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Original Article

Perception of the Youth Aged 15 to 24 Years on Sexual Debut, Mitigation Strategies, and Associated Health Effects in Homa Bay County, Kenya

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Keywords:

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Sexual debut refers to the initiation of sexual activity before individuals have reached emotional and physical maturity. Sexual debut among the youth in the age group of 15 to 24 is on the increase globally with an upsurge in reproductive health and social problems such as teenage pregnancy and early marriages. This research determined the perspective of the youth on the above issues and how they could be controlled. Homa Bay County recorded a fertility rate of 23% compared to a national prevalence of 15%. Ndhiwa Sub County had the highest birth rate of 33% in the County. The study objective was to examine the perception of youth regarding sexual debut, mitigation strategies, and associated health effects in Ndhiwa. A descriptive cross-sectional survey design was used and data was collected through questionnaire and focus group discussion. The primary study participants were single youths sampled as 273 and clustered as 141 females and 132 males. The married youths who participated in the focus group discussion were 13 of either gender. Data was analyzed using SPSS version 25. The findings showed that 61% of the respondents were involved in social relationships and only 14% talked of sexual relationships. 70% of the youths mainly get sexual behavior information from their peers while 26% get information from the media. The sociocultural factors enhancing sexual debut included peer influence, cultural activities and parents not discussing sexual debut issues with their children. Many male youths considered sex as an ordinary activity for fun while the females confirmed that sponsor relationships of sex for gifts or favor exist. The identified mitigation strategies included abstinence, reinforcement of sex education in schools and avoidance of negative peer influence. The consequences of sexual debut were school dropout, early and forced marriage, Criminal abortion, teenage pregnancy, and complications during childbirth. The study concluded that youths are getting information which does not give life skills and living values that can prevent risky sexual behavior. The society norms are available for

control of sexual debut for the youths to adopt. The health and education departments should enhance counseling on sexual debut and sex education for positive subjective self-control among the youth.

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INTRODUCTION

Globally, youth aged 15 to 24 years' perception of sexual debut, mitigation strategies, and associated health effects is a critical area of concern for public health and social development. Various socio-cultural, economic, and individual factors influence this multifaceted issue (Nxumalo et al., 2023). Global research has demonstrated that sexual debut among the youth can lead to significant health consequences. These include unintended pregnancies, sexually transmitted infections (STIs), Human Immuno deficiency Virus infection, and emotional and psychological challenges. Additionally, early initiation of sexual activity can disrupt educational attainment, hinder economic opportunities, and perpetuate cycles of poverty and inequality (Yousefi, et al., 2023). In developing countries, about 20,000 girls under the age of 18 give birth daily, with an increased risk of health and development consequences, a study conducted in Nepal reported adolescents engaging in risky sexual behavior, despite not recognizing the risk and accepting the behavior as normal (Adhikari et

al.,2018). In Sub-Saharan Africa, up to 25% of the youths aged 15–19 have had sex before marriage. Reports indicate increasing health consequences (Ozobokeme et al., 2023). Despite the institutional environment providing opportunities for sex education, early sex debut remains prevalent among this age group (Arabi-Mianrood, et al., 2019). This is one of the important reasons for this research to explore youths' perceptions of their sexual debut. The study objective was to examine the perception of youth regarding sexual debut, mitigation strategies, and associated health effects in Ndhiwa. The theory of planned behavior that explores the relationship between the attitude, beliefs and intentions is considered in this research to be an avenue for the behavior control amongst the youth for sexual debut. The belief that the youths are sexually active is subjective and the youths have a will to control their sexual behavior (Burnburg et al., 2022).

