

SEXUAL RISK BEHAVIOR AMONG EMERGING ADULTS AND DEMOGRAPHIC, PERSONAL AND SOCIO-CONTEXTUAL FACTORS

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ABSTRACT

Adolescence is a unique transitional period to enter into adulthood and it is a critical period of life for sexual and reproductive health. Many young people engage in health risk behaviors and experiences which can result unintended impacts and health outcomes. There is lack of research on the adolescent sexual behavior and its impact in developing countries including Nepal. The aim of this study was to synthesize the findings on sexual behavior among adolescents and its associated factors. An integrative review was conducted. The articles included in this review were studies conducted among adolescents, published in English language and those full text available. The results showed the sexual behavior among adolescents is a significant global health issue which has many negative consequences. The sex, area of residence, socio-economic status, family related factors, parental supervision and control, peer related factors, mass media and internet, substance use and problem behavior, perceived support and self-esteem are either directly or inversely related to adolescents sexual behavior. The findings highlighted that based on these preventive and risk factors, the effective intervention can be planned. This study also explored the issues related to sexual risk behavior that reflects the need for future studies to better understand the problem. The study has generated baseline information for those who are interested to work and promote health and positive development of adolescents.

Key words: Adolescents, Nepal, sexual behavior, risk behavior, associated factors

INTRODUCTION

Adolescence is often called a cross road to adulthood and this entire period is the transitional period, therefore, adolescents the emerging adults often undergo with confusion and despairs.¹ Adolescence is a time for sexual exploration and expression as well. Many scholars in different parts of the world have built the evidence that adolescence is often a period of vulnerability for risk behaviors, and this vulnerability may be amplified by their own physical and psychological changes, the developing brain, not having full capability to understand the consequences of their decision, and choices they make or the behavior they adopt.²

For many, sexual intercourse begins in adolescence, in or outside of marriage. Early sexual initiation with unprotected intercourse can lead to unplanned pregnancies and sexually transmitted infections including

HIV.³ At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, the 3.9 million are unsafe. Hence, complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally.⁴

Worldwide adolescent birth rate (ABR) is 42.5 per 1000 women aged 15-19 years. Africa region has highest rate of 102.1 followed by Americas 49.9, Eastern Mediterranean 46.5, South East Asia 26.1, Europe 17.1, and Western Pacific 14.4.⁵ But United Nations, Department of Economic and Social Affairs, Population Division (2020) reported that in 2015-2020, Africa had the highest levels of adolescent birth rate, followed by Asia and Latin America and the Caribbean. The lowest levels were observed in Europe and Northern America,

followed by Oceania.⁶

Sexual risk behavior is found higher in adolescent boys.^{7, 8} However, around the world, girls are in more risk due to the consequences i.e. the effect of teenage pregnancy and associated complications with it.^{4, 6} Nepal Demographic Health Survey reported 31% of never married men had sexual intercourse and the prevalence of teenage pregnancy is 14% of women age 15–19.⁹ In Nepal HIV prevalence among young people (15–24 years) was 0.03.¹⁰ However, 16% of young women and 27% of young men age 15–24 are only knowledgeable about HIV prevention.⁹ There is very scarce of studies in Nepal on adolescents sexual risk behavior. Thus this review study was aimed to synthesize the findings related to adolescents' sexual behavior and the factors associated with sexual risk behavior among these groups. Hence, the findings will be helpful in understanding the problem and will guide future researches so that effective intervention on healthful behavior development and health promotion of adolescent can be achieved.

METHODS

An integrative review was conducted of empirical literature available in PubMed, Google Scholar, ProQuest, Hinari, NepJol and other databases. The key words used in search were adolescents, adolescents AND sexual behavior; adolescents AND risk behavior; factors associated with adolescents' sexual behavior; social context AND adolescents' sexual behavior; family AND adolescents' sexual behavior; peers AND school AND adolescents' sexual behavior; mass media AND internet AND adolescents' sexual behavior; support AND adolescents' sexual behavior; self-esteem AND adolescents' sexual behavior; personal factors AND problem behavior AND adolescents' sexual behavior. The articles published in English language from 2000 to February 2022 and those full text available were included. Collated information was summarized into the given headings as the results of this study.

