Sexual Behaviour Among Adolescents Studying in Grade Eight to Ten of Government Schools in Kathmandu

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Abstract

INTRODUCTION

Risky sexual behaviour among adolescents has been a major concern around the globe. In developing countries like Nepal such behaviours have cost a lot in terms of major social issues. The main objective of this study was to explore risky sexual behaviour among school students studying in grade eight to ten of government school in Kathmandu district.

MATHODOLOGY

A descriptive cross-sectional study was carried out among school students studying in grade eight to ten in government school. Data were collected using self-designed semi-structured proforma and Youth Risk Behaviour Surveillance survey(YRBSS) developed by Centre for Disease Control (CDC) in 1990. Three Government schools randomly selected from two Resource centres were taken for the study. Among 620 students selected altogether,532 completed questionnaires were collected.

RESULT

Thepercentage of participants who had sexual intercourse during their lifetime was 15.0%.Among them 20.5% male and 9.9% female had sexual intercourseduring their life time (p-value 0.001). At the age of 13, 4.3% had sexual intercourse and 4.9% had sexual intercourse with two people during their life time. During the past 3 months, 2.8% had sexual intercourse with at least one person.

CONCLUSION

This study showed the burden of risky sexual behaviours among school students. Proper interventional programs should be started promptly to address such issues by concerned authority and related stake-holders of this field.

KEYWORDS

Adolescent, Government schools, Kathmandu, Risky-sexual behaviour

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Introduction

According to World Health Organization (WHO), adolescence is a transitional period of life ranging from 10 to 19 years.[1] Around one in six person in the world is an adolescent that is 1.2 billion population of the world is of adolescent groups of which about 85% live in developing countries including Nepal.[2] At present adolescents account for 24.17% of total population of Nepal.[3] During this period, adolescents suffer from various forms of problems/dysfunctions and conflicts, which ultimately impair normal psychosocial development aggravating psychosocial dysfunction and is marked by vulnerability to various health risk behaviours.[4,5]

The onset of multiple risk behaviours, such as smoking, violent and self-injurious behaviour, alcohol consumption and unprotected sexual intercourse, prevail during adolescence and are associated with increased risk of poor academic performance, future morbidity and premature mortality.[6] While understanding or even over-estimating the like lihood that an action will result in harm, adolescents may place

higher value on the benefits that might come from taking a particular risk. Adolescents incline more to there wards of risk (such as peer approval), may be unaware of the ill effects of substance use (such as hangovers), and still build the capacities for judgment and self-control.[7]

The main objective of this study was to explore risky sexual behaviour among school students studying in grade eight to ten of government school in Kathmandu district. This study was done in school students because school is an institution where children spend most of the time during their learning phase of life. Data obtained can be used to explore whether the data already studied carry the same burden of problems or not. If significant findings are obtained, can be further studied at national level in same vulnerable group.

MATERIAL AND METHOD

A school based observational cross-sectional study was conducted within a period of one year from September, 2016 to August, 2017. Ethical approval was obtained from Institutional Review Board, Institute of Medicine and included adolescents studying in grade eight to ten government schools in Kathmandu. Written consent was obtained from District Education office, Kathmandu to carry out the study. There are 23 resource centres in Kathmandu district as per the District Education office. By Multi-stage sampling methods, six schools were chosen using Probability proportional to Enrollment size (PPE), i.e. the schools with high number of students were more likely to be selected than those with lower number of students. Selected schools were eligible for participation in the study. Written consent was obtained from the principals of each selected Government schools. Students providing verbal consent for participation in the study were selected in the study. Students who were absent on the day of survey and who did not provide consent were excluded from the study. The information thus obtained from each student were kept anonymous. A total of 620 questionnaires were distributed to students. Of them 88 questionnaires either did not have basic information or were not readable, thus excluded from the study (Response rate 85.80%).

Data was collected by using an anonymous self-designed semi-structured questionnaire and Youth Risk Behaviour Surveillance Survey (YRBSS) questionnaire. YRBSS was developed in 1990 by Centre for Disease Control (CDC) and monitor priority health risk behaviours that contribute markedly to the leading causes of death, disability, and social problems. CDC designed 99 questions in National YRBSS. The centre has clearly mentioned that the state, local, and territorial agencies and tribal nations that conduct their own YRBSS may delete standard questions and add additional questions. It is designed to determine the prevalence of health risk behaviors, examine the co-occurrence of health risk behaviors and monitor progress toward achieving the Healthy People objectives and other program indicators. In this study, 68 out of 99 questions from the standard YRBSS questionnaire were included. These set of questionnaire were also used by Nepal Health Research Council (NHRC) to collect information of health risk behaviour among school student in Nepal in 2015. Not only this the questions were translated into Nepali which was later back translated to English by professional translator so that students can understand the questions for easy response.

Informed written consent was obtained from the school authority after explaining the purpose of the study. Author of the study sent a copy of informed consent form to every parent of the study mentioning the purpose of the study and only those students who brought the copy with eligible signature of their parents were included in the study. The anonymous questionnaire was distributed to the students of selected classes after explaining the purpose of the study and the instruction to fill in the questionnaire. Considering the sensitivity of the issue, the school authority was requested not to be present in the class during the filling in of the questionnaire. A single period (approximately 45 minutes) of class was provided to fill in the questionnaire. Students were assured that the information they provided would remain confidential and thus were encouraged to be truthful in their responses. They were informed that their participation was completely voluntary, and they could quit at any time.

