

Risky Sexual Behaviors among Rural Teenagers in Vhembe District, South Africa

T. H. Oni and T. G. Tshitangano*

*Department of Public Health, School of Health Sciences, University of Venda,
Thohoyandou, South Africa, 0950*

**E-mail: takalani.tshitangano@univen.ac.za*

KEYWORDS Teenagers. Sexual Partners. Condoms. Sexually Transmitted Infections. Sexual Practices

ABSTRACT This paper investigated the prevalence of risky sexual behaviors among rural teenagers of Vhembe district, South Africa. The paper adopted a quantitative approach using a descriptive survey design. Data was collected from a total of 331 randomly selected learners, aged 14-18 years from 10 secondary schools that make up Vhumbedzi Circuit in the Vhembe District using a self-administered questionnaire. Validity and reliability of the instrument were ensured. Permission to enter the schools was obtained from the Circuit Manager. Parents/learners informed consent was obtained prior to data collection. Statistical package for Social Sciences was used to analyze data in terms of frequency and percentages. The results of the study revealed that risky sexual behavior such as unprotected sex with multiple partners exists among rural teenagers with some being victims of unwanted pregnancy and Sexual Transmitted Infections.

INTRODUCTION

South Africa's population is largely made up of young people. South Africa's National Youth Policy (2009-2014) defines young people as persons from 15-34 years old. With over 54 million South African, 18.5 percent are between the ages of 10-19; 24 percent are aged 15-24 years; and 66 percent are between the ages of 25-35 years. As a big part of the population; and while the country's history was driven by young people through the Soweto uprising in 1976, young people are at the heart of the future of South Africa (United Nations Population Fund 2014). The South Africa's National Youth Policy (2009-2014) is geared towards prioritizing the needs of young people with regard to health and well-being in order to empower youth for economic development and positive change.

Despite all this attention youth are receiving from government priorities, South African youth experience a variety of health problems such as HIV, STI and teenage pregnancy. According to Kaufman et al (2014), HIV prevalence among South African youth remains among the highest in the world with 400 000 new infections occurring in 2012. According to the United Nations Population Fund (2014), of the 6.4 million HIV positive South Africans, HIV prevalence is twice as high amongst youth between the ages of 15 and 24 at 2.1 percent. Similarly, the Human Sciences Research Council of South Africa (2013)

reported that HIV prevalence increased in all provinces in 2012.

Another problematic health challenge among South African youth is teenage pregnancy. The Department of Basic Education (South Africa 2015) has recorded 20 000 learner pregnancies with 223 of those coming from primary schools in 2014 alone. Briefing the portfolio committee on health, the Minister of Health South Africa, Dr Aaron Motsoaleli said that in 2012-2013, 8 percent of South African pregnancies were of girls under the age of 18 years. But the 8 percent accounted for 36 percent of maternal deaths. Emphasizing the teen maternal deaths issue, Dr Motsoaleli said that a high number of young girls die during pregnancy or in childbirth in South Africa. Thus, teenage mothers account for more than a third of deaths in childbirth in South Africa. According to the UN Population Fund, South Africa records 3200 maternal deaths a year. Dr Motsoaledi said 49 percent of maternal deaths were HIV/AIDS related in 2013. Many deaths were the result of backstreet abortions. Despite a recent ruling by a Constitutional Court that schools cannot expel pregnant students, many teen moms nonetheless are compelled to quit their studies in order to take care of their infants.

Another health challenge facing South African youth is sexually transmitted infections (STIs). Though as a country, South Africa does not have youth STIs statistics, a study conducted in the Eastern Cape by Maseko (2011) dem-

onstrated an extremely high STI burden among teenagers with both prevalence and incidence rates higher in females. Of the 1057 adolescent (mean age 17) whose biological samples were collected for STI screening in Maseko's study, 95 percent STI prevalence was discovered. Among males the prevalence was: *N. Gonorrhoeae* was 1.8 percent, *C. trachomatis* 7.2 percent, *T. vaginalis* 0.9 percent, Herpes Simplex virus type 2 was 5.1 percent. Among females the prevalence was: *N. Gonorrhoeae* was 8.8 percent, *C. trachomatis* 18.3 percent, *T. vaginalis* 7.2 percent, Herpes Simplex virus type 2 was 15.6 percent.

