Global Advanced Research Journal of Social Science (GARJSS) Vol. 2(7) pp. 163-168, July, 2013 Available online http://garj.org/garjss/index.htm Copyright © 2013 Global Advanced Research Journals

Full Length Research Paper

Age at sexual debut and associated factors among high school female learners in Limbe urban area of Cameroon

Elvis Enowbeyang Tarkang

HIV/AIDS Prevention Research Network, Cameroon (HIVPREC) P. O. Box 36, Commonwealth Avenue, Kumba, Cameroon

E-mail: ebeyang1@yahoo.com; Phone: +237 77 63 20 64

Accepted 29 July, 2013

Age at sexual debut is an important determinant of HIV transmission. However few studies have reported on the age of sexual debut among young women in Cameroon. This study aimed at investigating the age at sexual debut and associated factors among high school female learners in Limbe urban area of Cameroon. A cross-sectional design was adopted, using self-administered questionnaires to collect data from a representative sample of 210 high school female learners, selected from three high schools. Statistics were calculated using the Statistical Package for Social Sciences version 20 software program at the 0.05 significant level. Among the sexually active respondents, 60.2% had sexual debut at age 16 years or less, with the mean age at sexual debut being 15.5 years. Multiple sexual partners in the past one year were more common among those whohad early sexual debut than those who had late sexual debut ($X^2=72.935$; p=0.001); multiple concurrent sexual partners during the study period were more common among those who had early sexual debut than those who had late sexual debut ($X^2=138.136$; p=0.000);Condom use during first sex was more common among those who had late sexual debut than those who had early sexual debut ($X^2=44.038$; p=0.015); Condom use during last was more common among those who had late sexual debut than those who had early sexual debut ($X^2=42.535$; p=0.022).Programmes to delay sexual debut should be designed and implemented.

Keywords: Sexual debut, HIV, High school female learners, Limbe, Cameroon

INTRODUCTION

In sub-Saharan Africa (SSA) young people in the 15 and 24 years age group remain the most threatened, accounting for 62% of people living with HIV/AIDS (PLWHA), with young girls being at greater risk of infection than young boys (UNAIDS, 2006).

The HIV/AIDS pandemic continues to be a major public health concern in Cameroon, with a prevalence of 5.3%, the highest in the west and central Africa sub-region (UNAIDS, 2010). Here also, juveniles aged 15 to 24 years comprise 21.5% of the total population, with a

corresponding HIV/AIDS prevalence of 9.1% (UNFPA, 2005). Heterosexual transmission of HIV accounts for about 90% of new infections in Cameroon (Fonjong, 2001). In Cameroon, 61% of PLWHA are women (National AIDS Control Committee, 2006), and the prevalence among women of reproductive age was 6.8% (Nussbaum, 2010). Hence young women are at risk of getting the disease as soon as they initiate sexual activity.

Age at first sex is an important indicator of sexual risk,

as it marks the onset of exposure to infection, a risk factor for HIV transmission, and a key indicator for monitoring to HIV epidemic among youth. Therefore monitoring the trends in the age of sexual debut has become increasingly important. Delaying sexual debut is one of the strategies for preventing HIV/AIDS, especially among young women (UNFPA, 2008; WHO, 2008).

Early sexual debuts can place young women at increased risks of unintended pregnancies, HIV/AIDS infection and other STIs. Young women who begin sexual activities early, appear more likely to have sex with highrisk or multiple partners and are less likely to use condoms (FHI and USAID, 2004; WHO, 2000).

In Uganda, a rapid increase in age at sexual debut was considered a major contributing factor in the observed decline in the HIV prevalence (Asiimwe-Okiror et al., 1997).

Young people in rural areas are increasingly migrating to the urban centres, thus increasing their risks of sexual exploitation and violence. Limbe is an urban area in the Southwest region of Cameroon, with a total population of 118210 inhabitants, comprising 51% females. The Southwest region where this study is conducted has an HIV prevalence of 11.0%, which is above the national prevalence (UNAIDS, 2005).