RESULTS AND DISCUSSION

Adolescence the emerging adulthood is an important stage of life for sexual and reproductive health due to the rapid physical, hormonal, and emotional changes during puberty, including menarche for girls and their new biological capacity to reproduce.¹¹ The rate of early sexual initiation among adolescents differs noticeably among countries and between the sexes. Estimated 75% of females having had at least one sexual experience by

the age of 18 in 2014, the HIV prevalence among girls is nearly twice less than the ones among boys (2.4% vs 4%) in the Africa region.³ Among 14 Latin America and Caribbean (LAC) countries between 2010–2016 period, the percentage of students aged 13–15 years old who had ever had sexual intercourse ranged from 18.9% in El Salvador to 33.5% in Barbados, also with consistently higher percentages of male early initiators. The LAC has the second-highest adolescent fertility rate in the world, estimated at 66.5 births per 1,000 girls 15–19 years old compared to 46 births per 1,000 girls in the same age group worldwide. Currently, an estimated 15% of all pregnancies in LAC occur among girls younger than 20 years old. Meanwhile, adolescent fertility rates in Canada and the United States are below the global average and have been declining steadily over the past decade.¹¹

Sexual behavior is commonly linked with teenage pregnancy. The Global adolescent birth rate (per 1000 women aged 15–19 years) is 42.5.¹² In the South East Asia Region, the adolescent birth rate ranges from 113 per 1000 to girls aged 15–19 years in Bangladesh and second highest 71 per 1000 in Nepal, and the least in DPR Korea 0.7 per 1000.⁷ The Nepal demographic and health survey (NDHS) also identified that, 25% of male and 2% of female of 15–24 years of age has premarital sexual intercourse. The first GSHS in Nepal among adolescent students (13–17 years) revealed that almost 21% of had sexual intercourse, and among those 66.9% had sexual intercourse before age of 14 years.⁹ Similarly, only 57.4% (male-64.4%) of adolescent students used condom during their last sexual intercourse.¹³

A cross-sectional survey in Kathmandu among the college students (of which 35.8% participants were 15–19 years age group from grade 11 and 12) showed that, despite the religious and cultural restrictions, prevalence of premarital sexual intercourse and risky sexual behavior are not uncommon in Nepal, and 39% reported that they have had premarital sex. About two-thirds of the respondents who had experienced premarital sex had sex before the age of 19. Seven percent reported that they had sexual intercourse before the age of 15.¹⁴ It is also reported that 3% of men age 15–24 in Nepal had two or more partners in the last 12 months, and 15% had sex with a person who neither was their wife nor lived with them. Seventy-two percent of young men used condom during their last sexual intercourse with a person who neither was their wife nor lived with them.⁹ On the other side seeking an HIV test may be more difficult for young people compared to adults.¹⁰ Therefore, young population

are in risk to face more negative consequences of their sexual risk behavior.

Factors Associated with Sexual Risk Behavior of Adolescents

Demographic factors

Factors that influence unhealthy behaviors in adolescents may have different impacts in different sociocultural settings.

There is gender difference on sexual behavior i.e., sexual behavior is found higher in adolescent boys.^{7, 8, 15} However, the effects are higher among girls linked to teenage pregnancy and associated complications.^{4, 6, 12} In Nepal, higher percentage of male adolescents reported ever had sexual intercourse as well as unprotected sex, but this gender difference was not statistically significant.¹³ The NDHS also indicated that premarital sex is commonly reported by males than females of 15-24 years of age (25% Vs 2%).⁹ The GSHS survey in Mozambique also reported male were involved in multiple sexual risk behaviours.¹⁵ In Hongkong and Cambodia also a significant gender difference was found, i.e. male adolescents had a higher level of pornography consumption than females,^{16, 17} and Serbian adolescent boys were more likely to engage in multiple risk behavior including sexual behavior.¹⁵