The key driver of HIV, STI and teen pregnancy is risky sexual behaviors such as multiple sexual partners, unprotected sex and early sexual debut (Negeri 2014; Folayan et al. 2014; Salih et al. 2015; Kann et al. 2014; Noroozi et al. 2014; Devieux et al. 2014; Lewis et al. 2014; Chang et al. 2014; Mulu et al. 2014; Ca et al. 2015; Mushoriwa 2014; Fentahun et al. 2014; Dessie et al. 2014; Bogale et al. 2014). Several studies have been conducted worldwide to assess the prevalence of sex-related risk factors of teen pregnancy and STIs. Only one study was conducted in Cape Town and Port Elizabeth, South Africa, which are urban cities. This study aimed to investigate the prevalence of risky sexual behaviors among rural teenagers in Vhembe district, South Africa.

Objectives of the Study

Describe teenagers' age at first sexual intercourse

Identify the number of sexual partners teenagers have

Explore the use of condom during sexual intercourse.

METHODOLOGY

Study Design

Based on the purpose of the study, a quantitative cross-sectional descriptive survey design was adopted. A descriptive research design is deemed suitable by the researchers because it describes and interprets phenomena that are in existence, while at the same time using a cross-sectional survey method to collect data from subjects at one point in time to describe a phenomenon (Brink et al. 2006).

The Study Setting

The study was conducted at Vhumbedzi educational circuit which is situated in the east of Sibasa in the Vhembe District and north of Kruger National Park. The circuit consists of 10 secondary schools, 24 primary schools and one independent primary school. The target population of this project was all secondary school learners from Grade 8–Grade 12 in Vhumbedzi circuit.

Population and Sample

Ten secondary schools in the Vhumbedzi educational circuit had a total population of 5019, which included grades 8 to 12 males and female learners. Thus, the population of 5019 learners was targeted for this study. Based on the sampling frame of 5019, sample size of $n=370$ was calculated using Slovin's formula $[n=N/\{1+Ne^2\}]$ where n and N denote the sample and population sizes respectively thus allowing a margin error of $e=0.05$.

A two stage stratified sample selection process was employed using grades and gender as strata within each of the 10 participating schools. Learners were randomly selected within each stratum based on population proportional to size procedure which ensured proportional representativeness of grade and gender in the final sample.

Data Collection Instrument

A semi-structured self-administered questionnaire comprising of closed and open-ended questions was adapted from the 2011 high school Youth Risk Behavior Survey (YRBS) of the Centers for Disease Control and Prevention (2011). The instrument was written in English and required approximately 60 minutes to complete. Caution was taken to ensure that it was user-friendly and understandable. The questionnaire was divided into 8 sections namely demographic profile of the participants; learners' experience of sexual intercourse; ages of first sexual intercourse; reasons of first sexual intercourse; number of sexual partners; number of pregnancies responsible for; prevalence of STIs; and use of condoms.

Instrument Validity

To ensure validity, the instrument used in this study was adapted from the YRBS ques-

tionnaire of the Centers for Disease Control and Prevention (2011) to suit the local conditions. A wide range of literature was also consulted on the variables of interests. Also, the instrument was pre-tested on some volunteer learners in one school similar to the target population next to the university. Pre-testing results were used to rephrase and modify some aspects of the questionnaire thus making it suitable and comprehensible to the participants.

Instrument Reliability

The reliability of the instrument was bolstered by adapting a questionnaire based largely upon the Centers for Disease Control and Prevention 2011 national high school *Youth Risk Behaviors Survey* (YRBS). The YRBS is a standardized instrument developed by the CDC to measure risk behaviors of high school students with generally high reliability rating [$Kappa=61 - 100\%$] (Brener et al. 2002; CDC 2011).

Ethical Considerations

The Research and Innovation Directorate of the University of Venda issued an ethical clearance certificate (SHS/12/PH/03/0812) for the project titled "Community health diagnosis of secondary school learners in Vhumbedzi circuit, South Africa" in August 2012. Permissions to conduct this research project and to enter schools were obtained from the Department of Health – Limpopo province and the Vhumbedzi circuit office respectively. Final access to the participating schools was negotiated with the school authorities. Written informed consent was obtained from learners and their parents before the administration of the instrument. In addition, participants' names and identities were not required and at the same time, no staff member was allowed at the survey venue during the time the questionnaires were administered to ensure learners anonymity, confidentiality and voluntary participation.