In Kenya the rapid population growth with large proportion of young people in the country puts great demands on social amenities. If inadequate attention

to the sexual and reproductive health (SRH) needs of this group is given, Kenya is unlikely to achieve the Sustainable Development Goals or Vision 2030. (MOH, 2013). Sexual debut among the youth has been reported to be on the increase in Kenya just like in any other developing country in the world. Study conducted in Kenya on sexual behavior among Kenyan adolescents enrolled in an efficacy trial of a smartphone game to prevent HIV revealed that 15% of the adolescents exhibited sexual experience, which was associated with factors such as lower socio-economic status, food insecurity in the household and living without parents. 21.7% of those with sexual experience reported engaging in transactional sex, while 17.5% reported willing first sex. (Madhune et al 2024). Unintended pregnancies can lead to various health risks for young women, including complications during pregnancy and childbirth, unsafe abortions, and limited access to adequate prenatal care (Ongwae et al., 2023). Kenya's Population Policy for National Development recognizes that the rapid growth in the population size is a constraint to national development. The policy proposes a reduction in the fertility levels from 5 children per woman in 2009 to 2 children per woman in 2050. This will necessitate that the women delay the sexual debut age (NCPD, 2017). In Homa Bay County, 19.2% of girls between the ages of 15 to 19 have had live birth and 22.2% in the same bracket have begun child bearing (KDHS, 2019). This shows that sexual debut or early marriage is common in the County. In January 2020 at a County development stakeholders meeting involving departmental heads and elected leaders, the health department reported increased teenage pregnancy as a worrying trend. The education department was also concerned with the school dropout among the girls due to pregnancy to sexual debut (CDC, 2020).

MATERIALS AND METHODS

Study site

The study was conducted in Homa Bay County located in Southern part of former Nyanza Province.

The County has seven Sub Counties. Ndhwa Sub County was selected for the study due to its highest rates of teenage pregnancies and early marriages in the County (KDHS, 2019). There are six administrative divisions in the Ndhwa Sub County namely Kobodo, Pala, Nyarongi and Riana in rural locality while Ndhwa and Kobama are in urban locality.

Study Design

This study used descriptive cross sectional survey design. Quantitative and qualitative approaches were used in collection of data and thematic grouped variables.

The Study Population

The study population was youths aged 15 to 24 years who were residents of Ndhwa Sub County in Homa bay County. The statistical data on this category of the youth was available in the census of 2019 (KNBS, 2019). The total population of this category of the youths in the County was 232,781. The youths who were residents of Ndhwa Sub County aged 15 to 24 years according to the census were approximately 43,685 people. The youths were further stratified into male and female then single or married. The single youths were the primary respondents in the study.

Sample size

The sample size comprised 273 single youths categorized as 141 females and 132 males. Within each division, cluster sampling was used to randomly select two community health units. From each community health unit, 11 male and 12 female respondents were randomly chosen from available households to meet the required sample size. The married youths were randomly identified through the community health workers from the sampled two community health units in each division. Total of 13 married males and 13 married females participated in the focus group discussion.

Data collection Instruments and Procedure

The data collection instruments were developed and pretesting done at Marindi Sub County to ascertain validity and reliability. Semi structured questionnaire was administered by trained data collection assistants. Focus group discussion guide was used to conduct the sessions with the married youths. Each gender had own discussions for 40 minutes on the topics moderated by the researcher.

Data management and analysis

The age groups were categorized on the basis of social development where from age 15 to 18 years the youth is still in school, from 19 to 21 the youth is in professional development and lastly from 22 to 24 the youth should be settling down to a career. The data was analyzed by use of IBM SPSS version 25. The qualitative data was analyzed by thematic grouping and coding as per the objectives and quantified into meaningful reports. The focus group discussion report was analyzed according to what each gender concluded by consensus as per the discussion guide used. Ethical Considerations were undertaken according to the university and NACOSTI Guidelines. The Privacy and Confidentiality of the respondents was maintained by use of anonymous coded data collection tools. The focus group declined taping or photography thus conclusions on issues they had discussed were recorded manually for analysis.

RESULTS

This section contains a description of the respondents' background from different perspectives, highlights the findings regarding the thematic areas of this thesis. The valid questionnaires were within the predetermined sample size. The analysis reflected gender, which is applicable to comparing the perceptions of male and female youths wherever it exists.

