FACTORS INFLUENCING EARLY SEXUAL PRACTICES AMONG SECONDARY SCHOOLS TEENAGERS IN NAKASEKE DISTRICT

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AN UNDERGRADUATE RESEARCH REPORT SUBMITTED TO SCHOOL OF NURSING IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR’S DEGREE IN NURSING SCIENCES OF INTERNATIONAL HEALTH SCIENCES UNIVERSITY

NOVEMBER 2017
DECLARATION
I declare to the best of my knowledge that this research report is a product of my own effort. It is my original work and has never been submitted to any institution for any academic award.

Signature...........................................

NABAGGALALA JANE

Date.........................................................
APPROVAL

This is to acknowledge that this research proposal on factors influencing early sexual practices among secondary schools Teenagers in Nakaseke district is submitted to the University with my approval under my supervision.

Signature..................................................................................

MS. LWANIRA N. CATHERINE
SUPERVISOR

Date .................................................................
DEDICATION

This work is dedicated to my parents: Mr. Ssebirungi Sulayiman and Miss. Haifa Nakayiza together with all the family members for your great love, care and support you have availed ever since I have been in the world till I have achieved this, thank you so much.
ACKNOWLEDGEMENT

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DEFINITION OF TERMS

**Teenager:** A girl or a boy from 13 to 19 years.

**Adolescent:** A young person who is developing into an adult.

**Adolescence:** The period of developmental transition that occurs after puberty but before adulthood, involving multiple physical, intellectual, personality, and social developmental changes.

**Sexual practice:** Sexual practice means sexual intercourse.

**Early sexual practice:** Pertaining to sexual activity before the legal age. (18 years in Uganda).

**Sexually Transmitted Infections:** Infections that are commonly spread from one person to another through sexual contact.

**Risky sexual practice:** Any condition that increases one’s risk of contracting sexually transmitted infection, unintended pregnancy experience and any other negative out comes.

**Mass media:** Is a diverse collection of media technology that reaches a large audience via mass communication.

**Adolescent sexual health:** This is health information for adolescents about their reproductive life, which involves how to care for their lives.

**Sexting:** Is the sending or receiving of sexually explicit or sexually suggestive images, messages, or video via a cell phone or the Internet.

**Sexual health:** Is the ability to enjoy and express one’s sexuality free from the risks of sexually transmitted infections, unwanted pregnancy, force, violence and discrimination.

**Social economic factors:** Are things that affect life, such as wealth, peoples’ interaction.
### LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation</td>
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<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
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<tr>
<td>APHA</td>
<td>American public Health Association</td>
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<tr>
<td>CDC</td>
<td>Centre for Disease Control</td>
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<tr>
<td>GLOVIMO</td>
<td>Glory of Virginity Movement</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
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<tr>
<td>NCAPD</td>
<td>National Coordinating Agency for Population and Development</td>
</tr>
<tr>
<td>PFC</td>
<td>Progress For Children</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
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<tr>
<td>UBS</td>
<td>Uganda Bureau of Statistics</td>
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<tr>
<td>UDHS</td>
<td>Uganda Demographic Health Survey</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNFPGS</td>
<td>Uganda National Family Planning Guidelines and Standards</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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<tr>
<td>UNSECO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>YRBSS</td>
<td>Youth Resist Behaviour Surveillance System</td>
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ABSTRACT

Background: The rising occurrence of teens’ early sexual practice is one of the most alarming public health concerns, worldwide. Regardless of the proclamation of the jeopardy of early sex, students increasingly pick interest in sexual practice at a very early age than ever before. However, its magnitude in Nakaseke district is not known and it is crucial that we fathom the various potential factors that are associated with early sexual practice, targeting effective prevention interventions and policies to encourage postponing of sexual debut until marriage in order to improve the reproductive health of the teenagers.

Objective: To determine the factors that influence early sexual practice among secondary school teenagers in Nakaseke District, Uganda.

Methodology: A descriptive cross sectional study was conducted and 391 secondary school students (13-19) years old were recruited from 4 secondary schools in Nakaseke district by a random sampling. Data was collected by use of structured questionnaire and focus group discussions, analysed by Graphical tests Prism 6.0. Chi-square tests were used to determine the relationship between demographic factors, social-economic factors, and environmental factors influencing early sexual practices. For all statistical tests, p value less than 0.05 were considered significant.

Results: Almost half (47%) of the respondents had experienced intercourse before the age of 18 years, 38% started sex as early as before 13 years, 89.1% had sex willingly, 46.2% had multiple sexual partners. The findings also showed that sex ($\chi^2=27.45$, p-value of <0.001), religion ($\chi^2=37.31$, p-value of 0.001), class ($\chi^2=15.22$, p-value of 0.001), parental formal education ($\chi^2=8.377$, p-value of 0.015), fasting ($\chi^2=99.37$, p-value of 0.001) and cultural beliefs ($\chi^2=14.33$, p-value of 0.001). Among the social economic factors, father’s sexual education ($\chi^2=8.704$, p value 0.03 accessibility of information on media ($\chi^2=12.42$, p-value of 0.002), different sources of information on sexual issues ($\chi^2=28.62$, p-value of 0.001), parental employment ($\chi^2=21.94$, p-value of 0.001), ($\chi^2=124.1$, p-value of 0.001), number of girl/ boyfriends ($\chi^2=15.98$, p-value of 0.001), pressure for sex ($\chi^2=15.98$, p-value of 0.001), peer influence ($\chi^2=87.99$, p-value of 0.001), lack of negotiation skills ($\chi^2=203.2$, p-value of 0.001), substance use ($\chi^2=19.79$, p-value of 0.001, attending night club ( $\chi^2=38.73$ p-value of 0.001), and sex for goods ($\chi^2=116.4$, p-value of 0.001) were significantly associated with sexual practice among the respondents.

Conclusion and recommendation: Due to the high prevalence of early sexual practices as early as before 13 years of age, there is need for re enforcement of policies about adolescents, raise awareness to the public about the dangers of early sexual practices and address youths about sexual and reproductive health. In addition, the church in partnership with other organisations can actively emphasize the “NO SEX BEFORE MARRIAGE” message.
CHAPTER ONE

1.0 Introduction

This chapter includes background of study, problem statement, significance of study, study objectives, research questions and the conceptual framework.

1.1 Background

Sexual health is the ability to enjoy and express one’s sexuality free from the risks of sexually transmitted infections, unwanted pregnancy, force, violence, and discrimination (Ahikire, 2009). Sexuality begins before birth and lasts a lifetime, and involves giving and receiving sexual pleasure, as well as enabling reproduction (Dixon-Mueller, 2010).

Teenage or adolescent age is a moment in time of change from childhood to adulthood, a period of increased accountability and self-determination, as well as of increased health risks (UDHS Report, 2011). It is evident that girls drop out more than boys due to several reasons including pregnancy and early sexual engagement. About 34% drop out due to pregnancy, 28% due to poverty and 11% due to engagement in early sex (Ahikire, 2009).

Youth who initiate sexual intercourse in early adolescence (age 11–14) experience multiple risks, including concurrent adjustment problems and unsafe sexual practices (Schofield et al., 2008). Early onset of sexual intercourse is associated with increased risk of multiple sex partners, unprotected sex that ends up into sexually transmitted diseases such as Acquired immunodeficiency syndrome (AIDS) and risk of premature rupture of membranes, preterm labour and postpartum infection (WHO, 2009). Early sexual debut also increases the risk of HPV infection, due to cervical immaturity; and thus the risk of cervical cancer (WHO, 2009). According to WHO (2010) the neonatal mortality rate of babies born by teenage mothers is 41 per 1000 live births, compared with 22 per 1000 when the mother is older between 20 and 29 years. Another report Onsumu et al., (2010) showed that among sexually experienced 15–19-year-olds, 7% of women and 2% of men reported having had an STI or STI symptoms in the 12 months prior to the interview. Additionally, early sexual initiators are less likely to complete favourably during their schooling thus limiting their social and vocational future (Kauffman et al., 2013).

Globally, early sexual practices are reported among 7.3 million of secondary school going teenagers aged 13 and 19 years (UNFPA, 2009). United States of America is among the
developed nations that contribute to this early sexual practice by having 10 in every 100 teenagers in secondary school having engaged in early sexual practices (NCPD, 2009).

In a survey carried out in 2015 among US high school students, 41% had ever had sexual intercourse (CDC, 2015).

From nationally representative samples in six Caribbean countries from school children aged 13–16 years, 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 and Pengpid, 2016). Also according to a 2011 UNICEF survey, in 10 out of 12 developed nations with available data, more than two-thirds of young people have had sexual intercourse while still in their teens. In Denmark, Finland, Germany, Norway, Iceland, the United Kingdom and the United States, the proportion is over 80%. In Australia, the United Kingdom and the United States, approximately 25% of 15-year-olds and 50% of 17-year-olds have sex.

In Africa, teenagers’ in particular young girls have continued to be at high risk of early sex behaviours of becoming pregnant and contracting sexual transmitted diseases (Onsumu et al., 2010). In sub-Saharan Africa, about 24% of teenage girls get pregnant before the age of 19. According to a study by Doyle et al., (2012), up to 25% of adolescents 15- to 19-year-olds reported to have had sex before age 15 years. In most countries, ≥ 5% of females reported marriage before age 15, and >20% had commenced childbearing. Furthermore, sexual practice data are not collected for adolescents aged <15 years, although 30% of 15- to 19-year-olds in some countries report sex before the age of 15 (Dixon-Mueller 2009).

In Ibadan, Nigeria, 30.0% of the secondary school adolescents admitted they had sexual intercourse at a very tender age, (Oluwatoyin, 2014). A study done in Ethiopia showed that among unmarried high school female students 30.8% reported pre-marital sexual debut (Mulugeta, 2014).

According to UNICEF (2012), 23% of teenagers in Congo, 32% in Tanzania and 29 % in Burundi were pregnant during 2009.

