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EPIDEMIOLOGY | RESEARCH ARTICLE

Early sexual debut and associated factors among adolescents in Kasawo Sub-county, Mukono district, Uganda

Kizito Omona^{1*} and Jonathan Kizito Ssuka²

Abstract: Early sexual debut is defined as having had first sexual intercourse at or before age 14 years of age. By 19 years, nearly 70% of both males and females are reported to have ever had sexual intercourse. Notably, sexual debut occurring at an earlier age than 19 years, especially less than 15 years, is found to be associated with engagement in risky sexual behaviours in adolescence. The objective of this study was to determine the factors associated with early sexual debut among adolescents in Kasawo Sub-county, Mukono district. Analytical cross-sectional study design, both qualitative and quantitative methods, was used. Focus group discussion guide and semi-structured questionnaire were administered to a sample of 385 adolescents. Statistical Package for Social Scientists (SPSS) version 25 was used for analysis. The prevalence of early sexual debut was 22.6% among female and 22.1% among male, respectively. Age was associated with early sexual debut ($X^2(1) = 5.992, p = 0.018$), with more of the adolescents (37.4%) older than 14 year found to have had sexual intercourse at or before 14 years. Gender was associated with early sexual debut among adolescents ($X^2(1) = 22.898, p = 0.000$). Schooling status of adolescents was associated with early sexual debut ($p = 0.000$).



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Kizito Omona is a Medical Doctor and Lecturer in the Faculty of Health Sciences (FHS) of Uganda Martyrs University, Kampala. He holds a PhD in Mgt [Healthcare Mgt], Master of Science in Health Services Management, Master of Science in Monitoring and Evaluation, Post Graduate Diploma in Project Planning and Management, Post Graduate Certificate in Project Monitoring and Evaluation and Bachelor of Medicine and Bachelor of Surgery (MBChB) degree. He is currently engaged in teaching Public Health and Health Services Management at graduate and post-graduate levels and Research Supervision in the said areas and levels and community engagement. Research areas: Clinical Research, Public Health, Maternal and Child health Research and Child focused research.

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PUBLIC INTEREST STATEMENT

Early sexual debut is defined as having had first sexual intercourse at or before age 14 years of age. By 19 years, nearly 70% of both males and females are reported to have ever had sexual intercourse. Globally, early adolescent sexual debut remains a recurring public health issue. Early sexual debut among adolescents has a lot of consequences. The consequences may range from increased risk for sexually transmitted diseases including HIV/AIDS, unwanted and teen-age pregnancies, unsafe abortions, school dropout, injuries and depression, among others. Whereas there may be no definite age for sexual debut, under normal circumstances, most societies encourage initiation of sex at adulthood, usually above 18 years. Therefore, by encouraging initiation of sex at adulthood the community rids itself of all or most of the consequences of early sexual debut.

Respondents who drink alcohol were three times more likely to have early sexual debut (COR = 3.28, at 95% CI (1.530–7.031)) and there was a strong association between drinking alcohol and early sexual debut ($p = 0.000$). Having ever had peer influence ($p = 0.03$) was associated with early sexual debut. So, conclusively, the proportion of girls who delay sex is slightly higher as compared with that of boys.

Subjects: Epidemiology; Environment & Health; Health & Society; Health Conditions; Public Health Policy and Practice; Sexual and Reproductive Health; Medicine; Obstetrics, Gynecology & Women's; Health

Keywords: Sexual debut; Adolescents; Kasawo Sub-County; Uganda

1. Introduction

1.1. Background of the study

Early sexual debut is commonly defined as having had first sexual intercourse at or before age 14 years of age (Durowade et al., 2017). Globally, early sexual debut among adolescents present daring consequences; unintentional injuries, early pregnancy and childbirth, HIV/AIDS, violence, depression and alcohol and drug use (WHO, 2021). A study in South Africa found that the median age of sexual debut was 16 years for females and 15 for males (Richter et al., 2015). In an earlier study, it was asserted that the onset of sexual activity during adolescence is a normative developmental milestone. By 19 years of age, nearly 70% of both males and females reported to have ever had sexual intercourse. Notably, sexual debut occurring at an earlier age than 19 years, especially less than 15 years, is found to be associated with engagement in risky sexual behaviors in adolescence but also throughout adulthood (Gladys & Joyce, 2015). Early sexual experience is associated with increased rates of sexually transmitted infections (Kaestle et al., 2005). It is thus evident that adolescents with early sexual debut are exposed to risky sexual behaviours. For this reason, effective intervention on early sexual debut and its consequences and determination of the associated factors become very important (Mekonnen, 2020). Earlier initiation of sexual intercourse is strongly associated with sexually transmitted infections (STIs) for older adolescents but not for young adults over age 23 years (Kaestle et al., 2005). A related study found that the early initiation of sexual activity affects the sexual and reproductive health of the young population, particularly adolescents. Adolescents who begin early sexual activity are more likely to have high-risk sex (multiple sexual partners) and they are less likely to use condoms which are related to the increased susceptibility to human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs) transmission, unwanted pregnancy, and its complications (Yosef et al., 2020).

In the United States in the year 2011–2013, 44% of female teenagers and 47% of male teenagers aged 15–19 had experienced sexual intercourse. In the earlier teen years males were found to be more likely than females to have had sexual intercourse but in the older teen years, the percentage of older teenagers who had sexual intercourse was similar for both female and male teenagers (Gladys & Joyce, 2015). In a study on involvement of parents in sexuality and reproductive health education of adolescents and associated factors in Hoima municipality, it was found that parents play vital roles in shaping adolescent sexual behaviours (Mugumya & Omona, 2020).

Most of the parents (81.7%) reported to be involved in sexuality and reproductive health education of their adolescents indicated that their children's sexual behaviours were impacted by their guidance. Females were 1.18 times more likely to be involved in sexuality education (CPR = 1.18; CI = 1.02–1.37; p -value 0.02). Parents were 1.56 times more likely to be actively involved in talking to their adolescents about sexuality education compared to other people (APR = 1.56; CI = 1.22–1.99; p -value < 0.001; Mugumya & Omona, 2020).

In another study in the United States, Kaestle et al. (2005) found the odds of having an STI for an 18-year-old who first had intercourse at age 13 was more than twice those of an 18-year-old who first had intercourse at age 17 (prevalence odds ratio = 2.25, 95% confidence interval: 1.42, 3.59). This was not true for respondents older than 19 years. The study found the odds of having STI among 24-year-old respondents with first intercourse at age 13 versus those with first intercourse at age 17 were the same (pOR = 1.11, 95% confidence interval: 0.88, 1.39). Therefore, earlier initiation of sexual intercourse is strongly associated with STIs for older adolescents but not for young adults over age 23 years.

In Ethiopia, the overall pooled prevalence of early sexual debut among students was determined using an odds ratio with a corresponding 95% CI. A total of nine studies with 4,217 participants were analyzed. The estimated pooled prevalence of early sexual debut among students was found to be 27.53% (95% CI: 20.52, 34.54). Being female (OR: 3.64, 95% CI: 1.67, 5.61), watching pornography (OR: 3.8, 95% CI: 2.10, 5.50) and having boyfriend or girlfriend (OR: 2.72, 95% CI: 1.24, 5.96) were found to be significantly associated with early sexual debut (Mekonnen, 2020).

In Nigeria (Durowade et al., 2017), more than two-thirds, 40 (67.8%) of adolescents had early sexual debut. The prevalence of early sexual debut was 11% and the mean age for early sexual debutants was 11.68 ± 1.98 years. Male gender and having friends who engaged in sexual activities had association with early sexual exposure ($p < 0.05$). Alcohol intake had the strongest strength of association for early sexual debut among the students. In a related study in America (Jamaica), an interaction between early sexual debut and multiple partners was found, whereby having had multiple partners was associated with pregnancy only for youth with early sexual debut (Baumgartner et al., 2009). The authors then concluded that encouraging adolescents to delay sexual debut and reduce their number of sexual partners may help prevent unintended pregnancies.