Data Collection or Survey Procedure

The study was conducted over a three-week period between October and November 2012. All 10 schools were visited by the research team to identify the learners who were to participate in the study. Questionnaires were distributed to 370 learners proportionally. Dates for data col-

lection were pre-arranged by circuit office and school authorities; and within each participating school, a special class was organized where the research team briefed the participants and assisted in facilitating the administration of the instrument and addressing issues arising thereof. The administration of the questionnaires lasted approximately 60 minutes and the response rate was 89 percent ($n=314$).

Data Analysis

Survey responses were coded and analyzed the Statistical Package for the Social Sciences (SPSS) version 21.0 software. Descriptive statistics (frequencies and percentages) were used to summarize the data.

RESULTS

Demographic Profile of the Participants

Though self-administered questionnaires were distributed to 370 learners proportionally according to grades, added together the response rate was 89 percent ($n=314$). Thus, about 143 (45.5%) of the respondents were males whereas 54.5 percent ($n=171$) of the respondents were females (see Tables 1 and 2 for details).

Table 1: Summary of the demographic profile of the respondents

<i>Gender</i>	<i>Frequency</i>	<i>Percentages</i>
Males	143	45.5%
Females	171	54.5%

Ever had Sexual Intercourse

Out of the 314 respondents, 143 (45.5%) males and 171 (54.5%) females, of which 40.56 percent and 19.30 percent of males and females respectively, were already sexually experienced (see Table 2).

Ages of First Sexual Intercourse Experience

The respondents' age at coitache varied among the participants with the majority of both males (66.67%) and females (78.79%) having their first sexual intercourse at ages 15-20 years of age, respectively. Though respondents who had their first sexual experience at ages 10-15 are not

Table 2: Distribution of the respondents according to sexual intercourse experience

Variable	Male			Female		
	<i>n</i>	Yes	No	<i>n</i>	Yes	No
Have you ever had sexual intercourse	143	40.56%	59.44%	171	19.30%	80.70%

the majority, but the statistics are worrying (21.05% for males and 15.15% for females) (See Table 3 for details).

Table 3: Distribution of the respondents' age at sexual debut

Variable	Male		Female	
	Number	Percentage	Number	Percentage
Age at sexual				
5 - 10	1	1.75%	1	3.03%
10 - 15	12	21.05%	5	15.15%
15 - 20	38	66.67%	26	78.79%
20 - 25	6	10.53%	1	3.03%
Total	57	100.00%	33	100.00%

Reasons for First Sexual Experience

While 31.58 percent (n=18) of the male respondents had their first sexual intercourse due to desire, for majority (46.88% n=15) of the females it just happened. The number of those who had their first sexual experience due to peer pressure and wanting to experiment is also worrying for male respondents (17.54% respectively). The majority of male respondents (7.02 n=4) suffer from partner pressure as compared to females (6.25% n=3) (See Table 4).

Number of Sexual Partners

The majority of male (25) whilst the other 21 female respondents admitted to having more than one sexual partner. Similarly, the majority of females (24) had one sexual partner with only six admitting to having multiple partners. Only five

Table 4: Distribution of the Respondents according to reasons for having first sexual intercourse

Variable	Male		Female	
	Number	Percentage	Number	Percentage
Desire	18	31.58%	8	25.00%
Just happened	15	26.32%	15	46.88%
Peer pressure	10	17.54%	3	9.37%
Pressure of partner	4	7.02%	3	9.37%
Want to be pregnant	0	0.00%	1	3.13%
Want to experiment	10	17.54%	2	6.25%
Others	0	0.00%	0	0.00%
Total	57	100.00%	32	100.00%

respondents (both male and females combined) did not have multiple sexual partners (see Table 5).

Table 5: Distribution of respondents according to number of sexual partners

Variable	Male	Female
Number of sexual partners		
0	3	2
1	25	24
2	11	6
3	2	0
4	4	0
5	2	0
8	1	0
12	1	0

Number of Pregnancies Responsible For

The majority of female respondents (30.3%) had been pregnant before as compared to only (12.5%) of males who had made someone pregnant in their lifetime (Table 6).