Table1: Socio-demographic characteristic of the Respondents (n=256)

	Characteristics	Frequency	Percentage rate
1	Age of the respondents		
	15 to 18 years	95	37%
	19 to 21 years	85	33%
	22 to 24 years	76	30%
			Total 100%
2	Gender		
	Male	117	46%
	Female	139	54%
			Total=100%
3	Religion		
	SDA	88	34%
	Catholic	74	29%
	Protestants	74	29%
	Others	20	8%
			Total=100%
4	Educational Status		
	Not attended school	8	3%
	Primary	41	16%
	Secondary	120	47%
	Tertiary	64	25%
	University	23	9%
			Total=100%
5	Category of Schools attended		
	Boys Boarding	32	13%
	Boys Day	34	13%
	Girls Boarding	42	16%
	Girls Day	15	6%
	Mixed Day	84	33%
	Mixed Boarding	47	18%
	None	2	1%
			Total=100%
6	Economic background		
	Very poor	36	14%
	Less Stable	126	50%
	Stable	87	34%
	Very stable	5	2%
			Total=100%
7	Youths Economic activities		
	Manual Work	140	55%
	Business	41	16%
	Farming	60	23%
	Driving	11	4%
	Employers	4	2%
			Total=100%

From Table 1: Most of the respondents 95(37%) were between the age of 15 years and 18 years. This age range is followed closely by the age range between 19 years to 21 with 85(33%) respondents

and finally the age range between 22 years to 24 years with 76(30%) respondents. Out of the 256 respondents, the numbers of female respondents were 54% against the male respondents that were 46%. The majority of respondents belong to three major religions. These include Seventh Day Adventist: 88(34%), Catholic: 74(29%) and Protestant group of Churches: 74(29%). The highest number of respondents of 120(47%) were secondary school students followed by tertiary college students of 64(25%). Most of the respondents 84(33%) and 47(18%) attended mixed day and mixed boarding schools respectively. The 164 (64%) of the respondents came from low economic backgrounds families while 92(36%) came from stable economic backgrounds. The main economic activities the respondents engaged in when not in school were manual work and farming 55% and 23% respectively.

Perception of the youth on sexual debut

The respondents who agreed that they have a boyfriend or girlfriend relationship were 214(83.6%). The chi-square test for males and females in girlfriend and boyfriend relationships (P value=0.08, DF=2) showed that the two variables

were independent of each other. Most of the respondents 132 (61.3%) revealed that they were in social relationships, with 30(14%) directly revealing sexual relationships. The respondents who indicated they were involved in peer relationships were 52(24.2%). The sources of information about sexual debut by the youth were: peers per 196(77%) of the respondents, pornographic media 66(26%), parents 42(16%), school 41(16%) lastly the church as per 36(14%). Youths 137 (53%) in their opinion agreed that premarital sex was an ordinary activity for sex liberation while 119 (46.5%) disagreed with this statement. More males accepted this statement than females.

Table 2 shows the degree of acceptability of sexual debut and the reasons the respondents highlighted for their opinion. The 210 (82%) of the respondents thought sexual debut was not acceptable due to unwanted pregnancies: Sexually transmitted diseases: early marriages and school dropouts. 46 (18%) of the respondents thought sexual debut was acceptable due to pleasure, source of money, ego, self-identification and for maintaining a relationship.