In East Africa, early onset of sexual activity is as equally as high, as each year over 100 secondary school teenagers become pregnant and others diagnosed with a sexually transmitted disease (STD) (Kauffman et al., 2013).
In Tanzania, in 2010, more than 8,000 girls dropped out of school due to pregnancy, including about 1,760 girls in primary school and over 6,300 in secondary school (Songa, 2012). Another study showed that 57.8% had sex before their 15\textsuperscript{th} birthday with incidence of early sexual debut of 17.4/1000 person-years at risk (Mmbaga et al., 2012).

In Kenya among high school adolescents’ boys and girls, 44% reported having had their first Sexual encounter before the age of 18 years (Wanjiku, 2015).

Similar to other African states, the burden of early sexual engagement among teenagers in Uganda is huge. According to the Uganda Bureau of Statistics (2010), one in every four (25\%) teenage girls between 15 and 19 years was found pregnant.

In a study done in Wakiso district, among 379 secondary school students, one hundred ninety-one (49.6\%) of the respondents perceived themselves to be at risk of contracting HIV, 174 (45.9\%) had ever had sex, and 139 (80.4\%) had first sexual encounter at 16 years or less (Osingada et al., 2016).

Early initiation of sex, early marriage, and lack of information about body changes are said to be the leading drivers of adolescent pregnancy (NCAPD, 2010). According to Dr Wilfred Ochan, the Assistant Country Representative United Nations Population Fund (UNFPA 2010), lack of access to reproductive health information supported with services, has led teenagers into early sex while poverty and cultural practices continue to force girls into early marriages, (Mensch et al., 2009). Early sexual intercourse also increases the risk of unwanted pregnancies, which are associated with poor health outcomes for both mother and child, (Conde-Agudelo et al., 2014).

In a survey conducted by Isangula (2012), about 400 Schoolgirls were sexually active in neighbouring Luweero district, while 200 schoolgirls dropped out of school because of pregnancy. There is therefore great need to determine factors that are associated with early sexual practice among secondary schools in Nakaseke district so as to devise strategies of reducing early sexual practice among secondary school teenagers in Nakaseke district.
1.2 Statement of the problem

Similar to other African states, the burden of early sexual engagement among teenagers in Uganda is huge. According to the UDHS report of (2013), about 16 million girls under age of 18 years give birth each year, while another 3.2 million undergo unsafe abortions (UDHS, 2013). A study that was done in Wakiso district, Uganda showed that 80.4% of the secondary school students had first sexual encounter by the age of 16 years and nearly 50% of those perceived themselves to be at risk of contracting HIV (Osingada et al., 2016).

In a survey conducted by Isangula, (2012), about 400 Schoolgirls were sexually active in Luweero district, while 200 schoolgirls dropped out of school because of pregnancy. Early sexual practice among schooling teenagers in Nakaseke district has been on an increase for a long time. A study by UNSECO (2011) indicates that 23% of teenagers reported to have had premarital sexual intercourse. The largest relative increase occurred among those 15 years of age from 4.6% in 2009 to 23% in 2010 (UNSECO, 2011). In 2012, 75% of teenagers reported have had sex with two or more partners, and 45% reported have had four or more partners (Okello, 2014). This is a dangerous precedent of Nakaseke district.

Previously, the Ugandan government set programs in sexual and reproductive health. These services are available for young people, including media campaigns, peer education and outreach programs, youth development programs and community health facilities. These programs exist within the school system and in other informal settings. Various partners such as The African Medical and Research Foundation (AMREF), the African Youth Alliance and religious institutions also provide resources and support to encourage healthy behaviour among youth, and reduce the incidence of HIV/AIDS, other STIs and unwanted pregnancies. Despite all the available programs that are aimed at promoting healthy sexual practice among the teenagers, there is still a high number of secondary school teenagers engaging in early sex for example a study done in neighbouring Luweero district, as mentioned above by Isangula,(2012) and Okello, (2014).

Despite the above mentioned efforts in schools of Nakaseke district as well as the prevailing traditional values advocating for abstinence till marriage, the problem is still rampant.
Early sexual practices come with unfavourable outcomes ranging from sexually transmitted infections, including HIV/AIDS, unprepared pregnancies, unsafe abortions, anaemia leading to maternal mortality, early school dropout, reduced performance at school and stigma. Long-term health problems such as secondary infertility may also arise and any other health outcomes such as violence and mental distress. All these impose a huge economic burden on public health system, along with loss of productivity, among young population, (Adogu et al., 2014).

In other studies, teenagers’ decisions about participating in early sex are shown to be influenced by numerous factors; Parents, peers, the media, access to education and services, among others (Omollo, 2013).

In Nakaseke district, little is yet done and documented about the factors that influence secondary school teenagers to indulge in early sexual practices. Therefore due to dangerous figures seen above, there is a need that prompts us to explore a deeper investigation on the major factors that cause its occurrence. So this study sought to provide an insight to early sexual practice among secondary school teenagers in Nakaseke district, and the factors influencing early sexual practices.

1.3 Study objectives

1.3.1 General objective
To determine the factors that influence early sexual practices among secondary school teenagers in Nakaseke District.

1.3.2 Specific objectives
1. To determine the prevalence of sexual practice among secondary school teenagers in Nakaseke district.
2. To establish the demographic factors associated with early sexual practice among secondary school teenagers in Nakaseke district.
3. To determine the social-economic factors influencing early sexual practice among secondary school teenagers in Nakaseke District.
4. To establish the environmental factors contributing to early sexual practice among secondary school teenagers in Nakaseke district.
1.4 Research questions
1. What is the prevalence of early sexual practice among secondary school teenagers in Nakaseke district?
2. What are the demographic factors associated with early sexual practice among secondary school teenagers in Nakaseke district?
3. What are the social-economic factors influencing early sexual practice among secondary school teenagers in Nakaseke district?
4. What are the environmental factors contributing to early sexual practice among secondary school teenagers in Nakaseke district?

1.5 Significance of the study
The study may be useful to the field of reproductive health for identifying the reproductive health needs of these teenagers and so strategies of better outreach and appropriate information will be given to them.

The study is also expected to improve practice of parentalhood and school rules and regulations, more especially in Nakaseke district.

The policy makers of sex education in the government will find the study useful because it may be the basis of revising what are called human rights in relation to moral decay and emphasizing sex education in school curriculum.

The study will be used to address youths in their seminars; conferences and will shared with the spiritual leaders awaken them to take part in guiding these adolescents.

It is a necessity for the researcher, for an award of a Bachelor's degree.

It may enable the teenagers understand their sexuality and protect themselves from the reproductive risks as they will be equipped with the necessary information needed.

In the department of nursing, it may be a good basis for service providers to have evidence regarding the sexual health problems for other researchers to dig more areas of concern.
1.6 Conceptual Framework

The conceptual framework below aims at exploring how the independent variables may relate with early sexual practice among secondary school teenagers (dependent variable). The independent variables include: demographic factors including age, sex, religion, tribe, class, parental formal education, religious factors and cultural beliefs; social-economic factors such as parenteral -guardian interaction, school lessons on school health, mass media, Parent al/ guardian employment status and support, pressure for sex, lack of negotiation skills alcohol / substance abuse, night club and sex for goods. Environmental factors include type of school, school setting, residence, family structure and primary care giver.

Independent variables

- **DEMOGRAPHIC FACTORS**
  - Age
  - Sex
  - Religion
  - Tribe
  - Class
  - Parental formal education
  - Cultural beliefs

- **SOCIAL-ECONOMIC FACTORS**
  - Parent/ guardian interaction
  - School lessons on sexual health
  - Mass media
  - Parent al/ guardian employment status and support
  - Pressure for sex
  - Lack of negotiation skills
  - Alcohol / substance abuse
  - Night club
  - Sex for goods

- **ENVIRONMENTAL FACTORS**
  - Type of school
  - School setting
  - Residence
  - Family structure
  - Primary care giver

Dependent variable

**PREVALENCE OF EARLY SEXUAL PRACTICES.**

Figure 1: Illustrating the conceptual frame work.
CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction
This chapter will provide an overview of the available literature from different scholars. This will be a wide range of factors and also in relation to the specific objectives that are proposed to be the factors that influence early sexual practice among senior secondary school teenagers in Nakaseke district. The chapter will also conclude with a summary of the key issues that emerged from the literature sources.

2.1 Prevalence of early sexual practices among secondary school teenagers
Globally, early sexual practices are reported among 7.3 million of secondary school going teenagers aged 13 and 19 years (UNFPA, 2009). United States of America is among the developed nations that contribute to this early sexual practice by having 10 in every 100 teenagers in secondary school having engaged in early sexual practices (NCPD, 2009). In a survey carried out in 2015 among US high school students, 41% had ever had sexual intercourse (CDC, 2015).

From nationally representative samples in six Caribbean countries from school children aged 13–16 years, 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 and Pengpid, 2016). Also according to a 2010 UNICEF survey, in 10 out of 12 developed nations with available data, more than two-thirds of young people have had sexual intercourse while still in their teens. In Denmark, Finland, Germany, Norway, Iceland, the United Kingdom and the United States, the proportion is over 80%. In Australia, the United Kingdom and the United States, approximately 25% of 15-year-olds and 50% of 17-year-olds have sex.

It was estimated that world widely that 12-14 million adolescent pregnancies occur in developing countries and Sub Saharan Africa each year. Report said that between 10% and 79%of all women’s births were below age of 20 and they were unwanted (WHO, 2008). Same body reported that above 1 million teenagers become pregnant each year from the USA, out of these pregnancies, 78% are unplanned and those who get Sexually Transmitted Infections (STIs) are a ratio of one to four women.
In a study presented at a meeting of the American public Health Association (APHA) in 2010, researchers at the university of Kentucky followed 950 secondary school teenagers from 17 high schools in Kentucky and Ohio, they found that teens who have early sexual practice were at 17%, because they tend to think their friends are too, even if they are not.