Despite the importance of age of sexual debut in the heterosexual transmission of HIV among young women in Cameroon, few studies have reported on the age of sexual debut among young women in Cameroon (Foumane et al., 2013; Rwenge, 2000). The main aim of this study was therefore to determine the age of sexual debut and associated factors among high school female learners in Limbe urban area of Cameroon.

Knowing the age at which the young women first had sexual intercourse is important as it could indicate at what age sex education, as well as condom knowledge, should be provided (Mbambo 2005).

METHODS

A cross sectional research design was adopted to examine the age of first sexual intercourse among high school female learners in Limbeurban area of Cameroon, collecting data through self-completion questionnaires.

The questionnaire was pretested on 10 students who did not take part in the actual study, to clarify instructions, relevancy, usability and completion time, to refine and introduce modifications where necessary and to ascertain reliability and validity (Bless and Higson-Smith, 2000). The following types of validity were also established: face validity, content validity, construct validity and criterion-related validity. This was ensured by constructing items to represent the different components of the study, based on literature review.

The questionnaires were distributed to a stratified simple random sample of 210 female learners in three

high schools in Limbe urban area of Cameroon during normal class periods with the permission of the principals and the co-operation of the teachers concerned. One research assistant was available to assist the learners and to answer questions while they completed the questionnaires during a classroom period. To obtain the sample, the researcher used the school attendance registers of the learners as a sampling frame. Data collection took place in October of 2012. The sample size of this study was determined using the formula for a single population proportion (Levy and Lemeshow, 1999).

Permission to conduct this study was granted by the HIV/AIDS Prevention Research Network, Cameroon (HIVPREC), a Non-governmental Organisation (NGO) for the prevention of HIV/AIDS through formalized education, working in the South West region of Cameroon, and the principals of the three participating high schools. Participation was voluntary and informed written consent was obtained from each learner and her parent/guardian prior to data collection. A questionnaire was handed to a learner when she produced the signed consent form from a parent/guardian and from herself.

Anonymously completed questionnaires were kept in a separate container from the signed informed consent forms in order to maintain anonymity. Anonymity was also maintained by reporting the findings of the three schools combined and by not providing comparisons among the three schools. Confidentiality was maintained because only the researcher had access to the completed questionnaires, which were locked up. Subsequent to the acceptance of the research report, these would be destroyed. Data were collected in two sections: socio demographic variables, and age of sexual debut and associated factors. Data were analysed using SPSS version 20, and were summarised by means of descriptive statistics including the frequency table. More advanced statistics included the chi square test at the 0.05 significant level.

RESULTS

Descriptive

A total of 210 female learners participated in the study. The mean age (SD) of the respondents was 18.2 years (1.9) (data not shown) and they range from 14 to 24 years. All were high school female learners, the majority, 192 (92.3%) reported being singleand 154 (74.4%) passed their exams on merit, thus indicating a high academic profile. Most, 196 (93.8%) were Christians and 57 (27.3%) were living in rented places during school period. Regarding parents' average monthly incomes, 58 (32.6%) and 89 (48.6%) stated that their fathers' and mothers' monthly incomes were less than 100 000XAF (US\$200.00) respectively, denoting a low socioeconomic status.

Table 1. Socio-demographic characteristics of high school female learners in Limbe

Char	acteristics	Frequency	Percentage
*	Age Group (210)		
-	14-16	40	19.0
-	17-24	170	81.0
*	Marital Status (208)		
-	Single	192	92.3
-	Married	5	2.4
-	Divorced	2	1.0
-	Cohabiting	4	1.9
-	Others	5	2.4
*	Grade level (210)		
-	Grade 10 (form five)	72	34.3
-	Grade 11 (lower sixth)	72	34.3
-	Grade 12 (upper sixth)	66	31.4
*	Academic profile (207)		
-	Passed	154	74.4
-	Promoted on trial	12	5.8
-	Repeated	41	19.8
*	Religious Affiliation (209)		
-	Catholic	74	35.4
-	Jehovah's witness	3	1.4
-	Presbyterian	102	48.8
-	Pentecostal	17	8.1
-	Muslim	4	1.9
-	Others	9	4.3
*	Living place during school period (209)		
-	Boarding	10	4.8
-	Rented place	57	27.3
-	Parent's house	91	43.5
-	Guardian's house	50	23.9
-	Others	1	0.5
*	Father's monthly income (178)		
-	300 000XAF and above	51	28.7
-	200 000-300 000XAF	32	18.0
-	100 000-200 000XAF	37	20.8
-	100 000XAF or less	58	32.6
*	Mother's monthly income (183)		
-	300 000XAF and above	27	14.8
-	200 000-300 000XAF	22	12.0
-	100 000-200 000XAF	45	24.6
-	100 000XAF or less	89	48.6

