had 'complete control' if the 'main partner' attempts to unrig them for sex without their personal desire. Regarding 'other persons', results indicated that 260 (73.4%) of them said they had 'very little control' over their sexuality if someone other than their main partner unrigs them for sex without their personal desire.

Table 4 presents the percentage distribution of respondents by specific reasons for sex-debut and their bivariate associations. The results reveal five important reasons attributable to the early initiation of sex among female adolescents, including 'Desire to maintain relationship with male partner' (50.8%), 'being carried away by passion' (45.8%), 'to overcome loneliness' (39.9%), 'physical attraction to the person' (38.9%), and 'peer influences' (33.6%). In addition, alcohol and khat uses were mentioned as factors contributing to early initiation of sex (by 31.2% and 29.1% of the respondents, respectively). More importantly, 'rape' was indicated by 30.6% of the respondents to be an important factor predisposing them for an early initiation of sexual intercourse. Regarding the bivariate associations, the observed correlation among the various 'problem behaviors' (e.g., alcohol and khat use) were significantly bigger than the rest of the figures. Besides, 'rape' as a reason is significantly associated with 'alcohol use' ($r=0.47$, $p<.01$), 'khat use' ($r=0.56$, $p<.01$), and 'peer influences' ($r=0.48$, $p<.01$).

Table 5 reveals that age has demonstrated to have significant bivariate association with 'number of sexual encounters' ($2(16, 304)= 47.07$, $p<. 001$), and 'sexual restraining capability' ($^2(28, 323)= 41.20$, $p<. 05$), 'ever use of condom' ($^2(8, 318)= 34.75$, $p<. 001$). 'Plans for sex encounters' ($^2(12, 277)= 8.18$, $p=. 08$) has a marginally significant association with age, but at 10%. Nevertheless, 'number of sex partners' ($^2(8,177)= 5.11$, $p=0.74$) did not show significant association with age.

Discussion

The majority of the respondents admit their indulgence in unprotected sexual intercourse as early as 11 years, thus making themselves vulnerable to the risks of HIV/AIDS infection and unintended pregnancy. Such sexual risk tendencies are implied in the high proportions reported for 'abortion experiences', 'multiple sex partners', 'casual sex', and 'non-use of condom' or its inconsistent use, thus, favorably comparing to earlier reports in the country (14,15,8,16,17,19). An important issue of interest to health educators and counselors is the finding that sexual intercourse occurs in a spontaneous and unplanned manner. Arguably, adolescent girls find it difficult to cope with circumstances that lead them to sex encounters, partly due to the sporadic nature of the occurrence of sexuality among them (21). This is partly due to the prevailing socio-cultural situations (e.g., low status of women) that may impinge upon women's life in Ethiopia, a country where 'abduction and rape' are rampant.

Regarding the age at sex-debut (Mean =16.9 years), results suggest that the respondents have commenced sex at the age of 11 years, hence favorably conforming to earlier reports in the country (8,11,16,17,22). Besides, the mean age at first condom use was 17.25 years while it is 17.5 years for age at first marriage. The gap between age at sex-debut and first condom use might suggest to the sexual risk tendency among adolescents. On the other hand, the gap between age at sex-debut and first marriage might suggest to the premarital nature of adolescent sexuality. Hence, the above results further abound to the assumptions made about the true nature of adolescents as adventurous and riskseeking, and the period itself, as a time when sexual risk-taking become normative (21).

Although adolescents' sexuality is often dictated by hormonal influences, the role of psychosocial factors is significant in the present study. It is quite reasonable to conclude that the psychosocial factors play vital roles in the initiation of sex among adolescents. More importantly, the 'desire to maintain relationship with sex partner' and 'peer influences' were important in terms of influencing adolescents' sexuality. As has been stated earlier (21), it is easier to conclude that those female adolescents in the research area have difficulty in coping with the situations leading them to 'casual premarital sex'. A lot may be said about the relationships among the various reasons for sex-debuts. While all the observed correlation are statistically significant, 'alcohol' and 'khat' use have strong links with the incidence of 'rape' as a factor, contributing to early sex initiation. The observed associations among these 'problem behaviors', that is, the uses and misuses of 'khat' and 'alcohol', coupled with 'peer pressure', suggest to health educators and counselors about the conditions under which premarital sexuality might occur among adolescents. Earlier reports mentioned, among many, 'peer pressure' and 'alcoholic drinks' as the major factors attributable to premarital sexuality among the Ethiopian youth (23). In addition, 'maintaining the relationship with male partner' (50.8%) and 'overcoming loneliness' (39.9%) are indicated as important 'psychosocial factors' attributable to the early commencement of sex, thus, indicating an additional area of concern for health education and counseling needs of female adolescents in Ethiopia.

Results also suggest that the perception of self-restraining capacity significantly correlated with age. The older they are, the stronger their perceived self-restraining capability is. Nevertheless, given the early age at sex-debut, female adolescents are under threat from male sexual advances, often taking the form of abduction and rape. Cognizant of the traditional roles and status of women in the country, which implies a subordinate status in decision-makings (24), even on matters of their own sexuality, attempts must be made to empower women. This may be done in terms the provision of assertiveness training, targeting women in counseling, as in the case of 'gender sensitive counseling' (15). In conclusion, the study provides information about the nature and prevalence of adolescent sexuality, in general, and the specific reasons attributable to the early commencement of sex, in particular, hence,

informing health educators and counselors on specific issues that are worth considering in persuasive communications with the in-school and out-of-school-youth.

