

# Factors Contributing to the Early Sexual Debut among Older Adolescents (15-19yrs) in Nyendo -Mukungwe Division Masaka District. A Cross-Sectional Study

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## Abstract



### Background:

Early sexual debut is defined as having first sexual intercourse before age of 18 years and is associated with risks to sexual and reproductive health. It can be voluntary or coerced.

### Methodology:

The study design was descriptive and cross-sectional. The study was aimed at obtaining the predictor outcome of the variables at the same time getting relevant data on the effect of religiosity and family financial background, peer pressure, and individual factors contributing to early sexual debut among older adolescents aged (15-19) years at Nyendo Mukungwe Division, Masaka district.

### Results:

The majority of the respondents 95% had peer friends. This implies that most older adolescents have peer groups. This may be because of their peers on sex-related issues. This finding indicated that peer pressure was a great factor that led to increasing rates of early sexual debut among older adolescents (15-19) in Nyendo Mukungwe division, Masaka district probably because they got supportive news about how good is playing sex like feeling as If in heaven leaving its risks e.g. sexually transmitted infections.

### Conclusion:

The majority of the respondents did not attend church or mosque regularly most of whom were not virgins making those who did not attend church or mosque regularly more involved in sex than their counterparts due to the missing of the teachings condemning playing sex like no sex before marriage, don't commit adultery.

### Recommendation.

This goes to all medical persons, parents, teachers, religious leaders, political leaders, elders in communities, the government through education and health ministries, and anyone responsible in Nyendo Mukungwe division Masaka district to develop strategies aimed at reducing early sexual debut among adolescents which predisposes them to risks associated with playing sex e.g. sexually transmitted infections like HIV/AIDS, UTIs.

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## 1 Background of the study

Early sexual debut is defined as having first sexual intercourse before age of 18 years and is associated with risks to sexual and reproductive health. It can be voluntary or coerced. Sexual coercion

which is also attributed to early sexual debut is increasingly receiving attention as an important public health issue owing to its association with adverse health and social outcomes. In severe cases; sexual coercion culminates in prostitution and psychological problems while social outcomes include

acceptance of violence, especially towards women; adherence to traditional gender roles i.e. male dominance; poor achievement as a result of withdrawal from school, and inability to build adult partnerships with loss of marriage prospects (Richter *et al.*, 2015).

Globally, early sexual practices are reported among 7.3 million secondary school-going teenagers aged 13-19 years. The United States of America is among the developed nations that contribute to this early sexual practice by having 10 in every 100 teenagers in secondary school engaged in early sexual practices. In a survey carried out in 2015 among US high school students, 41% had never had sexual intercourse. (CDC, 2015).

According to a study carried out in Asia, a survey carried out on students from 75 schools, overall (5.3%) of students reported having had sex of which (6.9%) were boys and (3.8%) were girls of the students engaged in sexual intercourse, (72.7%) of the boys and (90.3%) of the girls had early sexual debut before reaching the age of 15 and around 60% had multiple sexual partners. Sexual intercourse was associated with gender, school grade, smoking, alcohol consumption, drug use, suicidal ideation, and peer support (Rizkianti *et al.*, 2020).

In a study carried out by DHS/AIS in 24 sub-Saharan countries, there was a large variation in the proportion of 15-19-year-olds who reported having had sex before the age of 15 years with values of males ranging between (2% to 27%) and (5% to 26%) for females. In general, a significantly large proportion of females compared to males reported having sex before age of 15 in the West

African countries. In Central, East, and Southern Africa, the pattern was mixed with a higher proportion of males reporting early sex in many countries (Aoife *et al.*, 2012).

A study carried out in East Africa by Violence against Children to assess associations between having an early sexual debut and individual, family, peer, and community domain survey in Kenya, Tanzania, and Uganda with a restricted sample to males and females aged 18-24 years with an estimation of 1349 in Kenya, 1872 in Tanzania and 2996 in Uganda. The prevalence ranged from (8.6%) in Tanzania, males in Kenya reported (16.3%) a high sexual debut to (6.7%) females, and Uganda with (15%) males to (10.4%) females (Jordan *et al.*, 2020).

In Kampala Uganda, a qualitative survey found that early sexual engagement among young people was due to peer pressure followed by watching pornography films and money exchange (Aluzimbi *et al.*, 2013).

In a study focusing on sexual debut among out of school youth in Masaka district, Uganda data was drawn from needs assessment using applied anthropological techniques with young people aged 13-19 years, parents, guardians, and community leaders and all participants felt that young people begin their sexual lives too early mainly due to young women's debut after physical maturation prompts pestering for sex from boys and men who offer them gifts (Nobelius *et al.*, 2010).

## **Methodology**

### **Study design**

The study design was descriptive and cross-sectional. The study was aimed at obtaining the predictor outcome of the variables at the same time getting relevant data on the effect of religiosity and family financial background, peer pressure, and individual factors contributing to early sexual debut among older adolescents aged (15-19) years at Nyendo Mukungwe Division, Masaka district. The researcher opted for this design due to the limited resources available to meet the necessary results of the study and the time frame.

### **Study area**

The study was conducted at Nyendo Mukungwe division town, Masaka district. Nyendo Mukungwe division is in Masaka city in the central region. It had 37 villages. It was surrounded by Kaganda, Kadugala, Bukoto kaboyo, Baale, Ntale, Kalisizo and Lukaya. It had a population of about 28,600 people and it was about 15.38km<sup>2</sup>. Population density by 2020 was 1,860/km<sup>2</sup>, it had a 2.1% annual population change from 2015-to 2020 and had around 13,600 males and 15,000 females (population structure).

### **Study population.**

The target population included adolescents while the accessible population included older adolescents between 15 – 19 years in the Nyendo Mukungwe division of Masaka district.

### **Sample size determination**

The sample size was taken using the Kish and Leslie formula.  $N = Z^2 P Q / d^2$

$d^2$

Where: n= sample size Z=score corresponding to 95% Confidence interval=1.96

P= Prevalence of early sexual debut (26.2%), According to Alem et al, 2019 in Central zone of Tigray, Northern Ethiopia.

$$Q=1-P$$

d=precision/sampling error (10%) Therefore =1.96;

n= 78respondents

### **Sampling technique.**

The convenience sampling technique was used to select the respondents where all adolescents who were in Nyendo Mukungwe division Masaka district at that time were interviewed after seeking consent.