Table 6: Distribution of respondents according to whether they have been pregnant or made someone pregnant

Variable	Male				Female			
	Yes		No		Yes		No	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Have your ever been pregnant or made some one pregnant	7	12.50%	49	87.50%	10	30.30%	23	69.70%

Use of Condoms and Prevalence of Sexually Transmitted Infections (STIs)

It was also observed that 77.78 percent males and 68.5 percent females have recently been using condoms, while 11.76 percent and 6.67 percent of the males and females respectively had been diagnosed with STIs.

DISCUSSION

The study has discovered a high prevalence of early sexual debut of between 15-20 years, multiple partners and unprotected sex.

Early Sexual Debut

Mulugeta and Berhane (2014) discovered a mean sexual debut of 16 years with a minimum age of sexual debut of 13 years. Similarly, Bogale and Seme (2014) discovered the same sexual debut age of 16 in North western Ethiopia. In South Africa the UNFPA (2014) revealed an early sexual debut at 15 years with multiple sexual partners. Salinah et al. (2015) discovered a mean sexual debut age of 16.6. On the contrary, Mulu et al. (2014) discovered a mean age at first sexual intercourse was 18.6 years in Bahir Dar University. Sexual debut at an earlier age has been associated with increased risk of cervical cancer.

Multiple Sexual Partners

The issue of multiple sexual partners is a common behavior among adolescents (Mushoriwa 2014). Similar results were found worldwide. Mulugeta and Berhane (2014) discovered a 47 percent having more than one sexual partner in Dar town, Ethiopia. Dessi et al. (2014) discovered 21 percent prevalence of multiple sexual partners in Harar Ethiopia. In South West Ethiopia, Fentahun and Momo (2014) discovered a 48 percent prevalence of multiple sexual partners at a preparatory school. Lewis et al. (2014) also discovered multiple sexual partners among high school teenagers in Philadelphia. Kann et al. (2014) discovered a 15 percent prevalence of multiple sexual partners in the United States. Multiple sexual partners coupled with unprotected sex predispose teenagers to viral infections (HIV, HPV etc.); and bacterial infection (gonorrhoea, Chlamydia trachomatis). Some of these infections can cause serious health prob-

lems that range from infertility to chronic pelvic pain and cancer of cervix. The cost of treating STI is substantial. It is estimated that the cost of treating 20 million infections a year comes to \$16 billion (Doyle 2013).

Unprotected Sex

Dessi et al. (2014) discovered 31 percent prevalence of unprotected sex. In Brazil, Sanchez (2013) discovered a 50 percent prevalence of unprotected sex. Negeri (2014) discovered a 41 percent prevalence of unprotected sex amongst youth in Western Ethiopia.

CONCLUSION

This study has shown that a considerable proportion of rural teenagers still practice risky sexual behaviors such as early sexual debut, unprotected sex and sexual intercourse with multiple partners with some being victims of unwanted pregnancy and Sexual Transmitted Infections.

RECOMMENDATIONS

Strategies such as behavior modification using various modalities; sex education and making a friendly/private environment for condom availability are important to address risky behavior among teenagers. Everyone who is sexually active not using condom with multiple partners should at least have one HIV test and be screened annually for STIs. Strict parental monitoring should be encouraged.

REFERENCES

- Bogale A, Seme A 2014. Premarital sexual practices and its predictors among in-school youths of Shendi town, West Gojjam Zone, North Western Ethiopia. *Reproductive Health*, 11: 49 doi:10.1186/1742-4755-11-49.
- Brener ND, Kann L, McManus T, Kinchen SA, Sundberg EC, Ross JG 2002. Reliability of the 1999 youth risk behavior survey questionnaire. *Journal Adolescent Health*, 31(4):336-42.
- Brink H, Van Der Walt C, Van Rensburg G 2006. *Fundamentals of Research Methodology for Health Care Professional*. 2nd Edition. Cape Town: Juta.
- Center for Disease Control (CDC) 2011. Youth Risk Behavior Survey Questionnaire. From <http://www.cdc.gov/healthyyouth/yrbs/questionnaire_rationale.htm> (Retrieved on 3 May 2012).
- Dessie Y, Berhane Y, Feeney J, Dringus S, Weiss H, Delany-Moretlwe S, Ross DA 2014. High parental monitoring prevents adolescent from engaging in