In South Africa, a cross sectional study that was conducted revealed that at least 50% of young people were sexually active by the age of 16 years. The majority of teenage learners who had experienced sexual intercourse reported having at least one partner in the previous year and between 50% and 60% of sexually active youth reported no usage of condoms. More to that, the results showed a powerful impact of personal factors, interpersonal relationships, environmental factors and socio-economic factors that continually made women less valuable due to sexual relationships, (Flishera & Aarob, 2012).

In Botswana, a study that was done by Ntswarang et al.,(2012) on focused investigation about sexual and health risk behaviours among school going adolescents it showed that 3.9% of 10-14 years old, 6.6% of 15-19 years old and 19% of 20-24 years old, had their first sexual encounter and the median age was 14 years.

Another cross sectional study in BurkinaFaso on HIV/ AIDS and sexual- risk behaviours to assess condom use among adolescents, 53% of 15-19 old females had their first encounter with a boy friend where as 42% cohabited and 5% had it with casual acquaintance. For the males, 66% of those between 12 and 14 years and 85% of older ones had first sex with girl friend yet 34% of those aged 12-14, 15-19 years had their first sex with a casual acquaintance respectively (Guiella and Nyovan, 2014).

In study done by Killeen (2010) among teens in Ethiopian secondary schools, it was revealed that regardless whether one is in school or not, once a girl or a boy reaches in secondary is supposed to show that he or she is capable of undertaking sexual activities. In a Study of sexual practice among young people conducted in Nigeria found that 21% of female and 11% of male teens had experienced sex under coercive conditions. Most of the perpetrators were intimate partners including boyfriends and girlfriends at school (Erulkar, 2004).
According to Uganda National Family Planning Guidelines and Standards (2013) all men and women including teenagers, irrespective of their parity and marital status, are entitled to access correct and sexual practice information, education and services. Although our policy allows teenagers to access reproductive and health services, yet the policy has not been effectively implemented in most of the areas of high learning as teenagers are still facing with difficulties when they are in need of the services.

### 2.2 Demographic factors influencing early sexual practices among secondary school teenagers in Nakaseke district.

One of the most identified contributory factors of early sexual practice among teenagers is age. According to the study done among adolescents in Botswana about sexual and health risk behaviours, it showed 39% of the 10-14 years of age, 66% of 15-19 years and 195 of 20-24 years old had practiced their first sex. The median age for sexual debut was at 14 years of age (Ntswarang et al., 2012).

Sex is also another factor that was found to influence early sexual practices. According to Oluwantoyin, et al., (2014), in Ibadan, Nigeria the study revealed that male adolescents were more likely to likely to practice early sex than their female counterparts.

On the contrary, the earlier study by in Ethiopia revealed that female adolescents were two times more likely to practice early sex than their male counterparts, (Gebregiorgis, 2010).

With religion, a study by (Richards 2010) in USA revealed that class level, poor involvement in religious activities, and area of residence influence teens in early sexual practice. The study further revealed that teens that receive and view religion as not important aspect of their lives and are not only likely to attend religious sermons frequently are more likely to have early sexual practice. Additional to this, secondary teens who are strong religious affiliation are less likely to engage in early sexual practice. Outcomes of a range of studies seem to support the view that teens who are more religious are more likely to delay early sexual practice (Holder, 2011). Similar claims are repeatedly made in the literature that teens from poor religious backgrounds with little religious beliefs are more likely to experience increased rates of early sexual practice (Fehring, 2010). Studies by (Costa 2009) support the above studies and add that teen affiliation to religion is protective against early sex behaviour. According to (Sheeran 2010), religious teachings have an important role in shaping behaviour
of an individual in the formation of teen’s attitudes, values and make proper decisions toward sexual practice as fear to commit adultery.

Also a study that was conducted in Asia on relationship between lack of faith and sexual practice found that there was a correlation between teenager early sexual practice and lack of religious commitment. Religious values are the source of moral prescriptions for many individuals, and the teachings of the churches are likely to play a role in the formation of individual attitudes, values and decisions. The extent to which religion influences individual attitudes and behaviour, however, depends on the specific doctrines and policies of the churches and on the degree of integration and commitment of individuals to their particular religious institutions (Odimegwu, 2005). He further states that religious groups have strong oppositions against premarital sex. Individuals attending religious meeting receive more frequently, messages against premarital sex. According to him, involvement in religious institutions will enhance the chances of young people making friends with peers who have restrictive attitudes towards premarital sex.

According to (Odema 2011), teens tend to group with similar individuals based on common activities and use these groups as a reference for norms and standards. Religious teens tend to be exclusive with friends and to prefer friendships with religiously similar people, which enforce social ties and contribute to youths making positive choices amid negative peer influence, (Gregory, 2014). Involvement in religious communities is often measured through attendance, frequent attendees are said to be less likely to have had sex and initiated sexual intercourse at an older age. It has been shown that “lack of religion in the home is a major factor in the anti-social acquisition of religious values,” including values about early sexual intercourse (Gregory, 2014).

Concerning tribe, there is no specific tribe pointed at as is more likely to practice early sex than the other but various ethnicity and races were found to be due to different localities in relation to the low income, low educational levels and families which are headed by mothers who also delivered in their adolescent age (Dryfoos, 2016 and Macleod, 2009).

Early sexual practices can also be related to class. A descriptive study in Ethiopia on predictors of sexual practice among 12-19 years of age was found to be related with
increasing years of schooling. Those who were in higher classes were found to practice early sex than those no education. (Guiellal et al., 2014).

The poor degree of parental education plays a significant role in teen’s initiation of early sexual practice. Teenagers, like adults, may be prone to engaging in early sexual practice due to perception of individual invulnerability and their tendency to focus on the immediate, rather than long-term, consequences of their behaviour. Not only do teens have to cope with their own maturational changes, but they also have to come to terms with a confusing inconsistency among adult views and a lack of any clear standard or moral code of conduct (Garbarino, 2012). Teenagers need the greatest possible training to enable them to cope well with their sexual development and to avoid the most obvious pit falls. Adolescents whose parents are not educated are more likely to practice early sex than those whose parents are literate (Dessalegn, 2016). So it is stated that parental level of education is an important predictor of youth’s behavioural and educational outcome, (Davis, 2015).

It is noted that when youths understand the associated risks with sexual practice, they become conscious and take precautions about sexual relationships, (Eccles, Templeton and Barber, 2013).

According to Moore and Rosenthal (2010) to some teenagers, pregnancy is not accidental and unwanted but having a baby is a planned and deliberate choice. For these teenagers the decision to become a mother is often influenced by social factors such as having a mother who had her own first child earlier than average, having friends who are themselves young mothers and having a stable relationship - which may or may not be marriage with a partner.

According to Nolan (2011), some secondary schools in Uganda are very accepting of teen parents. For them, as long as a teenager who has given birth and is willing to continue with her studies a long side her baby, it is okay. While in central Uganda a teen that has a couple of children by the time she is eighteen is simply doing what her mother and grandmother did before her. The teenagers who have had early sex behaviour are supported, cared by community and have friends embarking on motherhood at the same time as herself. Teens who get pregnant while still at school are well looked after and shown how to care for their babies. There are people around who will watch the baby for them and give them a break. All the above promote teens to be involved in early sexual practice.
Moore (2010) stated that sometimes early sexual practice among teens is the results of a teenager’s conscious or unconscious desire to explore what girls or boys keep in their dress and trousers respectively. These studies also found that the psychoanalytic model is greatest in psychological explanations in teenagers’ early sexual practice. Ego strength and teens relationships are the most commonly cited reasons. Low ego strength or low sense of personal worth is said to lead to early sexual acting out. Highly dependent girls with a great need for affection and those experiencing social or psychological stress are more likely to involve into early sexual practice.

2.3 Social-Economic factors are associated with early sexual practice among secondary school teenagers in Nakaseke district.

Economic status of the family has an effect on the teenager’s early sexual practice. At this age, teenagers are faced with different requirements in sustaining day to day life thus needs financial backing to basic needs such as clothes, body makeup, entertainment etc. For that sense they need to be supported by parents, guardian or close relatives. The absence of support from the parents has been causing the teenagers to find support from outside the trusted person as result they found themselves engaged into early sexual activities as return of gifts or assistance received. In many cases it was noted that the lack of basic requirements tends to expose girls to early sexual practice (Ahikire, 2011). According to Chen et al., (2013), school teenagers who are growing up in disadvantaged economic, familial and social circumstances are more likely to engage in early sexual practice than those who are in economically stable families.

In a study conducted on factors contributing to early sexual practice among secondary student in Kinondoni by Ketenbury (2009), it was observed that low socioeconomic status is one of the causes of early sexual practice. Teenage early sexual practice is associated with the most disadvantaged and publicly excluded of teens. Difficulties in teen’s lives such as poor family, relationships, low self-esteem and unhappiness at school also put them at greater risk of early sexual practice. These are among the reasons that contribute to school dropout. The present socio-economic situation in the world means that those who live in poverty are often exposed to more “live” sexual activity because families are living in small houses where there is distinct lack of privacy for the parents (Joubert, 2009). Teenagers that grow up under that situation can easily engage themselves in early sexual practice as soon as they entered the puberty stage.
All over the developed world, teenage early sexual practice is more common among young people who have been destitute in childhood and have low hope in education. The literature further shows that teenagers living in poverty have a teenage early sexual practice rate. Socio-economic status seems to play a major role in rates of teenage early sexual practice. There may be a growing ‘lost generation’ of teenagers who see no reason not to get involved in early sexual practice. For some disadvantaged teenagers particularly for girls whose self esteem tend to drop as they mature, sexuality may be all they have to value. Lack of opportunity and hope for future, have been identified as a driving force behind high rates of teenage early sexual practice (Gender, 2014).