Data were analyzed using Statistical Package for Social Sciences (SPSS), Inc., Chicago, Illinois, USA version 18 for Windows. Result of descriptive analysis was expressed using frequency table and mean ± standard deviation, percentage with 95% confidence intervals (CI) whenever appropriate. Chi-square test was used to find out the association between independent and dependent variables and values of $P<0.05$ was considered statistically significant.

RESULT

The mean age of the participant is 15.01 years (Range 12-20). There was a nearly equal participation from both sex (male 48.7%, female 51.3%). Most of the students, 38.5% (205) were from grade nine and they were found to follow Hinduism followed by Buddhism, Christianity, Kirat and Islam (Table 1).

Table 1: Socio-demographic profile of the participants.

		Frequency	Percent
Sex	Male	259	48.7
	Female	273	51.3
Grade	8	133	25.0
	9	205	38.5
	10	194	36.5
Religion	Hindu	338	63.5
	Buddhism	142	26.7
	Islam	5	0.9
	Kirat	17	3.2
	Christianity	30	5.6
	Total	532	100.0

Table 2: Sex wise distribution of participants exposed to pornography

			Have you ever had sexual intercourse		P-value
			Yes	No	
Sex	Male	N (%)	53 (20.5%)	206 (79.5%)	0.001
	Female	N (%)	27 (9.9%)	246 (90.1%)	

The percentage of participants exposed to pornography was 44.4%. Among them 58.7% male and 30.8% female were exposed to pornography (Table 2). There was a statistically significant association between exposure of pornography and sexual intercourse (X^2=38.794, p-value 0.000). Among the participants who were exposed to pornography 24.7% were less than 13 years and 6.6% were exposed to pornography when they were less than 10 years of age.

Table 3: Sex wise distribution of participants who have had sexual intercourse

			Exposure to pornography		P-value
			Yes	No	
Sex	Male	N (%)	152 (58.7%)	107 (41.3%)	0.00
	Female	N (%)	84 (30.8%)	189 (69.2%)	

Risky Sexual Behaviour

The percentage of participants who had sexual inter course during their life time was 15.0%. Among them 53 (20.5%) male and 27 (9.9%) female had sexual inter course during their life time, p-value 0.001 (Table 3). There was a statistically significant association between sex and sexual inter course (X^2=11.629, p-value 0.001). Males were two times more likely to involve in sexual inter course than female (OR 2.344, 1.423-3.861 at 95% CI). At the age of 13, 4.3% had sexual intercourse and 4.9% had sexual intercourse with two people during their life time. During the past 3 months, 2.8% had sexual intercourse with at least one person. During the last sexual intercourse, 5.5% did not use any method, 1.3% use birth control pills, 6.8% use condoms and 0.4% withdraw to prevent pregnancy. The percentage of the participants who told that they became pregnant or gotten pregnant was 1.7%.

DISCUSSION

In this study, the age of the participants ranges between 12 to 20 years. The average age of the participant is 15.01 years. All the participants were unmarried at the time of study. During the life 15.0% of the students have had sexual intercourse. Among them 20.5% male and 9.9% female had sexual intercourse during the life (Table 3).

The percentage of students who were exposed to pornography was 44.4% (Table 2). Those exposed to pornography were 5times more likely to have had sexual intercourse than those not exposed to pornography (OR 5.082, 2.936-8.796 at 95% CI).

As per the study done by Adhikari R, 42% of the participants had engaged in sexual inter course which was much higher than finding of this study.[8] Such differences may be due to small sample size and inclusion of only governmental schools in this study. According to study done by Thapa et al, 9% of the adolescent had sexual intercourse. The median age at first sexual exposure was found to be 15 years,[3] which is nearly the same finding of this study as the median age of first sexual intercourse was 13 years.

Our finding is correlated with the study done by Singh et al, 2005. They found the prevalence of sexual intercourse among adolescents 18.32% and was more common among boys (25.8%) than girls (9.2%).[9] Our study revealed that during the last sexual intercourse, 5.5% did not use any method, 1.3% use birth control pills, 6.8% use condoms and 0.4% withdraw to prevent pregnancy where as according to Singh et al, 81.76% of the adolescents had practiced safe sex and used condom.[9] This finding suggests that premature sexual intercourse is quite high among adolescents and is required to start proper and effective reproductive health education in school curriculum.

According to Centre for Disease Control and Prevention (CDC) report, 2015 in USA 30.1% of students had had sexual intercourse with at least one person during the 3 months before the survey(i.e., currently sexually active).[10] This study showed very high prevalence of premature sexual intercourse than our study as this was done nationwide among the large number of participants. Condom use during the last sexual intercourse was 56.9%[11] which is also quite high than the finding from our study.

As per the study done in Australia and New Zealand 87% of the participants reported to have exposed to pornography. Among them male participants reported higher frequency of pornography viewing than female participants. Among the participants 30% reported to have first sexual contact when they were very young.[12]

LIMITATION

There are some limitations of this study. First, it was a cross sectional study and the sample of the study though adequate is still small in comparison to most of the cross-national study. Hence, the generalizability of the result is questionable. Few schools were included because of difficulties in getting written informed consent from the school authority.

CONCLUSION

As per the objective of the study, we have been successful in exploring the pattern of risky sexual behaviour among adolescents. Early identification of these health-risk behaviours can help in timely management of crisis every adolescent may have undergone through which help in reducing the morbidity and mortality. This project can be carried out in a large population area from where thewell generalized data can be obtained.

CONFLICT OF INTEREST

None

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