



Original article

Sexual Behavior Among Orphaned Adolescents in Western Kenya:
A Comparison of Institutional- and Family-Based Care Settings

Lonnie Embleton, M.P.H.^a, Joram Nyandat, M.B.Ch.B., M.P.H.^b, David Ayuku, Ph.D.^c,
Edwin Sang, M.S.^d, Allan Kamanda, M.P.H.^b, Samuel Ayaya, M.B.Ch.B., M.Med^{d,e},
Winstone Nyandiko, M.B.Ch.B., M.Med, M.P.H.^{d,e}, Peter Gisore, M.B.Ch.B., M.Med^e,
Rachel Vreeman, M.D., M.Sc.^{d,e,f}, Lukoye Atwoli, M.B.Ch.B., M.Med^g, Omar Galarraga, Ph.D.^h,
Mary A. Ott, M.D.^f, and Paula Braitstein, Ph.D.^{d,i,j,k,*}

^a Institute of Medical Science, Faculty of Medicine, University of Toronto, Toronto, Canada

^b Moi Teaching and Referral Hospital, Eldoret, Kenya

^c Department of Behavioral Sciences, College of Health Sciences, School of Medicine, Moi University, Eldoret, Kenya

^d Academic Model Providing Access to Healthcare (AMPATH), Eldoret, Kenya

^e Department of Child Health and Paediatrics, Moi University, College of Health Sciences, School of Medicine, Eldoret, Kenya

^f Department of Pediatrics, Indiana University, School of Medicine, Indianapolis, Indiana

^g Department of Mental Health, Moi University, College of Health Sciences, School of Medicine, Eldoret, Kenya

^h Department of Health Policy, Services, and Practice, School of Public Health, Brown University, Providence, Rhode Island

ⁱ Department of Medicine, College of Health Sciences, School of Medicine, Eldoret, Kenya

^j Regenstrief Institute, Inc, Indianapolis, Indiana

^k Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

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A B S T R A C T

Purpose: This study sought to assess whether risky sexual behaviors and sexual exploitation of orphaned adolescents differed between family-based and institutional care environments in Uasin Gishu County, Kenya.

Methods: We analyzed baseline data from a cohort of orphaned adolescents aged 10–18 years living in 300 randomly selected households and 19 charitable children's institutions. The primary outcomes were having ever had consensual sex, number of sex partners, transactional sex, and forced sex. Multivariate logistic regression compared these between participants in institutional care and family-based care while adjusting for age, sex, orphan status, importance of religion, caregiver support and supervision, school attendance, and alcohol and drug use.

Results: This analysis included 1,365 participants aged ≥ 10 years: 712 (52%) living in institutional environments and 653 (48%) in family-based care. Participants in institutional care were significantly less likely to report engaging in transactional sex (adjusted odds ratio, .46; 95% confidence interval, .3–.72) or to have experienced forced sex (adjusted odds ratio, .57; 95% confidence interval, .38–.88) when controlling for age, sex, and orphan status. These associations remained when adjusting for additional variables.

IMPLICATIONS AND
CONTRIBUTION

Orphaned adolescents in institutional care were less likely to report having engaged in transactional sex or having experienced forced sex. These findings have implications for orphan care policy and suggest that families need additional support to care for adolescent orphans in their home environment.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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* Address correspondence to: Paula Braitstein, Ph.D., Division of Epidemiology, Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto, Ontario M5T 3M7, Canada.

E-mail address: paula.braitstein@utoronto.ca (P. Braitstein).

Conclusions: Orphaned adolescents living in family-based care in Uasin Gishu, Kenya, may be at increased risk of transactional sex and sexual violence compared to those in institutional care. Institutional care may reduce vulnerabilities through the provision of basic material needs and adequate standards of living that influence adolescents' sexual risk-taking behaviors. The use of single items to assess outcomes and nonexplicit definition of sex suggest the findings should be interpreted with caution.

