



Assessment of Sexual Activity and Contraceptive use Among Young Ages of Jimma Teachers Training College Students, Jimma Town, South West Ethiopia, Cross Sectional Study

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Abstract

Background: Young age in Ethiopia are estimated to be 19.3% of total population. Despite their number, they lack access to the reproductive health service information like sexuality and family planning methods. Most of them get their peers whose views are often inaccurate and based on remorse. The aim of this study was to assess sexual activity and contraceptives use among young ages of Jimma teachers training college students.

Methods: Cross sectional study design with quantitative methods of data collection was employed from February to March 2013 using pre tested self-administering questionnaire.

Results: Data was extracted from 257 respondents that makes response rate 100%. Out of the total of 257 study participants, 127(49.45%) of the students were from 20 -22 years age, 89 (34.63%) were males, 230(89.49%) were Oromo, 106(41.24%) of them were Muslim, 237(89.49%) of them were unmarried, 189 (77.04%) of them were from farmer families and 168(65.4%) were from illiterate family. Half 118(45.9%) were currently sexually active, 95(80.5%) those sexually active were using any types of contraceptive.

Conclusion and Recommendation: 45.9% of the study participants were sexually active, and among those sexually active 80.5% were using any types of contraceptive methods. Age of the respondents, sex, religion and educational level of the family found to be associated with sexual activity, and age of the respondents, marital status, age at first sexual intercourse, parent occupation and educational level of the family were found to be associated with contraceptive use. Further prospective studies with both qualitative and quantitative method of data collection is recommended.

Keywords: Young age; Sexual activity; Contraceptive; Jimma teachers training college

Abbreviations: EDHS - Ethiopian Demographic and Health Survey; FP - Family Planning; HIV/AIDS - Human Immune Virus/Acquired Immune Deficiency Syndrome; JTTC - Jimma Teacher Training College; MOH - Ministry Of Health; RH - Reproductive Health; STD - Sexually Transmitted Disease; UN - United Nation; USA - United State of America; WHO - World Health Organization.

Introduction

Young age is a period in human development characterized by significant physiological, psychological and social changes [1]. Majority of the world Young age peoples are living in the developing countries, moreover nine out of ten of them face profound challenges from obtaining education to simple staying alive [2] and they are lack access to basic Reproductive Health (RH) information like sexuality and family planning service, most of them get information about this from their peers whose views are often inaccurate and based on remorse [3]

Demographic and sociologic study shows as there is association between ages, sex, races, income, socio economic changes, self-esteem, biological factors, peers pressures, physiologic maturation urbanization, civilization, life style and family structure and sexual activities [4,5]

Initiation of sexual activity at an earlier age can leads to an increase life time number of sexual partners, lower probability of using modern contraceptive methods [6]. Worldwide half of the contraception occurring per day are unplanned and about one fourth are unwanted [7]. Young sexual activity vary from culture to culture and those who experiencing first coitus at earlier ages are less likely to take the necessary precautions to prevent unwanted pregnancy or STDs [8].

The study conducted in South African high school students

indicates as morbidity and mortality among young ages become a focus of policy initiatives in developing countries, due to low contraceptive use; rising pregnancy rates and reliance on clandestine abortion [9,10]

The study done in 2003, in developed nation like United States, Canada, Great Britain, Netherland and France, showed as the average typical age sexual initiation is around 17.5 years and in US, it is 17.2, in Canada 17.3, in Great Britain 17.5, in Netherland 17.7 and in France 18.0 years [11].

Study conduct in southern Nigeria secondary school on sexual activity, contraceptive knowledge and use showed as only 36%(886/2460) knew the most likely time for contraception to occur, 40% of them were sexually active, of this sexually active 26% of them started at age of 19 years, 25% of them had involved with older business man [11].

The study conducted in Cameron on 670 young age's school student to evaluate their knowledge and practice of sexuality indicated as 53% were sexually active, 41% used any contraceptive method during their recent intercourse [12]. Also the study in Kenya on premarital

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sexual activities among school young ages on 300 enrolled in 46 educational college students 48-77% of male have had coitus compared with 17% to 67% of females, nearly half of sexually active males report multiple sexual partners [13].