Age of sexual debut and associated factors

The majority, 113 (56.2%) reported being sexually active, and the mean age (SD) of first sexual intercourse was 15.5 years (3.1). Sixty two (60.2%) were 16 years or less at their first sexual intercourse, denoting an early age of sexual debut, despite the fact that the majority, 119

(69.2%) agreed that early sexual debut is a sexual risk behaviour. Twenty three (20.0%) sexually active respondents indicated that their first sex was forced. Thirty four (33.3%) respondents had multiple sexual partners in the past one year prior to this study (table 2). Those who had multiple sexual partners in the past one year prior to this study, 63.3%, were more likely to have

Table 2. Age of sexual debut and associated factors of high school female learners in Limbe

Variables		Frequency	Percentage
*	Ever had sexual intercourse with a male partner (201)		
-	Yes	113	56.2
-	No	88	43.8
*	Age at which first sexual intercourse occurred (103)		
-	16 years or less	62	60.2
-	More than 16 years	41	39.8
*	Early sexual debut is a sexual risk behaviour (172)		
-	Agree	119	69.2
-	Disagree	53	30.8
*	How first sexual intercourse happened (115)		
-	Was forced	23	20.0
-	Was planned	27	23.5
-	Was influenced by friends	20	17.4
_	It just happened	36	31.3
_	Curiosity	9	7.8
*	Number of sexual partners in the past one year (102)		
_	None	11	10.8
_	One	57	55.9
_	Two or more	34	33.3
*	Number of concurrent sexual partners at present (103)		
_	None	18	17.5
_	One	74	71.8
_	Two or more	11	10.7
*	Condom use during first sex (110)		
_	Yes	43	39.1
-	No	67	60.9
*	Condom use during last sex (113)		
-	Yes	55	48.7
-	No	58	51.3
*	Regularity of condom use (113)		
-	Always	31	27.4
-	Most of the time	34	30.1
-	Seldom	19	16.8
_	Never	29	25.7

experienced first sexual intercourse by 15 years of age, than those with single sexual partners, 29.3% (X^2 =72.935; df=39; p=0.001).Eleven (10.7%) respondents had multiple concurrent sexual partners during the study period. In the same vein, those who had multiple concurrent sexual partners during the study period, 77.8%, were more likely to have experienced first sexual intercourse by 15 years of age than those with single sexual partners, 37.8% (X^2 =138.136; df=39; p=0.000).

Of the sexually active respondents, the majority, 67 (60.9%) did not use condoms during their first sexual encounters. Those who did not use condoms during their first sexual encounters, 49.1%, were more likely to have experienced first sex by 15 years of age than those who used condoms, 27.8% (X^2 =44.038; df=26; p=0.015).Also,

the majority, 58 (51.3%) did not also use condoms during their last sexual encounters. In the same vein, those who did not use condoms during their last sexual intercourse, 50.0%, were more likely to have experienced first sexual intercourse by age 15 years, than those who used condoms, 31.9% (X^2 =42.535; df=26; p=0.022). Similarly, only 31 (27.4%) were using condoms consistently during sexual intercourse.

DISCUSSION

The mean age of sexual debut of 15.5 years observed in this study is similar to that obtained by Rwenge in Bamenda, 15.8 years (Rwenge, 2000), but lower than that obtained in the third Demographic and Health Survey in Cameroon (DHS) in 2004, 16.5 years (Cameroon National Institute of Statistics, 2004). The similarity to Rwenge's result could be explained by the fact that Bamenda and Limbe are located in the two regions with the highest HIV prevalence rates in Cameroon (UNAIDS, 2005), while the difference between this result and that of the third DHS could be explained by the fact that the DHS survey was carried out in the entire country, including regions with lower rates of HIV prevalence compared to the Southwest region, and also due to the selection criteria, as the DHS included both male and female subjects. In regions with low HIV prevalence, age of first sexual intercourse might be higher.