### **Sampling procedure**

Using a convenient sampling technique, adolescents who were available in the Nyendo Mukungwe division were conveniently recruited, specifically, those that were willing to participate in the study and present at the time of data collection and were selected to participate after the objectives of the study were explained to them thoroughly.

### **Independent variable.**

This included the factors contributing to early sexual debut among older adolescents.

### **Dependent variable.**

This included early sexual debut among older adolescents.

### **Data collection method**

The pretested questionnaire was prepared and utilized in data collection. The questionnaire opted for data collection as the data collected was analyzed scientifically and objectively. The questionnaire was prepared in English and the respondents gave the questionnaire to fill because it saved time and ensured privacy.

### **Data collection tool**

The researcher used a self-administered questionnaire to collect data. The questionnaire consisted of 3 sections, Religiosity, family financial background, effect of peer pressure, and individual factors it had both open and closed questions and aimed at assessing the factors associated with early sexual debut among older adolescents of age (15-19) years in Nyendo Mukungwe division. This tool was used because was cheap, simple to use, and could be administered to many respondents simultaneously and the results were relatively easy to analyze.

### **Data collection procedure**

Standard semi-structured questionnaire was used The questionnaire involved open-ended questions and closed-ended questions

### **Selection Criteria**

The respondents were selected by merely asking adolescents who are present in the street, in a public building, or workplace to take part in the study.

### **Inclusion criteria**

The study included all only older adolescents between 15 – 19 years who were present in Nyendo Mukungwe Masaka district during that time and who accepted and consented.

### **Exclusion criteria**

The study excluded all adolescents who were too weak to be interviewed, those who didn't consent, those who were absent at the time of the practice, and those outside the Nyendo Mukungwe division.

### **Data analysis and presentation**

The researcher ensured completeness of data while in the field pre-coded questionnaires were used, and the researcher cleaned, sorted, and entered the data into Microsoft excel. Descriptive statistics percentages and frequency were used to analyze categorical variables while the mean with its standard variation was used for continuous variables. Data was presented using narratives, frequency tables, and charts.

### **Quality control**

Data collection was done by the researcher and trained research assistants. Research questionnaires were checked for errors and omissions to ensure consistency, completeness, and accuracy in filling. The participants were explained in their local language where need be to make sure that participants understood the questions to give correct answers. Furthermore, the research was approved by the research supervisor.

### **Ethical Considerations**

A letter of introduction was sought from the research ethical committee of Medicare Health Professionals College and presented to the District Health Officer who forwarded the researcher to the Chairman LCIII who permitted her to carry out the research in the area this introduced the researcher to the older adolescents in Nyendo Mukungwe division, Masaka district.

The researcher ensured anonymity, privacy, and respondents' utmost confidentiality. The researcher explained the purpose, pros, and cons of the study to the respondents. All teenagers in the

study who understood and acknowledged participation signed consent forms.

#### **Study limitations**

Small sample size, money, limited time, and some of the respondents who demanded gifts before being interviewed likely affected the generalizability of the study.

## **2 Study Findings**

### **3 Social demographic characteristics of respondents.**

The majority of the respondents 40(51%) were female, most of them 25(32.1%) were of the age of 18 years, the majority 30(38.5%) were Muslims, majority of 32(41%) were of secondary level.

According to figure 2, more than a half 51(69%) of the respondents reported that they interacted with their peers about sex issues whereas 23(31%) did not interact with them about sex issues.

### **4 Individual factors associated with early sexual debut among teenagers.**

Indicates that of the 67 respondents who shared their sexual experience 28(42%) were coerced, 34(50%) willingly engaged, and the 5(8%) forcefully engaged in sexual intercourse.

shows that 36(55%) of the respondents reported that watching pornographic films persuaded them to engage in early sexual intercourse, 20(31%) were not persuaded by pornographic films to engage in early sexual intercourse while 9(14%) reported that they could not reveal.

shows that 30(47%) of the respondents reported that they experienced sexual violence in the community, 29(45%) experienced physical violence and lastly, and 5(8%) experienced emotional violence.

shows that 35(45%) of the respondents reported that they started having sex at 15-17 years, 25(32%) at 17-19 years, 10(13%) at the age of 13-14 and 8(10%) at the age <13years.

### **5 Religiosity and family financial background on early sexual debut among older adolescents.**

shows that 26(51%) of the respondents reported that attendance at church or mosque was to a lesser extent, 20(39%) reported to a larger extent and lastly, 5(10%) did not know.

shows that 20(26%) of the respondents reported that they were poor, 10(13%) reported medium, and 48(61%) reported that they were rich.

## **6 Discussions, Conclusion and Recommendations.**

### **7 Discussions**

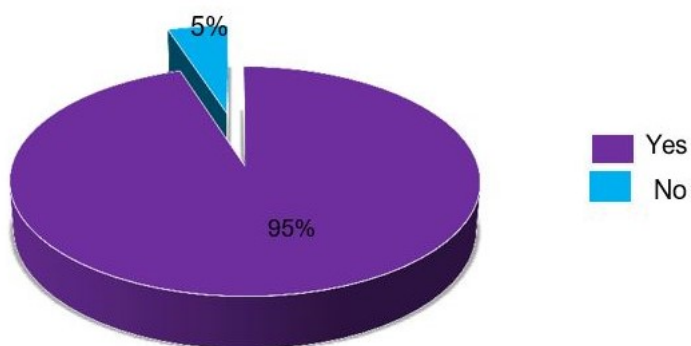
#### **Effect of peer pressure on early sexual debut among older adolescents.**

Majority of the respondents 95% had peer friends. This implies that older adolescents have peer groups. This may be because of their peers on sex-related issues. This finding indicated that peer pressure was a great factor that led to increasing rates of early sexual debut among older adolescents (15-19) in Nyendo Mukungwe division, Masaka district probably because they got supportive news about how good is playing sex like feeling as if in heaven leaving its risks e.g. sexually transmitted infections e.g. HIV/AIDS, unwanted pregnancies, etc. This finding was in agreement with 85.6% of the study among secondary teenagers in the Nakaseke district. (Nabaggala,2017), not in line with the 15.3% in a study on 723 students (Eskeziaw *et al*,2019), not in line with 18.1% of high school students in Goba town Southeast Ethiopia (Haggiso *et al* 2019), in line with 24.1% of the adolescents in Jimma preparatory school Oromia region southwest Ethiopia (Taye *et al.*, 2016), and line with the 36.4% of the study in Ambo town among the adolescent females. (Digafe *et al*, 2018) where the difference could have been due to place of study, sample size, and population.