Early sexual debut relative to one's peers has been considered problematic in terms of later sexual health and psychological well-being. Even so, recent research has demonstrated that other factors, such as individual characteristics, family and peer influences, are co-occurring risk factors that may better explain these significant relationships. Conversely, more recent research also demonstrated that sexual competences at debut (such as maturity and preparedness) have greater predictive utility of later sexual health and wellness of a female including positive effect and appraisals of sexual desirability (Sprecher et al., 2019). In a study on the influence of parent-teacher interactions on the initiation of sexual practices among teenagers in Uganda, it was found that parent-teacher interaction facilitated the flow of protective information and guidance that delayed sexual debut and improved the sexual behaviors among the teenagers. Most of the teenagers whose parents were in close interaction with their teachers attributed their present sexual behaviors to the raised consciousness and continuous monitoring and communication from either party (Kato & Omona, 2021; Mugumya & Omona, 2020; Ssuka et al., 2020).

1.2. Problem statement

Whereas there may be no definite age for sexual debut, under normal circumstances most societies encourage initiation of sex at adulthood, usually above 18 years. However, the prevalence of early sexual debut is reportedly high across the globe. In the United States (between 2011 and 2013), 44% of female teenagers and 47% of male teenagers aged 15–19 years had experienced sexual intercourse (Gladys & Joyce, 2015). In Ethiopia, the overall pooled prevalence of early sexual debut among students was 27.53% (Mekonnen, 2020) while in Nigeria, the prevalence of early sexual debut was 11% (Durowade et al., 2017).

Thus, it is clear that high prevalence of early sexual debut is a great problem. The consequences of the problem include unintended teenage pregnancies, high incidences of HIV/AIDS and other STIs, high school drop out rates and poverty, among others. These consequences can be avoided through delaying sexual debut among adolescents. Therefore, this research was to establish the

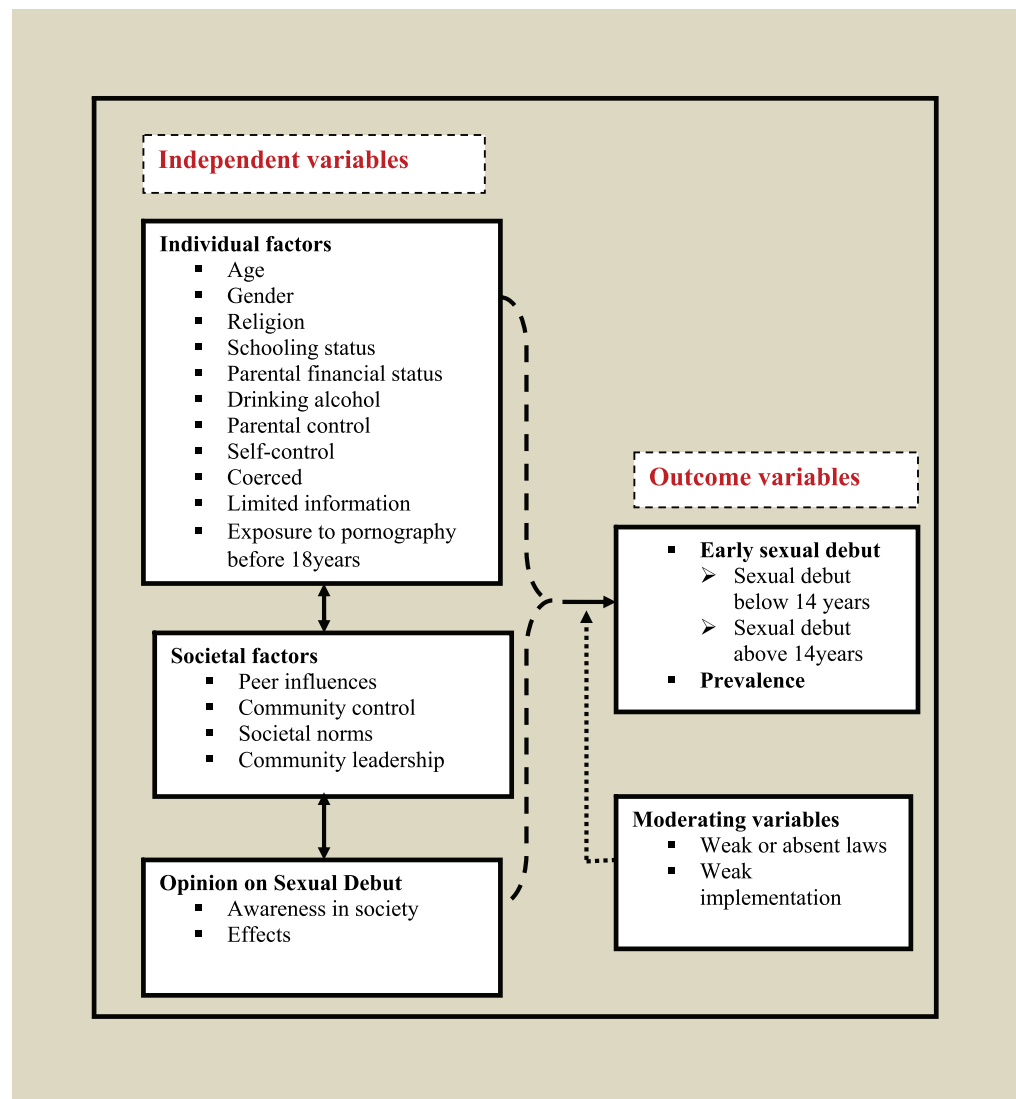
associated factors for early sexual debut with the aim of delaying initiation of sexual debut among adolescents in Kasawo Sub-county, Mukono district.

1.3. Research questions

The study was guided by the following research questions:

- (1) What is the prevalence of early sexual debut among male and female adolescents aged 10–19 years in Kasawo Sub-county, Mukono district?
- (2) What are the individual factors associated with early sexual debut among adolescents aged 10–19 years in Kasawo Sub-county, Mukono district?
- (3) What are the societal factors associated with early sexual debut among adolescents aged 10–19 years in Kasawo Sub-county, Mukono district?
- (4) What are the views of adolescents aged 10–19 years in Kasawo Sub-county on early sexual debut?

Figure 1. Conceptual Diagram for Early Sexual Debut.



1.4. Conceptual framework

The study was guided by the conceptual diagram (Figure 1). The outcomes (early sexual debut and its prevalence) are a result of interaction of many other factors. These include but not limited to individual and societal factors as shown in Figure 1.

2. Review of literature

2.1. Prevalence of early sexual debut among male and female adolescents

Early sexual debut is defined as having had first sexual intercourse at or before 14 years of age and it is associated with many risks to sexual and reproductive health. Sexual coercion, which is attributed to early sexual debut, is increasingly gaining attention as an important public health issue because of its association with adverse health and social outcomes (Richter et al., 2015). In the study, the reported sexual intercourse before age 12 was 10 times higher among boys than girls. By 15 years of age, 14.2% of females and 38.2% of males had engaged in sexual intercourse (Richter et al., 2015). In America, it was found that by 19 years of age, nearly 70% of both males and females reported to have ever had sexual intercourse (Gladys & Joyce, 2015). The age at sexual debut varies from place to place and among different individuals and is associated with varying factors (Durowade et al., 2017).

More than two-thirds (67.8%) had early sexual debut, and the prevalence of early sexual debut was about 11%. The mean age of sexual debut was 13.10 ± 2.82 ; the mean age for early sexual debutants was 11.68 ± 1.98 (Durowade et al., 2017). In another study approximately 17% of the respondents were <15 years at first sexual intercourse (Magnusson et al., 2019). The authors further explained the gender differences in sexual debut by denoting that gender differences in the development of executive functions and the timing and social acceptance of sexual activity exist. For example, girls on average develop more advanced executive functioning skills 1–2 years earlier than males during adolescence. In general, males have lower levels of impulse control and higher levels of sensation seeking (Magnusson et al., 2019). The median age of sexual debut was 16 years for females and 15 years for males. Irrespective of the type of first sexual intercourse, males engaged in sexual intercourse earlier than females ($p = 0.0001$). By 15 years of age, 14.2% of females and 38.2% of males had engaged in sexual intercourse. By age 18, 42.9% of females and 59.5% of males had engaged in intercourse. There was a dramatic increase in sexual debut among females, and to some extent among males, between the ages of 14 and 17 years (Richter et al., 2015). In another study in Ethiopia, the proportion of early sexual initiation among college students was 17.9%, 95% CI (14.4%–24.4%). The mean age of sexual intercourse was 17.6 (± 2 SD) years (Yosef et al., 2020).

