

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Adolescence

journal homepage: www.elsevier.com/locate/adolescence

International note

International note: Analysis of risk and protective factors for risky sexual behaviours among school-aged adolescents



Nuworza Kugbey^{a,b,*}, Martin Amogre Ayanore^a, Hubert Amu^c,
Kwaku Oppong Asante^{b,d}, Awolu Adam^a

^a Department of Family and Community Health, School of Public Health, University of Health and Allied Sciences, Ho, Volta Region, Ghana

^b Discipline of Psychology, School of Applied Human Sciences, University of KwaZulu-Natal, South Africa

^c Department of Population and Behavioural Sciences, School of Public Health, University of Health and Allied Sciences, Ho, Volta Region, Ghana

^d Department of Psychology, University of Ghana, Legon, Ghana

ARTICLE INFO

Keywords:

Adolescents
Risky sexual behaviours
Risk and protective factors
Ghana

ABSTRACT

This study examined the prevalence and associated factors of risky sexual behaviours among 1648 school-going adolescents using the 2012 Ghana Global School-based Student Health Survey. Our findings showed 33.5% of the participants had ever had sex 32.5% had multiple sexual partners and only 26.2% reported using condom during their last sexual intercourse. Being male, older age, anxiety, loneliness, suicidal ideation, being bullied, food insecurity (hunger), current alcohol and marijuana use were significant risk factors for being sexually experienced, multiple partners, but not condom use. Parental knowledge of activity was a significant protective factor against adolescents' sexual experience. These findings underscore the need to develop school-based interventions that would help reduce risky sexual behaviours among school-going adolescents.

1. Introduction

Adolescents constitute a substantial proportion (30%) of the population of sub-Saharan Africa (Kabiru, Izugbara, & Beguy, 2013) and evidence suggests their transition from childhood to adolescence, is accompanied by physical and psychological challenges which predisposes them to engage in risky sexual behaviours due to changing economic and socio-cultural dynamics (Madise, Zulu, & Ciera, 2007). The resultant effect of adolescents sexual risk behaviours could be unintended pregnancy and sexually transmitted infections (Doku, 2012; Ugoji, 2014).

Evidence within sub-Saharan African countries including Ghana has suggested high prevalence of risky sexual behaviours among adolescents (Adu-Mireku, 2003; Doku, 2012; Fearon, Wiggins, Pettifor, & Hargreaves, 2015). However, several risk and protective factors have been found in the literature to influence young adults sexual risk behaviours (e.g. Adu-Mireku, 2003; Doku, 2012; Peltzer & Pengpid, 2016). While lower socioeconomic status, mental health-related factors, and substance use have documented as risk factors for sexual (Doku, 2012; Madise et al., 2007; Peltzer & Pengpid, 2016), parental influence; female gender and peer support have been found to be protective (Biddlecom, Awusabo-Asare, & Bankole, 2009).

Despite these findings, there is however, lack of comprehensive evidence on how socioeconomic and mental health factors that influence risky sexual behaviours even though there are studies showing prevalence of mental health problems among adolescents in

* Corresponding author. Department of Family and Community Health, School of Public Health, University of Health and Allied Sciences, Ho, Volta Region, Ghana.

E-mail addresses: nkugbey@gmail.com, nkugbey@uhas.edu.gh (N. Kugbey).

<https://doi.org/10.1016/j.adolescence.2018.06.013>

Received 16 March 2018; Received in revised form 11 June 2018; Accepted 28 June 2018

0140-1971/© 2018 The Foundation for Professionals in Services for Adolescents. Published by Elsevier Ltd. All rights reserved.

Table 1
Association of risks and protective factors with risky sexual behaviours in Ghanaian adolescents.