Concerning the age difference, a study in Mexican boys reported that age was not significant for sexual activity¹⁹ but study from El Salvador reported that older students were significantly more likely to report sexual intercourse among both female and male students,²⁰ similarly, study in Nepal also identified older students were significantly more likely to have sexual relation.¹⁴ This is also supported by GSHS survey among adolescents in Mozambique which reported older age and male were associated with multiple sexual risk behaviours.¹⁵

Socioeconomic status was also linked to sexual behavior. A Canadian study showed that adolescents from low income families were more likely to be sexually active, to have more than one sexual partner, fail to use condom and become pregnant.²¹ Study in Hongkong reported that family economic background was not significant for consumption of pornography among adolescents.¹⁶ A qualitative study in Kathmandu among Nepalese youth aged 15 -24 years, projected the financial motives for dating and sexual partnership.²² On the other hand, an Ethiopian study showed whose mothers had private business and those having pocket money predicted premarital sexual practice²³ and boys from a

richer class household in Serbia were three times higher risk than boys from the poorest households.¹⁸

Regarding the rural and urban difference in the context of Nepal, a greater proportion of never married young men aged 15-24 years in rural areas (30%) than in urban areas (23%) had premarital sexual intercourse.¹⁰ A qualitative study among Nepalese teenagers reported that some urban boys agreed that young people often visit sex workers, so that emerging adults in urban areas are at risk of sexually transmitted infections due to their high-risk behavior.²² Similarly, a study from El Salvador elucidated that female adolescents in urban area were 3 times more likely to report sexual intercourse than from rural area.¹⁸

Socio-contextual factors

Family related factors including parental monitoring

Family related factors are found to be associated with sexual behavior. A study from India showed poor and unhealthy family environment had been reported as risk factor for more sexual activity among adolescents.²⁴ In addition, girls from incomplete family were 5 times more likely for risk behavior including sexual behavior was identified from a Serbian study,¹⁸ and a study in US also added that youth from step families than living in single parent and two-parent biological/adoptive families was positively associated with risky sexual behavior.²⁵ Another study in US reported the association between family conflict and risky sexual behaviors.²⁶ Furthermore, it was found that both the positive youth development and family functioning negatively predicted adolescents' pornography consumption in Hongkong.¹⁶ Another study from Ethiopia also identified parental neglect, staying out of family were associated with risky sexual behavior in adolescents.⁴⁰ A study based on problem behavior theory in Kenya projected the association of control protection variable with adolescent's problem behaviors including sexual behavior.²⁶

So that, it supports the notion that control especially the parental supervision, monitoring and control can prevent adolescents from engaging in early and risky sexual activities. Ethiopian and Nigerian studies found that perceived family control or parental psychological control was the predictor to risky sexual behavior^{28, 29} and the likelihood of intercourse was lower with parental restriction of sexual media in UK.³⁰ Bleakley et al. also found association between learning about sex from parents, grandparents and delay sex. Parents' knowledge and sharing these with adolescents can prevent sexual risk but friends and media were associated with

increased likelihood.³¹ However, to the best of our search the studies that assessed the family related factors and adolescent sexual risk behavior in Nepal is not found.

School related factors

Peer influence was found as predictor of sexual behavior in a study among Ethiopian adolescents,²⁷ another study in Ethiopian college students, among which 36.9% were 15-19 years age, showed that students having friends with dating experience and seeing pornography were the independent predictors of pre-marital sexual practices.²³ Peer as risk factor for sexual behavior of adolescents was also found by a study in Cambodia and in UK.^{17, 30} Further more, study in Serbia also reported that adolescents who achieved low or moderate school success had significantly higher risk than younger ones and those with high school success.¹⁸

