



SEXUAL BEHAVIOURS OF MALAWIAN ADOLESCENTS: ASSOCIATIONS, AND PATTERNS FROM MALAWIAN NATIONAL SURVEY

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ABSTRACT

Introduction: Adolescent sexuality is an area of public health concern in High HIV prevalence context like Malawi. As any country's future is based on the adolescents' health status. Hence, the knowledge of adolescent sexual behaviours is very important. This study intended to discover the Malawian adolescent sexual behaviours, in terms of their patterns and trends, with a special focus on: whether adolescents have ever had sex before or not, age at first sexual intercourse, number of sexual partners, and use of condoms at last sex.

Methods: A cross-sectional quantitative study conducted among Malawian adolescents. We did a secondary analysis of Malawi adolescent Global School-based Student Health Survey (2009) data sets, and calculated the associations, patterns and trends of adolescent sexual behaviours of the data. The study involved 637264 adolescent participants. 319851 were males and 305149 were females representing 51.2% and 48.8% respectively.

Results: The study involved adolescents aged between 13 – 17. It revealed that of the total 23.2% had ever had sex before. However, there is no statistical significance of being a male or female participants and being involved in sex (Chi-Square Tests: 0.000). In terms of association, being male was positively linked to be involved in a sexual activity (OR, 1.085; 95% CI, 1.059-1.111) while females were unlikely to be involved in a sexual activity (OR, 0.352; 95% CI, 1.059 - 1.111). The study revealed that adolescents had started sexual intercourse at different ages. For example 5.1% had sex before the age of 11, 2.5% had sex at 12, 2.0% had sex at 13, 1.2% had sex 14 and 0.6% had sex at 15 while at age 16 and more no one had sex. The study found that male participants were more likely to have sexual intercourse earlier (OR, 1.176; 95% CI, 1.121: 1.234) while females were unlikely to have sexual intercourse earlier (OR, 0.824; 95% CI, 1.121 - 1.234). The study revealed that 11.7% of adolescents had sexual partners. Males were not likely to be involved in multiple sexual partners (OR, .546; 95% CI, 0.539 - 0.553). The study discovered that 6.5% of adolescents had used condom at last intercourse and 3.5% had not used condom at last intercourse. The study also found that males were linked use condom at last intercourse (OR, 1.519; 95% CI, 0.708 - 0.717) while females were not linked with use condom at last intercourse (OR, 0.344; 95% CI, 0.708 - 0.717).

Conclusion: It is suggested that efforts to improve sexual health of adolescents would do good to adolescents (discourage teenage sex, age at first sexual intercourse after 19 years, to be faithful to one partner, and to constantly use of condoms during sex when not married).

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INTRODUCTION

Adolescent sexuality is a stage of human development in which adolescents experience and explore their sexual feelings. How this stage has been handled has repercussions which can be either negative or positive. Negative in the sense that adolescents can contract HIV due to un-protected sexual intercourse and become HIV positive. Positive In the sense that adolescents can avoid un-protected sex, hence avoiding HIV infection. Interest in sexuality intensifies during the onset of puberty, and sexuality is often a vital aspect of teenagers' lives. Hence a

need to provide information and foster motivation for behavioural modification for sexual health and risk reduction.

Different studies have revealed that adolescent sexuality may encompass multiple factors, such as developing intimate partnerships, gender identity, sexual orientation, religion, and culture. Hence, school-based sexual health interventions like use of contraceptives have been shown to be more effective than interventions that promote abstinence only, with a demonstrated effect on knowledge and use of contraceptives in Thailand (Tulloch & Kaufman, 2013). The study further found that majority of the respondents (65.9%) had not engaged in any sexual risk behaviour, 18.7% had engaged in 2–3 sexual

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risk behaviours, and only 5.5% had engaged in single sexual risk behaviour. Similarly, a study among Thai youths found that 17.9% of participants reported “ever had sex.” The study further found that Lowland Thai adolescents were more likely to have ever had sex compared with ethnic minority adolescents (AOR, 1.61; CI, 1.06–2.45). While a higher proportion of lowland Thai participants reported having ≥ 2 lifetime sexual partners (51.9% vs. 33.3%, $P = 0.003$), or currently having a boy/girlfriend (59.9% vs. 45.3%, $P < 0.001$) compared to ethnic minority adolescents. In terms of consistent condom use was low as 22.6% in both groups (Aurpibul, Tangmunkongvorakul, Musumari, Srithanaviboonchai, & Tarnkehard, 2016). However, a comparative study on coital experience of Chiang Mai 17-20-year-olds who were: (1) out-of-school; (2) studying at vocational schools; and (3) studying at general schools or university found that 80%, 66.6% and 33.3%, respectively, of males in these groups had had intercourse, compared to 53%, 62% and 15% of females (Tangmunkongvorakul, Carmichael, Banwell, Utomo, & Sleigh, 2011). Studies have further found conflicting evidence on the link between poverty and risky sexual behaviour by examining the effect of wealth status on age at first sex, condom use, and multiple partners using nationally representative adolescents' data from Burkina Faso, Ghana, Malawi, and Uganda. The results from these countries show that the wealthiest girls in Burkina Faso, Ghana, and Malawi had later sexual debut compared with their poorer counterparts but this association was not significant for Uganda. Wealth status was weaker among males and significant only in Malawi. The study further found that wealthier adolescents were most likely to use condoms at the last sexual act, but wealth status was not associated with number of sexual partners (Madise, Zulu, & Ciera, 2007).

