ADOLESCENT SEXUAL BEHAVIOR AND THE FAMILY CONTEXT

INTRODUCTION

In optimizing the wellbeing of children, an important component is the provision of safe and nurturing environment in order to ensure sound physical, cognitive, emotional and social development. Health and wellbeing of adolescents is at risk when exposed to Adverse Childhood Experience (ACEs) (Boynton-Jarrett et al. 2008). ACEs arise from familial interactions which stems within the background of family values and meanings (Larkin & Records 2006). The ACE Study shows that traumatic experiences during childhood is associated with all aspects of health during adolescence and adulthood and also a major cause of death as the child is involved with risky health behaviors in order to cope or adjust (Anda, 2011). Household dysfunction is one of the three categories (Abuse, Neglect) of experiences that make up ACE (Anda et al, 1999). Abuses or neglect are directly imposed on an individual while household dysfunctions (Witnessing domestic violence in the house, household substance abuse, household mental illness, incarcerated household member, and parental separation or divorce) defines the context in which the individual resides.

Adverse Childhood Experiences have a strong influence on: adolescent health, teen pregnancy, smoking, alcohol abuse, illicit drug abuse, sexual behavior, mental health, risk of re-victimization, stability of relationships and performance in the workforce and ACEs increase the risk of: heart disease, chronic lung disease, liver disease, suicide, injuries, HIV and STDs and other risks for the leading causes of death (Anda, 2011). Sexual health is an integral part of health that even affects physical and mental health and should be well addressed at the earlier stages of life. Risky sexual behavior is one of the consequences amidst others of exposure to ACEs (Hillis et al. 2001).

Here, we examined the association between household dysfunctions and family type on sexual behavior of adolescents.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted among senior secondary school students between ages 13-19 in Ibadan, the largest city in West Africa. The city is located in the south-west of Nigeria, and it is made up of 11 local government councils (LGC), five councils are located within the metropolis, while six are in the outskirts of the city. Six schools (3 within the metropolis and 3 in the outskirts) were selected using stratified multistage random sampling technique among schools with coeducation. The students were selected using a multi stage sampling technique, 522 respondents were selected using the Leslie-Kish formula for estimating sample size at 95%confidence interval, 3% margin of error and 10% non response rate.

The study period spanned between May to June 2015. Data was collected using an interviewer assisted standardized questionnaire adapted from Adverse Childhood Experiences questionnaire developed by Centre for Disease Control and Prevention USA, Childhood Trauma Questionnaire developed by Bernstein et al. Questions about household dysfunctions pertained to the respondent's first 18 years of life. 5 categories of household dysfunctions (Witnessing domestic violence in the house, household substance abuse, household mental illness, incarcerated household member, and parental separation or divorce) were assessed with yes or no questions with the former being exposed to the category. Questions about sexual behavior included non-use of condom at last sexual intercourse, multiple sexual partners within previous 3 months and ever had sex in exchange for favor or money. Positive response to any of these constituted risky sexual behavior. Respondents were also asked if they had been treated for Sexually Transmitted Infections (STIs).

Data was analyzed with SPSS version 20 and associations were tested using chi-square test and logistic regression. Statistical significance was set at 5%.

RESULTS

The mean age of respondents was 15.88 ± 1.48 and females constituted 57.7% of the study. 27% of respondents were from polygamous homes and 42.7% have experienced at least 1 category of household dysfunction.

TABLE 1: Household dysfunction experienced

HOUSEHOLD DYSFUNCTION	**YES N(%)**	**NO N(%)**
Parental divorce	70 (13.4)	452 (86.6)
Domestic violence	91 (17.4)	431 (82.6)
Mental illness in the house	99 (19.0)	423 (81.0)
Incarcerated household member	30 (5.7)	492 (94.3)
Substance abuse	85 (16.3)	437 (83.7)

26.4% of the respondents with more males (43.3%) compared to females (14.4%) have initiated sexual activity. Among sexually active respondents, 53.3% did not use condom at last sex, 35% have had sex in exchange for money or favor, 54.7% reported more than one sexual partner within 3 months and 85.4% engage in risky sexual behavior. 20 out of the 21 respondents exposed to parental divorce engage in risky sexual behavior.

TABLE 2: Number of household dysfunctions experienced and risky sexual behavior

Household Dysfunction	Risky Sexual behavior	
	No	Yes
0	15(22.4%)	52(77.6%)
1	4(10.3%)	35(89.7%)
2	1(6.2%)	15(93.8%)
3	0	6(100%)
4	0	8(100%)
5	0	1(100%)

Bivariate analysis between socio-demographics, household dysfunctions and risky sexual behavior revealed that there was an association between marital status, family type, mental illness in the house, substance abuse in the house, violence, number of household dysfunctions with risky sexual behavior ($P<0.05$). There was also a statistically significant association between number of household dysfunctions and being treated for sexually transmitted infections.