The fertility survey conducted in Uganda on age 15-24 years in both rural and urban on 4510 subjects revealed, 84% of the male and 81.5% of female were sexually active and the mean age at first coitus was 15.1 years for male and 15.5 for females, greater than 80% had awareness on contraceptive but only 25% used contraceptive [14].

The very low level of economic development, widespread poverty, very poor and inadequate health services make the consequences of adolescent sexuality much more serious in the Ethiopian context than those of the developed countries and this reflected by the highest HIV prevalence in the group 15-24 years 12.1% [15].

The study done in Ethiopia at Addis Ababa on college students indicated as 60% of them were sexually active, the mean age at first coitus was 15.3 years for females and 16.4 for male. In Harar 50% of female and 25% male experienced sexual intercourse at mean age of 16.9 years and only one fourth of them used family planning methods. The study at Jimma University showed as 228 (39.9%) students sexually active, 195 (41.7%) males and 33 (31.7%) [16,17]. Also in Ethiopia 32% had sexual intercourse before age 15, 65% before age 18 and the trends in age at sexual initiation have increased little between 2000 and 2005 EDHS [18].

Methods and Materials

A cross sectional the study was conducted from February to March 2013 at Jimma teacher training college (JTTC) which is located 352kms from Addis Ababa towards south west and 2.5Kms to the East of Jimma town. It is one of regional teachers training colleges in Ethiopia. It was established 1969 as teachers training institute (TTI) and upgrade in to TTC in 2002.

The source population for this study were all students of Jimma teacher training college regular graduating class of academic year 2013 and the study population were all sampled students selected using systematic random sampling technique using their attendance list as sampling frame and available during the study period.

Data was collected through self-administrated questionnaire using pre-tested structured questionnaire which has both close and open ended questions

The quality of the data was assured by using validated pre-tested questionnaires. Prior to the actual data collection, pre-testing was done on 5% of the total study subjects. Data collection facilitators were trained for one day intensively on the study instrument and data collection procedure that includes the relevance of the study, objective of the study, about confidentiality of the information and informed consent.

Data analysis was conducted using SPSS version 16.0. In addition to descriptive statistics, the chi-square test was employed to assess for associations between dependent and independent variables of the study to determine degree of association. P-value of <0.05 considered significant and the results presented using tables, graphs, and charts.

Ethical approval letter for the study was granted from Jimma University College of public Health and Medical sciences department of Nursing. Informed consent was received from all the participants after explaining the purpose of the study before distributing the questionnaire and it ensured during each activity of data collection. The

| Variables | | Frequency(n=257) | Percentage |
|---------------------------------|------------|------------------|------------|
| Age | 19 | 21 | 8.17 |
| | 20-22 | 127 | 49.45 |
| | 22-24 | 109 | 42.4 |
| Sex | Male | 89 | 34.63 |
| | Female | 168 | 65.37 |
| Religion | Muslim | 106 | 41.24 |
| | Orthodox | 98 | 38.13 |
| | Protestant | 43 | 16.73 |
| | Others | 10 | 3.89 |
| Ethnicity | Oromo | 230 | 89.49 |
| | Amhara | 21 | 8.17 |
| Marital status | Others | 6 | 2.33 |
| | Unmarried | 237 | 92.2 |
| Parent occupation | Married | 20 | 7.78 |
| | Farmer | 189 | 77.04 |
| | Merchant | 42 | 16.34 |
| | Employed | 13 | 5.06 |
| Educational level of the family | Others | 4 | 1.56 |
| | Illiterate | 168 | 65.4 |
| | Literate | 89 | 34.6 |

Table 1: Distribution of study participants by their socio-demographic characteristics, among Jimma teacher training college students, Jimma town, February to March, 2013.

respondents also were reassured on confidentiality of their responses during and after the study.

Results

The data were collected from a total of 257 study subjects from February to March 2013 (Table 1) that makes the response rate 100% and the results are presented under subheadings as follows.

Socio demographic characteristics of the respondents

127 (49.45%) of the students were from 20 -22 years age groups. 168 (65.37%) of the respondents were females. As to ethnicity majority 230 (89.49) were Oromo followed by Amhara 21 (8.17%). Majority 106 (41.24) of them were Muslim and 237 (89.49%) of the respondents were unmarried. Concerning their parent occupation and educational level 189 (77.04%) of them were farmers and 168 (65.4%) were from illiterate families respectively (Error! Reference source not found) (Table 2).

