



Family and peer support matter for precoital and coital behaviors among adolescents in Lima



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ABSTRACT

We analyzed the association between sub-scales developed with adolescents and the outcomes of precoital behaviors and vaginal sex in Lima, Peru. Adolescent participants in key informant sessions operationalized concepts identified during qualitative concept mapping into several sub-scales. Face and content validity testing and pilot application with respondent debriefing were used to refine the sub-scales. Three hundred 15–17 year olds were surveyed about the sub-scales, socio-demographics and sexual behaviors. Exploratory factor analysis confirmed six sub-scales, self-image, goals and decision-making, family education, parental rules/control, school support and peer support, which we regressed on the outcomes. Twice as many males as females reported more than three precoital behaviors and vaginal sex. Higher peer support reduced the likelihood of vaginal sex and precoital behaviors and higher family education reduced precoital behaviors. Results affirm the importance of including adolescents in the entire research process and of sex education with family- and peer-based strategies.

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Introduction

Accurately measuring adolescent sexual behavior and the factors that may influence these behaviors is critical to formulating adolescent health research, programs and policies that are appropriate for adolescents' sexual and reproductive health and general health and development needs. Such information is important and urgent given that the world is now home to 1.2 billion adolescents (Lloyd, Berhman, Stromquist, & Cohen, 2005; United Nations Secretariat, 2012).

This information is also critical for Peru's 5.8 million 10–19 year olds (Instituto Nacional de Estadística e Informática, 2010), particularly considering increasing sexual activity during adolescence accompanied by low sexuality-related knowledge and low use of preventive behaviors. An analysis of the Peru Demographic and Health Survey (DHS/ENDES) found that

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the proportion of Peruvian 15–24 year old females reporting ever sex increased from 20% in 1986–1990 to 24% in 1991–1994 and 28% in 1995–1999 (Ali, Cleland, & Shah, 2003). A more recent exploration of the DHS/ENDES for only 15–19 year old females shows a similar increasing trend: from 14% of 15–19 year olds reporting ever sex in 2004–6 to 19% in 2012 (ICF International, 2012). Studies in Lima show that 37–43% of male adolescents and 6–13% of female adolescents are sexually experienced (Cáceres, 1999; Chirinos, Salazar, & Brindis, 2000; Quintana, 2002; Saravia, Apolinario, Morales, Reynoso, & Salinas, 1999).

This sexual activity is accompanied by low sexuality-related knowledge and low condom use. A large school-based study with 13–18 year olds from nine cities in Peru found an index mean for sexual and reproductive health knowledge of 1.8 on a 5-point scale (Magnani, Seiber, Gutierrez, & Vereau, 2001) and a community-based study with 16–17 year olds in Lima showed an average score of 6.3 for males and 6.6 for females on a 16-point scale about knowledge related to pregnancy, contraception and HIV (Cáceres, 1999). In the nine-city study, 38% of sexually-active males and 26% of sexually-active females reported condom use at first sex (Magnani et al., 2001). The community-based study in Lima found these rates of condom use at first intercourse among sexually-active heterosexual respondents: 26% among males and 33% among females (Cáceres, 1999).

Past quantitative studies in Peru have examined factors that influence adolescent sexuality, including communication with parents about sexuality, peer sexual behaviors, self-esteem, sexual and reproductive health knowledge and gender-role indices (Magnani et al., 2001), as well as participation in sports, time with friends and relatives, risk behaviors, and sexuality-related knowledge, attitudes and experiences (Chirinos et al., 2000). These studies, however, have certain limitations. First, they examine a set of factors that researchers hypothesize as influencing adolescent sexual behavior. Second, they use few scales to measure concepts, despite evidence from the literature that demonstrates the need for multiple items or statements combined into a scale in order to accurately measure theoretical concepts (Netemeyer, Bearden, & Sharma, 2003). Finally, they examine sexual initiation as the main outcome of interest, limiting their ability to explore pre-coital behaviors.

This study aimed to address these limitations by 1) integrating adolescent perspectives into the decision-making process regarding which factors may influence their sexuality and that of other adolescents, 2) developing sub-scales to measure these factors, and 3) examining the outcomes of both pre-coital and coital behaviors. First, adolescent perspectives were incorporated by: carrying out extensive qualitative concept mapping activities with adolescents to enable them to identify the factors they perceive to influence adolescent sexuality (results reported elsewhere); implementing key informant sessions and face validity testing with adolescents to transform the factors identified into sub-scales; and validating the sub-scales through a survey with adolescents. Second and regarding pre-coital behaviors, studies in diverse countries demonstrate a consistent, gradual progression through first crush, first boyfriend/girlfriend, first kiss, and first petting experience, with more rapid progression for males than for females (Lam, Shi, Ho, Stewart, & Fan, 2002; Pinter & Tomori, 2000; Upadhyay, Hindin, & Gultiano, 2006). Additionally, in their study of over 900 adolescents in the U.S. and Puerto Rico, Miller et al. found that participants who engaged in a greater number of pre-coital behaviors were significantly more likely to anticipate having sex in the upcoming year than those who had experienced fewer or no pre-coital behaviors (Miller et al., 1997). These studies underscore the importance of examining pre-coital behaviors in order to address the experience of diverse adolescents and possibly predict other behaviors such as sexual initiation.

The objective of the current study was: to analyze the sub-scales developed together with adolescents during key informant sessions and improved during face and content validity testing and a pilot application of the sub-scales with respondent debriefing; and to examine the association between six sub-scales (self-image, goals and decision-making, family education, parental rules/control, school support, peer support) and adolescent experiences of pre-coital behaviors and vaginal sex.

Methods

Study setting

This study was conducted in Pampas de San Juan de Miraflores, one of the seven zones in the district of San Juan de Miraflores, which is one of Lima's 43 districts. Pampas' 46 human settlements (*pueblos jóvenes*) are home to 57,000 residents, the majority of whom live in poverty and, in many cases, extreme poverty. Many Pampas households are overcrowded and a significant number lack basic services such as water, electricity and sewage (Municipalidad de San Juan de Miraflores, 2003). This site was selected since it is representative of urban adolescents in Peru. Approximately 70% of Peruvian adolescents live in urban areas and over one-quarter (27%) of the country's adolescents reside in Lima, with the highest proportions of youth living in peripheral areas like Pampas (Ministerio de Salud, 2005). Both in-school and out-of-school youth were included in the study.

Study participants

A total of 300 15–17 year olds (150 females and 150 males) who reside in Pampas participated. The sample size determination is based on the guidelines of at least 300 subjects to achieve a good-quality factor analysis (Comrey & Lee, 1992; Nunnally, 1978). Participants were selected from rosters generated in a household census of the area conducted in 1998. An application developed in Visual Fox Pro was used to generate three independent listings of female and male 15, 16 and 17 year olds randomly sampled from the household rosters using a random numbers table. For each age year, study participants

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