Studies have shown that indeed age at first sexual experience varies from place to place and among different individuals and this is usually due to different factors. In one study, it was reported that in the United States, the mean age at first sexual experience was noted to be 14 years (Cavazos-Rehg et al., 2009). Among Jamaicans, the mean age at first sexual experience was found to be 11 years among the girls and 15 among the boys (Ekundayo et al., 2007). In the same way, a greater proportion (54%) of pregnant youth in Jamaica reported that their age at first time experience to be 14 years compared to their never-pregnant counterpart (Baumgartner et al., 2009). On the other hand, among Nigerian adolescents aged 15–19 years, a fifth of them were found to have initiated sexual activities (Fatusi & Blum, 2008). A study in Ghana indicated that age at first sexual experience increased from 16 years in 1988 to 18 years in 2014 (Amoateng & Baruwa, 2018). In South Africa, studies have reported differing ages at first sexual experience (A. E. Pettifor et al., 2011; A. Pettifor et al., 2009; Zuma et al., 2010). These studies have focused specifically on young males and females between the ages of 15 and 24. Among South African youth, most (84.4%) young women aged 18–24 years reported having initiated sexual activities (A. E. Pettifor et al., 2011). Out of the South African youth that have ever had sexual intercourse, 59% were female and about 39% of them had initiated sexual intercourse by the age of 16 years and below (Zuma et al., 2010).

In a community study of Malawi, Burkina Faso, Ghana and Uganda, it was reported that in sub-Saharan Africa, nearly 60% of young women and 45% of young men have had sex before the age of 18 years. There is a widening gap between initiation of sexual act and marriage, resulting in a longer period of pre-marital sexual activity. The early initiation of sexual act and an increased period of sexual activity before marriage can lead to increased risk of both HIV sero-conversion and unintended pregnancies among the youths, the sequelae of which are already observed in the literature on epidemiology (Rob et al., 2014). In this study, the median ages at first sex in the four countries ranged from 14 among males in Malawi and Uganda to 16 among females in Ghana and Malawi. Among young people who were of the same age or older than the median age at first sex, the percentage of those who had engaged in early sex was the highest among females and males in Malawi (18.4% and 19.3%, respectively). Meanwhile in the Caribbean countries, approximately one-fourth of the sample (26.9%) had experienced sexual debut before age 15 years, 37.2% among boys and 16.9% among girls (Peltzer & Pengpid, 2016).

2.2. Individual factors associated with early sexual debut among adolescents

A study in South Africa found that the median age of sexual debut was 16 years for females and 15 for males (Richter et al., 2015). In the study, the reported sexual intercourse before age 12 was 10 times higher among boys than girls. Males reported earlier sexual debut, with both voluntary and coerced sexual experience than their female counterparts. According to Durowade et al. (2017), male gender and having friends who engaged in sexual activities had association with early sexual exposure ($p < 0.05$). Alcohol intake had the strongest strength of association for early sexual debut among the students. In South eastern Ethiopia (Yosef et al., 2020), the factors found to be associated with early sexual initiation were being female (AOR = 2.09 and 95% CI [1.17–2.35]), chewing khat (AOR = 7.05 and 95% CI [3.81–13.1]), exposure to pornographic materials at less than 18 years (AOR = 3.07 and 95% CI [1.94–6.89]) and poor knowledge of sexually transmitted diseases (AOR = 8.69 and 95% CI [3.52–21.5]). Pornographic materials refer to newspapers, magazines, books, photographs, movies and the internet intended to sexually arouse the viewer (Kassahun et al., 2019). Watching these materials exposes adolescents to early sexual debut. A related study in Ethiopia also found that the estimated pooled prevalence of early sexual debut among students in Ethiopia was 27.53% (95% CI: 20.52, 34.54). Being female (OR: 3.64, 95% CI: 1.67, 5.61), watching pornography (OR: 3.8, 95% CI: 2.10, 5.50) and having boyfriend or girlfriend (OR: 2.72, 95% CI: 1.24, 5.96) were found to be significantly associated with early sexual debut (Mekonnen, 2020).

In a South African study (Baruwa & Amoateng, 2021), results showed that female youth with secondary education (HR: 0.69, CI: 0.61–0.77) and higher education (HR: 0.47, CI: 0.41–0.54) had a lower hazard risk of early sexual experience compared to those who had no education and primary education. Female youth between the ages of 25 and 34 years (HR: 0.70, CI: 0.65–0.74) had hazard lower risk of early sexual experience compared to those from poor wealth index. Belonging to “other” population group reduced the hazard risk of early sexual experience among female youth compared to those belonging to African population group (HR: 0.87, CI: 0.77–0.98).

2.3. Societal factors associated with early sexual debut among adolescents

In a review, it was noted that many background factors, such as family adversity and societal or cultural contexts contribute to early sexual debut; these same factors can also lead to sexual debut being a negative experience (Sprecher et al., 2019). Early sexual experiences affect the sexual and reproductive health of young persons because they put them at the risk of risky sexual behaviours in the society including multiple sexual partners and inconsistent condom use. This poses societal problems such as unintended pregnancies and STIs, including HIV/AIDS (Baruwa & Amoateng, 2021).

In a community study of Malawi, Burkina Faso, Ghana and Uganda (Rob et al., 2014), it was reported that at the individual level, the results confirmed previous findings that associations between social group membership and risky sex vary by country. However, at the community

level, higher levels of involvement in social groups was found to be protective of early age at first sex more in two contexts. These contexts were Ghana and Malawi, suggesting that communities with higher levels of adolescents' involvement in groups may be supportive of delayed sexual debut. This is by having social norms that support adolescents as valuable members of their community or providing alternative social activities for adolescents (Rob et al., 2014). They (Rob et al., 2014) also found that having more friends of the opposite sex is associated with early age at first sex and that having more friends of the same sex is associated with the inverse. This is consistent with the finding of Kumi-Kyereme et al. (2007) in Ghana. In another study on the influence of parent-teacher interactions on the initiation of sexual practices among teenagers in Uganda, it was found that most of the teenagers whose parents were in close interaction with their teachers attributed their present sexual behaviours to the raised consciousness and continuous monitoring and communication from either party (Ssuka et al., 2020).

In Nairobi (Kenya), for both males and females, sexual debut was found to be positively associated with having permanently dropped out of school (odds ratios, 6.9 and 21.8, respectively), having never attended school (8.6 and 39.4) and having experienced severe family dysfunction (2.8 and 5.7, respectively). Lack of parental supervision was a predictor of sexual debut among males only (10.1), whereas low aspiration was a predictor among females only (10.4). Surprisingly, young women, as well as men, who did not have high self-esteem were less likely than those who did to initiate first sex between waves (Marston et al., 2013).

In Canada, disrupted family structure and low family support were the characteristics most strongly associated with early sexual activity. Among boys there was an incremental and strong relationship between hours spent in organized sport and early sexual activity whereas among girls, poorer body image, lower socioeconomic status and higher social media use aligned most strongly with early sexual activity (Gazendam et al., 2020). The authors found that greater social media use showed the strongest of all measured associations with early sexual activity for girls (RR = 1.43, 95% CI: 1.25–1.64) and a lesser alignment for boys (RR = 1.18, 95% CI: 1.00–1.40). Girls with poor body image were more likely to have engaged in early sexual activity (RR = 1.22; 95% CI: 1.01–1.47) whereas among boys, body image bore no relationship with early sex. Conversely, for boys the relationship between time spent in team sports and early sexual activity was incremental and the strongest predictor identified (RR = 2.13, 95% CI: 1.73–2.63) while of no significance for girls (Gazendam et al., 2020).

In Brazil, data were analyzed through descriptive and inferential statistics. It was found that both individual (higher level of education, school repetition and use of licit and illicit substances) and contextual factors (perception of less affective-consistent support and greater autonomy from the family) were related to sexual initiation among adolescents (Furlanetto et al., 2019). The associations found for the groups with sexual initiation before and after 15 years of age were similar, indicating that age did not increase the exposure to risks. Inconsistent condom use was related to the use of tobacco and other drugs. All in all, the results indicated the co-occurrence of risk behaviors, such as sexual risks and substance abuse, as well as highlighting some family characteristics as protective factors (Furlanetto et al., 2019).