The mean age of first sex obtained in this study was similar to that obtained in Nigeria, 15 years (Oladokun et al., 2007), but lower than that obtained in France, 17.6 years (Bajos and Bozon, 2008) and higher than that obtained in South Africa, 14.8 years (Buga et al, 1996). The similarity to the result in Nigeria may be explained by the fact that Southwest region of Cameroon and Nigeria share a common border and as a result might have similar socio-cultural and sexual profiles. The higher age of first sex obtained in France might be due to a in socio-cultural environment between Cameroon and France, and a lower HIV prevalence in France compared to Cameroon. The lower age of first sex observed in South Africa compared to Cameroon might be due to the early age of menarche in South Africa, which would seem to be an outcome of social changes in lifestyle, sexual attitudes and practices (Netshikweta and Ehlers, 2002).

This study indicated that 60.2% of the female learners had their sexual debut at age 16 years or less. This rate is higher than that obtained by the DHS 15 years ago among unmarried females in Cameroon, 25.0% (Fotso et al., 1999), and that obtained in Mozambique, 30.9% (Prata et al., 2006). This rate implies that female learners in urban Cameroon engage in early sexual activities, at a mean age of 15.5 years.

Adolescents who begin sexual activities early, appear more likely to have sex with multiple partners, and are less likely to use condoms during sexual intercourse(FHI and USAID, 2004; WHO, 2000).

Having multiple concurrent sexual partners directly contributes to heterosexual transmission of HIV. In this study, those who had early sexual debut were more likely to report multiple concurrent sexual partners. Apart from current sexual partners, early sexual debut was also associated with a high likelihood of having multiple sexual partners in the last one year. The incidence of multiple sexual partners among those with early sexual debut is consistent with findings from other studies (White et al., 2000; Harrison et al., 2005).

Early sexual debut especially with lack of condom use is a sexual risk behaviour that can lead to HIV transmission. In this study female learners who

commenced sexual intercourse early were less likely to use condoms during first and most recent sexual encounters than those who commenced sexual intercourse late. Those who had early sexual debut might not have the opportunity to acquire accurate knowledge on safe sexual practices such as condom use, before they commenced sex. On the other hand, those who commenced sex late might have acquired accurate knowledge on condom use as a preventive measure against HIV transmission, and as a result were more likely to use condoms during sex than those who had early sexual debut.

Majority of the female learners were sexually active, the majority were engaged in early sexual debut and many also had sex with multiple partners. Condom use was very low and those that used them did not use them consistently. These results indicate the need to strengthen preventive measures among female learners in Limbe, Cameroon.

Designing and implementing programmes to delay sexual debut among female learners in urban Cameroon remains a huge challenge for decision-makers. Effective behavioural interventions at early stages may be protective against HIV infection.

There are some limitations that need to be highlighted. These include possible bias in reporting sexual behaviours among the female learners. However, assurance of confidentiality and anonymity might have minimised this problem. The sample size was small and the sample was homogeneous.

CONCLUSION

The study indicates that a large proportion of female learners in Limbe, Cameroon engage in sexual activity at an early age and continue to practise sexual risk behaviours (multiple sexual partners and non-use of condoms during sexual intercourse), even though the personal and sensitive nature of the questions on sexual activity makes them prone to deliberate misreporting. All sexuality education programmes and HIV/AIDS education should commence before the age of 15 years. Delaying sexual debut should be emphasised, and faithfulness as a value should be reinstated in sexual relationships. Consistent condom use as well as condom negotiating skills should also be emphasised.

REFERENCE

Asiimwe-Okiror G, Opio AA, Musinquzi J,Madraa E, Tembo G, Carael M(1997). Change in sexual behaviour and decline in HIV infection among pregnant women in urban Uganda. AIDS. 11: 1757-1763.