More than a half 51(69%) of the respondents reported that they interacted with their peers about sex issues whereas 23(31%) did not interact with them about sex issues. This probably implied that peers always had information which couldn't wait to be told because it involved more adventure,

**Table 1.** Respondents by social demographic characteristics (n=78)

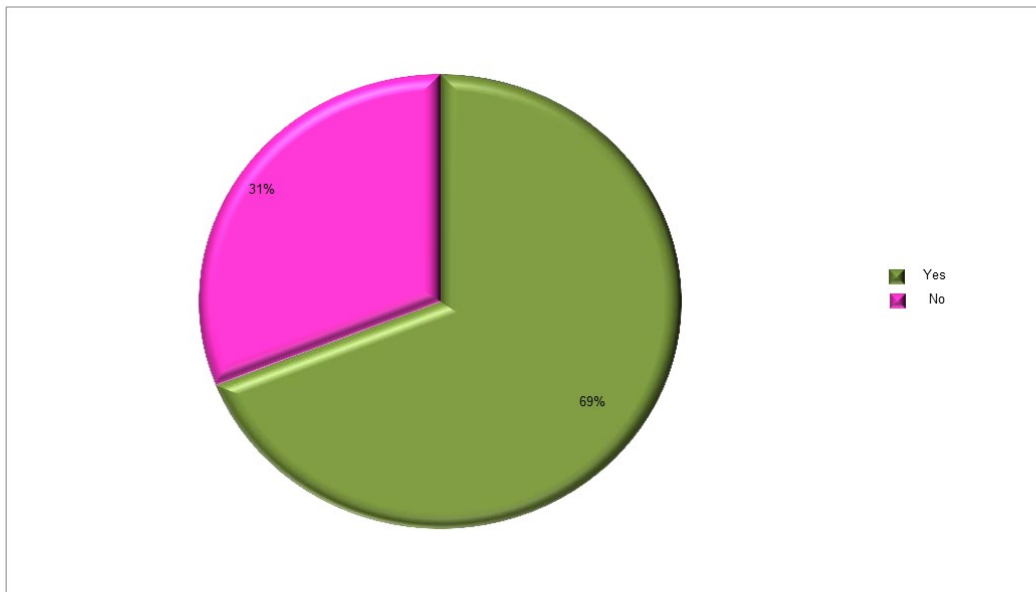
Characteristic	Frequency	Percentage
<b>Sex</b>		
Male	38	49
Female	40	51
<b>Age (years)</b>		
15	16	20.5
16	12	15.4
17	20	25.6
18	25	32.1
19	5	6.4
<b>Religion</b>		
Moslem	30	38.5
Catholic	12	15.4
Protestant	20	25.6
Not known	16	20.5
<b>Education level</b>		
Primary	10	12.8
Secondary	32	41
Tertiary	25	32.1
Not known	11	14.1



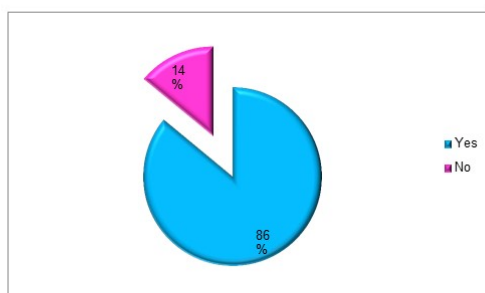
**Figure 1.** Indicated that the majority 74(95%) of the respondents had peer groups whereas 4(5%) did not.

**Table 2.** Showing If yes, what was the respondents' sexual experience n=67

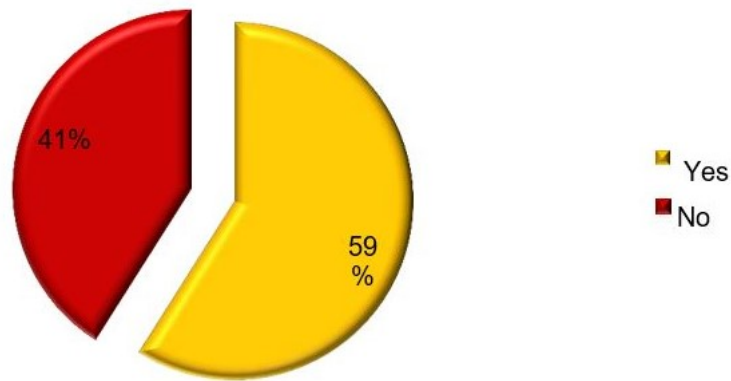
Responses	Frequency	Percentage
Coercion	28	42
willing	34	50
Forcefully	5	8
Total	67	100