Economic status of the family where the teen is coming from is linked with the increased rate of teenage early sexual practice. Economically poor countries such as Niger and Bangladesh have far more teenage initiating early sexual practice compared with economically rich countries such as Switzerland and Japan Gendre, (2010). Low socioeconomic status not only increases female odds of exchanging sex for money or goods, but also raises female chances of experiencing coerced early sexual practice. Furthermore, low socioeconomic status has more dependable negative effects on girls’ than on boys’ early sexual practice; it raises girls’ risk of early sexual practice. Controlling for wealth and other factors as well as orphan hood confer added risk for unsafe sexual practice. Poorer young people, especially girls, also have less access to significantly fewer media sources for risk in early sexual practice.

In most of our families and schools sexual and reproductive health issues among teenagers are considered as secret and undisclosed matters that are not allowed to be discussed in community and even at home with close relatives. In need of transmitting such information to teenagers due to body changes taking place, parents look for someone on behalf of parents who is a relative or selected member of the community to instruct a teenager on all matters concerning sexual and reproductive health including norms associated with. Such situation has been causing teenagers sometimes get inadequate and wrong information about sex, eventually leading them into early sexual practice in spirit of discovering unknown. Mostly the teenagers get misleading information from unreliable sources i.e. peer groups, friends at school, magazine and radio. (Tumbo 2012)
A study by Ruto (2009) in Uganda evidenced that parents do not give teenage information on sex because it is not considered culturally appropriate; hence they turn to their peers who give them inappropriate and inaccurate advice to start sexual practice at early age in order to get used before marriage. Current studies indicate that teenagers become sexually active in early puberty. During this time, the teenager is faced with various challenges such as the onset of menstruation in girls and wet dreams in boys. Compared to school or families in urban areas, the incidence of teenage early sexual practice is significantly higher in rural areas. These teenagers become sexually active at an early stage due lack of information about sex (Makiwane, 2010).

This can lead to depression, poor school performance and emotional instability. The teenager develops fear of the unknown with regards to abandonment by a boyfriend or deprivation. A strong relationship between teenagers’ early sexual practice and depression can also be assumed. Depression is associated with impaired decision-making, lack of motivation and low self-esteem. Amongst teenagers, early sexual practice reflects an attitude of passivity and of not caring about what happens in their lives. Some teenagers engage in early sexual practice because they are assertive (Mlambo, 2009).

On the other hand, some parents consider themselves responsible for their teenagers’ wrong doings. They consider that there is something missing in their method of upbringing, which has given their daughters an opportunity of degrading their self-esteem. All in all, there are many factors that can lead to teenage early sexual practice (Mlambo, 2010). There are many reasons that drive teenagers towards early sex.

Some teenagers do sex just because they want a quick fix to relieve biological drives. But often adolescent sexuality is driven by emotional needs that have nothing to do with sex. These emotional needs include the desire to receive affection, ease loneliness, gain acceptance, confirm masculinity or femininity, booster self-esteem, express anger, or escape from boredom. Sex becomes a means of expressing and satisfying nonsexual needs (Rice, 2009).

Most teenagers spend a lot of time looking in the mirror or examining body parts in detail, while at school and it does not end there, but also become more interested in that of others. They become more fascinated with basic facts about human reproduction. Gradually they become more interested in sexual experimentation with others. Part of this is motivated by
curiosity, part by a desire for sexual stimulation and release, part by a need for love, affection, intimacy, and acceptance from another person (Rice, 2010).

As a result, teenager’s early sexual practices have necessitated high attention in the area of Teenager development; an investigation into teens early sexuality behaviour has over the years progressed from the identification of levels and trends to examining factors and contexts that enable early sexual practice occurrence, Laguna (2011). A study done by the National Coordinating Agency for Population and Development (NCAPD) in conjunction with the Centre for Adolescence showed that teens, who were considered to be from poor families were said to have initiated sexual activity two years earlier than those who were considered wealthy (NCAPD, 2012).

According to Rice (2010) more teens are becoming sexually active at an early age in Uganda. Society’s treatment of early sexual practice in teenagers has improved significantly ever since mid-century. In earlier times, teens who were caught paying sex at an early age were outcasts, banished from their schools, shunned by their peers, often shipped out of their home to another village or town to stay with relatives. Today, we encourage teens to get pregnancy to give birth, keep their babies, and stay in school. Some schools provide day care for their teen students’ offspring. Pregnant teen ladies appear on afternoon TV talk shows justifying their choices and life styles, imploring views not to judge them. Critics complain that by being “tolerant” of these teens’ mothers, we are condoning irresponsible of early sexual practice (Jaffe, 2014).

The rising occurrence of teen’s early sexual practice in Uganda is causing a concern and is becoming critical issue. This happens in spite of mushrooming church and mosques to promote moral values among teens, Teenager projects like straight talk, Youth club at Health centres, and school counsellors e.g. as from 1986 in Ugandan teens have been involved in early sexual practice. Despite of all the above mentioned projects the teens have failed to use the available teenagers talk shows available at free of charge. This has been reflected by an increased number of teen’s pregnant mothers (Kansumba, 2012).

inhibition and anxiety, diminish decision-making capacity, judgment and sense of responsibility, and generally empowered to test early sexual practice. The research has reported on the increased early sexual practice when under the influence of alcohol and drugs. These impacts are facilitated in a context of high joblessness, and in an environment where peer norms encourage heavy drinking, alcohol and drugs are easily assessable and casual sexes readily available.

Early sexual practice among teenagers is a very big problem in Zambia and there are many factors that lead to it. According to Albert (2012), there are social pressures that push the teens toward falling into early sexual practice. Some girls feel that they will only be accepted as girls once they have proved there are sexually sweet and some there are some parents that want their teens to be in sexual relation so that they could have what to use at home. According to Rosenthal (2011), to some teenagers, early sexual practice is not accidental and unwanted but having a boy and girl friend is a planned and deliberate choice. For these teenagers the decision to involve in early sexual practice is often influenced by social factors such as having a boy or a girl friend at early age.

A study done in Uganda by Tumbo (2012) said that sex education given to boys and girls by Kojja (uncle) and Senga (Aunt) in Central Buganda during the initiation can contribute to the increase of rate of teenage early sexual practice as these boys and girls are trained on how to prepare themselves sexually. To master, they continue on practicing as the result most of them have ended up starting sex at teen age.

In study conducted by Gyan (2013) in Kenya on the incidence of teenage early sexual practice has been revealed that teenage early sexual practice has serious consequence on the educational attainment. With respect to factors that lead to teenage early sexual practice, it was evident that poor parenting, poverty and peer influence are the major causes of teenage early sexual practice.

2.4 Environmental factors that influence early sexual practice among secondary school teenagers in Nakaseke district.

The possibility for environmental factors to influence sexual practice has been supported through a number of varying psychosocial theories. Theories such as the theory of planned action, social learning theory and the problem behaviour theory have been used by various
scholars to explain sexual practice among the teenagers (Rotter, 2011). Although there is considerable variation in theoretical mechanisms by which environmental factors might influence teenagers’ early sexual attitudes and behaviours, most reports on early sexual practice related message content aimed at changing psychological, physiologic and behavioural function of the teenagers in China’s secondary schools (Chaves et al., 2012).

Type of school also matters whereby in some secondary schools, weak rules and teachers’ laissez-faire attitude are important factors in the rate of teenage early sexual practice. For an example, in some sub-Saharan African countries, early sexual practice is often seen as a blessing because it is proof of the girl fertility and boys’ functionality (Morgan, 2011). Editorial on teenage early sexual practice “issues in our world” (2010), also states that early sexual practice in teenagers is sometimes the result of weak roles at school and laissez-faire attitude. Teenage early sexual practice is seen as a blessing and a proof that the teen boy is working properly and the teen girl is fertile. Once more because of the change in time, the teenagers feel that having sex before the age of 20 is the normal thing, and thus they engage themselves to it without the provision of comprehensive information about sex. Due to the shortage of knowledge, eventually they fall into outcome of early sexual practice like pregnancy and STD’S. There are some mothers that want their daughters to become pregnant so that they could have a baby at home again.

An increase in parents and schools becoming busy are said to have largely contributed to the decline in traditional values and an increase in sexual activities among the teenagers (Ikamari, 2009). Traditional systems that were aimed at preparing and initiating teenagers into adult hood have been disintegrated and traditional values that once regulated sexual practice among teens have been broken (Gueye et al., 2011). Many development partners over time have focused their effort on teens’ programs that focus on reducing early sexual practice. Most of this abstinence programs aim at curbing the spread of HIV infection among teens by increasing the age of sexual practice to 18 years of age when the youth would be in a position to make informed decisions about their sexuality. Children between the ages of 5 and 14 have been referred to as a ‘window of hope’ because they have low infection rates and have not yet established patterns of sexual practice (Kelly, 2010).

According to Albert Bandura (2009), the social learning theory incorporates the power of environmental factors in relation to its impact on teenager’s behaviours. Overall, Bandura’s
social learning theory emphasizes the environmental factors’ impacts have on both the mental and behavioural processes of the affected teenager. Similarly, Hall’s (2009) theory of encoding/decoding describes the creation of messages through exposing teens to TV’s that arouses them sexually.

According to Morgan (2010), teens in the African content who are exposed to abuse, domestic violence and family strife in childhood are more likely than those without such exposure leads them to have early sexual activity at their schools. Studies have also found out that teens rose in homes with a battered mother, or who experienced physical violence directly, were more likely to involve themselves in early sexual active behaviours than teens that had not (Hall, 2008).

According to Hinkely (2009), teenagers who live in neighbourhoods with high levels of poverty, low levels of education and high residential turnover are at higher risk for teenage pregnancy. Teenagers whose mothers or sisters gave birth as teens are also more likely to become pregnant during their teenage years. Females who grow up without fathers in the home usually end up having early sexual practice.

As teenagers go back home from secondary schools they are influenced into early sexual practice from peers or adult persons who tend to provide gifts, food or transport in return of sex. Most of these secondary schools are located very far from their homes as result students have to walk between 4 to 8 kilometres from their villages to school. In order to be able to be close to school, many parents hire room for their teens famously known to them as ‘ghetto’. In these ‘ghettos’ a mixed of ordinary community members, boys and girls live together, which has led them to initiate early sexual intercourse.