Longmore et al. (2009), in a study on parenting and adolescent sexual initiation, found out that social disadvantages such as poverty and being less educated were associated with early sexual debut. Their study further stated that parental control over the adolescents inhibit their choices to initiate sexual debut earlier.

2.4. Views of adolescents on early sexual debut

Early sexual experiences affect the sexual and reproductive health of young persons because they put them at the risk of risky sexual behaviours including multiple sexual partners and inconsistent condom use (Baruwa & Amoateng, 2021). As a result, early sexual experiences

increase the risk of unintended pregnancies and STIs, including HIV/AIDS. Adolescents may or may not be aware of these.

In a study on racial and gender differences in adolescent sexual attitudes in the United States, compared with boys, girls perceived less positive benefits from sex and more shame and guilt with sex. The girls had fewer negative perceptions about pregnancy. Compared with White boys, African American boys perceived less shame and guilt about sex; girls did not differ by race. Higher perceived benefits of sex increased the likelihood of sexual debut among African American girls. Perceived shame and guilt lowered the likelihood for White boys and girls (Juanita et al., 2007).

A qualitative study was based on data from 30 focus group discussions held with unmarried 14- to 19-year-olds in four geographically and culturally dispersed Nigerian states found a number of reasons for early premarital sex (Ankomah, Mamman-Daura, Omoregie and Anyanti, 2011). According to the scholars, the “push” factors included situations where parents exposed young female adolescents to street trading for money. The “Pull” factors, which were particularly for males, included the pervasive viewing of locally produced movies, peer pressure and, for females, transactional sex (where adolescent girls exchange sex for gifts, cash or other favors). They also noted overtly coercive factors, including rape. There were also myths and misconceptions that “justified” early sexual initiation. Reasons cited for delay included religious injunction against premarital sex; disease prevention (especially HIV/acquired immunodeficiency syndrome); fear of pregnancy, and linked to this, the fear of dropping out of school; and, for females, the fear of bringing shame to the family, which could lead to their inability to get a “good” husband in the future (Ankomah, Mamman-Daura, Omoregie and Anyanti, 2011). In a study on influence of parent–teacher interactions on the initiation of sexual practices among teenagers in Uganda, it was found that parent–teacher interaction facilitated the flow of protective information and guidance that delayed sexual debut and improved the sexual behaviors among the teenagers. Most of the teenagers whose parents were in close interaction with their teachers attributed their present sexual behaviors to the raised consciousness and continuous monitoring and communication from either party (Ssuka et al., 2020).

In a similar study in Washington, Participants gave the following primary reasons for early sexual activity: lack of structured activities, adult supervision and communication; and influence of peers, society and media. They suggested strategies targeting these reasons, and the need for parents, schools and the community to work together (Walker et al., 2008).

2.5. Conclusion and research gap

Early sexual experiences affect the sexual and reproductive health of young persons because they put them at the risk of risky sexual behaviours including multiple sexual partners and inconsistent condom use. As a consequence, early sexual experiences increase the risk of unintended pregnancies and STIs, including HIV/AIDS (Baruwa & Amoateng, 2021). In Ethiopia, it is said that more than one-fourth of students practiced early sexual debut. The finding suggested the need for strengthening prevention strategies, effective intervention as well as programs in educational institutions to reduce early sexual debut and its consequences (Mekonnen, 2020). Thus, special attention should be given to female students and students who watch pornography. In 2014, the World Health Organization (WHO) highlighted the need for countries to invest in health strategies for this population (Adolescents), as the main cause of death among them was related to HIV infection/AIDS and other risk behaviours (Furlanetto et al., 2019). Delay of sexual debut is an important strategy in reducing the risk of negative adolescent health outcomes.

3. Materials and methods

3.1. Study design

The study used both analytical cross-sectional designs involving mixed methods approach (both qualitative and quantitative). The researcher chose cross-sectional design because in a cross-sectional study, data are collected on the whole study population at a single point in time to examine the relationship

between disease (outcomes) and the other variables of interest (exposures) which favoured this study (Wisdom & Creswell, 2013). The basic premise of this method is that such integration permitted a more complete and synergistic utilization of data on early sexual debut than separate quantitative and qualitative data collection and analysis.

3.2. Study area

The study was conducted in Kasawo Sub-county in Mukono district, Central Uganda-Buganda Region. Kasawo Sub-county is a peri-urban place located in Nakifuma Constituency Mukono district, Central Uganda-Buganda Region. It has 6 parishes and 51 villages and it is located on a land area of 119.1 km² (Anon., n.d). Kasawo has a population density of 354.3/km² a population projection of over 42,200 people of which females are 21,500 (50.9%) and males are 20,700 (49.1%) (UBOS, 2020).

3.3. Study population

The study population comprised adolescents 10–19 years in Kasawo Sub-county. The content involved the establishment of the prevalence and factors associated with early sexual debut among the study population.

3.4. Study units

The unit was an adolescent aged 10–19 years in Kasawo Sub-county, Mukono district.

3.5. Eligibility criteria

All adolescents between 10 and 19 years both girls and boys in Kasawo Sub-county were considered to suit the study and eligible for recruitment. All persons below 10 and above 19 years were not included in the study. Adolescents outside Kasawo Sub-county were excluded from the study.

3.6. Sample size estimation

Cochran's formula for calculating sample size (n_0) when the population size (N) is infinite: Cochran (1977) was used (Sarmah & Hazarika, n.d.)

$$\text{Thus, } n_0 = \frac{Z^2 pq}{e^2}$$

where n_0 is the sample size,

z is the selected critical value of desired confidence level,

p is the estimated proportion of an attribute that is present in the population,

$$q = 1-p$$

e is the desired level of precision = 5% = Sampling error

Thus, samples (n_0):

$$n_0 = \frac{1.96^2 * 0.5 * (1-0.5)}{0.05^2} = \frac{0.9604}{0.0025} = 384.16 \approx 385 \text{ Adolescents}$$

3.7. Sampling technique and procedure

The researchers identified the participants from three secondary schools in Kasawo sub-county through the school administrations. Other participants outside school were also targeted. A simple random approach was used to select all the respondents.

We used purposive sampling (non-probability) technique to deliberately select key informants and focus group participants. This was done by considering adolescents living or studying in

Kasawo and were between 10 and 19 years of age, selected from both within and outside schools (Taherdoost, 2016).

3.8. Study variables

In this study, the outcome variables of interest were early sexual debut and its prevalence. The independent variables were age, gender, religion, schooling status, parental financial status, drinking alcohol, parental control, self-control, coerced sexual debut, limited information, exposure to pornography before 18 years, peer influences, community control, societal norms, community leadership, awareness of early sexual debut and effects of early sexual debut.

3.9. Operational definitions

The following operational definitions were used:

- (1) **Early sexual debut**—This was defined as having had first sexual intercourse at or before age 14 years of age (Richter et al., 2015).
- (2) **Adolescent**—An adolescent was defined as any person between ages 10 and 19 (WHO, 2021).
- (3) **Self-control**—This is defined as one having active regulation of behaviour by internal forces (Hu & Wang, 2022).
- (4) **Parental control**—This was defined as the supervision and guidance of behaviours by external forces (Hu & Wang, 2022).
- (5) **Sexual risky behaviours**—This was defined as early sexual initiation, unprotected intercourse or sex with multiple partners (Kincaid et al., 2012)

3.10. Data collection

The study used focus group discussion guide for 30 participants and questionnaire for all respondents.

Focus Group Discussion Guide—Three Focus Group Discussions were organized with pre-determined topics with the guide of the researcher; three of which comprised a single sex and one comprised both girls and boys 10–19 years to discuss the societal factors associated with early sexual debut and the prevalence of early sexual debut among adolescents in Kasawo Sub-County.

Questionnaires—For the selected participants, especially those in secondary school, the researcher used the self-administered questionnaires to collect information regarding individual factors associated with early sexual debut among adolescents in Kasawo Sub-county, which was supplemented with focus group discussions.

3.11. Data entry, analysis and presentation

Data collected was analyzed using both qualitative and quantitative methods, depending on the type of data collected. The data was coded according to the questions and processed in the SPSS package v25. Descriptive statistics was used to summarize and present the study data using frequency, tables, charts and percentage as appropriate. In the analysis of qualitative data, patterns and connections within and between categories of data collected were established from data collected from focus group discussion. Dataset related to this study has been made available (Omona & Ssuka, 2021).