Table 2: The degree of acceptability of sexual debut by the youths and the reasons for their opinion (n =256)

The degree of Acceptability of sexual debut by the youths and the reasons for their opinion					
Not Acceptable (n=210)		Somehow Acceptable (n=30)		Highly Acceptable (n=16)	
STDS	52(25%)	Money	11(38%)	Pleasure	9(53%)
School Drop Outs	34(16%)	Pleasure	9(31%)	Money	4(27%)
Unwanted Pregnancies	88(42%)	Religion	2(6%)	Ego	2(13%)
Early Marriages	36(17%)	Self-Identification	8(25%)	Maintain Relationship	1(7%)

Socio-cultural and socio-economic factors influencing youth involvement in sexual debut

The 229 (89.4%) of the youths said their parents did not accept the practice of sexual debut. Community and church leaders were also against sexual debut according 56% of the respondents with teachers

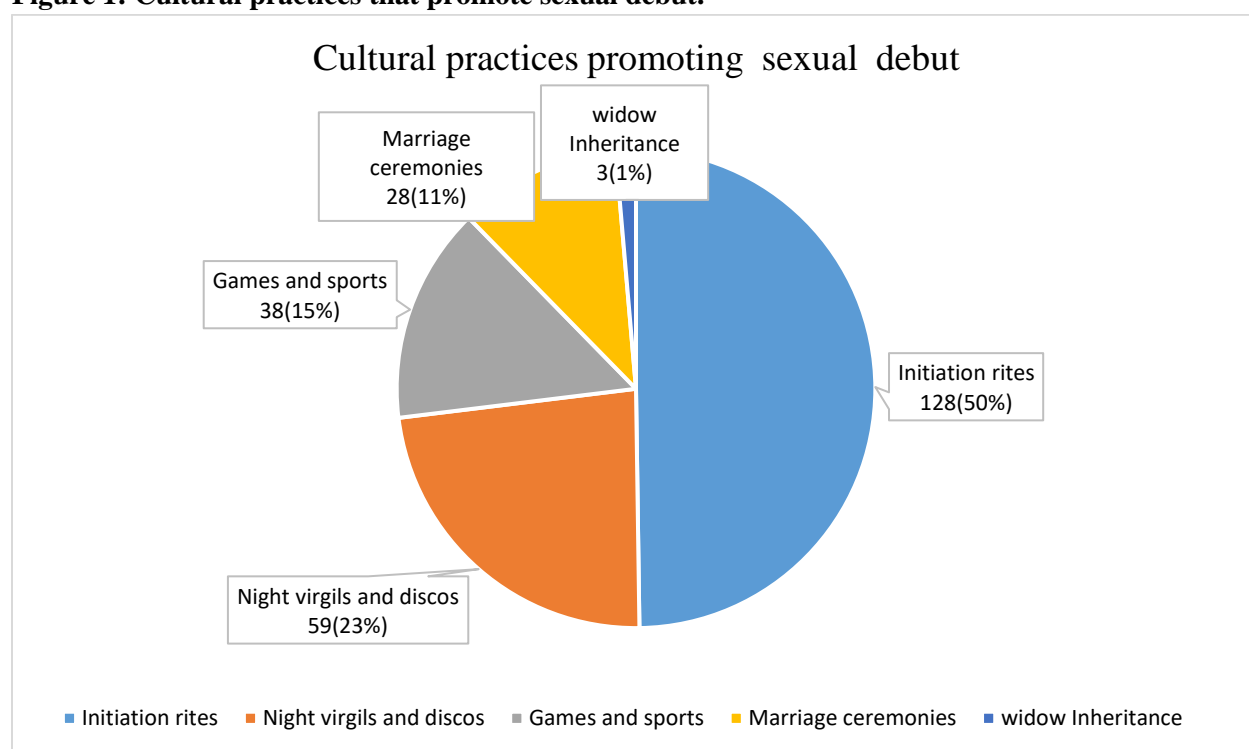
playing minimal role as per 15% of the youths. The focus group discussion reported that due to fees, some of the parents influenced their daughters to drop out school to become domestic casual workers. This predisposes them to sexual debut. The girls

were also married off at an early age because dowry was considered as a source of income.

The 235(92%) of the youths named the leading factor they consider causing sexual debut as peer pressure followed by sex for favors as per 119 (46%), and lastly cultural practices according to 66(26%) of the youths. Culturally Sexual debut among girls was reprimanded by removal of the culprits from normal environment and sent to relatives or forced to get married.

