

## An Assessment of Sexual Practices among Urban High School Students in Swaziland.

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### Abstract

*This study assessed the sexual practices of 300 urban high school students drawn from two urban areas in Swaziland (females=50%; mean age=16.8 years; SD=1.3). The instruments used to source data from the respondents were a semi-structured questionnaire with open-ended and closed questions and follow-up interviews. The study noted very high sexual activity among both male and female students, with 81.4% of the students having engaged in sexual intercourse. Many of the sexually-debuted respondents (42%) had two or more partners. Level of condom and contraceptive use was found to be low, resulting in many contracting STIs and HIV/AIDS as well as unwanted pregnancies. Rigorous campaigns through the use of such things as drama, peer group discussions and outreach programmes could go a long way in bringing about behaviour change among these youth.*

### 1. Introduction

The current study assessed sexual practices among urban high school students in two urban areas in Swaziland, in the light of the HIV/AIDS pandemic. Two urban areas were involved because Swaziland, being a small country, has only four cities. Two of these four were involved in this study. The study has focused on urban students because a number of studies (e.g. Millàn, Valenzuela and Vargas (1995) in Chile; Alene, Wheeler and Grosskurth (2004) in North-Western Ethiopia; Mushoriwa (2013) in Zimbabwe) have focused on rural high school students. High school students were also preferred not only because these students are in the adolescence stage where sexual interests and curiosity peak, but also because many studies (e.g., Agardh, Tumwine and Ostergren, 2011; Sunmola, 2005) have concentrated on university students. Thus a study on the sexual practices of urban high school students becomes a legitimate topic for academic enquiry in order to increase our scientific understanding of their sexuality in the face of the HIV/AIDS menace. Studying the sexual behaviour of youth is important because, when compared to older adults, youth are at more risk of contracting STIs and HIV/AIDS (Alamrew, Bedimo and Azage, 2013).

### 2. Background and Literature Review

Although globally new HIV/AIDS infections are on the decline (WHO, 2012; UNAIDS, 2012), Swaziland remains one of the countries with the highest rate of HIV/AIDS infection (WHO, 2012). Given this scenario and that high school students are in the adolescence stage characterised by sexual curiosity and experimentation as well as alcohol and drug use/abuse which alter perceptions and impair one's thinking and judgment about issues (Crome, London and Rumball, 2004), these youth often find themselves engaged in sexual acts. For Bekwitt and Martins (2003), worldwide youth aged between 15 and 24 years have been observed to have the highest STIs and HIV/AIDS rates since most of them have sexual encounters without protection. Although these youth have a lot of information on STIs and HIV/AIDS from various sources, they fail to translate this knowledge into practice in order to bring about behaviour change.

The many cases of STIs and HIV/AIDS as well as unwanted pregnancies witnessed in our high schools are clear indicators and definers of what is actually on the ground. Mushoriwa (2013) studied sexual activity among rural high school students in Zimbabwe and found that many of these students were involved in sexual intercourse, most of it unprotected. This resulted in them contracting STIs and HIV/AIDS and in unwanted pregnancies.

According to the Ministry of Health and the Health Management Information System of Swaziland (2011), teenage inpatient deliveries from January 2010 to March 2011 stood at 4,822. This figure is chilling, indicating that people have not changed sufficiently. In an earlier study in the Hhohho Region of Swaziland, Dlamini (2000) established that while 98% of the students involved in his study were aware of HIV/AIDS, sexually they continued to do nothing different. Santa Maria (2002) found that 90% of the sexual encounters among the Filipino male youth were unprotected. These figures are alarming, considering that students, as already seen, have a lot of information and knowledge about STIs and

HIV/AIDS.

In Swaziland, while a few urban schools have boarding facilities, the majority does not. Students operate from their homes or from rented accommodation if their homes are far away. Even those schools with boarding facilities sometimes fail to accommodate all students, and some operate from rented accommodation. The fact that such students stay away from supervising families and school authorities and may share accommodation with bad friends, may open doors to risky sexual behaviour. It is against this backdrop that the present study was instituted to assess sexual practices among urban high school students in Swaziland.

### **3. Participants and Setting**

The sample comprised 300 high schools students drawn from six urban high schools in two urban areas of Swaziland (females=50%; mean age=16.8; SD=1.3). Fifty students (25 males; 25 females) were pooled from each of the six schools through stratified random sampling.

### **4. Instruments**

The participating students responded to a semi-structured questionnaire that had two main sections:

Demographic characteristics of the participants, including gender and age.

Sexual behaviour of the participants such as sexual encounters, number of sexual partners, condom use and sex-related variables such as the use of intoxicating substances and watching pornographic movies.

The questionnaire was piloted with a group of 60 students from other urban schools to see if the wording was appropriate and accessible. After minor adaptations and modifications, the questionnaire was adopted for use with the study sample.

Follow-up interviews with a randomly selected sub-sample of the participants (n=80) were conducted not only to check on the trustworthiness and credibility of the data, but also to explore subtle, obscure and unexpected results. Thus, through the interviews, the writer was able to penetrate beyond initial responses and this allowed a deeper and more meaningful analysis of the results.

### **5. Data Analysis**

Data were descriptively analysed and results were reported in percentages, with thematic interpretation as required to clarify the study's major findings. Only percentages endorsing were reported to simplify the reporting.

### **6. Results and Discussion**

#### *6.1 Demographic characteristics*

As already noted, the sample (n=300), had an equal number of males (50%) and females (50%). The sample, which had a mean age of 16.8 years, had a Standard Deviation of 1.3. This shows that the ages of the participants did not vary much – most of them were between 16 and 17 years of age.