3.12. Quality control

The researchers used triangulation of methods during data collection especially the use of structured questionnaires and Focus Group Discussion to ensure that relevant data was captured. We used audio-visual recording gadgets for audio and visual recording as well as recording in our notebooks for better analysis. Triangulation of methods helped us to increase generalizability, transferability, comparability and reliability of the study findings (Golafshani, 2003; Jeffrey, et al.,

2005). We trained all the research assistants who assisted in collecting data at certain points to ensure that they understood the intention or main objectives of the study and how the information that would emerge during the study would be collected. At the end of the focus discussions, participants were asked to agree on the major opinions and themes, which emerged to ensure that the information was partly refined (Dick, 1998). The self-administered questionnaires were used to minimize on the interviewer bias, and the two Focus groups were segmented by sex to allow free exchange of opinions without fear among participants (Neuman, 2014).

3.13. Ethical considerations

The required ethical approval for the study were granted by Uganda Martyrs University research ethics committee through faculty of health sciences. Informed consents for respondents who were older than 17 year and assent for respondents younger than 18 years were sought and granted prior to data collection. Confidentiality was observed. The researchers considered the research value of voluntary participation, anonymity and protection of respondents from possible harm.

4. Results

4.1. Background characteristics of respondents

The background findings of respondents are presented in Table 1.

As shown in Table 1, only 21.8% (84) of the adolescents were less than 14 years of age. Most of the adolescents (63.6%) were female. The predominant religion of the adolescents was Muslim (34.3%), followed by Born Again (23.9%) and Catholic (22.1%). Most of the adolescents (93.5%) were still in school and most of them (87.8%) do not drink alcohol. 58.2% of the adolescents had moderate self-esteem whereas 36.9% had high self-esteem.

4.2. Prevalence of early sexual debut among male and female adolescents

To determine the prevalence of early sexual debut among male and female adolescents aged 10–19 years in Kasawo Sub-county, the respondents were asked whether or not they have ever had sexual intercourse. In this study, early sexual debut was defined as having had first sexual intercourse at or before age 14 years of age (Richter et al., 2015). The result is, thus, shown in Figure 2.

Figure 2 shows that out of the 63.6% (245) female adolescents in the study, the prevalence of early sexual debut was 22.6%. For the male adolescents, the prevalence of early sexual debut was 22.1%. This result signifies that the prevalence of early sexual debut among adolescent girls and boys was more or less the same, in Kasawo sub-county.

However, the proportion of adolescents who never had sexual intercourse before 14 years was higher among the female category (41.0%) than the male counterpart (14.3%).

4.3. Individual factors associated with early sexual debut among adolescents

The individual variables investigated in the study were age, gender, religion, schooling status, parental financial status, drinking alcohol, parental control, degree of self-control, coerced sexual debut and history of exposure to pornography before 18 years of age. A bivariate analysis was run to determine whether or not the individual variables were associated with early sexual debut. The results are shown in Table 2.

From Table 2, age of the respondents was found to be associated with early sexual debut ($\chi^2_{(1)} = 5.992$, $p = 0.018$), with more of the adolescents (37.4%) older than 14 years found to have had sexual intercourse at or before 14 years. Gender was associated with early sexual debut among adolescents ($\chi^2_{(1)} = 22.898$, $p = 0.000$), with nearly equal number of females and male found to have had sexual intercourse at or before 14 years. Schooling status of adolescents was associated with early sexual debut ($\chi^2_{(1)} = 24.226$, $p = 0.000$). Respondents who drink alcohol were three times more

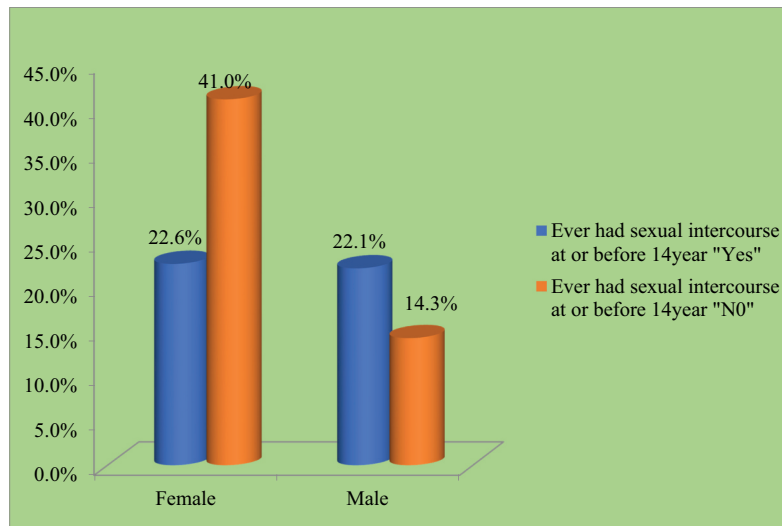
Table 1. Background Characteristics of Respondents			
S. No	Background Variables	Frequency (n =385)	Percentage Within Column
01	Age in years		
	• 14 years or less	84	21.8%
	• More than 14 years	301	78.2%
02	Gender		
	• Female	245	63.6%
	• Male	140	36.4%
03	Religion		
	• Catholic	85	22.1%
	• Anglican	66	17.1%
	• Born Again	92	23.9%
	• Muslim	132	34.3%
	• Others	10	2.6%
04	Schooling status		
	• In-school	360	93.5%
	• Out-of-school	25	6.5%
05	Respondent drinks alcohol		
	• Yes	47	12.2%
	• No	338	87.8%
06	Degree of self-control		
	• Low self-esteem	19	4.9%
	• Moderate self-esteem	224	58.2%
	• High self-esteem	142	36.9%

likely to have early sexual debut (COR = **3.28**, at 95% CI (1.530–7.031)) and there was a strong association between drinking alcohol and early sexual debut (**p = 0.000**). Degree of self-control ($p = 0.000$), parental financial status ($p = 0.004$) and parental control on respondent lifestyle ($p = 0.002$) were all found to be associated with early sexual debut among adolescents. Similarly, coerced sexual debut ($p = 0.002$) and history of exposure to pornography before 18 years ($p = 0.016$) were associated with early sexual debut among adolescents. Respondents who had coerced sexual debut were two times more likely to have early sexual debut (COR = **2.332**, at 95% CI (1.407–3.864)) than those who did not and respondents who were exposed to pornography before 18 years were 1.4 times more likely to indulge in early sexual debut (COR = **1.383**, at 95% CI (0.756–2.528)).

In a qualitative interview (FGD), adolescents were asked about factors that were associated with early sexual debut in their communities. The responses varied; for instance,

all the thirty FGD members believed that low level of self-control, lack of basic needs like food and pads for girls, limited parental control and personal inability of an adolescent to resist pressure from peers are strongly associated with early sexual debut. Eight members who comprised five girls and three boys from single sex FGDs believed that greed for money and free gifts especially among girls tempt them into early sex. These were further supported by almost the rest of the participants whereby three participants went ahead to emphasize the issue of sexual feelings due to adolescence coupled with pressure and desire to please their boyfriends as factors forcing many to initiate early

Figure 2. Prevalence of Early Sexual Debut Among Male and Female Adolescents.



sexual debut. However, two members seemed to disagree with the issue of sexual feelings due to adolescence stressing that it is a natural state that requires one just to learn how to control. Sexual coercion/rape and defilement were also cited by a big proportion of participants in the FGDs.

One participant was quoted saying;

“Although it is true that we experience sexual feelings due to adolescence, it depends on one’s ability to control herself. Not all those who experience body demands decide to have sex when still young [..]”- Harriet, (not real name), aged 15 during a single sex FGD on 17th May 2021

“Girls seduce us; at times you decide to wait but when you think that a girl will call you ‘fara’ [.] you try to disprove her”- Ali, (not real name), during a male FGD on 16th May

Further still, six members of the thirty focus group members cited too much desire for sex coupled with low levels of self-control among some adolescents as main factors associated with early sexual debut. Nine of the thirty focus group members believed that ignorance and lack of counselling to young people in their community leads adolescents into wrong decisions related to sex while still young. However, two members of the thirty seemed to disagree with the issue of ignorance arguing that most of the adolescents are not ignorant about issues concerning sex. Eight members of the FGD mentioned that incest, rape and defilement or sexual abuses are very crucial factors behind early sexual debut in their community.