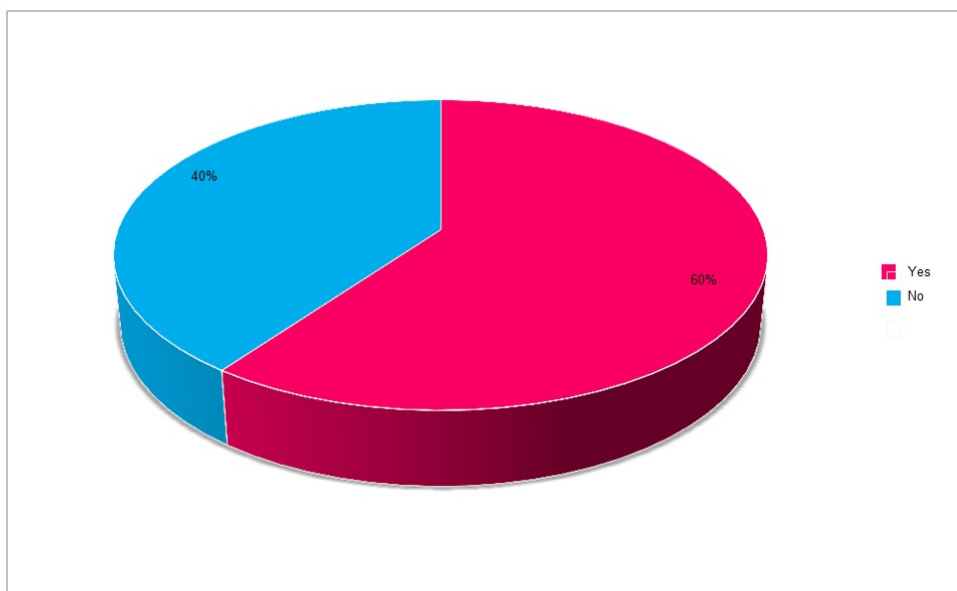
**Figure 2.** showing whether respondents interact with them about sex issues n=74



**Figure 3.** Indicates that more than a half 67(86%) of the respondents agreed that they were encouraged by their peers to take part in the sexual activities whereas 11(14%) disagreed.



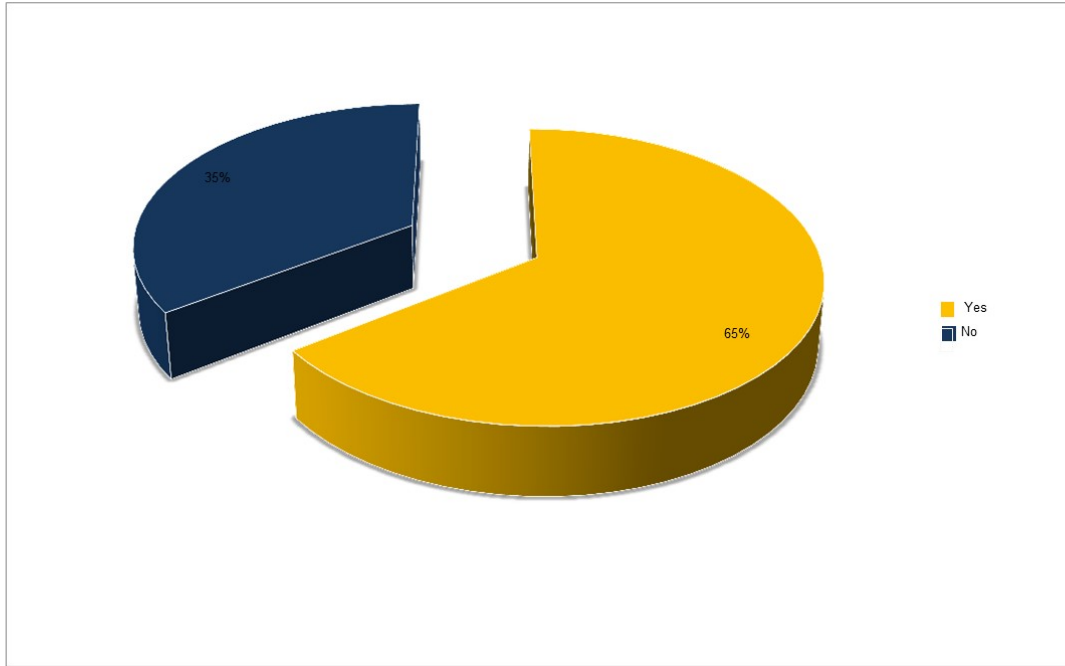
**Figure 4.** Indicates that more than a half of 46(59%) of the respondents took drugs e.g Marijuana or alcohol whereas 32(41%) disagreed.



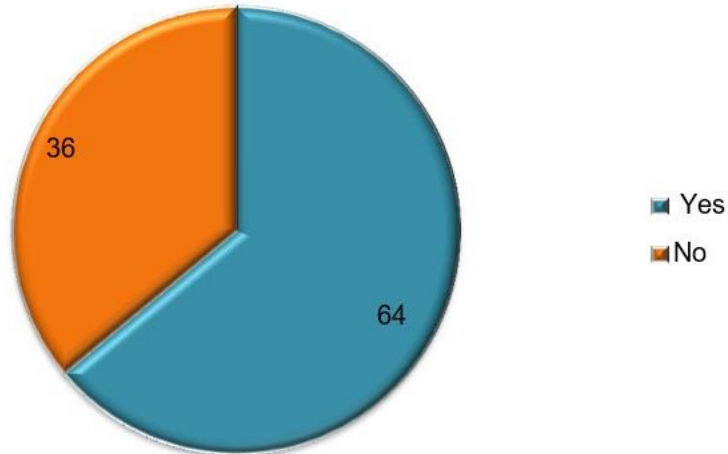
**Figure 5.** shows that 28(60%) of the respondents reported that taking drugs influenced them to engage in early sexual intercourse while 18(40%) reported that taking drugs never influenced them.

**Table 3.** Table 3: showing whether watching pornographic films persuaded respondents to engage in early sexual intercourse n=65

Responses	Frequency	Percentage
It did	36	55
it didn't	20	31
cannot reveal	9	14
<b>Total</b>	<b>65</b>	<b>100</b>



**Figure 6.** shows that 51(65%) of the respondents agreed that they watched pornographic films while 27(35%) reported that they never watched them.