Sexual activity of the respondents

118 (45.9%) of respondents were currently sexually active. Among sexually active, 44 (37.3%), age at sexual debut was 16-19 years of age, 72 (61.02%) were reported that first sexual intercourse was unplanned, 75 (63.56%) of them had first sexual intercourse with their boy/girlfriend, 75 (65.5%) had two life time sexual partners, 80 (67.79%) were being with their regular partner. 104 (83.14%) of them have had sexual intercourse with other than their regular partner and 75 (72.11%) had one sexual partner other than their regular partner and 23 (19.49%) ever receive money, gift or that favor to sex (Error! Reference source not found) (Table 3).

Contraceptive use practice

Among sexually active 118 study participants 95 (80.5%) were using any types of contraceptive methods, Out of this 38 (40%) of them reported as they have used condom, 57 (60%) were reported as they use contraceptive sometimes and 25 (21.18%) of them responded as they used condom at first sexual intercourse. The respondents also asked

| Variables | | Frequency(n=257) | Percentage |
|---|--------------------------------|------------------|------------|
| Ever started sex | Yes | 118 | 45.9 |
| | No | 139 | 54.1 |
| Age at first sexual intercourse | ≤15 | 35 | 29.7 |
| | 16-19 | 44 | 37.3 |
| | 20-24 | 28 | 23.73 |
| | ≥ 25 | 11 | 9.32 |
| First sex is planned | Yes | 46 | 38.08 |
| | No | 72 | 61.02 |
| Partner at first sexual intercourse | Boy/girl friend | 75 | 63.56 |
| | Husband/Wife | 16 | 13.56 |
| | Commercial sex works | 17 | 14.4 |
| | Others | 10 | 8.47 |
| No. of partner | 1 | 14 | 11.86 |
| | 2 | 75 | 65.5 |
| | ≥ 3 | 29 | 24.57 |
| Now with regular partner | Yes | 80 | 67.79 |
| | No | 38 | 32.21 |
| Reason to remain with regular partner** | To protected from STDs | 51 | 63.17 |
| | To protected from HIV | 63 | 78.75 |
| | Increased the trust of partner | 46 | 57.5 |
| Have sex other than regular partner | Yes | 104 | 83.14 |
| | No | 14 | 11.86 |
| No. of partner other than regular partner | 1 | 75 | 72.11 |
| | 2 | 19 | 18.26 |
| | ≥ 3 | 10 | 9.61 |
| Ever receive money, gift or favor to sex | Yes | 23 | 19.49 |
| | No. | 95 | 80.5 |

**More than one answer is possible

Table 2: Distribution of study participants by their sexual activity, among Jimma teacher training college students, Jimma town, February to March, 2013.

| Variables | | Frequency | (%) |
|--|--------------------------------------|-----------|-------|
| Ever used contraceptive | Yes | 95 | 80.5 |
| | No | 23 | 19.49 |
| Type of contraceptive used | Pills | 15 | 15.79 |
| | Inject able | 35 | 36.84 |
| | Condoms | 38 | 40 |
| | Others | 7 | 7.36 |
| Frequency of using contraceptive | Some times | 57 | 60 |
| | Always | 29 | 30.52 |
| | Rarely | 9 | 9.47 |
| Use condom during at first sexual intercourse | Yes | 25 | 21.18 |
| | No | 93 | 78.81 |
| Reason not for using condom at first sexual intercourse* | Not available | 57 | 61.29 |
| | Not trust condom | 15 | 16.13 |
| | Due to partner pressure | 27 | 29.03 |
| | In hurry | 9 | 9.67 |
| | Increased the trust of partner | 38 | 40.86 |
| | Others | 11 | 11.83 |
| purpose of using condom* | To protected from STDs | 49 | 51.58 |
| | To protected from HIV | 61 | 63.21 |
| | To protected from unwanted pregnancy | 38 | 40 |
| | Others | 7 | 7.37 |

*More than one answer is possible.