A female respondent was quoted saying;

“[..] to me, it’s mainly peer group influence that forces us to have sex when still young because some friends may force you into unwanted sex and you do it [..]” - Deborah (not real name), A female respondent aged 15 during a FGD on 18th May 2021

This view agrees with what other writers like Longmore et al. (2009) who found in the study on parenting and adolescents’ sexual initiation whose findings revealed that adolescents whose friends had had sex were more likely to initiate sexual debut earlier than their counterparts. Another study by Durowade et al. (2017) found out that male gender and having friends who engaged in sexual activities had association with early sexual exposure ($p < 0.05$).

Another respondent, a girl of 17 years was quoted saying;

Table 2. Cross-tabulation of individual variables with sexual debut at or before 14 years

S. No	Individual variables	Ever had sexual intercourse at or before 14 years		Total	COR (95% CI) lower-upper	Test statistics
		YES	NO			
01	Age in years • 14 years or less • More than 14 years	28(7.3%) 144(37.4%)	56(14.5%) 157(40.8%)	84 301	0.646(0.362-1.153)	$\chi^2 = 5.992$ Df = 1 p = 0.018
02	Gender • Female • Male	87(22.6%) 85(22.1%)	158(41.0%) 55(14.3%)	245 140	0.345(0.211-0.566)	$\chi^2 = 22.898$ Df = 1 p = 0.000
03	Religion • Catholic • Anglican • Born Again • Muslim • Others	32(8.3%) 35(9.1%) 36(9.4%) 63(16.4%) 6(1.6%)	53(13.8%) 31(8.1%) 56(14.5%) 69(17.9%) 4(1.0%)	85 66 92 132 10	0.922(0.759-1.119)	$\chi^2 = 6.155$ Df = 4 p = 0.188
04	Schooling status • In-school • Out-of-school	149(38.7%) 23(6.0%)	211(54.8%) 2(0.5%)	360 25	0.049(0.010-0.230)	$\chi^2 = 24.226$ Df = 1 p = 0.000
05	Respondent drinks alcohol • Yes • No	34(8.8%) 138(35.8%)	13(3.4%) 200(51.9%)	47 338	3.28 (1.530-7.031)	$\chi^2 = 16.578$ Df = 1 p = 0.000
06	Degree of self-control • Low self-esteem • Moderate self-esteem • High self-esteem	15(3.9%) 111(28.8%) 46(11.9%)	4(1.0%) 113(29.4%) 96(24.9%)	19 224 142	2.012 (1.310-3.091)	$\chi^2 = 19.851$ Df = 2 p = 0.000

(Continued)

Table2. (Continued)

S. No	Individual variables	Ever had sexual intercourse at or before 14 years		Total	COR (95% CI) lower-upper	Test statistics
		YES	NO			
07	Parental financial status					$\chi^2 = 10.921$ Df = 2 p = 0.004
	• Low income earner	52(13.5%)	50(13.0%)	102	0.821(0.545-0.545)	
	• Mid. income earner	96(24.9%)	150(39.0%)	246		
	• High income earner	24(6.2%)	13(3.4%)	37		
08	Parental control on respondent lifestyle					$\chi^2 = 9.544$ Df = 1 p = 0.002
	• Minimal	95(24.7%)	84(21.8%)	179	1.378 (0.860-2.208)	
	• Optimal	77(20.0%)	129(33.5%)	206		
09	Coerced sexual debut					$\chi^2 = 9.541$ Df = 1 p = 0.002
	• Yes	66(17.9%)	54(14.0%)	120	2.332 (1.407-3.864)	
	• No	103(26.8%)	159(41.3%)	262		
10	History of exposure to pornography before 18 years					$\chi^2 = 5.803$ Df = 1 p = 0.016
	• Yes	147(38.2%)	161(41.8%)	308	1.383 (0.756-2.528)	
	• No	25(6.5%)	52(13.5%)	77		

χ^2 = chi square value, Df= degree of freedom, p= probability value, COR = crude odd ratio, CI = confidence interval

“Sometimes you are hungry or have personal needs and your parents can’t afford. Then a boy or a man promises you money to buy what you want like (ekikomando) chapat, [...] you may want good things like having good clothes and your parents can’t afford, then you end up having sex with him when you are young [...]” - A female participant aged 17 during a FGD held on 17th May, 2021

“Lack of basic needs like ..., as a girl you may need sanitary pads and other personal needs when a parent can’t afford, then when you have a man who is willing to give, you may be tempted to have sex with him so that he gives you money” - Esther, (not real name) aged 16 during a FGD on 17th May 2021

“During this (adolescence) stage, we experience a lot of body demands due to adolescence [...] if you are weak, like some girls can’t control themselves and you end up accepting those who propose to you when you are still young”- Harriet, (not real name) aged 15 during a FGD on 18th May 2021

“You know, [...] temptations are high when you are out of school. Men look at you as being old enough for relationship even if you are still young. Remember, you also ‘have blood’ and feelings and sometimes have pressure from friends [...]”- Joy, (not real name), aged 18 during FGD on 18th May 2021

The above observations agree with what earlier studies found. For instance, Longmore et al. (2009), in a study on parenting and adolescent sexual initiation, found out that social disadvantages such as poverty and being less educated were associated with early sexual debut. Their study further stated that parental control over the adolescents inhibit their choices to initiate sexual debut earlier.

4.4. Societal factors associated with early sexual debut among adolescents

The following societal variables were investigated: having ever had any peer influence, community exercise of any control on sexual debut and societal norm concerning sexual debut. A bivariate analysis was run to determine whether or not the individual variables were associated with early sexual debut. The results are shown in Table 3.

As shown in Table 3, having ever had peer influence ($p = 0.03$) where community exercise control on sexual debut ($p = 0.01$) and having societal norms concerning sexual debut ($p = 0.011$) were found to be associated with early sexual debut among adolescents. Respondents who had peer influence were 1.6 times more likely to involve in early sexual debut (COR =1.586, at 95% CI (1.001-2.514).

In a qualitative interview (FGD), adolescents were asked about the factors that were associated with early sexual debut in their communities. The responses varied; most of the respondents indicated that exposure to pornography, peer pressure, inability to provide for children due to poverty, push factors like harsh parents, child sexual abuse and neglect due to irresponsible parents and limited community control programs and weakened society norms on the protection of children from early sexual debut are the main societal factors identified. In all, the three FGDs at least three members in each of the FGDs believed that hostile parents force children to either run away from homes or to fend for themselves, hence leading them into early sexual debut. Child sexual abuse and incest were also strongly believed by almost all members of the FGDs to be associated with early sexual debut in their community. For instance, whenever pornography was mentioned by a member during the discussion, other members could show signs of strong agreement with the opinion.

Some participants in the FGDs had this to say;

“I know of some parents who can’t even discuss sexual related issues to their children. Some just fear and others lack information which means these children will do whatever the friends tell them to do. There are no regular community organised meetings to discuss sexual related issues or counselling of adolescents”- Aisha (not real name), aged 16 during a FGD on 17th May 2021

“Some parents are so rude to their children and provide no room for communication with their children [...] this forces Children to run away from home hence they end up having sex for survival” - Aisha adds

A view almost related to the above was quoted from another female participant who stressed that;

“ [...] mistreatment of children at home by parents makes them feel tired and decide to runaway into early marriage hence early sex”- A female respondent aged 16 during a FGD on 18th May

Further still, another respondent in a FGD was quoted saying;

“Some parents are irresponsible, they do not show love to their children, they don’t take time to talk to them which exposes children to risky sexual behaviors leading to early sexual debut”- Norah, (not real name) aged 18 during a FGD on 18th May, 20201

Another respondent was quoted saying;

“Some children stay in squeezed rooms with parents [...] they are sexually stimulated by their guardians or relatives whom they share rooms with [...] which attract them into early sexual intercourse [...]” - Jimmy, (not real name) aged 17 during a FGD on 16th May 2021

This finding suggests that parental care and communication to an adolescent is key in shaping the sexual behaviour of an adolescent and is associated with the stage of sexual debut for an adolescent. It is also clear that poverty at family level is strongly associated early sexual debut. In the same line, Longmore et al. (2010) stated that parental caring is associated with delayed sexual activity.