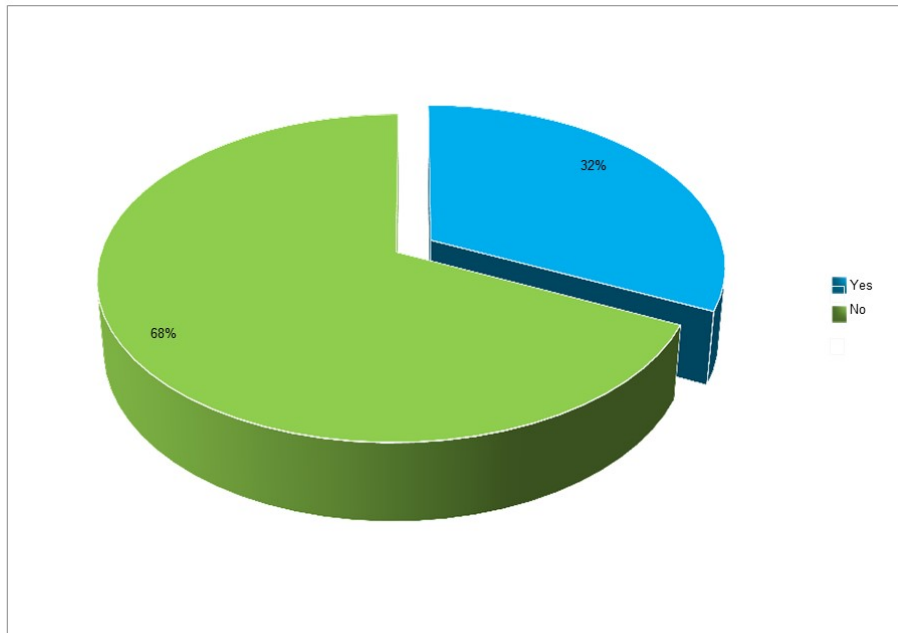


**Figure 7.** shows that 50(64%) of the respondents agreed that they experienced violence in their community while 28(36%) reported that they never experienced any kind of violence.

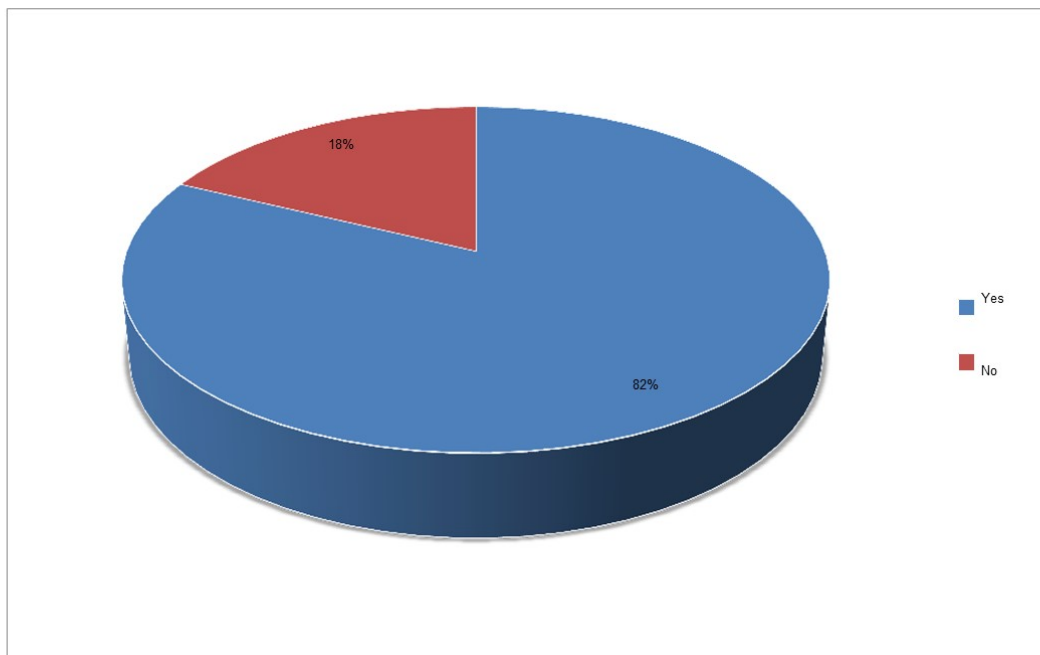
**Table 4.** Showing If yes, the kind of violence experienced in the community n=64

Responses	Frequency	Percentage
physical	29	45
sexual	30	47
Emotional	5	8
<b>Total</b>	<b>64</b>	<b>100</b>

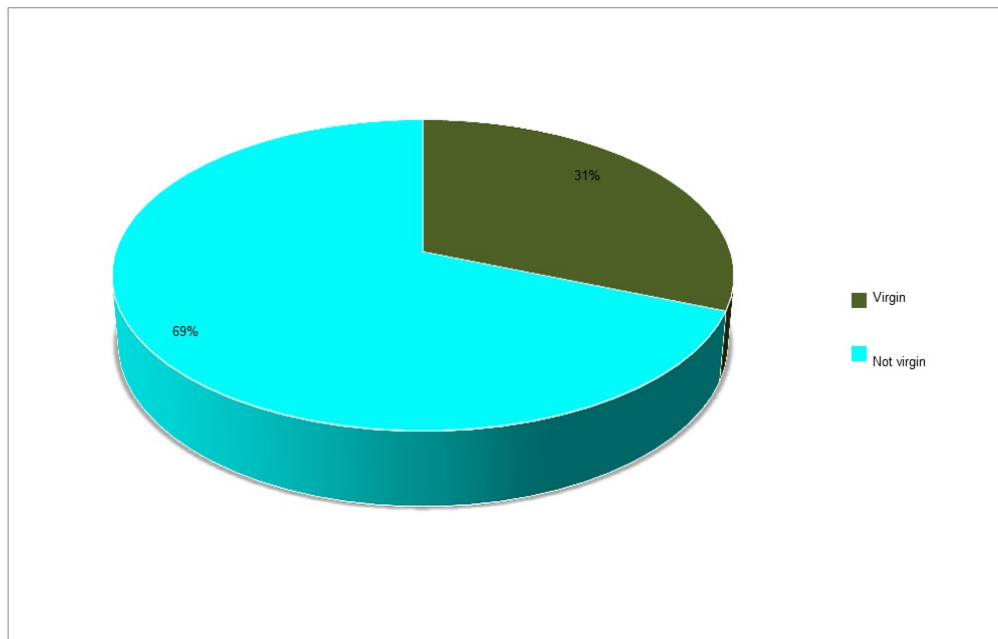




**Figure 8.** Shows that 53(68%) of the respondents were not monitored by their parents while 25(32%) reported that they were monitored by their parents.



**Figure 9.** shows that 56(82%) of the respondents agreed that failure of parents to monitor them exposed them to early sexual engagement while 12(18%) disagreed.