After adjusting for socio demographics and other variables using logistic regression, those from polygamous homes and those reporting at least 1 category of household dysfunctions were found to be 4.34 and 4.48 times more likely to engage in risky sexual behavior than those from monogamous homes and those that are not exposed to household dysfunction.

DISCUSSION

This survey of adolescents indicated a moderate prevalence of household dysfunction (42.7%). This is a lower prevalence than that reported in the same study site as 52%, 39% and 23% were reported to have experienced household dysfunction, witnessing domestic violence and parental divorce or separation respectively (Salawu & Owoaje, 2013). This reduction in prevalence could mean that there is increasing awareness of household dysfunctions and its

adverse effect or because the study was conducted and youths in a community as compared to in-school adolescents.

From this study, 26.4% had prior sexual experience which is almost similar compared to another study conducted in Ibadan among adolescents. Male respondents were found to be more sexually active than female respondents ($p<0.001$), this also gives further evidence to reports conducted in Ibadan and Niger state, Nigeria (Morhason-bello et al, 2008 & Adegbenge et al, 2003).

The prevalence of risky sexual behavior also differs significantly across family type, as opposed to a study conducted among undergraduates also in South Western Nigeria (Oluwatosin & Adedidura, 2010). This could because a larger percentage of undergraduates spend lesser time at home and possess feelings of independence when compared to secondary students.

Findings from this study also supports the reports that respondents experiencing household dysfunction were found to engage in risky sexual behavior, adolescent pregnancy and STIs (Kelley et al, 2000, Hillis et al, 2001, Yi et al. 2010).

There are certain limitations to consider in this study: cross- sectional design of this study as temporality could not be ascertained and causal relationships could not be identified and self-reports of household dysfunctions although this is the general methodological approach in assessing these variables.

CONCLUSION

Findings from this study contribute to existing literature on adolescent sexual health. A significant association between family type and processes with adolescent sexual behavior was found. There is therefore a need to recognize family dynamics and its consequences as a challenge for public health in Nigeria and measures taken to address these issues.

REFERENCES

Adegbenga M. (2003) Reproductive knowledge, sexual behaviour and contraceptive use among adolescents in Niger State of Nigeria. *African Journal of Reproductive Health* 7:37-48.

Anda, R. (2011). *The Health and Social Impact of Growing Up With Adverse Childhood Experiences The Human and Economic Costs of the Status Quo* , (pp. 1–20).

Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (1999). Adverse Childhood Experiences and Smoking During Adolescence and Adulthood. *Journal of the American Medical Association*, *282*, 1652–1658.

Boynton-Jarrett, R., Ryan, L. M., Berkman, L. F., & Wright, R. J. (2008). Cumulative Violence Exposure and Self-Rated Health : Longitudinal Study of Adolescents in the, *122*(5), 16–19. doi:10.1542/peds.2007-3063

Dimbuene, Z. T., & Defo, B. K. (2011). Risky sexual behaviour among unmarried young people in Cameroon : another look at family environment. *Journal of Biosocial Science* 129–153. doi:10.1017/S0021932010000635

Hillis, S. D. (2010). The Protective Effect of Family Strengths in Childhood against Adolescent Pregnancy and Its Long-Term Psychosocial Consequences. *The Permanente Journal*, *14*(3), 18–27.

Hillis, S. D., Anda, R. F., Felitti, V. J., & Marchbanks, P. A. (2001). Adverse Childhood Experiences and Sexual Risk Behaviors in Women : A Retrospective Cohort Study. *Family Planning Perspectives*, *33*(5), 206—211.

Kelley, B. T., Thornberry, T. P., Ph, D., Smith, C. A., & Ph, D. (1997). In the Wake of Childhood Maltreatment. *Juvenile Justice Bulletin*.

Larkin, H., & Records, J. (2006). Adverse Childhood Experiences : Overview, Response Strategies and Integral Theory Perspective © 2006 by Heather Larkin, PhD. and John Records, J.D. *Journal of Integral Theory and Practice*, *2*(3).

Morhason-Bello, I. O., Oladokun, A., Enakpene, C. A., Fabamwo, A. O., Obisesan, K. A., & Ojengbede, O. A. (2008). Sexual behaviour of in-school adolescents in Ibadan, South-West Nigeria. *African Journal of Reproductive Health*, *12*(2), 89–97.

Yi, S., Poudel, K. C., Yasuoka, J., Palmer, P. H., Yi, S., & Jimba, M. (2010). Role of risk and protective factors in risky sexual behavior among high school students in Cambodia. *BMC Public Health*, *10*, 477–485.