Variables	Sample (N = 1644)	Sexual experience		Multiple partners		Condom use	
		N(%) 397(33.5%)	ρ	N(%) 129(32.5%)	ρ	N(%) 104(26.2%)	ρ
Sex (Male)	863(52.5%)	225(58.1%)	.030	77(61.1%)	.058	55(55.0%)	.111
Age							
11 years old or younger	40(2.5%)	12(3.0%)	< .001	1(0.8%)	.059	2(1.9%)	.723
12 years old	165(10.1%)	42(10.7%)		8(6.2%)		4(3.9%)	
13 years old	274(16.8%)	61(15.5%)		25(19.4%)		15(14.6%)	
14 years old	350(21.4%)	68(17.3%)		24(18.6%)		21(20.4%)	
15 years old	317(19.4%)	73(18.5%)		21(16.3%)		16(15.5%)	
16 years old	195(11.9%)	41(10.4%)		16(12.4%)		14(13.6%)	
17 years old	171(10.5%)	59(15.0%)		23(17.8%)		17(16.5%)	
18 years old or older	120(7.4%)	38(9.6%)		11(8.5%)		14(13.6%)	
Mental health and related factors							
Anxiety	213(13.0%)	57(41.6%)	.028	29(15.8%)	< .001	22(61.1%)	.057
Loneliness	218(13.3%)	53(39.0%)	.147	27(13.9%)	.005	14(46.7%)	.994
Suicidal ideation	327(20.3%)	98(48.8%)	< .001	39(13.8%)	< .001	31(54.4%)	.221
Bullied	902(62.2%)	234(37.9%)	< .001	88(10.9%)	< .001	61(44.5%)	.473
Food insecurity	244(14.9%)	65(44.2%)	.003	37(16.8%)	< .001	17(38.6%)	.235
No close friends	182(11.3%)	32(26.2%)	.088	10(5.8%)	.162	8(42.1%)	.624
Current alcohol use	234(15.7%)	76(53.9%)	< .001	50(25.5%)	< .001	29(46.0%)	.897
Current marijuana use	120(7.8%)	31(67.4%)	< .001	32(34.0%)	< .001	20(58.8%)	.136
Parental Factors							
Parental understanding	524(32.4%)	135(35.0%)	.387	35(7.3%)	.200	29(46.6%)	.609
Parental knowledge of activity	523(33.7%)	105(26.9%)	.013	44(9.0%)	.580	28(46.7%)	.761
Parental intrusion of privacy	983(60.7%)	254(35.4%)	.050	75(8.4%)	.825	65(47.4%)	.811

Ghana (Glozah, Oppong Asante, & Kugbey, 2018; Oppong Asante, Kugbey, Osafo, Quarshie, & Sarfo, 2017). Additionally, the majority of studies on risky sexual behaviours have focused on university students and adult population (Adu-Mireku, 2003; Biddlecom et al., 2009). Using the risk and protective factor model, this study examined risky sexual behaviours (sexual experience, multiple partnerships, and condom use) and its associated factors among adolescents in Ghana. We hypothesized that mental health-related behaviours and socioeconomic factors may exacerbate risky sexual behaviours whilst parental involvement and peer support reduce the occurrence of such behaviours. Findings from this study can help develop school-based interventions that would help reduce risky sexual behaviours among school-going adolescents.

2. Methods

2.1. Participants and procedure

This study was based on a secondary analysis of an already existing data from the Ghana Global School-based Student Health Survey (GSHS) conducted in 2012 (WHO, 2014). Details about the GSHS and its data can be found on the Center for Disease Control and Prevention (CDC, 2017). The Ghana GSHS used a two-stage (schools and classroom) cluster sampling design to generate nationally representative sample of students in first to fourth year of their secondary schools. National Ethics Committee approved the study protocol, and informed consent was obtained from students, parents and/or school authorities (CDC, 2017). A total of 1648 students representing a response rate of 82% participated in the study. The sample was made up of 863 (52.5%) males with the majority of the students 1146 (70.2%) were 15 years or younger. Details of the demographic characteristics of the participants can be found in Table 1.

2.1.1. Measures

The Ghana Global School-based Student Health Survey (GSHS) utilised a questionnaire that contained information on demographics, sexual risk behaviours, alcohol, tobacco, and other drug use, violence, and a range of other health-related behaviors (WHO, 2014). *Risky sexual behaviours* were assessed with three main questions: 1) ever had sex-have you ever had sex? 2) Multiple sexual partners-during your life, with how many people have you had sexual intercourse? And 3) condom use at last sex-the last time you had sexual intercourse, did you or your partner use a condom or rubber? The original responses were recoded for analysis as yes = 1 and no = 0.

Sociodemographic characteristics (age and gender), mental health related factors (anxiety, loneliness, suicidal ideation, current alcohol use and current marijuana use), inter personal variables (bullied, number of close friends), socioeconomic (food insecurity), and parental involvement (parental understanding, parental knowledge of activity and parental intrusion of privacy) were used as explanatory variables. As with the outcome variable, the original responses were recoded for analysis purposes as reported in previous studies conducted in Ghana (e.g. Asiseh, Owusu, & Quaicoe, 2017; Oppong Asante et al., 2017). [See supplementary file for full descriptions of the variables].

Download English Version:

<https://daneshyari.com/en/article/7240688>

Download Persian Version:

<https://daneshyari.com/article/7240688>

[Daneshyari.com](https://daneshyari.com)