**Figure 10.** shows that 54(69%) of the respondents reported that they were not virgins while 24(31%) reported that they were virgins.

**Table 5.** Showing the age respondents started having sex

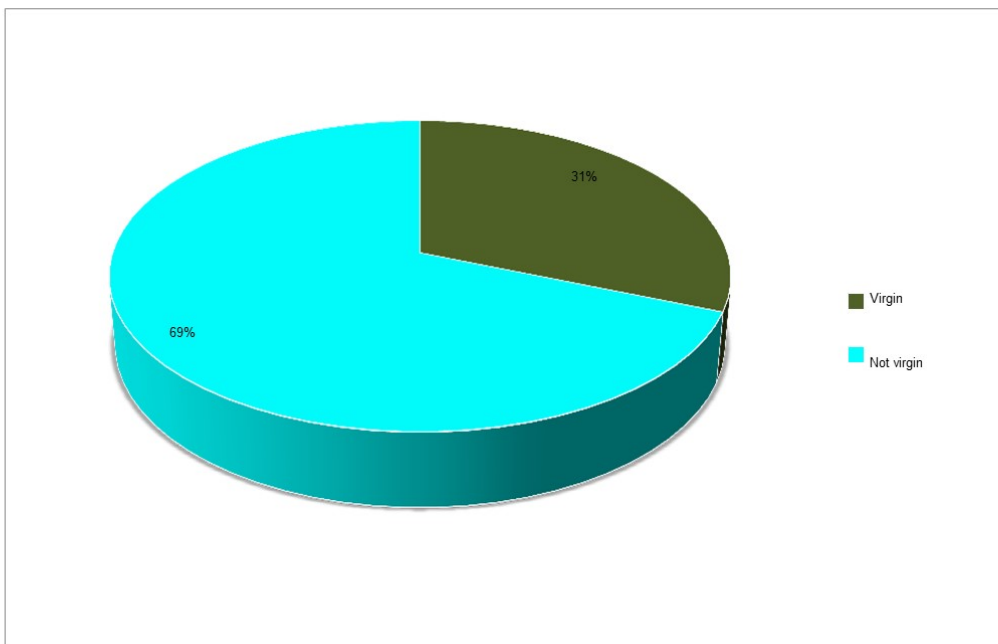
Responses	Frequency	Percentage
<13 years	8	10
13-14 years	10	13
15-17 years	35	45
17-19 years	25	32
<b>Total</b>	<b>78</b>	<b>100</b>

**Table 6.** If yes, did it influence respondent's attendance of church or mosque n=51

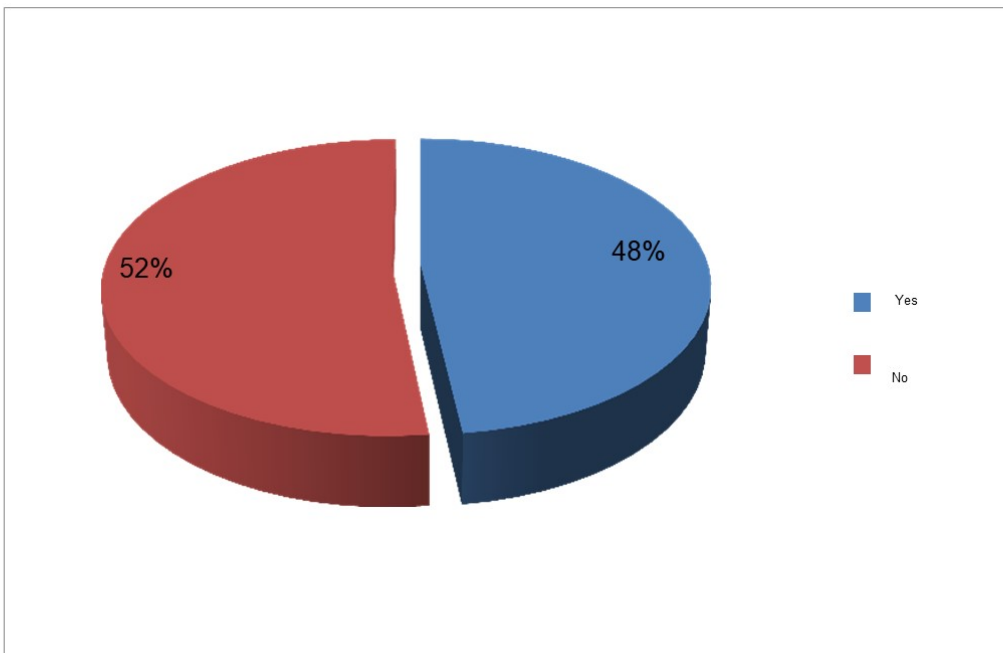
Responses	Frequency	Percentage
To a larger extent	20	39
To a lesser extent	26	51
Don't know	5	10
<b>Total</b>	<b>51</b>	<b>100</b>

**Table 7.** shows that 26(51%) of the respondents reported that attendance at church or mosque was to a lesser extent, 20(39%) reported to a larger extent and lastly, 5(10%) did not know.

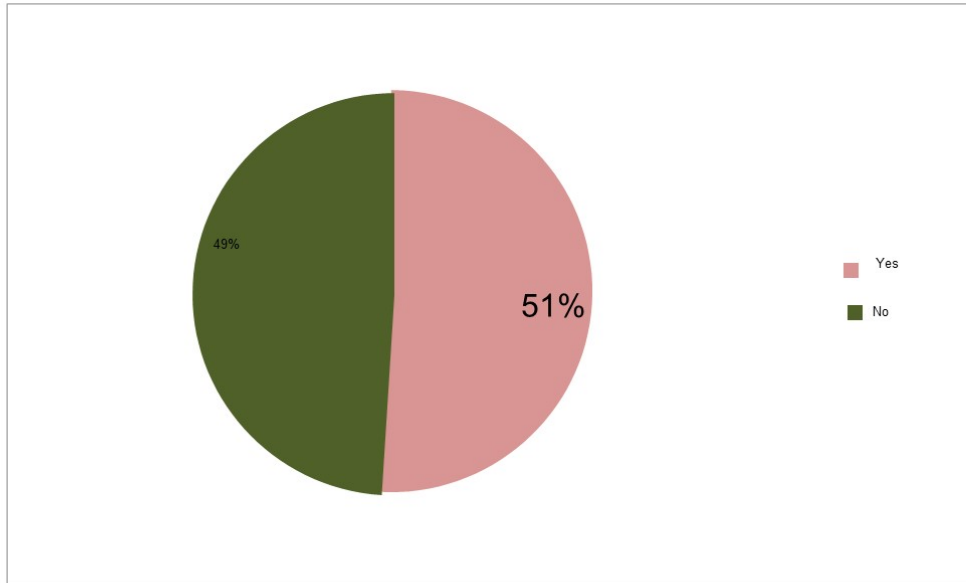
Responses	Frequency	Percentage
Poor	20	26
Medium	10	13
Rich	48	61
<b>Total</b>	<b>78</b>	<b>100</b>