Table 3: Distribution of study participants by their contraceptive use practice, among Jimma teacher training college students, Jimma town, February to March, 2013.

for the reason why they did not use condom and why they use, and 57 (61.29%) of them were responded that as it was not available, while 61 (63.21%) of respondents were used it to prevent from HIV/AIDS. (Error! Reference source not found.)

Association between dependent and independent variables

Dependent and independent variables were cross tabulated with each socio demographic characteristics related factors, and Sexual activity and practice of contraceptive. There were statistically significant associations observed between age of the respondents ($\chi^2=0.09$, $p=0.0187$), sex ($\chi^2=0.01$, $p=0.00$), religion ($\chi^2=0.15$, $p=0.0242$), educational level of the family ($\chi^2=0.01$, $p=0.000$) with sexual activity and There were statistically significant associations between age ($\chi^2=18.00$, $p=0.00$), marital status ($\chi^2=21.5$, $p=0.00$), age at first sexual intercourse ($\chi^2=11.5$, $p=0.009$) parent occupation ($\chi^2=11.7$, $p=0.00$) and educational level of the family ($\chi^2=43.1$, $p=0.00$) with contraceptive use, however there is no associations between sex, religion and ethnicity with ever used contraceptive.

Discussion

Initiation of sexual activity at earlier age can leads to an increase life time number of sexual partners, lower probability of use of contraceptive and higher probability of having STIs [6].

This study revealed that, 45.9% students were sexually active, out of these sexually active 37.3%, started it at 16-19 years of age, and 29.7% them starts early at age of 15 and below years.

This finding was higher than what has been identified in the study conduct in southern Nigeria where 40% of them were sexually active and 26% of them started it at age of 19 years [11], the study at Jimma University in which 228(39.9%) students were sexually active and what reported on EDHS where 32% had sexual intercourse before age 15 years [18]. Conversely, lower than what has been observed in Cameroon where 53% of the students were sexually active [12], the study in Kenya where 48-77% of male have had coitus, 17% to 67% of females [13], the study conducted in Uganda where 84% of the male and 81.5% of female were sexually active and the mean age at first coitus was 15.1 years for male and 15.5 for females [14] and the study done in Ethiopia at Addis Ababa where 60% of them were sexually active, the mean age at first coitus was 15.3years for females and 16.4 for male [18].

The likely expiations for this dissimilarity might be due to difference in study period, level of education of the study subjects involved, operationalisation variables, policy concern, geographical location and cultural background of the study population, the college students came from different corners with different experiences and separation from the family.

This study also identified that among sexually active students 80.5% were using any types of contraceptive methods.

This finding was by far higher than the study conducted in Cameroon where 41% of those sexually active used any contraceptive method during their recent intercourse [12], the study conducted in Uganda where greater than 80% sexually active students had awareness on contraceptive but only 25% used contraceptive [14].

The likely expiations for this dissimilarity might be due to difference in study period, level of education of the study subjects involved, operationalisation variables, policy concern about contraceptive, geographical location and sociocultural difference, knowledge about contraceptive and variation of attitude toward contraceptive and custom of the study population in different country on the world.

This study further revealed the association between socio demographic characteristics such as age of the respondents, sex, religion and educational level of the family found to be associated with sexual activity, and age of the respondents, marital status, age at first sexual intercourse, parent occupation and educational level of the family were found to be associated with contraceptive sue

The finding of this study is comparable with what has been reported Demographic and sociologic study where is association between ages, sex, races, income, socio economic changes, self-esteem, biological factors, peers pressures, physiologic maturation urbanization, civilization, life style and family structure and sexual activities [4,5].

Conclusion and Recommendation

This cross sectional study revealed that, 45.9% respondents currently sexually active, and among sexually active students 80.5% were using any types of contraceptive methods. Socio demographic characteristics such as age of the respondents, sex, religion and educational level of the family found to be associated with sexual activity, and age of the respondents, marital status, age at first sexual intercourse, parent occupation and educational level of the family were found to be associated with contraceptive sue. Further prospective studies with both qualitative and quantitative method of data collection is recommended.

Competing Interests

There no financial and non-financial competing interests and the study was funded by the Jimma University. There have been no reimbursements, fees, funding, nor salary from any organization that depends on or influence the results of this study. The authors do not hold any stocks or shares in an organization that may in any way might be affected by this publication.

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