Figure 1 highlights the major cultural practices that contribute to sexual debut as initiation rites, marriage ceremonies, aftermath of sports and Matanga discos during funerals. The focus group discussions also reported that *the girls were predisposed to sexual debut due to preference of boy child education in the society leaving the girl child to be engaged in domestic activities. In traditional marriage ceremony the young girls escorted the one who is traditionally married to her matrimonial home and this could expose them to sexual debut.*

Figure 1: Cultural practices that promote sexual debut.



Economically 161(63%) of the respondents felt that the school fees were expensive to the parents and 176 (69%) also believed that the pocket money was inadequate. This made the youths to drop out of school and engage in sexual debut. The focus group discussion considered school dropout to result into sexual debut and early marriage rather than being idle. Some men also lure young ladies into sexual activities in exchange for gifts. Majority of the youths (91%) disagreed with this issue of sex for favor guised 'sponsor'. The study also revealed that 40 (34%) male respondents reported having

received requests for sex in exchange for materials, and 74 (53%) female respondents also reported having received requests for sex in exchange for money or gifts. This finding was subjected to Chi square test and $p=0.02$ showing no association between gender and being asked for a gift.

Mitigation strategies for sexual debut according to the youth.

The Majority of the respondents 220(85.9%) agreed to have had sex education sessions in school. The youths agreed that they could control sexual debut

by abstinence as per 131(51%) of respondents, 91(36%) said by avoiding negative peer influence, 25(10%) through seeking parental guidance and 8(3%) by avoiding risky places. The 251(98%) of the youths agreed that society norms could influence their behavior change on sexual debut.

The effects of sexual debut according to the youth

The effects of sexual debut were confirmed by the youth to be school dropout as per 67(26%), abortion as per 64(25%), early and forced marriages as per 46(18%). The focus group discussions of the men gave a reason that *'when you become a father you do not go to school with your children'*. The girls who became pregnant out of sexual debut were forced into early marriage to old men in polygamy set up to avoid the risk of giving birth in the parents' home before being married. Boys born as a consequence of sexual debut were socially discriminated and not accepted by the other family if the mother gets married later.

DISCUSSION

Demographic characteristics of the respondents

The age distributions of the respondents reflected the characteristics of the youths targeted in the study and confirmed the projected census dimensions at the time of study. The respondents' educational level indicated the implementation of the government's 100% transition policy. The majority of respondents attended mixed-day and mixed-boarding schools, which confirms the characteristics of most rural learning environments.

Perception of the youth on sexual debut

The perceptions of the youth on sexual debut showed that the youths were aware of the issues leading them to sexual debut and had knowledge that society did not approve of it. The majority of the respondents agreed they were in social relationships and just a few talked about sexual relationships, which is culturally not acceptable (Fatene, 2018). Male and female respondents'

findings on the acceptability of sexual debut showed a uniform view. This concurs with Arabi-Mianrood et al. (2019) study which showed that sexual debut was still rampant among the youth in Sub-Saharan Africa. The majority of males agreed with their perception that sexual debut is an ordinary activity for sex liberation. The females disagreed with this statement because of tendency to bear the burden of pregnancy and school dropouts. The liberal attitude stems from the fact that men are not as affected as women. This finding concurs with Gazendam et al. (2020), whose study concluded that persistent gender stereotypes appear to underlie differences in individual and contextual factors associated with adolescents' sexual behavior.

Socio-cultural and socio-economic factors influencing sexual debut among youths.