**Figure 11.** shows that 45(57%) agreed that they never attended church or mosque regularly while 33(43%) attended church or mosque regularly.



**Figure 12.** shows that 17(52%) of the respondents reported that attending church or mosque never aided in preventing them from engaging in early sexual intercourse while 27(35%) agreed



**Figure 13.** shows that 40(51%) of the respondents reported that their parents attended church or mosque regularly while 38(49%) reported that they never attended church or mosque regularly.

and they always wished for their fellow teenagers to always enjoy this was in disagreement with a study carried out in 2016 among adolescents in Jima preparatory school Oromia region southwest Ethiopia which found out that adolescents who talk with their peers on sex-related issues were 24.1% and were more likely to engage in sexual debut. (Taye *et al.*, 2016)

The Majority of 86% of the respondents agreed that they were encouraged by their peers to take part in the sexual intercourse. This probably implied that most of the older adolescents engaged in sexual debut because they were persuaded by their peers to do so. This is in agreement with a community-based cross-sectional study carried out in Ambo town by Digafe *et al.*, 2018) the role of peer pressure on early sexual debut among females found that 36.4% had been encouraged by their friends to take part in sexual activities and 24.9% had been encountered pressure from their peers to have sexual intercourse.

#### **The individual factors associated with early sexual debut among teenagers.**

Of the majority of the respondents who shared their sexual experience 28(42%) were coerced, 34(50%) willingly engaged, and 5(8%) forcefully en-

gaged in sexual intercourse. This was probably because the older adolescents' wanted to practice that which their peers and surrounding information explored and wanted to experience that which is referred to as "joy never experienced before" wanting more of the gifts, buzzing, outings, and company this was in line with a cross-sectional study carried out in Makindye and Nakawa divisions of Kampala city, Uganda where findings revealed that the proportion of unwillingness at first sexual intercourse was 13.2% of which 7.1% were first tricked and 9.9% were just raped or forced. (Andre *et al.*, 2017).

The majority of the respondents 30(47%) reported that they experienced sexual violence in the community. The reason may be was because most men and boys were idols and of which the older men always wanted to "taste the difference between the older women and the young girls" which was in line with the 47.7% of adolescents girls and young women who experienced sexual violence the 29(45%) who experienced physical violence who weren't in line with the 72.4% who experienced physical violence this was linked to them being accustomed to violent behavior and perceived it to be a normal trend and lastly 5(8%) experienced emo-

tional violence mainly because most adolescents' found ways of fighting and battled their emotions through clubbing. Sharing experiences with fellow adolescents' who underwent similar conditions thus perceived the experience as storytelling which was not in line with the 44.4% experienced emotional violence in a cross-sectional study carried out in Bukomansimbi, Sembabule, and Rakai districts among adolescent girls and young women. (Stamatakis *et al*, 2021).

Majority of respondents 59% used drugs. This implied that drugs might have led them into sex practice because those who took drugs got affected psychologically making them lose control and ended up involving in unintended sex. This finding was in disagreement with the 41.2% who used illicit drugs among adolescents 10-19 in pastoralist post-conflict community Karamoja sub-region North Eastern Uganda. (Pablo *et al*, 2015), in disagreement with the 7.4% of the total adolescents who had ever chewed chat the 35.2% who had ever experienced drinking alcohol and of which 15% who had a history of early sexual intercourse (Ebisa *et al*, 2020)

The majority of respondents 65.6% watched pornographic films and pictures. This implied that they were exposed to pornographic material which encouraged them to play sex because this could have seduced them to engage in playing sex due to erection resulting from them. This finding wasn't in line with the 18.4% of the study among high school youths in Woldia town, northeast Ethiopia. (Eskeziaw *et al* 2019) and in disagreement with 32.4% among senior secondary students in Ebonyi local government area of Ebonyi state, Nigeria (chruhurumanya *et al* 2016). Less than a half of the respondents 35(45%) of the respondents reported that they started having sex at 15-17 years this was probably because of the less sampling size and group this was not in line with the 31.2% before 15 years, 54.9% before 16 years and as high as 68.6% by before 17 years, 25(32%) at 17-19 years, 10(13%) at the age of 13-14 and 8(10%) at the age <13 years. This was probably because this age group was really in a stage of developmental transition and fear hence tended not to engage in sexual activities this was in line with the 8.6% of the adolescents aged 13 years according to a study among Jamaican adolescents and in Ohio USA adolescents'. (Kabir *et al*, 2017).

The majority of the respondents 53(68%) of the respondents were not monitored by their parents while 25(32%) reported that they were monitored by their parents. This was probably because parents were too busy looking for money leaving adolescents' with friends in the neighborhood and putting their children in boarding schools hence got a lot of time to interact with their fellow age groups about the sexual activities and other parents had adopted a "dot com error" thought that adolescents were following a different trend that was of their error hence got an experience of what it meant to be grown up. This was not in line with the longitudinal study carried out on female adolescents in Nairobi Kenya of which 46% of the female virgins reported high parental monitoring while 29% of the females who transitioned to first sexual intercourse and 14% of female non-virgins reported high parental monitoring and reported had never been scolded and spanked (Chinelo *et al*, 2015)

#### **Religiosity and family financial background on early sexual debut among teenagers.**

Majority of the respondents 57.4% did not attend the church or mosque regularly. This implied that it was a great factor in the increase in early sexual debut. This was because those who did not attend church or mosque regularly missed the teachings which condemned sexual immorality e.g. no sex before marriage, do not commit adultery, etc. This finding was in disagreement with the 49.2% of adolescents in a study at Jimma preparatory school, Oromia region, southwest Ethiopia (Taye *et al* 2016) and in line with the study on high school students in Bahir Dar town, Ethiopia who were 5 times more than those who attended the church or mosque regularly where the deference could have been due to the distance from the church or mosque.

