

***Disparities in sexual behaviour of adolescent boys and girls living in an informal settlement in Nairobi***

Rhoune Ochako<sup>1</sup>, Karen Austrian<sup>1</sup>,

<sup>1</sup> *Population Council – Kenya*

\* *Corresponding Author – [rochako@popcouncil.org](mailto:rochako@popcouncil.org)*

**Abstract**

Early sexual debut, sex before the age 18, puts adolescents at the risk of sexually transmitted infections including HIV, unintended pregnancies, child marriages, gender based violence among others. Promoting safe sexual practices during adolescence is critical for their development as they transition into adulthood. This study interviewed 2527 (44.8%) boys of ages 10-24 and 3117 (55.2%) girls of ages 10-19. We explore sexual behaviour among adolescent boys and girls. Overall, more boys reported ever having sex, 51.0% compared to 29.4% among girls. For majority of the girls (75.4%), their sexual partner when they first had sexual intercourse was older, compared to 11.1% among boys. The prevalence of risky sexual behaviour, measured by use of condom during sex, was higher among boys, who reported condom use among 53.3% who had sex as compared to 65.9% for girls. However, the first sexual experience for girls was unwanted as only 27.0% reporting wanting sex then compared to 73.0% for boys.

## **Introduction**

Early sexual debut, sex before the age 18, puts adolescents at the risk of sexually transmitted infections including HIV, unintended pregnancies, child marriages, gender based violence among others (Puente D. et al., 2011). According to the Kenya Demographic and Health Survey 2014, Fifteen percent of women age 20-49 had first sexual intercourse by age 15, 50 percent by age 18, and 71 percent by age 20. Twenty-two percent of men age 20-49 had first sexual intercourse by age 15, 56 percent by age 18, and 76 percent by age 20 (KDHS 2014). This evidence confirms that men have an earlier sexual debut than women. These findings support the need to encourage adolescents to postpone sex. Despite investments in adolescent sexual and reproductive health, challenges of meeting their needs persist. It therefore remains important to understand the factors associated with early sexual debut between adolescent boys and girls to help shape their behavior as they transition into adulthood.

Promoting safe sexual practices during adolescence is critical for their development as they transition into adulthood. Adolescent sexual and reproductive health and rights are backed by international legal instruments. In 2002, the UN General Assembly Special Session on Children recognized the need to develop and implement health policies and programs for adolescents that promote their physical and mental health (United Nations 2002); in 2003, the Committee of the Convention on the Rights of the Child issued a General Comment recognizing the special health and development needs and rights of adolescents and young people (United Nations 2003). Other supporting instruments are the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the right to health - a concept included in various international agreements such as the Universal Declaration of Human Rights and the Sustainable Development Goals, which include indicators to reduce pregnancy rates among 15-19 year olds, increase HIV knowledge, and reduce the spread of HIV among young people. In line with these international policies and treaties, Kenya through the Ministry of Health has developed policies, to address the need for adolescent and youth friendly services, such as the adolescent sexual and reproductive health policy.

In order to develop effective preventive interventions and policies, there is need to base such policies on evidence and hence the need to understand the role of gender norms in influencing sexual behaviour of adolescent boys and girls. Gender differences in norms for sexual behaviour remains important in understanding attitudes towards sex. For instance, males tend to initiate sex earlier, are more likely to report more sexual partners and have more non-judgmental perceptions about sex than females. Although sexual behaviour among boys may be considered a normative rite of passage, girls are stigmatized and blamed for sexual behaviour that result in undesirable outcomes such as sexually transmitted infections and unwanted pregnancy. Adolescent boys and girls' perceptions about sex is usually influenced by messages from friends, family and society which, in turn, shape different attitudes and beliefs about sexual initiation and childbearing (Cuffee J, et. al., 2007). Despite this knowledge on the sexual behaviour of adolescent boys and girls, little research has been done to understand the influence of gender norms on sexual behaviour among adolescents. This study therefore seeks to address this gap by comparing

## **Methodology**

Data from this study is drawn from the NISITU project, a quasi-experimental study seeks to compare the differential impact between a girls-only program and girls and boys/young men's programs being implemented in parallel. The program seeks to determine the effect of the intervention on each of the beneficiary groups, but will also determine if there is an added benefit for girls on outcomes related to gender norms and experience of sexual and gender based violence when boys and young men in their community are also participating in a program. Baseline quantitative data has been collected on key socio-demographic indicators, as well as self-efficacy, gender norms, social networks, financial education and income generation, sexual behaviour, and experience and perpetration of sexual and gender based violence.