The mean age of sexual commencement of both male and female students was 16.2 years with a SD of 1.1. Higher numbers (n=120; 80%) of female participants had sex before they were 17 years while 95 (63%) of the male students had sex before 17 years.

#### *6.2 Sexual behaviours of the participants*

About 88% (n=120) of the boys and 86% (n=129) of the girls said they had girlfriends and boyfriends respectively. These high percentages confirm and conform to the developmental expectations of the age at which boys and girls begin to have sexual relationships as highlighted in the literature (Onasanya, Nicholas and Onasanya, 2008; Iwkwagh, 2006).

Large proportions of both male and female students reported multiple sexual partners. Females reported mean number of sexual partners (2.6) far exceeded that of males (1.3). Interview data revealed that females want more partners mostly for economic/material benefit, hence most of their boyfriends were men already working. In all, multiple sexual partners (two or more partners) were reported by 46% of male students and 71.7% of female students. This is perhaps why WHO (2006) says that HIV/AIDS affects more young females than young males. Other reasons could relate

to females having less control over condom use as indicated by one female student: "Many a time boys apply force and therefore there is no time for putting on a condom." Similar sentiments were expressed by Zimbabwean rural high school students (see Mushoriwa, 2013).

The issue of multiple sexual partners shown in the present study should not come as a surprise – it is a fairly common behaviour among many adolescents (Agardh, Tumwine and Ostergren, 2011). For example, Sunmola (2005) studied the sexual behaviour of students at Ibadan University (Nigeria) and found that 12% of female and 16% of male students had more than three sexual partners. A similar study by Agardh, Odberg-Pettersson and Ostergren (2011) among students at Lund University in Uganda showed that 39% of the students had more than two sexual partners. Exavery, Lutambi, Mubyazi, Kwera, Mbaruku and Masunja (2011) also found that, among Tanzanian college students, the prevalence of multiple sexual partners was 42% but unlike in the present study, males were twice as likely to have multiple partners as females. Nearer home, a study by Eaton, Flisher and Aarø (2003) found that among South African youth between 1% and 5% of females and 10% and 25% of males had four sexual partners per year.

The current study established that of the 88% (n=132) males who had girlfriends, 82% (n=111) had had sexual intercourse while 82% (n=106) of the female students who had boyfriends reported having had sexual intercourse and, as already seen, some of them with multiple partners (males 46%; females 71.7%). Interview data revealed that having sexual intercourse was associated with the need to experiment, influence from peers, need for economic or material benefits, use of alcohol and other intoxicating substances, and the influence of pornographic movies seen on TV. One boy commented: "I saw sex acts on TV and I vowed I was going to do it with both my girlfriends. The next two days saw me successful." In fact, 18% of females and 22% of males reported that they had their first sexual intercourse as a result of exposure to pornographic movies, 8% of females and 12% of males reported that their first intercourse was a result of influence from friends, while 43% of females reported having their first sexual intercourse after being made drunk and in some cases having been promised money or material benefits.

Males who reported having sexual intercourse as a result of intoxication totalled 36.8%. A few males (12%) and females (7%) had sexual intercourse because of personal desire to experiment. Some of the males (4%) and females (4%) did not engage in sexual intercourse because they felt it was immoral to have sex before marriage, others feared pregnancies, STIs and HIV/AIDS or violating their religious beliefs. Yi, Poudel, Yasuoka, Palmer, Yi and Jimba (2010) found that, among Cambodian high school students, religiousness prevented many girls not only from engaging in sexual intercourse but also from having many sexual partners.

A study by Mathews, Aarø, Flisher, Mukoma, Wubs and Schaalma (2009) among adolescents in Cape Town, South Africa, found that of the 1,440 students who were virgins at the start of the study, 1,144 remained virgins 15 months later, while 296 (20.6%) had already had their first sexual intercourse. The study also noted that transition to the first sexual intercourse was more common among males than females, among older students than among young ones, and among students with a lower socio-economic status than among those with a higher socio-economic status. A significant link was established between the transition to first sexual intercourse and desire to have sexual intercourse, inability to negotiate delayed sex and partner violence. Some of these observations are consistent with findings in the current study – partner force was cited as one of the reasons that result in sexual debuts, resulting in non- use of condoms and this has grave consequences.

In the present study, condom use was found to be very low despite the high prevalence of HIV/AIDS in the country. Only 50 (45%) of the males and 44 (43%) of the females who had engaged in sexual intercourse reported using condoms. The study also observed that only 95 (44%) of both male and female students reported using a condom in their first sexual intercourse. Some argued that since there was no real agreement (consensual sex), there was no time to put on a condom. One female student commented: "Boys apply force and therefore there is no time for putting on a condom even if they have it. Some of us contract diseases or become pregnant." One male student also commented: "I don't use condoms because they reduce sexual pleasure."

Indeed such sexual practices and attitudes suggest that more still needs to be done in the fight against HIV/AIDS. Condom use is an important tool if we are to effectively fight the spread of HIV/AIDS, yet some of our youth do not use condoms at all. Abdulhakim (2008) found that apart from this negligent refusal to use condoms, some youth use condoms inconsistently because of taking alcohol and other intoxicating substances.

In conclusion, the study has noted that large proportions of urban high school students engage in sexual intercourse, some of it unprotected. There is thus a need for continued efforts to counsel students regarding sexual decision-making, teaching them to constantly and consistently use condoms, to delay sex until marriage and to prevent substance abuse. Since peers have great influence on the behaviour of their friends, there is a need to promote peer discussions on sexual matters in our schools.

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