Other participants also had these to say:

“Although there are some organisations which come and talk to us at school or sometimes in the community, this is not on regular basis, they take long to come. Local leaders do not have any sensitization program for young people on reproductive health. They think of elder people for [...]”- John (not real name) during a FGD on 16th May, 2021

The above observations therefore suggest that the lack of organized community organized programs for communicating with the adolescents hinders their access to health information. It also suggests that schooling status and nature of parental care to children are associated with adolescents’ choice to initiate sexual debut. This agrees with earlier studies like one for Maina

Table 3. Cross-tabulation of societal variables with sexual debut at or before 14 years

S. No	Societal variables	Ever had sexual intercourse at or before 14 years		Total	COR (95% CI) lower-upper	Test statistics
		YES	NO			
01	Having ever had peer influence					
	<ul style="list-style-type: none"> • Yes • No 	132(34.3%) 40(10.4%)	142(36.9%) 71(18.4%)	274 111	1.586 (1.001-2.514)	$\chi^2 = 4.710$ Df = 1 p = 0.030
02	Community exercise of any control on sexual debut					
	<ul style="list-style-type: none"> • Yes • No 	102(26.5%) 70(18.2%)	153(39.7%) 60(15.6%)	255 130	0.647(0.417-1.005)	$\chi^2 = 6.679$ Df = 1 p = 0.01
03	Societal norm concerning sexual debut is available					
	<ul style="list-style-type: none"> • Yes • No 	64(16.6%) 108(28.1%)	107(27.8%) 106(27.5%)	171 214	0.647(0.423-0.984)	$\chi^2 = 6.539$ Df = 1 p = 0.011

χ^2 = chi square value, Df = degree of freedom, p= probability value, COR = crude odd ratio, CI = confidence interval

et al. (2020), which affirmed that hostile parents' attitude towards romantic relationships during adolescence discouraged adolescents from disclosing their relationship status to their parents. Further still, Kincaid et al. (2012) suggested that parent connection with and monitoring of adolescents as more protective approach against sexual risk behaviour especially for boys and parent warmth and emotional connection for girl child.

4.5. Views of adolescents on early sexual debut

Three FGDs were organized to obtain the adolescents' views on early sexual debut. The discussions were about information level on early sexual debut, extent of community awareness of early sexual debut, factors associated with early sexual debut and the effect (s) of early sexual debut in the community.

4.5.1. Level of information about early sexual debut

When adolescents were asked about their levels of information on early sexual debut, their responses were varied although it was revealed that almost all the respondents in the three FGDs had some information about early sexual debut in their community. For instance, the majority agreed that their level of information about early sexual debut was "moderately high" as they mostly used the words "moderate" and "medium" and "somehow" to describe their level of information on early sexual debut. While some respondents from the three FGDs reported having a high level of information and only three respondents in the three FGDs reported having little or low level of information on early sexual debut.

One respondent was quoted saying;

"As for me, actually my level of information I can say is moderate [...] I know something regarding early sexual debut. What I know is many children start sexual practices when young in this community"- Joan (not real name) during a FGD with in school adolescents on 17 May 2021

Other respondents were also quoted stressing;

"Mine (the level of information) is high because I know many young children who have sex at a tender age in my neighbourhood [...]"- Rashida (not real name) aged 16 during a FGD on 17th May 2021

"Young adolescents here especially in primary schools lack information on issues related to sexual reproductive health, they have a lot of myths and for this reason, they are lured into risky sexual practices. But for me, at least I can say that I have moderate level of information"- A male participant aged 17 during a mixed FGD on 18th May 2021

4.5.2. The extent of community awareness on early sexual debut

When asked about the extent to which the community is aware of early sexual debut, the majority of the members in the FGD agreed that the community is greatly aware that there is early sexual debut in the community but nothing much is done about it. For instance, 10 members responded that the extent of community awareness on early sexual debut is great; however, the community members are not doing enough to control against early sexual debut. Little is done to sensitize young people on the dangers associated with early sexual debut among people. Six members of the FGDs supposed that the extent is moderate whereas only five members indicated that the level of community awareness on early sexual debut was at a lesser extent. Four members did not respond to this question stating that they did not know and other five members agreed with those who believed it was great but little had been done about it.

For instance, one respondent emphasized:

“Even parents know that their children have sex at young age but nothing much is done. When you tell them that your child is doing this, it is you who is doomed to be bad”- Joan (not real name) during a FGD with in school adolescents on 17 May 2021“[...] some parents are aware”- Joan adds

4.5.3. The effect(s) of early sexual debut

Participants were asked about the effect(s) of early sexual debut in their community. Almost all the respondents agreed that the following are the most occurring effects of early sexual debut; 20 of the 30 FGD members stated that teenage pregnancy, school dropouts, contraction of diseases like HIV/AIDS and STIs, unsafe abortion and early marriages are the main effects of early sexual debut in their community. The rest of the participants showed agreement with what these had mentioned. In the same line, 12 respondents from the FGDs cited self-neglect and death either while giving birth or due to unsafe abortion and loss of respect from community. However, only three respondents of the 30 FGD members mentioned an increase in the number of illegitimate children as an effect although eight other members seemed to disagree with them.

For instance,

A female participant was quoted saying:

“Personally, I know of a girl who had sex with several boys while still young and is now HIV positive yet she wasn't born with HIV. Others have dropped from school day by day due to unwanted pregnancies which they even try to abort. We lost a friend due to unsafe abortion while in Primary school”- Rose (not real name) aged 17 during a FGD on 17th May 2021

Another participant boldly said:

“[...] many girls here even in lower classes are dropping from school almost every term due to pregnancies they get after engaging in early sex [...]”- Salma (not real name) aged 15 during a FGD on 18th May 2021

From the above observations, it is clear that the main effects of early sexual debut in Kasawo Sub-county according to the study were early pregnancies, unsafe abortion, early marriages, contraction of diseases like HIV/AIDS and STIs and dropping out from school. This agrees with what other researchers like Yosef et al. (2020) revealed in their study.

4.6. Summary of results

Out of the 63.6% (245) female adolescents in the study, the prevalence of early sexual debut was 22.6% and for the male adolescents, the prevalence was 22.1%. However, the proportion of adolescents who never had sexual intercourse before 14 years was higher among the female category (41.0%) than the male counterpart (14.3%).

Age of the respondents was found to be associated with early sexual debut ($X^2_{(1)} = 5.992$, $p = 0.018$), with more of the adolescents (37.4%) older than 14 years found to have had sexual intercourse at or before 14 years. Gender was associated with early sexual debut among adolescents ($X^2_{(1)} = 22.898$, $p = 0.000$), with nearly equal number of females and males found to have had sexual intercourse at or before 14 years. Schooling status of adolescents was associated with early sexual debut ($X^2_{(1)} = 24.226$, $p = 0.000$). Respondents who drink alcohol were three times more likely to have early sexual debut (COR = 3.28, at 95% CI (1.530–7.031)) and there was a strong association between drinking alcohol and early sexual debut ($p = 0.000$). At societal level, having ever had peer influence ($p = 0.03$) where community exercise control on sexual debut ($p = 0.01$) and having societal norms concerning sexual debut ($p = 0.011$) were found to be associated with early sexual debut.

5. Discussions

5.1. Prevalence of early sexual debut among male and female adolescents

In this study, the prevalence of early sexual debut among female adolescents was 22.6% and for the male adolescents, it was 22.1%. The proportion of adolescents who never had sexual intercourse before 14 years was higher among the female category (41.0%) than the male counterpart (14.3%). However, in South Africa, the reported sexual intercourse before age 12 was 10 times higher among boys than girls. Males reported earlier sexual debut, with both voluntary and coerced sexual experience than their female counterparts. By 15 years of age, 14.2% of females and 38.2% of males had engaged in sexual intercourse (Richter et al., 2015). In America, it was found that by 19 years of age, nearly 70% of both males and females reported to have ever had sexual intercourse (Gladys & Joyce, 2015). The age at sexual debut varies from place to place and among different individuals and is associated with varying factors. In Ethiopia it was found that the estimated pooled prevalence of early sexual debut among students in Ethiopia was 27.53% (Mekonnen, 2020) and in Nigeria, the prevalence of early sexual debut was about 11% (Durowade et al., 2017).