Sexual transmitted infections among adolescents are a public health concern. However, a study on adolescents' views of and preferences for sexual and reproductive health services highlight promising directions and persistent challenges in preventing pregnancy and HIV and treating sexually-transmitted infections (STIs) in this population. The study results from nationally-representative surveys of 12–19 year-olds in Burkina Faso, Ghana, Malawi and Uganda in 2004 show that contraceptive and STI services and HIV testing are still under-utilized. A big proportion of sexually-active adolescents do not know of any source to obtain contraception or get STI treatment, and social-psychological reasons like embarrassment or fear and financial cost remain common barriers to getting services (Biddlecom, Munthali, Singh, & Woog, 2007).

This study is going to focus on the adolescents' sexual behaviours, associations and patterns with a special focus on; whether adolescents have ever had sex before or not, age first sexual intercourse before 14, Number of sexual partner's lifetime, use of condoms at last sex, and age first sexual intercourse.

MATERIALS AND METHODS

Source of data our study involved secondary analysis of existing data available from the Malawi Global School-Based Health Survey (GSHS) conducted in 2009. The GSHS developed by WHO in collaboration with UNICEF, UNESCO, and UNAIDS with technical assistance from Centers for Disease Control and Prevention in Atlanta, USA aims to provide data on health and other social behaviours among

students. The GSHS uses a two-stage probability sampling technique. In the first stage, primary sampling units are schools which are selected with a probability proportional to their enrolment size. In the second step of sampling a systematic sample of classes in the selected schools are obtained. All students in the selected classes were eligible to participate. Study participants were drawn from different primary and secondary schools in Malawi. A self-completed questionnaire was used. The sample was selected to be representative of the Malawian national sample.

Data analysis

Data analysis was performed using SPSS version 20 software. Our main outcome variable was self-reported history of sexual intercourse within the past 12 months. Explanatory variables were included. Binary logistic regression of Gender and ever had sex, age first sexual intercourse, Number of sexual partners lifetime, and use of condoms at last sex was done.

RESULTS

This section is going to present the results of the study findings based on the Associations, Patterns and Trends of Malawian adolescents' sexual behaviours.

The study involved 637264 adolescent participants. 319851 were males and 305149 were females represented as follows: 51.2% and 48.8% respectively. The study involved adolescents aged between 13 – 17. Table 1 and Table 2 shows the details.

Table 1 Sex of the Participants

Sex of the participants	Frequency	Percent
Male	319851	51.2
Female	305149	48.8
Total	625000	100.0

Table 2 Age of the Participants

Age	Frequency	Percent
11 years old or younger	22465	3.5
12 years old	14354	2.3
13 years old	169285	26.6
14 years old	245741	38.6
15 years old	181038	28.4
16 years old or older	4381	.7
Total	637264	100.0

Sexual status

The study revealed that of the total 23.2% had ever had sex before. It further showed that there is no statistical significance of being a male or female participants and being involved in sex (Chi-Square Tests: .000). However, in terms of association, being male was a positive link to be involved in a sexual activity (OR, 1.085; 95% CI, 1.059-1.111) while females were unlikely to be involved in a sexual activity (OR, 0.352; 95% CI, 1.059-1.111). Table 3, Table 4 and Table 5 shows the details

Table 3 Ever had sex

Response	Frequency	Percent
Yes	132255	23.2
No	438971	76.8
Total	571226	100.0
Total		

Table 4 Regression Variables

Measurement	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Step 1 ^a sex(1)	.081	.012	44.028	1	.000	1.085	1.059	1.111
Constant	-1.044	.012	7259.310	1	.000	.352		

Table 5 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10485.038 ^a	1	.000		
Continuity Correction ^b	10484.372	1	.000		
Likelihood Ratio	10582.827	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	10485.019	1	.000		
N of Valid Cases	545102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 60729.29.
b. Computed only for a 2x2 table

Age at First Sexual Intercourse

The study revealed that adolescents had started sexual intercourse at different ages. For example 5.1% had sex before the age of 11, 2.5% had sex at 12, 2.0% had sex at 13, 1.2% had sex 14 and 0.6% had sex at 15 while at age 16 and more no one had sex. Interestingly the adolescents aged 16 and more reported that they were not involved in sexual intercourse while adolescents less than 11 years reported to have sexual intercourse which maybe be thought to be not common. The study also revealed that as age was increasing the sexual intercourse involvement was decreasing. The study found that male participants were more likely to have sexual intercourse earlier (OR, 1.176;95% CI, 1.121: 1.234) while females were unlikely to have sexual intercourse earlier (OR, 0.824;95% CI, 1.121 - 1.234). Table 6, and Table 7 shows the details.

