



Protecting in-School Adolescents from HIV/AIDS, STIs and Unwanted Pregnancy: Evidence-based Lessons for Programs and Policy

Introduction

Adolescence is a critical developmental period when many young people begin to define and clarify their sexual values and, often, start to experiment with sexual behaviors that place them at heightened risk of sexually transmitted infections (STIs), including HIV, and unwanted pregnancies. With the high level of HIV infection and poor sexual and reproductive health outcomes among young people in sub-Saharan Africa, it is crucial to understand the determinants of sexual activity among the youth in order to inform policies and programs that protect them. Research conducted in secondary schools in Nairobi, Kenya, shows that about half of boys and a tenth of girls have already initiated sexual activity. This research also shows that religiosity, perceived parental attitudes towards sex, living arrangements and school characteristics are associated with adolescents' initiation of sexual activity.

Methodology

The study on which this policy brief is based was conducted in 2004 among 3,612 school-going adolescents aged 12-25 years attending 32 randomly-selected public secondary schools in Nairobi, Kenya's capital city. These schools include single-gender and co-educational, as well as boarding and day schools.



Half of adolescents already engaging in sexual activities are not using condoms

Prevalence and Characteristics of Sexual Behavior

Study findings show that one in every 10 girls and one in every two boys attending secondary school in Nairobi is sexually experienced. Girls tend to have sex with partners who are, on average four years older. Only a few of sexually experienced adolescents are using condoms. Forty percent of sexually experienced girls and 65% of sexually experienced boys report having more than one sexual partner, with a staggering 26% of boys having more than five partners.

Non-use of Condoms and Risk Perception among Boys

Only a fifth of sexually experienced adolescent boys use condoms consistently, a third use condoms inconsistently, and nearly half do not use condoms at all. Consistent condom users initiate sex at older ages, have a positive attitude towards condom use, have peers who support safer sex, and have sex with

romantic partners (girl friends). Inconsistent condom users have many sexual partners, and support separate roles for males and females. Thus, inconsistent users may be more likely to uphold traditional notions of masculinity that support sexual prowess and risk-taking. Non-users initiate sex at younger ages, say religiosity is important to them, have fewer sexual partners, and have sex with non-romantic partners. All the three groups have a high HIV/AIDS knowledge and perceive themselves to be at low risk of HIV/STI infection.

Characteristics of Sexually Experienced Adolescents

As expected, adolescents who are sexually experienced are older than those reporting no prior sexual activity. Adolescents attending provincial schools are more likely to have sexual intercourse than those attending national schools, which attract top (academically) students nationwide. Adolescents in co-educational schools (schools that admit both boys and girls) are more



likely to be sexually experienced than adolescents in single-gender schools. Adolescents in day schools are more likely to be sexually experienced than their counterparts in boarding schools. Adolescents living with one or both parents during school vacation are less likely to be sexually experienced than those living with non-relatives such as friends. While religiosity is not associated with sexual activity among girls, it is strongly associated with sexual activity among boys, with over 90% of boys who do not belong to any religious organization being sexually experienced.

Coupling of Risky Behaviors

Sexually-experienced students engage in other risk behaviors with greater frequency than those who have never had sexual intercourse. For instance, approximately 7% of boys and girls who are sexually experienced report that they smoke cigarettes often compared to 1% of girls and 2% of boys who have never had sexual intercourse.

Parental Attitudes

Sexually experienced adolescents report more permissive parental attitudes towards safer sex than those who are not sexually experienced.

Policy and Program Implications and Recommendations

The findings of this study show that a substantial proportion of secondary school-going adolescents in Nairobi are sexually experienced, and that sexual activity among these adolescents is influenced by multiple factors, including religiosity, perceived parental attitudes towards sex, living arrangements, and the school environment. Kenya's Adolescent Reproductive Health and Development Policy acknowledges the challenges that young people in Kenya face in regard to their reproductive health and outlines strategies for responding to these challenges. The policy outlines, among others, the need for sexu-

ality education in the school curricula, the central role that families should play in educating and shaping adolescents' values and behavior, the need for campaigns to address risky behaviors such as drug and substance use, and the need for youth friendly reproductive health services. The challenge lies in implementing this policy, and it is with this in mind that we offer the following policy and program implications and recommendations based on the findings of this study:

Need for comprehensive sexuality education that goes beyond HIV/AIDS knowledge – Adolescents will benefit more from comprehensive sexual and reproductive health education programs that address multiple risk factors than from prevention efforts that aim to increase awareness alone. The present study found no significant difference in HIV/AIDS knowledge levels between those who reported prior sexual activity and those who did not. The programs should also address the challenge of non-use of condoms and risk perception among sexually active adolescents, and equip young people with the necessary interpersonal skills to enable them make responsible choices about their sexual health.

Parents can play a greater role in protecting adolescents from risky sexual behaviors – Programs that sensitize parents to play a greater role in advising as well as shaping the sexual values and behaviors of their adolescent children are likely to increase responsible sexual decisions and behaviors among young people.

Campaigns should address risky behaviors – Sexual health campaigns for young people should also address risky behaviors such as alcohol consumption, drug use, and cigarette smoking.

School environment can be both protective as well as exposing – The school environment impacts on adolescents' behavior. Thus, deliberate efforts through policy to encourage further research on how the school environment influences students' sexual behavior are likely to have far-reaching effects on promoting adolescent health and wellbeing.

References

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