In a study done by Nyirenda (2012), lack of boarding schools in Luweero district has been contributing to the increase of early sexual practice.

Related results are noted in other research reports. For example, Miller (2011) reports a direct relationship between poor parental control with teens early sexual practice. The discussion thus indicates an inverse relationship between poor parental monitoring and teen’s early sexual practice. This relationship has been time and again revealed in a wide range of research reports taking for example Springer’s, (2014) study on parental monitoring and early
sex behaviour among public secondary school students in Nigeria, it is reported that students with low parental monitoring are more likely to engage in early sexual risk behaviours. It is evident from the studies that poor monitoring of the teens both at school and home makes teens free and engage in early sexual practice.

According to Singh (2012) teenage early sexual practice is a universal problem that affects all the communities and secondary schools in Chad. It is not a new phenomenon, but it is strange that in the era of sexual literacy, teenage early sexual practice is still a major problem throughout the African content. So we often read in the media of the increasing number of teenage early sexual practice. Recently, the African magazine 2014 reported that teenage early sexual practice is escalating at a dramatic pace because the teenagers of today are practicing their democratic right. In addition to teachers monitoring of teens school, another factor that is claimed to have some influence on early sexual practice is negotiated unofficial time. It is highlighted in one of the publications by Teachers Monitoring that this factor seems to serve as a protective factor against sexual activity (Teachers Monitoring 2012). The defensive part of this factor, negotiated unsupervised time, can be attributed to the establishment of trust in the teachers-teens relationship.

Other researchers also agree with this by asserting that negotiation of unsupervised time may lead teens to increase trialling with early sexual practice (Trapl, 2013). It is also critical to mention that biological factors are also implicated in Teens early sexual practice. Examples of these include teen’s age of menarche, high androgen levels in boys and females and early pubertal development (Miller, 2011).

A study done by Swan, (2012) stated that many teenagers look to their friends in secondary school, especially the opposite sex, for corroboration and support of the changes that their bodies are undergoing. Swan (2012) goes on saying that many teenagers’ early sexual practice provides means of challenging parents who appear to arise in their way to self-reliance. Sometimes while testing their adult roles an early sexual practice may occur. In a study carried out in Ghana on teens in secondary schools noted that poor parent-teens connectedness and poor parental monitoring are significant predictors of teen’s early sexual practice (Solomon 2009). A lower less connectedness to and monitoring by parents and teachers are believed to increase the likelihood of early sexual practice (Solomon 2009).
According to Hinckley (2009), Teens in secondary schools have been engaging in early sexual activities as result of external force from the village they live. Many of the teenagers today live in stressful environments where there are sex marks, no extracurricular activities, and many of the experienced discrimination on a daily basis. All these determinants have a blow on how the teenagers in secondary school perceive their future that also has an impact on their sexual decision-making at early age.

2.5 Summary

According to the review of literature of a variety of studies in different places by different Researchers, has been exploring different factors contributing teenage early sex behaviour in secondary schools. However, given the different environment and situation of different social-economic status, this study reveals there is still insufficient knowledge in issues concerned with early sex behaviours among the teenagers in secondary schools. Therefore the study will be conducted to determine the factors contributing to early sexual practice among teenagers in secondary schools in Nakaseke district.

According to Morgan (2009), early sexual practice increases the risk of multiple sex partners, unprotected sex that ends up into sexual transmitted diseases such as Acquired immunodeficiency syndrome (AIDS) and risk of premature rupture of membranes, preterm labour, and postpartum infection.
CHAPTER THREE: METHODOLOGY

3.0 Introduction
This chapter describes the procedure that was employed in the conduct of the study which includes: the study area, research design, study population, sample size determination, sampling techniques, inclusion criteria, definition of variables, data collection procedure, data management, data analysis, ethical consideration, limitations of the study and dissemination of results.

3.1 Study design
The study was a descriptive cross sectional study of which according to Newman (2010) a cross-sectional design is a scientific study in which data are collected at one point in time, with no follow-up period. This design is the most appropriate for this study as it allowed the researcher to explore factors influencing early sexual practices among secondary school teenagers within Nakaseke District within short time.

3.2 Study area
Nakaseke District is found in the Central Region of Uganda. Its main municipal, administrative, and commercial centres of the district are located at Butalangu. Nakaseke is approximately 66 kilometres by road, northwest of Kampala, the capital and largest city of Uganda. The district is divided into the following administrative units; Nakaseke, Kiwoko and Ngoma Town Councils. Sub counties that include: Kapeeka, Ssemuto, Kaasangombe Kito, Kikamulo, Wakyato, Kinoni and Kinnyogoga. The boundaries of the district are Luweero, Nakasongola, Masindi, Kiboga and Wakiso districts. So the study was carried out from the selected secondary schools among the many.

The researcher opted Nakaseke as the study area due to increasing number of teenage pregnancies and yet very little data is found on search.

3.3 Sources of data
The study adopted both primary and secondary data sources.

3.3.1 Primary data
The primary data was collected by using qualitative and quantitative methods; it was the information gathered from secondary school students as per selected in Nakaseke district. In this case, in quantitative data collection the data got by use of questionnaires which contained
both closed and open ended questions. The qualitative data was directly from points aired out during small group discussions from each school after filling the questionnaires.

3.3.2 Secondary data
This would be needed in view of literature review and as a back bone. Secondary data were derived from already available reports about early sexual practice like publication of scholars, articles, research dissertations, journals, from dependable websites, electronic books, and e.t.c.

3.4 Study population
The study population of this research was selected on the basis that it would yield the required data of factors influencing early sexual practices among secondary school teenagers with in Nakaseke district. Therefore, the study population were secondary school teenagers attending secondary schools in Nakaseke district.

3.4.1 The target population
Target population was all teenagers in Nakaseke district.

3.4.2 Accessible population.
This was a sample for both boys and girls who were secondary school going teenagers in Nakaseke district.

3.5 Inclusion and exclusion Criteria
In identification of potential participants from the study population, the researcher considers specific conditions which participants should meet for them to be eligible for partaking in the study. These conditions are what Polit and Beck (2010) refer to as inclusion criteria for participation while characteristics for which participants must not posses are referred to as exclusion criteria, which for this study are outlined below.

3.5.1 Inclusion criteria
All secondary school teenagers (13-19) years from the identified schools in Nakaseke district, who were attending secondary school at that particular period of time, single and had never been married Those who accepted or those whose parents or guardians accepted that they get involved in the study.
3.5.2 Exclusion criteria
Secondary school teenagers who were mentally handicapped / sick, seriously ill, married, divorce, widowed or those for some reasons were out of school at the time of data collection were excluded in the study.

3.6 Sample size determination
The Keish and Leslie formula was used to determine the sample size as shown below.

\[ N = \frac{Z^2 \cdot P \cdot (1 - P)}{d^2} \]

Where \( N \) is the calculated sample size of the required respondents.
\( Z \) represents Standard normal deviation set at 95%, confidence interval, standard coefficient is 1.96.
\( P \) = prevalence of early sexual practices of secondary school students in this case considering the proportion those who had ever had sexual intercourse in Wakiso district, Uganda by Osingada, 2016 (45%).
\( d \) = desired precision 5% (standard of +/-0.05)

Substituting in the above formula:

\[ N = \frac{1.96^2 \times 0.450 \times (1 - 0.45)}{0.05^2} \]

\[ N = \frac{1.72872 \times 0.55}{0.05^2} \]

\[ N = 0.9050796 \approx 380.31814 \]

Including an allowance of 10% to cater for non response.

\[ N = 380 + 10\% (38) \]

So \( N = 418 \)

3.7 Sampling techniques
In this study, probability sampling was used to select the participants. With this technique, no one had a surpass opportunity but rather all had equal chances of becoming participants in the targeted population, (Creswell, 2012). In Nakaseke district there are no single schools, day or boarding schools in separate forms entirely, but they are mixed, day and boarding secondary
schools in both government and private settings. Two government schools and 2 private schools were selected where then the required sample was divided such that each school would produce 105. Simple random sampling was then used to select eligible students from each school to participate in the study.

3.8 Sampling procedure
Four secondary schools were included in the study. These were selected from the whole list of secondary schools by simple random sampling. Each school had at least more than one hundred and fifty teenagers respectively. Out of the total population, 418 teenagers were randomly selected from schools as follows: Standard Christian High School Kiwoko, Kiwoko secondary school, Nakaseke International College and Timuna Secondary Schools respectively using the lottery method (simple random sampling). This was done by use of papers that had been assigned random numbers. The students who picked the random number and found eligible were recruited in the study.

3.9 Study variables
In this study two set of variables were used, dependent and independent variables.

3.9.1 Dependent variables
Dependent variable according to Polit & Beck (2010) is the factor that changes from time to time. So in this case it was the prevalence of early sexual practice.

3.9.2 Independent variables
According to Polit & Beck (2010) independent variables are factors which do not change over time.
Independent variables included the following:
Demographic factors such as age, sex, religion, tribe, class, formal education of parents, religious factors and cultural beliefs. Social-economic factors as such parent/guardian interaction, school lessons on sexual and adolescent health, media access, other sexual information sources, parental/guardian support, peer pressure, poor negotiation skills, youth friendly services, alcohol/substance abuse and attendance of night club.
Environmental factors included school type, residence, family structure, and whom the teenager lives with (primary care giver).
3.10 Data research instruments / tool
The researcher used a questionnaire which consisted of both open and closed ended questions. This was personally administered and it was developed basing on the study objectives with the help of the supervisor (See Appendix II). It included 3 sections; demographic social-economic and environmental.
During collection of qualitative data from focus group discussions, sound recorders were used to take note of the respondents’ opinions regarding the study objectives.