5.2. Individual factors associated with early sexual debut among adolescents

In this study, age of the respondents was found to be associated with early sexual debut ($p = 0.018$), with more of the adolescents (37.4%) older than 14 years found to have had sexual intercourse at or before 14 years. Gender was associated with early sexual debut ($p = 0.000$) as well as schooling status of adolescents ($p = 0.000$) and drinking alcohol ($p = 0.000$). Elsewhere (Durowade et al., 2017), male gender and having friends who engaged in sexual activities had association with early sexual exposure ($p < 0.05$) as well as alcohol intake (had the strongest strength of association for early sexual debut) in Nigeria. In a study in South eastern Ethiopia by Yosef et al. (2020), the factors found to be associated with early sexual initiation were being female (AOR = 2.09 and 95% CI [1.17–2.35]), chewing khat (AOR = 7.05 and 95% CI [3.81–13.1]), exposure to pornographic materials at less than 18 years (AOR = 3.07 and 95% CI [1.94–6.89]) and poor knowledge of sexually transmitted diseases (AOR = 8.69 and 95% CI [3.52–21.5]). Pornographic materials referred to newspapers, magazines, books, photographs, movies and the internet intended to sexually arouse the viewer (Kassahun et al., 2019). Watching these materials exposes adolescents to early sexual debut. In Uganda, a study on the influence of parent–teacher interactions on the initiation of sexual practices among teenagers found that most of the teenagers whose parents were in close interaction with their teachers attributed their present sexual behaviours to the raised consciousness and continuous monitoring and communication from either party (Kato & Omona, 2021; Ssuka et al., 2020). Therefore, parental control of adolescent sexual behaviour can significantly influence their sexual debut. Another related study in Ethiopia also found that the estimated pooled prevalence of early sexual debut among students in Ethiopia was 27.53%. Being female (OR: 3.64, 95% CI: 1.67, 5.61), watching pornography (OR: 3.8, 95% CI: 2.10, 5.50) and having boyfriend or girlfriend (OR: 2.72, 95% CI: 1.24, 5.96) were found to be significantly associated with early sexual debut (Mekonnen, 2020). In a South African study (Baruwa & Amoateng, 2021), results showed that female youth with secondary education (HR: 0.69, CI: 0.61–0.77) and higher education (HR: 0.47, CI: 0.41–0.54) had lower hazard risk of early sexual experience compared to those who had no education and primary education. Female youth between the ages of 25 and 34 years (HR: 0.70, CI: 0.65–0.74) had lower hazard risk of early sexual experience compared to those from poor wealth index. Belonging to “other” population group reduced the hazard risk of early sexual experience among female youth compared to those belonging to African population group (HR: 0.87, CI: 0.77–0.98).

5.3. Societal factors associated with early sexual debut among adolescents

In this study, at societal level, having ever had peer influence ($p = 0.03$) where community exercise control on sexual debut ($p = 0.01$) and having societal norms concerning sexual debut ($p = 0.011$) were found to be associated with early sexual debut. Elsewhere, in a community study of Malawi, Burkina Faso, Ghana and Uganda (Rob et al., 2014), the results confirmed previous study which found that associations do exist between social group membership and risky sex country by country. However, at

the community level, higher levels of involvement in social groups were found to be protective of early age at first sex in Ghana and Malawi. This suggests that communities with higher levels of adolescents' involvement in groups may be supportive of delayed sexual debut by having social norms that support adolescents as valuable members of their community or providing alternative social activities for adolescents (Rob et al., 2014). In Ghana, it was found that having more friends of the opposite sex was associated with early age at first sex (Kumi-Kyereme et al. (2007).

5.4. Views of adolescents on early sexual debut

In this study, there were varied views related to societal factors like peer pressure, exposure to pornography, rudeness of some parents, inability of some parents to provide children's basic needs, sharing of squeezed shelter with children due to poverty and lack of regular community initiatives to sensitize young people on sexual-related issues. Other issues mentioned were child neglect, child sexual abuse, incest and rape alongside individual factors. The effects of early sexual debut were teenage pregnancy, unsafe abortion, school dropout, contraction of HIV/AIDS and STIs and early marriage. These were all identified in this study. The findings are supported by a number of studies. For instance, in Nigeria, a qualitative study on the unmarried 14- to 19-year-olds found a number of reasons for early premarital sex (Ankomah, Mamman-Daura, Omoregie and Anyanti, 2011). The "push" factors included situations where parents exposed young female adolescents to streets trading for money. The "Pull" factors, which were particularly for males, included the pervasive viewing of locally produced movies and peer pressure. For females, transactional sex (where adolescent girls exchange sex for gifts, cash or other favours) was also reported. In an earlier study in Washington, participants gave the following primary reasons for early sexual activity: lack of structured activities, lack of adult supervision and communication and influence of peers, society, and media (Walker et al., 2008).

6. Conclusions

There was a fairly high prevalence of early sexual debut, which was more or less the same among girls and boys. The proportion of girls who delay sex is slightly higher as compared with that of boys. This suggests that more boys initiate sexual intercourse earlier than girls although the girls' median age for early initiators was lower than that of their male counterparts. There is notable exposure of children to pornography and sexual coercion at tender ages, children lacking life skills for self-control and to resist peer influences, harsh parents hindering environment for communication and guidance to adolescents on sex. Notable lack of basic needs and limited community control programs for adolescents was also key. As a result, children are exposed to health risks like teenage pregnancy and unsafe abortion and to diseases like HIV/AIDS and STIs, early marriages and increased school dropouts in Kasawo Sub-county, Mukono district.

7. Recommendations

In light of the evidence discussed within the report and the conclusions made, the researcher recommends the following actions to improve the health literacy of young people and their parents especially in regard to sexual reproductive health as a means to delay initiation of sexual debut among adolescents:

- (1) Parents should create a helping relationship with adolescents to facilitate supportive communication with their children and try to provide for the main basic needs to help them delay initiation of sexual intercourse.
- (2) Communities should initiate regular communication structures at different levels to create social support grounds for the victims of sexual violence and increase awareness on the main causes and dangers associated with early sexual debut.
- (3) Governments and Non-governmental organizations should implement activities targeting adolescents and parents in order to increase awareness on how to prevent the impacts of early sexual debut.
- (4) Parents and teachers should support young people in selection of appropriate friends who may not lure them into risky sexual behaviours and help them to develop life skills to resist peer influence.

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No potential conflict of interest was reported by the author(s).

Data sharing

The dataset related to this article is available (Omona & Ssuka, 2021) in Harvard Dataverse. It can be accessed anytime through <https://doi.org/10.7910/DVN/YK672K>.

Declaration

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Correction

This article has been corrected with minor changes. These changes do not impact the academic content of the article.

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Appendix 1: Questionnaire

PART A: Prevalence of Early Sexual Debut

Have you ever had sexual intercourse?

YES NO

If YES, how old were you when you had sexual intercourse for the first time?

.....

PART B: Individual Factors

Please select the appropriate section below;

(1) Age in years

14 years or less More than 14 years

(2) Gender

Female Male

(3) Religion

Catholic Anglican Born again Muslim Others

(4) Your current schooling status

In school Out of school

(5) Parental financial status

Low income earner

Middle income earner

High income earner

(6) Do you drink alcohol?

Yes No

(7) Parental control on your lifestyle

Minimal control Optimal control

(8) Your degree self-control

Low self-esteem

Moderate self-esteem

High self-esteem

(9) Do you have any history of Coerced sexual debut?

YES NO

(10) Do you have any history of exposure to pornography before 18 years of age?

YES NO

PART C: Societal Factors

In relation to early sexual debut;

(1) Have you ever had any peer influence?

YES NO

(2) Does your community exercise any control on you about sexual debut?

YES NO

(3) Is there any societal norm concerning sexual debut in your community?

YES NO

Appendix 2: Focus Group Discussion (FGD) Guide

About early sexual debut;

1) What do you know about early sexual debut?

.....
.....

2) To what extent do you think the community awareness of early sexual debut?

.....
.....

3) What is the effect (s) of early sexual debut in this community? Explain

.....
.....

4) What factors are associated with early sexual debut in this community? Explain

.....
.....



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