Table 6 Age first sexual intercourse

Age	Frequency	Percent
Never had sex	551789	88.6
11 years old or younger	31676	5.1
12 years old	15488	2.5
13 years old	13302	2.1
14 years old	7178	1.2
15 years old	3510	.6
16 years old or older	26	.0
Total	622969	100.0

Table 7 Regression Variables

Measurement	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Step 1 ^a age(1)	.163	.024	44.028	1	.000	1.176	1.121	1.234
Constant	-1.125	.023	2490.448	1	.000	.325		

Sexual Partners

The study revealed that 11.7% of adolescents had sexual partners. In terms of multiple partners males were not likely to be involved in multiple sexual partners (OR,.546; 95% CI, 0.539 - 0.553). Table 7 and Table 8 shows the details

Table 8 Sexual Partners

Number of Sexual Partners	Frequency	Percent
Never had sex	555570	88.3
1 person	39454	6.3
2 people	13093	2.1
3 people	10995	1.7
4 people	2025	.3
5 people	5340	.8
6 or more people	2463	.4
Total	628940	100.0

Table 9 Regression Variables

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Step 1 ^a Q2(1)	-.606	.007	8270.927	1	.000	.546	.539	.553
Constant	3.014	.007	204980.242	1	.000	20.376		

Use of Condoms

The study discovered that 6.5% of adolescents had used condom at last intercourse and 3.5% had not used condom at last intercourse. The study also found that males were liked use condom at last intercourse (OR, 1.519; 95% CI, 0.708 - 0.717) while females were not liked with use condom at last intercourse (OR, 0.344; 95% CI, 0.708 - 0.717). Table 9 and Table 10 shows the details.

Table 10 Use of condom at last intercourse

Response	Frequency	Percent
Never had sex	540023	90.0
Yes	39042	6.5
No	20760	3.5
Total	599824	100.0

Table 11 Regression of Variables

Measurement	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Step 1 ^a condom(1)	.418	.011	1431.020	1	.000	1.519	1.487	1.552
Constant	-1.068	.011	9341.228	1	.000	.344		

DISCUSSION OF FINDINGS

The study involved 637264 adolescent participants. 319851 were males and 305149 were females representing 51.2% and 48.8% respectively. The study revealed that adolescents engaged in sexual intercourse as early as less than 11 years old. The study also revealed that 23.2% adolescents had ever had sex before. Male participants were more likely to be involved in sexual intercourse than females. In terms of association, being male was positively linked to be involved in a sexual activity (OR, 1.085; 95% CI, 1.059-1.111) while females were unlikely to be involved in a sexual activity (OR, 0.352; 95% CI, 1.059 - 1.111). This was similar to what (Rudatsikira, Ogwell, Siziya, & Muula, 2007) study found on prevalence and associated factors of sexual intercourse among school adolescents in Coast Province, Kenya found a prevalence of 14.9% (22.2% in males and 5.0% in females) of sexual intercourse within the last 12 months.

The study revealed that 11.7% of adolescents had sexual partners. Males were not likely to be involved in multiple sexual partners (OR, .546; 95% CI, 0.539 - 0.553). Similar studies have found that adolescents in different societies tend to have sexual partners. However, a study by (Ford & Lepkowski, 2004) found that partner characteristics of age and school attendance were associated with the reporting of Sexual Transmitted Disease infection (STD). The odds ratio for STD infection was 1.46 (95% confidence interval (CI) (1.22-1.75) if the adolescent's partner was two or more years older and 1.37 (95% CI (1.16-1.62) if the partner did not attend the adolescent's school.

The study revealed that adolescents had first sexual intercourse at different ages. For example 5.1% had sex before the age of 11, 2.5% had sex at 12, 2.0% had sex at 13, 1.2% had sex 14 and 0.6% had sex at 15 while at age 16 and more no one had sex. Similarly, a study by Sieving, Eisenberg, Pettingell, & Skay, (2006) revealed that 18% of participants initiated intercourse. The study further found that higher the proportion of a youth's friends who were sexually experienced, the greater

the odds of sexual debut (odds ratio, 1.01). It also discovered that the odds were also elevated among youth who believed that they would gain their friends' respect by having sex (1.2). The study discovered that 6.5% of adolescents had used condom at last intercourse and 3.5% had not used condom at last intercourse. However, a similar study by Halcón & Lifson, (2004) found that 58.7% of males and 75.6% of females reported recent sexual intercourse. Of those, one third of males and half of the females used no barrier method with at least one partner. Both gender (female) and race/ethnicity (non-Black) were associated with having intercourse without a barrier contraceptive method.

In conclusion, whether adolescents have ever had sex or not, age at first sexual intercourse, number of sexual partners, and use of condoms at last sex are likely to be associated with Gender (being male or female) in Malawi. The well designed, implementation and evaluation of public health interventions aimed to promote adolescent sexual health should be significant to address these associated factors.

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