3.12 Data collection procedure
The researcher introduced the self administered questionnaires to the student respondents. She gave a brief over view of the research purpose, the tools were distributed, read through the consent form with them and explained their rights to accept or deny the participation. It was also aired out by the researcher for the need to give the true information and emphasised confidentiality.
Soon before data collection, class captains were briefed and together with the research assistants distributed the questionnaires. At that time the questionnaires were rechecked for uniformity and completeness.
The study was carried for approximately 2 weeks, each day about 30 participants were recruited. Each questionnaire required 15 to 20 minutes. From each first day of data collection, a focused group discussion was done which lasted for an hour.

3.13 Data management and analysis
3.12.1 Data management
After participants answering the questionnaires, the questionnaires were collected and checked to ensure that each question has been answered, counted to ensure that all are returned, coded and later kept in locked cupboard. The coding system for each section in the questionnaire was indicated on the questionnaire.

3.12.2 Data analysis
Data were checked, cleared and coded using Micro soft access TM. Statistical analysis was done using Graph Pad Prism 6.0.
Univariate data were presented in frequencies and percentages and illustrated by use of pie charts and frequency tables.
Bivariate data were obtained by use of Chi square to assess the association between the dependent and independent variables. Odds ratios (ORs) at 95% confidence interval and P-value were calculated. The variable was considered significant if the P-value was less than 0.05 and all statistical tests were two-tailed.

Qualitative data from focus group discussions were transcribed from the sound recorder and analysed by content analysis using Atlas ti program. The voice recordings were entered into Atlas ti program and all records were re-read to identify any repeated words / phrases. Data output were presented directly as quotes indicating responses from the focus group discussions. The message was also coded for privacy.

3.13 Quality control issues
Before data collection in the pilot study was done from Kiwoko College Secondary School. This included all the specific objectives. Study questionnaires were developed and were pre-tested for validity and reliability. Unnecessary information that seemed unyielding to the study was removed.

The validity and reliability of the questionnaire was tested by use of a Content Validity Index (CVI) with the formula below.

\[ CVI = \frac{\text{No. of questions declared valid}}{\text{Total no. of questions in the questionnaire}}. \]

After 1 week, the same questionnaire was again presented to the same particular students and the Cronbach Alpha was calculated.

The already trained class representatives still administered the questionnaires to students. All questionnaires were checked for completeness, then approved by the researcher and all of them were put under safe custody where no one else would access them.

3.14 Ethical issues
Before data collection, the administration of the International Health Sciences University produced an introductory letter of permission requisition to the schools administrators and after which permission was granted and the letters were obtained then the researcher proceeded to collect data. Also before data collection, the participants signed the informed consent forms, emphasizing confidentiality after which were put under safe custody. For those who were below 18 years, permission to allow them participate in the study was sought from their parents / guardians.
3.15 Dissemination plan for study results

The findings from the study were compiled into a research report and submitted to the Department Nursing of the International Health Sciences University for academic award, future reference and to Nakaseke District Education Department, Kiwoko Hospital (employer / sponsor) and the researcher to have a copy.
CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction
This chapter presents the findings of the study involved the objectives determining the prevalence, demographic factors, socio-economic factors and the environmental factors that are associated with early sexual practice among secondary school teenagers in Nakaseke district.

4.1 Prevalence of sexual practice among secondary school students in Nakaseke district.
Data were collected from four secondary schools in Nakaseke district which included Standard Christian High School Kiwoko, Kiwoko Secondary School, Nakaseke International College and Timuna Secondary School. Respondents were 391 whose age ranged from 13 to 19 years, of whom the majority (58.4%) was in the age group of 13-16 years and the mean age was 15.9 years. Male respondents were 45.8% and 54.2% were females.

Findings showed that out of the 391 teenagers, 184 (47%) had ever had sex and 207 (53%) had not.

Figure 2: Showing the prevalence of sexual practices among secondary school teenagers in Nakaseke district.
4.2 Demographic factors of the secondary school teenagers in Nakaseke district.

Majority of the respondents (58.6%) were in the age group of 13-16 years, two hundred twelve (54.2%) of the respondents were female. Most of the respondents (36.0%) were Protestants. For tribe, predominantly (65.4%) were Ganda. Regarding class, (49.6%) were in Senior 3 & 4. Most of the respondents (59.6%) had fathers who were of primary/secondary level education. Majority of the respondents (52.2%) attended services once a week while (90%) said that religion was very important. Still on the religious matter, (36.3%) never / rarely practiced fasting. Finally, (78.3%) mentioned that they did not have cultural beliefs that permit sex before marriage. Details of the Univariate analysis are given in the table below.

Table 1: Univariate analysis of demographic factors influencing early sexual practices among secondary school teenagers in Nakaseke district (N=391).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at first sex</td>
<td>13-16</td>
<td>229</td>
<td>58.6</td>
</tr>
<tr>
<td></td>
<td>17-19</td>
<td>162</td>
<td>41.4</td>
</tr>
<tr>
<td></td>
<td>&lt; 13</td>
<td>70</td>
<td>38.0</td>
</tr>
<tr>
<td></td>
<td>13-17</td>
<td>98</td>
<td>53.3</td>
</tr>
<tr>
<td></td>
<td>18-19</td>
<td>16</td>
<td>8.7</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>212</td>
<td>54.2</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>179</td>
<td>45.8</td>
</tr>
<tr>
<td>Religion</td>
<td>Catholic</td>
<td>95</td>
<td>24.2</td>
</tr>
<tr>
<td></td>
<td>Protestant</td>
<td>141</td>
<td>36.0</td>
</tr>
<tr>
<td></td>
<td>Born-again</td>
<td>105</td>
<td>27.0</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>15</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>Moslems</td>
<td>35</td>
<td>9.0</td>
</tr>
<tr>
<td>Tribe</td>
<td>Ganda</td>
<td>256</td>
<td>65.4</td>
</tr>
<tr>
<td></td>
<td>Nyarwanda</td>
<td>32</td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td>Nyankole</td>
<td>25</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>78</td>
<td>20.0</td>
</tr>
<tr>
<td>Class</td>
<td>Senior 1 &amp; 2</td>
<td>131</td>
<td>33.5</td>
</tr>
<tr>
<td></td>
<td>Senior 3 &amp; 4</td>
<td>194</td>
<td>49.6</td>
</tr>
<tr>
<td></td>
<td>Senior 5 &amp; 6</td>
<td>66</td>
<td>16.9</td>
</tr>
<tr>
<td>Formal education of the father/ guardian</td>
<td>Never attended school</td>
<td>21</td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>Primary/secondary school</td>
<td>233</td>
<td>59.6</td>
</tr>
<tr>
<td></td>
<td>College / university</td>
<td>137</td>
<td>35.0</td>
</tr>
<tr>
<td>Attendance of service</td>
<td>Every day</td>
<td>162</td>
<td>41.4</td>
</tr>
<tr>
<td></td>
<td>At least once a week</td>
<td>204</td>
<td>52.2</td>
</tr>
<tr>
<td></td>
<td>At least once a month</td>
<td>25</td>
<td>6.4</td>
</tr>
<tr>
<td>Importance of religion:</td>
<td>Very important</td>
<td>352</td>
<td>90.0</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>32</td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td>Not important</td>
<td>7</td>
<td>1.8</td>
</tr>
<tr>
<td>Fasting:</td>
<td>At least a week</td>
<td>121</td>
<td>31.0</td>
</tr>
<tr>
<td></td>
<td>At least a month</td>
<td>128</td>
<td>32.7</td>
</tr>
<tr>
<td></td>
<td>Not at all / rarely</td>
<td>142</td>
<td>36.3</td>
</tr>
<tr>
<td>Cultural beliefs</td>
<td>Permit</td>
<td>78</td>
<td>19.9</td>
</tr>
<tr>
<td>Permits before marriage</td>
<td>Do not</td>
<td>306</td>
<td>78.3</td>
</tr>
<tr>
<td></td>
<td>Missed</td>
<td>7</td>
<td>1.8</td>
</tr>
</tbody>
</table>
4.2.1 Relationship between demographic factors and early sexual practice among secondary school teenagers in Nakaseke district.

The demographic factors of sex ($\chi^2=27.45$, p-value of <0.001), religion ($\chi^2=37.31$, p-value of 0.001), class ($\chi^2=15.22$, p-value of 0.001), parental formal education ($\chi^2=8.377$, p-value of 0.015), fasting ($\chi^2=99.37$, p-value of 0.001) and cultural beliefs ($\chi^2=14.33$, p-value of 0.001) father’s sexual education ($\chi^2=8.704$, p value 0.03) were significantly associated with sexual practices as shown in table 2. Age, tribe, attending religious services and knowing the importance of religion were not significantly associated with sexual practice among secondary school teenagers.

Female gender were less likely to have ever played sex than males (OR=0.34, 95% CI=0.22-0.57). Catholics (OR=0.35, 95% CI=0.15-0.83), Protestants (OR=0.4, 95% CI=0.18-0.93), born again (OR=0.11, 95% CI=.05-0.26) and other religions (OR=0.52, 95% CI=0.14-1.87) were less likely to have ever played sex than the Muslims. Regarding class, senior 1&2 (OR=0.74, 95% CI=0.24-1.15) were less likely to practice early sex and senior 3 & 4(OR=1.57, 95% CI=0.25-1.29) were more likely to practice early sex than those in senior 5 & 6.