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Tables

Table 1: Percentage distribution of respondents by sexual risk behaviours in the past 4 months, Woreda 10, Addis Ababa, 1998

Sexual risk behaviors in past 4 months	Frequency
	No (%)
Number of anonymous sex encounters (n=211)	
- 1 - 4 times	74 (35.1)
- 5 - 9 times	42 (19.9)
- 10 - 20 times	24 (11.2)
- More than 20 times	71 (33.6)
Number of sex partners (n=195)	
- 1 only	104 (53.3)
- 2 to 3	72 (36.9)
- 4 or more	19 (9.7)
Ever planned past sex intercourse (n=303)	
- Not planned	184 (60.7)
- Planned	119 (39.3)
Ever had sex encounters without using condom (n=166)	
- No	64 (38.6)
- Sometimes	95 (57.2)
- Always	7 (4.2)
Ever had abortion experience (n=324)	
- No	255 (78.7)
- Yes	69 (21.3)
Number of unintended pregnancy incidents (n=91)	
- Once	45 (49.4)
- Twice	28 (30.8)
- Three or more	18 (19.7)

Table 2: Percentage distribution of respondents by selected variables, woreda 19, Addis Ababa,

Variables	Frequency	Descriptive	Statistics
	No (%)	Range	Mean (SD)
Age at sex-debut (n=179)			
11-14	17 (9.5)		
15-16	42 (23.5)	11-19	16.9 (1.7)
17-19	120 (67.0)		
Age at first condom use (n=94)			
12-14	4 (4.2)		
15-16	37 (39.4)	12-19	17.25 (1.5)
17-19	53 (56.4)		
Age at first marriage (n=51)			
12-14	4 (7.8)		
15-16	4 (7.8)	12-19	17.5 (1.68)
17-19	43 (84.4)		
First sex partner or respondents (n=215)			
Student	69 (30.1)		
Techer	14 (6.5)		
Office worker	39 (18.2)	--	--
Merchant	48 (22.3)		
Others	45 (20.9)		
Length of acquaintance before sex with the first sex partner (n=209)			
One day	24 (11.6)		
One week	27 (12.9)	--	--
One Month	16 (7.6)		
More than a month	142 (67.9)		

N = number of valid cases; SD = standard deviation

Table 3: Percentage distribution of respondents by self-restraining capability, Woreda 10, Addis Ababa, 1998

Frequency	Descriptive	Statistics
No (%)	Range	Mean (SD)

Self-restraining capacity

a. Perceived control on sexual

advances made by main partner

(n=323)

- 1. Very little control 218 (61.6)
- 2. Slight control 71 (20.0) 1 - 4 1.50 (.84)
- 3. Moderate control 35 (9.9)
- 4. Complete control 30 (8.5)

b. Perceived control on sexual advances made by others

(n=323)

- 1. Very little control 260 (73.4)
- 2. Slight control 34 (9.6) 1 - 4 1.41 (.92)
- 3. Moderate control 17 (4.8)

- 4. Complete control 43 (12.2)
- 1 - 8 3.03 (1.6)

c. Self-restraining capability index

(A summative score on 'a' and 'b' above (n=323))

N = Total valid cases; SD = Standard Deviation

Table 4: Percentage distribution of respondents by self-reported reasons for sex-debut and their bivariate correlation, woreda 10, Addis ababa, 1998

Self-reported reasons for sex-debut	Frequency		Correlation Coefficients*				
	Yes %	Yes N	1 6	2 7	3 8	4 9	5 10
Simple curiosity for sex	96 29.1	333 - -					
Alcoholic influence	103 31.2	330 .47 - -					
first Marriage	49 15.4	319 .15 .25 - -					
Chat/drug influence	95 29.1	326 .29 .57 .22 - -					
Psychical attraction to the person	126 38.9	324 .33 .37 .29 .47 - -					
Got carried away by passion	149 45.8	325 .35 .33 .21 .44 .41 - -					
Perr Influence	109 33.6	324 .36 .40 .27 .48 .55 .44 - -					Rape 99 30.6
	323 .21 .47 .25 .56 .40 .37 .48 - -	to overcome Lonelines	127 39.9	318 .25 .37			
	.24 .31 .37 .31 .36 .41 - -						

To maintain relationship with male partner 160 50.8 315 .16 .26 .24 .21 .35 .38 .22 .38 -- * All correlations are significant at $p < .01$, N= total valid cases

Table 5: bivariate associations of age with selected sexual risk variables in past 4 months, woreda 10, Addis Ababa, 1998

Sexual risk variables	Descriptive Statistics			
	Mean (SD)	N	df	P-value
Total number of sex encounters	2.41 (1.27)	304	47.07	.001
Total number of sex partners	1.55 (0.67)	177	5.11	.745
Ever planned for past sex encounters	2.29 (1.00)	277	50.66	.001
Sex without condom	2.29 (1.27)	318	34.75	.001
Self-restraining capability	3.03 (1.60)	323	41.20	.050

* $P < .05$; ** $P < .01$; SD = Standar deviation; df = degrees of freedom; N = total number of valid cases

Figures

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