Social media and internet

Internet access has been found as one of the risk factors of sexual behavior. Media use was identified as the significant predictor of adolescents' risky sexual behavior from studies in Nigeria and UK.^{30, 32} Study in Netherlands indicated that private internet access and less parental rule setting on internet use predicted great engagement in sex related online behaviors of adolescents.³² A Malaysian study also reported a significant positive correlation between media and watching sexually explicit material (SEIM) and sexual intention,³⁴ and a longitudinal study in Hong Kong reported that the internet was the most common medium for watching pornography by adolescents.¹⁶ A qualitative study in Nepal has revealed that now a days dating is becoming popular among youngsters, and the modern communication medias and internet access is making it easier to plan and go for dates. The dating further can increase premarital sex, because most participants had a very positive attitude towards dating and some males argued that dating provides opportunities for sexual pleasure. And access to medias, movies and CDs were also reported to be the factors contributing to premarital sex.²²

Perceived support

Among Mexican adolescent boys who reported disagreement with support from parent/teacher interactions about school had higher the odds of sexual activity i.e. 2.08 than those boys who reported agreement with support from parent/teacher interactions about school.¹⁹ Similarly, Ethiopian study also indicated the association of poor social support with five times increased odds of risky sexual behavior in adolescents.³⁵ Again,

there is scarce of studies on role of perceived support the adolescent sexual behavior in Nepal.

Self-esteem

A study in US among 680 African American and European American sexually experienced adolescents attending public high schools determined that risky sexual behavior was associated negatively with self-esteem,²⁵ while another American study showed weak significant negative association between self-esteem and risk sexual behavior.³⁶ Evidence from Icelandic adolescents and Swedish rural school adolescents also added that both the male and female adolescents with low self-esteem were more likely to engage in risky sexual behavior compared to those with high self-esteem.^{37, 38} Moreover, we found the predictive longitudinal evidence of self-esteem on sexual behavior of adolescents from Netherlands, i.e. self-esteem at T2 predicted less experience with sexual behaviors and more positive sexual emotions at T3.³⁹ Similarly, a Nigerian study revealed low self-esteem increases risk for sexual behavior,²⁹ again across-sectional survey of 361 adolescents in nine secondary schools in Nigeria revealed that adolescents with low self-esteem (RSES) were 1.7 times more likely to be sexually active,⁴⁰ whereas another Nigerian survey among 300 secondary school students from 10 secondary schools indicated that risky sexual behavior was significantly positively associated with self-esteem.³² There is also the findings of no association between self-esteem and sexual behavior from the sample of Slovak adolescent students.⁴¹ The results are inconsistent, and there is further need to be analyzed controlled for other several factors to see the strength and direction of its association.

Personal behavioral factors

The adolescents with other problem behavior had increased likelihood of having sexual risk behavior. An Ethiopian study reported adolescents who were drinking alcohol were 2.55 times more likely to engage in risky sexual behavior.³⁵ Alcohol use and school truancy was identified risk factors for multiple sexual risk behaviors of adolescents in Mozambique.¹⁵ Similarly, findings from Thailand indicated the adolescents who smoke cigarettes, uses cannabis and gambles were twice more likely to have risky sexual behavior.⁴² In addition those with a history of childhood sex abuse were also identified as risk factor for sexual risk behavior in adolescents.⁴²

CONCLUSIONS

This study has highlighted that sexual risk behavior is a significant global issue among adolescents. There are

various short-term and long-term problems linked to the adolescents' sexual behavior. This comprehensive review identified the association of various demographic, personal and socio-contextual factors with sexual behavior of adolescents, such as age, gender, socioeconomic status, residence, parental supervision and control, peer influence, mass media and internet, substance use and problem behavior, perceived support and self-esteem etc. Based on these preventive and risk factors associated with sexual risk behavior, the effective preventive intervention can be planned. This study has explored the issues related to sexual risk behavior which signifies the need for future studies to better understand the issue in Nepal. In overall, this study has generated baseline information for future researchers and those who are interested to promote health and healthful behavior in adolescents.

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