Students whose fathers had no formal education were 2 times more likely to practice early sex and those whose fathers had primary/secondary education were less likely to practice early sex than those whose fathers had college/university education. Students who said their cultures permit sex before marriage were more likely to practice early sex than those who said their cultures do not permit sex before marriage.
### Table 2: Bivariate analysis of demographic factors and sexual factors influencing early sexual practices among secondary school teenagers in Nakaseke district (N=391).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Ever played sex</th>
<th>( \chi^2 ) df</th>
<th>OR</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>13-16</td>
<td>124 (67.4%)</td>
<td>6.893,1</td>
<td>0.58</td>
<td>0.39-0.87</td>
<td>0.090</td>
</tr>
<tr>
<td></td>
<td>17-19</td>
<td>105(50.7%)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>74 (40.2%)</td>
<td>27.45,1</td>
<td>0.34</td>
<td>0.22-0.57</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>138 (66.7%)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Catholic</td>
<td>8 (26.1%)</td>
<td>37.31,1</td>
<td>0.35</td>
<td>0.15-0.83</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Protestant</td>
<td>47 (22.7%)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Born- again</td>
<td>25 (13.6%)</td>
<td>0.11</td>
<td></td>
<td>0.05-0.26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>6 (2.9%)</td>
<td>0.52</td>
<td></td>
<td>0.14-1.87</td>
<td></td>
</tr>
<tr>
<td>Tribe</td>
<td>Ganda</td>
<td>117 (63.6%)</td>
<td>2.132,3</td>
<td>0.42</td>
<td>0.30-1.24</td>
<td>0.55</td>
</tr>
<tr>
<td></td>
<td>Nyarwanda</td>
<td>15 (8.2%)</td>
<td>0.13</td>
<td></td>
<td>0.10-0.58</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nyankole</td>
<td>10 (5.4%)</td>
<td>0.10</td>
<td></td>
<td>0.01-1.31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>42(22.8%)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td>Senior 1&amp; 2</td>
<td>48 (26.0 %)</td>
<td>15.225</td>
<td>0.74</td>
<td>0.24-1.15</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Senior 3 &amp; 4</td>
<td>107(58.2 %)</td>
<td>1.57</td>
<td></td>
<td>0.25-1.29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Senior 5 &amp; 6</td>
<td>29 (15.8 %)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal education</td>
<td>Never attended</td>
<td>8 (4.3%)</td>
<td>8.377,2</td>
<td>2.02</td>
<td>0.18-1.19</td>
<td>0.015</td>
</tr>
<tr>
<td>of father/guardian</td>
<td>Primary/secondary</td>
<td>98 (53.3%)</td>
<td>0.55</td>
<td></td>
<td>0.36-0.84</td>
<td></td>
</tr>
<tr>
<td></td>
<td>College / University</td>
<td>78 (42.4%)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendence of services</td>
<td>Every day</td>
<td>69 (37.5%)</td>
<td>2.250,2</td>
<td>0.68</td>
<td>0.28-1.34</td>
<td>0.325</td>
</tr>
<tr>
<td></td>
<td>At least a week</td>
<td>102(55.4%)</td>
<td>0.92</td>
<td></td>
<td>0.27-1.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>At least once a month</td>
<td>13(7.1%)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of religion</td>
<td>Very important</td>
<td>160(87.0%)</td>
<td>3.860,2</td>
<td>0.33</td>
<td>0.01-1.51</td>
<td>0.145</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>19(10.3%)</td>
<td>0.58</td>
<td></td>
<td>0.41-1.45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
<td>5(2.7%)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting</td>
<td>At least once a week</td>
<td>94(51.1%)</td>
<td>99.37,2</td>
<td>3.48</td>
<td>2.03-5.97</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>At least once a month</td>
<td>19(10.3%)</td>
<td>0.17</td>
<td></td>
<td>0.19-0.85</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all /rarely</td>
<td>71(38.6%)</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural beliefs</td>
<td>Permit</td>
<td>51(27.7%)</td>
<td>14.33,2</td>
<td>4.72</td>
<td>0.36-6.54</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Do not</td>
<td>131(71.2%)</td>
<td>1.87</td>
<td></td>
<td>1.12-2.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Missed</td>
<td>2(1.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4.3 Social-economic factors influencing early sexual practices among secondary school teenagers in Nakaseke district (N=391).

Majority of the respondents (31.7%) said it was easy to talk to their fathers. Two hundred forty (61.4%) said that they have never had sexual education from their fathers. (56%) said...
that it is very easy to talk to their mothers/guardians. Majority of the respondents (89%) said that they have had sexual education lessons at their schools and 71.3% of the students reported that lessons of sexual education should be done more. Half of the respondents (52.6%) had accessed information about sexual education from media and as well majority (53.7%) accessed information from schools. Very few respondents (17.9%) had ever got sexual education from church. 62.1% of the respondents’ parent were self-employed. Most of the respondents (50.6%) had at times lacked needs, one hundred twenty nine (40.6%) had two or more boy/girlfriends, 89.1% of the students had sex willingly.

Most of the respondents (68%) had never been on pressure for sex. And (85.6%) of the students who had pressure on sex had it from friends. 41.9% of the respondents never negotiated. Most of the respondents (75.6%) had never used alcohol/substance while (55.3%) of those who used it, was because of influence by family members. Majority of the respondents (94.5%) had tendency of playing sex without alcohol. Almost 7 in 10 (70.8%) reported availability of youth friendly services and 64.2% had been tested of HIV. Majority (67.7%) had never attended night club, while 42.9% of those who attended it was due to influence by their friends. Most of the respondents (75.4%) were satisfied with being virgin where as 52.2% of those who practiced sex were satisfied with fist encounter with sex. Most of the respondents (92.4%) never practiced sex for goods. The details of the Univariate data are given in table 3.
Table 3a: Univariate analysis on social-economic factors of the secondary school teenagers in Nakaseke district

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency (N=391)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to father</td>
<td>Very easy</td>
<td>94</td>
<td>24.0</td>
</tr>
<tr>
<td></td>
<td>Easy</td>
<td>124</td>
<td>31.7</td>
</tr>
<tr>
<td></td>
<td>Difficult</td>
<td>51</td>
<td>13.0</td>
</tr>
<tr>
<td></td>
<td>Very difficult</td>
<td>36</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>I do not see him</td>
<td>86</td>
<td>21.9</td>
</tr>
<tr>
<td>Sexual education by father</td>
<td>Often</td>
<td>14</td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>51</td>
<td>13.0</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>240</td>
<td>61.4</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>86</td>
<td>22.0</td>
</tr>
<tr>
<td>Talking to mother / guardian</td>
<td>Very easy</td>
<td>219</td>
<td>56.0</td>
</tr>
<tr>
<td></td>
<td>Easy</td>
<td>125</td>
<td>32.0</td>
</tr>
<tr>
<td></td>
<td>Difficult</td>
<td>27</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>very difficult</td>
<td>20</td>
<td>5.1</td>
</tr>
<tr>
<td>Having school lessons on sexual education</td>
<td>Yes</td>
<td>347</td>
<td>89.0</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>44</td>
<td>11.0</td>
</tr>
<tr>
<td>Lessons should be</td>
<td>More</td>
<td>279</td>
<td>71.3</td>
</tr>
<tr>
<td></td>
<td>Less</td>
<td>27</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>Right number</td>
<td>55</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>30</td>
<td>7.6</td>
</tr>
<tr>
<td>Access to media: (News, T.V/ Films and Radios)</td>
<td>≤ and at least a week</td>
<td>173</td>
<td>44.2</td>
</tr>
<tr>
<td></td>
<td>Almost daily</td>
<td>33</td>
<td>8.4</td>
</tr>
<tr>
<td>Obtain sex information from different sources.</td>
<td>Radio</td>
<td>123</td>
<td>31.4</td>
</tr>
<tr>
<td></td>
<td>T.V/Films</td>
<td>131</td>
<td>33.5</td>
</tr>
<tr>
<td></td>
<td>Internet</td>
<td>137</td>
<td>35.0</td>
</tr>
<tr>
<td></td>
<td>School</td>
<td>210</td>
<td>53.7</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>86</td>
<td>21.9</td>
</tr>
<tr>
<td></td>
<td>Church</td>
<td>70</td>
<td>17.9</td>
</tr>
<tr>
<td>Parental employment</td>
<td>Self employed</td>
<td>243</td>
<td>62.1</td>
</tr>
<tr>
<td></td>
<td>Employee</td>
<td>126</td>
<td>32.2</td>
</tr>
<tr>
<td></td>
<td>No job</td>
<td>22</td>
<td>5.6</td>
</tr>
<tr>
<td>Needs provision</td>
<td>All time got all needs</td>
<td>157</td>
<td>40.2</td>
</tr>
<tr>
<td></td>
<td>At times lacked needs</td>
<td>198</td>
<td>50.6</td>
</tr>
<tr>
<td></td>
<td>All time lacked needs</td>
<td>36</td>
<td>9.2</td>
</tr>
<tr>
<td>Playing sex</td>
<td>Ever</td>
<td>184</td>
<td>47.0</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>207</td>
<td>53.0</td>
</tr>
<tr>
<td>Age at first sex</td>
<td>&lt; 13</td>
<td>70</td>
<td>38.0</td>
</tr>
<tr>
<td></td>
<td>13 – 17</td>
<td>98</td>
<td>53.3</td>
</tr>
<tr>
<td></td>
<td>18 -19</td>
<td>16</td>
<td>8.7</td>
</tr>
<tr>
<td>Number of boy /girl friends (217)</td>
<td>Had one</td>
<td>129</td>
<td>59.4</td>
</tr>
<tr>
<td></td>
<td>Had ≥ two</td>
<td>88</td>
<td>40.6</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>Played sex forcefully</td>
<td>20</td>
<td>10.9</td>
</tr>
<tr>
<td></td>
<td>Played sex willingly</td>
<td>164</td>
<td>89.1</td>
</tr>
<tr>
<td>Pressure for sex</td>
<td>Ever been</td>
<td>125</td>
<td>32.0</td>
</tr>
<tr>
<td></td>
<td>Never been</td>
<td>266</td>
<td>68.0</td>
</tr>
<tr>
<td>Pressure for sex</td>
<td>Friends</td>
<td>107</td>
<td>85.6</td>
</tr>
<tr>
<td></td>
<td>Relatives</td>
<td>18</td>
<td>14.4</td>
</tr>
<tr>
<td>Negotiation skills</td>
<td>N/A</td>
<td>164</td>
<td>42.0</td>
</tr>
<tr>
<td></td>
<td>Ever</td>
<td>115</td>
<td>29.4</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>112</td>
<td>28.6</td>
</tr>
<tr>
<td>Alcohol / substance use</td>
<td>Ever</td>
<td>94</td>
<td>24.0</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>297</td>
<td>75.9</td>
</tr>
<tr>
<td>Influenced by</td>
<td>Family members</td>
<td>52</td>
<td>55.3</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>42</td>
<td>44.6</td>
</tr>
</tbody>
</table>
Table 3b Univariate analysis on social-economic factors of the secondary school teenagers in Nakaseke district