This paper will analyze data from 5644 boys and girls from three informal settlements in Nairobi and carry out bivariate and multivariate analysis to understand the association between various background factors and sexual behaviour of adolescent girls, boys and young men. The study was reviewed and approved for compliance by the Population Council Institutional Review Board (p829) and the AMREF Ethics & Scientific Review Committee (P407-2017). In addition, research permits were obtained from the National Council on Science, Technology and Innovation in Kenya (P/18/6952/21227).

## **Results**

This study interviewed 2527 (44.8%) boys of ages 10-24 and 3117 (55.2%) girls of ages 10-19. The mean age for boys was 17.1 and 14.6 for girls. Overall, more boys reported ever having sex, 51.0% compared to 29.4% among girls. For majority of the girls (75.4%), their sexual partner when they first had sexual intercourse was older, compared to 11.1% among boys. The prevalence of risky sexual behaviour, measured by use of condom during sex, was higher among boys, who reported condom use among 53.3% who had sex as compared to 65.9% for girls. However, the first sexual experience for girls was unwanted as only 27.0% reporting wanting sex then compared to 73.0% for boys.

## **Discussion**

This paper adds to our knowledge that more boys than girls engage in risky sexual behaviour. These differences could be due to gender norms that shape the behaviour of boys and girls in the society. While condoms are known to prevent the transmission of STIs including HIV, more boys did not use condoms during their first sexual encounter. We hope to conduct further analysis to understand the role of gender norms, caregiver closeness, depression, decision making ability, freedom of movement and other demographic factors in shaping sexual behaviour among adolescent boys and girls.

## References

United Nations. Resolution adopted by the General Assembly [on the report of the Ad Hoc Committee of the Whole (A/S-27/19/Rev.1 and Corr.1 and 2)] S-27/2. A world fit for children 2002. 11 October 2002 Twenty-seventh special session. [http://www.unicef.org/specialsession/docs\\_new/documents/A-RES-S27-2E.pdf](http://www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf).

United Nations. Convention on the Rights of the Child. General Comment No. 4 (2003). Adolescent health and development in the context of the Convention on the Rights of the Child. CRC/GC/2003/4 <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G03/427/24/PDF/G0342724.pdf?OpenElement>.

United Nations. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). <http://www.un.org/womenwatch/daw/cedaw/>. Accessed October 24, 2014.

World Health Organization. The Right to Health. Fact Sheet No. 31. [http://www.who.int/hhr/activities/Right\\_to\\_Health\\_factsheet31.pdf?ua=1](http://www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf?ua=1).

United Nations. The Millennium Development Goals (MDGs). <http://www.un.org/millenniumgoals/>. Accessed October 24, 2014.

Cuffee Juanita J., Hallfors Denise D., and Waller Martha W.. Racial and Gender Differences in Adolescent Sexual Attitudes and Longitudinal Associations with Coital Debut. *J Adolesc Health*. 2007 Jul; 41(1): 19–26. doi: 10.1016/j.jadohealth.2007.02.012

Puentea Diana, Zabaletaa Edurne, Rodríguez-Blancoa Teresa, Cabanasa Marta, Monteagudoa Mònica, Pueyob Maria Jesús, Janéc Mireia, Mestrec Núria, Mercaderb Mercè, Bolíbara Bonaventura, for the “Salut i escola” study group. Gender differences in sexual risk behaviour among adolescents in Catalonia, Spain. *Gac Sanit*. 2011;25(1):13–19.