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There are 55 million orphaned children living in sub-Saharan Africa, a significant proportion of whom (27%) have been orphaned because of the HIV/AIDS epidemic [1]. In Kenya, there are approximately 2.6 million orphans due to all causes, of whom 38% were orphaned due to AIDS, representing 12% of children aged <18 years in the country [2]. Globally, young people aged 10–24 years accounted for 39% of all new HIV infections in 2012, with 72% of these cases occurring in sub-Saharan Africa [3]. Orphaned children living in HIV endemic settings are at high risk of HIV infection, [4,5] which may be associated with changes in caregiver and care environment.

The death (orphan) or disappearance (separated) of one (single orphan/separated) or both parents (double orphan/separated) [6] often involves changing caregiver(s) and care environment of the child [7,8]. These changes may result in significant psychological distress and alter risk-taking behaviors [9–12]. Paternal orphans typically continue to reside with their mothers; however, maternal orphans are much less likely to remain with their fathers [13]. Extended families care for over 90% of double orphans and single orphans not living with a surviving parent [14]. With growing numbers of orphans requiring care and support [14], in combination with high levels of poverty, rapid urbanization, and the dissolution of traditional households in sub-Saharan Africa, some extended families have not been able to meet care-taking expectations and responsibilities [8,15,16]. As a result, other types of care environments have emerged in sub-Saharan Africa to address the growing orphan crisis [14], including institutional care (orphanages) and community-based care [7,8,17]. Institutional care has been criticized as an unfavorable solution because of its historical limitations in their meeting children's developmental and psychosocial needs, caregiver abuse, and human rights violations [18–20]. The United Nations Children's Fund and Save the Children have recommended that countries move toward the deinstitutionalization of orphaned children [18,19].

A meta-analysis revealed that orphaned adolescents have a significantly greater HIV seroprevalence than their nonorphaned peers [5]. Orphan status has been associated with having an earlier sexual debut, multiple partners, and transactional sex [5], and orphans may be at heightened risk of physical and sexual abuse compared to nonorphans [21,22]. However, some studies in western Kenya have found that orphan status was not significantly associated with increased sexual risk-taking behaviors among adolescents [23–25]. Rather, sociocultural, psychological, economic, and contextual factors were found to play a significant role in increasing orphaned adolescent sexual risk-taking behavior in this region [24,25]. Other studies have found that resiliency characteristics [26], economic status [27,28], social support, and primary caregiver play a protective role in decreasing adolescents' risky behaviors [29]. Therefore, it is likely

that changing family structure, caregiver relationships, and living arrangements impact orphaned adolescents' sexual risk practices. Changes in caregiver and care environment upon the death or disappearance of one or both parents may expose orphaned and separated adolescents to sexual exploitation [22] and diminish or eliminate protective mechanisms, normally enacted by parents, that reduce adolescent risky behaviors [30–32].

Because of differences previously found in care environments in Uasin Gishu (UG) County, Kenya [8], it is likely that care environment plays an important role in orphaned and separated adolescents' sexual risk-taking behaviors. Yet, the effect of care environment (broadly defined here as institutional care vs. family-based care) on orphaned and separated adolescents' sexual risk-taking behavior and sexual exploitation has not been investigated. Therefore, we sought to determine if care environment (institutional care vs. family-based care) contributed to differences in sexual behaviors and sexual exploitation of orphaned and separated adolescents using baseline data from the Orphaned and Separated Children's Assessment Related to their Health and Well-Being (OSCAR) Project.

Methods

Study setting

UG County is one of the 47 counties of Kenya. In 2010, UG County had approximately 894,179 individuals from 202,291 households, of whom 41.5% were aged ≤14 years. Approximately 51.3% of UG County population live below the Kenyan poverty line. Eldoret town is the headquarters of UG county and has a population of 289,389 [33]. It is home to Moi University, Moi Teaching and Referral Hospital (MTRH), and the Academic Model Providing Access to Healthcare Program [34].

OSCAR's Health and Well-Being Project

OSCAR's Health and Well-Being Project is a longitudinal cohort evaluating the effects of living in different care environments on the physical and mental health outcomes of orphaned and separated children aged ≤18 years. The study aims to describe these care environments, determine whether they are able to meet the basic needs of the resident children, and examine the effect of the care environments and care characteristics on resident children's physical and mental health over time. The study began enrolling participants in June 2010.

Human subjects protection

The Moi University College of Health Sciences and MTRH Institutional Research and Ethics Committee and the Indiana

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