- risky sexual practices in Harar, Ethiopia. *Global Health Action*, 7 doi:10.3402/gha.v7.25724.
- Doyle K 2013. Million of Americans has an STD: Report. *Health Day News*, February 14, 2013, P. 1.
- Fentahun N, Momo A 2014, Risky sexual behaviors and associated factors among male and female students in Jimma Zone preparatory schools, South West Ethiopia: Comparative study. *Ethiopian Journal of Health Science*, 24(1): 59-68.
- Folayan MO, Odetoyinbo M 2014. Differences in sexual behavior and sexual practices of adolescents in Nigeria based on sex and self-reported HIV status. *Reproductive Health*, 11: 83. Doi: 10.1186/1742-4755-11-83.
- Kann L, Kinchen S et al. 2014. Youth risk behavior surveillance – United States. *MMWR Surveillance Summary Report Series No. 13*, 63 Supplement, 4: 1-168.
- Kaufman ZA, Braunschweig EN, Feeney J, Dringus S, Weiss H, Delany-Moetlwe S, Ross DA 2014. Sexual risk behavior, alcohol use and social media use among secondary school students in informal settlements in Cape Town and Port Elizabeth, South Africa. *AIDS Behavior Journal*, 18(9): 1661-1674.
- Lewis FM, Newman DR, Anschuetz GL, Mettey A, Asbel L, Salmon ME 2014. Partner meeting place is significantly associated with gonorrhea and chlamydia in adolescents participating in a large high school sexually transmitted disease screening program. *Sexually Transmitted Diseases Journal*, 41(10): 605-710.
- Maseko DV 2011. Incidence and Prevalence of Sexually Transmitted Infections among School Students in the Eastern Cape, South Africa. *Paper presented at 4th FIDASSA Congress* in Elangeni Hotel Durban, South Africa, September 8 to 11, 2011
- Mulu W, Yimer M, Abera B 2014. Sexual behavior and associated factors among students at Bahir Dar University: A cross-sectional study. *Reproductive Health*, 11. Doi: 10.1186/1742-4755-11-84.
- Mulugeta Y, Berhane Y 2014. Factors associated with premarital sexual debut among unmarried high school in Bahir Dar town, Ethiopia: Cross-sectional study. *Reproductive Health*, 11:40 doi:10.1186/1742-4755-11-40.
- Mushoriwa T 2014. An assessment of sexual practices among urban high school students in Swaziland. *Mediterranean Journal of Social Sciences*. Doi:10.5901/mjss.2014.v5n8p402.
- Negeri EL 2014. Assessment of risky sexual behaviors and risk perceptions among youths in Western Ethiopia: the influences of family and peers: A comparative cross-sectional study. *Biomedical Central Public Health*, 14: 301. Doi:10.1186/1471-2458-14-301.
- Salih NA, Metaferia H 2015. Premarital sexual activity among unmarried adolescents in Northern Ethiopia: a cross sectional study. *Sexual Reproductive Health Council*, 6(1): 9-13.
- Sanchez ZM, Nappo SA 2013. Sexual behavior among high school students in Brazil: alcohol consumption and legal and illegal drug use associated with unprotected sex. *Clinics (Sao Paulo)*, 68(4): 489-494.
- United Nations Population Fund (UNFPA) South Africa 2014. Adolescent and Youth. From <unfpa.org.> (Retrieved on 2 May 2015).
- United Nations Population Fund (UNFPA) South Africa 2014. HIV prevention. From <unfpa.org.> (Retrieved on 2 May 2015).
- Van der Linde 2013. HIV/AIDS in South Africa: At Last the Glass is Half Full. *Human Sciences Research Council Plenary Sessions 3*, June 20, 2013
- Williams D, Nair N 2013. 20 000 Learners Fell Pregnant in 2014: Dept. *Mail and Guardian, Weekly*. March 25, 2015, P. 1.
- Williams D, Nair N 2013. Teenage Pregnancy Shock. *Mail and Guardian, Weekly*. October 31, 2013, P.1.