The majority of respondents confirmed that youths learn about sexual behavior from peers and pornographic media. This supports the findings by Muhammad et al. (2021) who found that boys who had frequent media exposure were significantly more likely to report an early sexual debut. The respondents indicated that they were involved in peer relationships, which implied a level of peer influence among the youth. This conforms to findings of Shrestha (2019) who noted that peer pressure drives sexual debut. The majority of the respondents agreed with the statement that parents do not discuss sexual debut with their children. This is confirmed by the study finding that poor communication with parents on sexual and reproductive health issues and attending romantic videos were independent predictors of sexual intercourse among female university students (Olaleye, 2021). Religion influences social norms like those that govern sexual relationships and marriage. The study results showed that sexual debut was not acceptable by the parents, the church, or the community leaders. This finding was in line with Omanga et al. (2023) study where female youths cited several reasons for delaying sexual contact to include religious doctrines. The study's

findings revealed that parents, church leaders, and chiefs shared the responsibility of advocating against sexual debut with teachers putting little effort according to the youth. The finding was in line with Ogwen (2020) which suggested that healthcare providers, teachers, parents, and community leaders should build capacity for, adolescents' sexuality needs. Some of the respondents believed that making an early sexual debut was an acceptable act due to the potential financial benefits. This aligns with the findings of Ondieki et al. (2022) who concluded that people perceive individuals with money as possessing power over others' autonomy, and that their economic environment influences their sexual decisions.

The Chi-square analysis of gender and the practice of asking for sex in exchange for a gift was not significant ($P = 0.02$). This disagreed with findings of a study at the University of Maiduguri which showed the most significant positive factor associated with sexual debut was economic support in exchange for sex (Obonyo et al (2019).

Mitigation strategies for sexual debut according to the youth.

There were almost equal numbers of youths who preferred abstinence and avoiding negative peer influence which are in the domain of perceived behavioral control in the theory of planned behavior. The majority of the respondents agreed to having had sexual education sessions in school. This is in line with reproductive health policy to integrate sex education into learning institutions. The study aligns with the findings of Akwara and Idele (2020), who noted that the lack of comprehensive sexual education, insufficient access to contraceptives, and the stigma associated with sexual health issues, prevent young people from seeking the necessary support and information to make informed decisions about their sexual health. Namugerwa's (2022) study recommends reinforcing sex education, emphasizing the importance of medical accuracy in this area.

The youths have reaffirmed their desire to refrain from sexual debut, a goal they can accomplish through psychosocial support and behavior change communication. This supports the recommendation in a study by Kimeli et al. (2022) for the need to offer psychosocial support to adolescents. The youth have recommended that teachers and church leaders should openly discuss sexual debut issues. This recommendation will improve the youth's access to appropriate information according to David et al (2023) study on source of information.

Effects of Engagement in sexual debut according to the youth

The youths acknowledged that their sexual debut has significant social and reproductive health implications. This is in concurrence with a previous study by Yousefi et al. (2023), which identified a higher risk of unintended pregnancies, sexually transmitted infections (STIs), including HIV/AIDS, and emotional and psychological challenges. The issue at hand is that the youths are 100% aware of the consequences of sexual debut yet still engage in it.

CONCLUSIONS

The youths accepted that they participated in sexual debut which is not approved according to society norms. Their main sources of information on sexuality issues were peers and social media. These sources are unregulated and can give improper information. The youths were aware of the mitigation strategies in place, such as the implementation of sexual education in institutions of learning. The youths believed that providing psychosocial support on the sexuality issues could help them avoid sexual debut. The youths also said they require free discussion with teachers, parents and church leaders to get social support for behavior change. The youths were aware of the effects of sexual debut, which were mainly social and health-oriented. The youth's opinions on actions to be taken to avoid consequences were primarily abstinence and avoidance of negative peer influence. However,

youths still engage in sexual debut, according to the reported trends.

From the study findings, the following recommendations are proposed:

- Development and implementation of age-appropriate, evidence-based sexual education programs in schools and these programs should provide accurate information about contraception, safe sex practices, and the consequences of early sex.
- Promote parental involvement in discussions about sexual health and its associated health effects by providing parents with resources and support to facilitate open and informed conversations with their children.
- Strengthen partnerships between healthcare providers, schools, and community organizations to facilitate access to healthcare services.

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