Bajos N, Bozon M (2008). [Survey on sexuality in France: practice, gender and health]. 1st ed. Paris: La Decouverte. pp. 117-147.

Bless C,Higson-Smith C (2000). Fundamentals of social research methods: an African perspective; 3rd edition. JUTA.

- Buga GA, Amoko DH, Ncayiyana DJ (1996). Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural Transkei. S Afr Med J. 86(5): 523-7.
- Cameroon's National Institute of Statistics, Cameroon (2004).Third demographic and health survey.
- FHI, USAID (2004). Youth Net Assessment Team: Assessment of Youth Reproductive Health Programs in Ethiopia. Addis Ababa, Ethiopia: FHI and USAID; 2004
- Fonjong L (2001). Fostering women's participation in development through Non-governmental efforts in Cameroon. Geogr.J. the Royal Geogr. Soc. 167(3): 223-234.
- Fotso MR, Ndonou PR, Libite M, Tsafack R, Wakou A, Ghapoutsa S, Kamga P, Kemgo MK, Fankam A, Kamdoum B,Barrere B (1999). EnqueteDemographique et de Sante, Cameroon 1998. Calverton MD: Bureau Central des Recensement et des Etudes de Population and Macro International Inc.
- Foumane P, Chiabi A, Kamdem C, Monebenimp F, Dohbit JS, Mbu RE (2013). Sexual activity of adolescent school girls in an urbansecondaryschool in Cameroon. J. ReprodInfertil. 14(2): 85-89.
- Harrison A, Cleland J, Gouws E, Frohlich J (2005). Earlysexualdebutamongyoung men in rural South Africa: heightenedvulnerability to sexualrisk. Sex. Trans. Infect. 18: 259-261.
- Levy SL, Lemeshow S (1999). Sampling of populations: Methods and applications. Thirdedition. New York: John Wiley and Sons.
- National AIDS Control Committee (NACC), Cameroon (2006). National HIV/AIDS control strategic plan, 2006-2010. Ministry of Public Health, NACC central technical group, Cameroon.
- Netshikweta ML, Ehlers VJ (2002). Problems experienced by pregnant student nurses in the Republic of South Africa. Health Care for Women International. 23(1):71–83.
- Nussbaum L (2010). National AIDS housing coalition. Housing for people living with HIV/AIDS, Cameroon.

- Oladokun A, Morhason-Bello IO, Enakpene CA, Owonikoko KM, Akinyemi JO,Obisesan KA (2007). Sexual behaviour and contraceptive usage of secondary school adolescents in Ibadan, Nigeria. J. Reproduc. and Contraception. 18(4):297-288.
- Prata N, Morris L, Mazive E, Vahidnia F, Stehr M (2006). Relationship between HIV risk perception and condom use: evidence from a population-based survey in Mozambique. International Family Planning Perspectives. 32(4):192-200.
- Rwenge M (2000). Sexual risk behaviours among young people in Bamenda, Cameroon.International Family Planning Perspectives. 26(3): 118-123, 130.
- UNAIDS (2005). Annex 2: HIV and AIDS estimates and data. Geneva: 506-507.
- UNAIDS (2006). 2006 Report on the global AIDS epidemic. Geneva, Switzerland: UNAIDS.
- UNAIDS (2010). Report on the Global AIDS Epidemic 2010. Geneva, Switzerland: UNAIDS.
- UNFPA (2005). Country profiles for population and reproductive health: policy developments and indicators, 2005. Cameroon 26-27. From: http://www.unfpa.org/upload/lib_pub_file/524_filename_Country_Profiles_2005.pdf (accessed 07/08/2006).
- UNFPA (2008). Generation of change: young people and culture, youth supplement to state of the world. New York.
- White R, Cleland J, Carael M (2000). Links between premarital sexual behaviour and extramarital intercourse: a multi-site analysis. AIDS. 14: 2323-2331.
- WHO (2000). The context of young people's sexual relations. Progress in Reproductive Health Research. 53:2-4.
- WHO (2008). Reproductive health through schools in low income countries: an information brief. Geneva: WHO. From: http://whqlibdoc.who.int/Accessed (accessed 14/12/2012).