Majority of adolescent girls 61% came from rich families. This implied that the majority had engaged in early sexual debut. This may be because they had freedom and liberty to do whatsoever they desired and this was given to them by their parents or guardians as they had easy accessibility to all firsthand information since they could easily access the internet and other sources of sexual issues. This was in line with the 65% who indicated that they were from rich households according to a study carried out in the coast province of Kenya to find out factors influencing early sexual debut among 15-24 years old female youth. (Leah *et al*, 2018). Furthermore, 26% of the girl

the respondents reported that they were of a poor family financial background and this was probably because of a lack in total facilitation of pads,

Vaseline, etc. from their families due to poverty making these girls ending up being facilitated in exchange with sex where this finding was in disagreement with the 25% of girls who were not virgins and came from poor families among Jimma preparatory school, Oromia region, southwest Ethiopia (Taye *et al* 2016).and in line with the 62.2%from poor households according to a study in coast province Kenya to find out factors influencing early sexual debut among 15-24 years old female youth. (Leah *et al*, 2018).

The majority of the respondents 51% reported that their parents attended church or mosque regularly while 49% reported that they never attended church or mosque. This was probably because they wanted to give their children a good foundation of morals and believed that religion could act as a guide for their future this was in line with 59% of parents and adolescents who attended religious services. (Ying *et al*, 2018)

Close to a half of the respondents 17(52%), the respondents reported that attending church or mosque never aided in preventing them from engaging in early sexual intercourse. This could have been attributed to them taking the preaching given to them by spiritual leaders slightly and looking at them as being just intimidating hence had no fear of engaging in sexual activities this was not in line with the 68% in a study carried out on the youth aged 16-24 years in Nigeria Oluwaseyi,2019).

## 8 Conclusion

The majority of respondents had peer friends most of whom were not virgins and the majority discussed with their peer's sex-related issues which caused them to play sex because peer friends discussed only positives about playing sex leading to an early sexual debut increase among older adolescents (15-19) years in Nyendo Mukungwe division Masaka district.

On individual factors, the majority had taken drugs e.g. alcohol most of whom were not virgins which could have affected them psychologically hence losing control over themselves and ending up playing sex. The majority watched pornographic films and pictures most of whom were not virgins

which might have seduced them to play sex due to the erections they got.

The majority of the respondents did not attend church or mosque regularly most of whom were not virgins making those who did not attend church or mosque regularly more involved in sex than their counterparts due to the missing of the teachings condemning playing sex like no sex before marriage, don't commit adultery, etc. The majority of the girls who came from poor families were involved in sex due to a lack of facilitation in their needs and ended up going to boys who could facilitate them in exchange for sex.

### Recommendation.

This goes to all medical persons, parents, teachers, religious leaders, political leaders, elders in communities, the government through education and health ministries, and anyone responsible in Nyendo Mukungwe division Masaka district to develop strategies aimed at reducing early sexual debut among adolescents which predisposes them to risks associated with playing sex e.g. sexually transmitted infections like HIV/AIDS, UTIs, etc., unwanted pregnancies, etc. like counselling services and health knowledge about making right decisions and setting them to avoid the causes of playing sex e.g. peer pressure, taking drugs, watching pornographic films and pictures, not attending church or mosque regularly and girls coming from poor families being less facilitated which the study revealed to be among the leading causes of early sexual debut among the unmarried older adolescents in Nyendo Mukungwe Masaka district

## 9 Acknowledgement:

I take this opportunity to thank the almighty God for the gift of life and sincere appreciation goes to my parents including Mr. Kiggundu John, Mrs. Namasinga Pauline, and all my family members for their unending love, care and support all this far.

I also acknowledge the tireless work done by Mr. Kansiime David for me to complete this research

## 10 List of Abbreviations and Acronyms:

- AGYW** : Adolescent Girls and Young Women
- AIDS** : Acquired Immune Deficiency Syndrome
- AI** : Artificial Intelligence System

**CDC** : Centers for Disease Control and prevention

**DHS** : Demographic and Health Survey

**GDHS** : Ghana Demographic Health Survey  
**HIV** : Human Immune- Deficiency Virus

**MoH** : Ministry of Health

**PIASCY** : Presidential Initiative Aids Strategy Communication for the Youth

**STDs** : Sexual Transmitted Diseases

**UNICEF** : United Nations International Children's Emergency Fund

**UTIs** : Urinary Tract Infections **VAC** : Violence Against Children **WHO** : World Health Organization

## 11 OPERATIONAL DEFINITION

**Illicit drug** : a drug that is illegal to have e.g. cannabis, heroin and cocaine and the non-medical use of drugs that are legally available i.e. pain killers and sleeping pills.

**Pornography** : films intended for sexual excitement

**Sexual coercion** : unwanted sexual activity that happens when you are pressured, tricked, threatened or forced in a nonphysical way.

**Sexual debut** : is a having had first sexual intercourse at or before the age of 18.

**Sexual history** : an individual who had history of sexual intercourse

**Sexual initiation** : an experience of first sexual intercourse before the age of 18.

**Sexual intercourse** : is a sexual activity typically involving the insertion and thrusting of the penis into the vagina for pleasure and reproduction.

**Sexual solicitation** : An unwanted request to engage in sexual activities or talk or any sexual request by an adult.

**Sexual Violence** : any sexual act or attempt to obtain a sexual act by violence or coercion.

**Sexually active** : is active on sexual practices

**Substance use** : using at least one of the following e.g. alcohol, cigarette,

**Transactional sex** : Sexual relationships where the giving and or receiving of gifts, money or other services.

**Unsafe sex** : practiced with multiple sexual partners and or without using condoms

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