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency (N=391)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendency of playing sex</td>
<td>With alcohol</td>
<td>10</td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>Without alcohol</td>
<td>174</td>
<td>94.6</td>
</tr>
<tr>
<td>Youth friendly services</td>
<td>Available</td>
<td>277</td>
<td>70.8</td>
</tr>
<tr>
<td></td>
<td>Not available</td>
<td>114</td>
<td>29.2</td>
</tr>
<tr>
<td></td>
<td>Tested HIV</td>
<td>251</td>
<td>64.2</td>
</tr>
<tr>
<td></td>
<td>Not tested</td>
<td>140</td>
<td>35.8</td>
</tr>
<tr>
<td>Attending night club</td>
<td>Ever</td>
<td>126</td>
<td>32.2</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>265</td>
<td>67.8</td>
</tr>
<tr>
<td>Courage by</td>
<td>Self</td>
<td>45</td>
<td>35.7</td>
</tr>
<tr>
<td></td>
<td>Family member</td>
<td>27</td>
<td>21.4</td>
</tr>
<tr>
<td></td>
<td>Friend</td>
<td>54</td>
<td>42.9</td>
</tr>
<tr>
<td>Sex for goods</td>
<td>Ever</td>
<td>14</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>170</td>
<td>92.4</td>
</tr>
</tbody>
</table>

4.3.1 Relationship between social-economic factors and early sexual practice among secondary school teenagers in Nakaseke district.

Table 4 below shows that sex education by father ($\chi^2 = 8.704,3$, p value of 0.03), accessibility of information ($\chi^2 =12.42$, p-value of 0.002), different sources of information on sexual issues ($\chi^2=28.62$, p-value of 0.001), parental employment ($\chi^2=21.94$, p-value of 0.001), pressure for sex ($\chi^2 = 15.98$, p-value of 0.001), peer influence ($\chi^2=87.99$, p-value of 0.001), negotiation skills ($\chi^2=203.2$, p-value of 0.001), substance use ($\chi^2 =19.79$, p-value of 0.001), Friends’ likes ($\chi^2=37.22$, p-value of 0.001), attending night club ($\chi^2=38.73$ p-value of 0.001), and sex for goods ($\chi^2=116.4$, p-value of 0.001) were significantly associated with sexual practice among the respondents.

Students who did not receive education from their fathers were more likely to practice early sex than those who received it.

Tribe, attendance of religious services, knowing importance of religion, talking to father, school lessons on sexual education, needs supply and availability of youth friendly services were none significant.
### Table 4a: Bivariate Social-economic factors of early sexual practice

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Ever played sex</th>
<th>No (207)</th>
<th>χ²</th>
<th>df</th>
<th>OR</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent/guardian interaction</strong></td>
<td>Talking to father:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very easy</td>
<td>51 (27.7%)</td>
<td>43 (20.8%)</td>
<td>7.503</td>
<td>4</td>
<td>1.28</td>
<td>1.28-1.73</td>
<td>0.034</td>
</tr>
<tr>
<td></td>
<td>Easy</td>
<td>60 (32.6%)</td>
<td>64 (30.9%)</td>
<td>7.503</td>
<td>4</td>
<td>1.28</td>
<td>1.28-1.73</td>
<td>0.034</td>
</tr>
<tr>
<td></td>
<td>Difficult</td>
<td>23 (12.5%)</td>
<td>28 (13.5%)</td>
<td>7.503</td>
<td>4</td>
<td>1.28</td>
<td>1.28-1.73</td>
<td>0.034</td>
</tr>
<tr>
<td></td>
<td>Very difficult</td>
<td>10 (5.4%)</td>
<td>26 (12.6%)</td>
<td>7.503</td>
<td>4</td>
<td>1.28</td>
<td>1.28-1.73</td>
<td>0.034</td>
</tr>
<tr>
<td></td>
<td>I do not see him</td>
<td>40 (21.7%)</td>
<td>46 (22.2%)</td>
<td>7.503</td>
<td>4</td>
<td>1.28</td>
<td>1.28-1.73</td>
<td>0.034</td>
</tr>
<tr>
<td></td>
<td>Sexual education by father:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Often</td>
<td>11 (6.0%)</td>
<td>3 (1.4%)</td>
<td>8.704</td>
<td>3</td>
<td>2.15</td>
<td>1.15-4.05</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>29 (15.8%)</td>
<td>22 (10.6%)</td>
<td>8.704</td>
<td>3</td>
<td>2.15</td>
<td>1.15-4.05</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>39 (21.2%)</td>
<td>47 (22.7%)</td>
<td>8.704</td>
<td>3</td>
<td>2.15</td>
<td>1.15-4.05</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>105 (57.0%)</td>
<td>135 (65.2%)</td>
<td>8.704</td>
<td>3</td>
<td>2.15</td>
<td>1.15-4.05</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td><strong>School lessons on sexual education</strong></td>
<td>Yes</td>
<td>162 (88.0%)</td>
<td>187 (90.3%)</td>
<td>0.535</td>
<td>1</td>
<td>0.78</td>
<td>0.41-1.5</td>
<td>0.465</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>22 (12.0%)</td>
<td>20 (9.7%)</td>
<td>0.535</td>
<td>1</td>
<td>0.78</td>
<td>0.41-1.5</td>
<td>0.465</td>
</tr>
<tr>
<td><strong>Access to media</strong></td>
<td>Never</td>
<td>70 (38.0%)</td>
<td>115 (55.6%)</td>
<td>12.42</td>
<td>2</td>
<td>0.39</td>
<td>0.19-0.85</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>At least once a week</td>
<td>94 (51.0%)</td>
<td>79 (38.2%)</td>
<td>12.42</td>
<td>2</td>
<td>0.39</td>
<td>0.19-0.85</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>Almost daily</td>
<td>20 (11.0%)</td>
<td>13 (6.2%)</td>
<td>12.42</td>
<td>2</td>
<td>0.39</td>
<td>0.19-0.85</td>
<td>0.002</td>
</tr>
<tr>
<td><strong>Obtain sex information from different sources. (More than one option)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Radio</td>
<td>57 (16.0%)</td>
<td>66 (15.9%)</td>
<td>28.62</td>
<td>5</td>
<td>3.147</td>
<td>1.688-5.866</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>TV/ Films</td>
<td>73 (20.4%)</td>
<td>58 (14.0%)</td>
<td>28.62</td>
<td>5</td>
<td>3.147</td>
<td>1.688-5.866</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>Internet</td>
<td>81 (23.0%)</td>
<td>56 (13.5%)</td>
<td>28.62</td>
<td>5</td>
<td>3.147</td>
<td>1.688-5.866</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>School</td>
<td>83 (23.2%)</td>
<td>127 (30.6%)</td>
<td>28.62</td>
<td>5</td>
<td>3.147</td>
<td>1.688-5.866</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td>33 (9.2%)</td>
<td>57 (13.8%)</td>
<td>28.62</td>
<td>5</td>
<td>3.147</td>
<td>1.688-5.866</td>
<td>0.002</td>
</tr>
<tr>
<td></td>
<td>Church</td>
<td>20 (6.0%)</td>
<td>50 (12.1%)</td>
<td>28.62</td>
<td>5</td>
<td>3.147</td>
<td>1.688-5.866</td>
<td>0.002</td>
</tr>
<tr>
<td><strong>Support from parent/guardian</strong></td>
<td>Self employed</td>
<td>108 (58.7%)</td>
<td>135 (65.2%)</td>
<td>21.94</td>
<td>2</td>
<td>0.04</td>
<td>0.005-0.27</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Employee</td>
<td>55 (29.9%)</td>
<td>71 (34.3%)</td>
<td>21.94</td>
<td>2</td>
<td>0.04</td>
<td>0.005-0.27</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>No job</td>
<td>21 (11.4%)</td>
<td>10 (5.5%)</td>
<td>21.94</td>
<td>2</td>
<td>0.04</td>
<td>0.005-0.27</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>Supply of needs</strong></td>
<td>All time got all needs</td>
<td>70 (38.0%)</td>
<td>87 (42.0%)</td>
<td>0.9558</td>
<td>2</td>
<td>0.0</td>
<td></td>
<td>0.620</td>
</tr>
<tr>
<td></td>
<td>At times lacked needs</td>
<td>98 (53.3%)</td>
<td>100 (48.3%)</td>
<td>0.9558</td>
<td>2</td>
<td>0.0</td>
<td></td>
<td>0.620</td>
</tr>
<tr>
<td></td>
<td>All time lacked needs</td>
<td>16 (8.7%)</td>
<td>12 (6.0%)</td>
<td>0.9558</td>
<td>2</td>
<td>0.0</td>
<td></td>
<td>0.620</td>
</tr>
<tr>
<td>Variable</td>
<td>Category</td>
<td>Ever played sex</td>
<td>$\chi^2$ df</td>
<td>OR</td>
<td>95% CI</td>
<td>P value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>----------------</td>
<td>------------</td>
<td>----</td>
<td>--------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual engagement</td>
<td>All time lacked needs</td>
<td>16(8.7%)</td>
<td>20(9.7%)</td>
<td>15.98, 1</td>
<td>0.12</td>
<td>0.03-0.41</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Number of girl/boy friends</td>
<td>Had none</td>
<td>(0.00%)</td>
<td>174(84.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Had one</td>
<td>99(53.8%)</td>
<td>30(14.5%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Had two</td>
<td>85(46.2%)</td>
<td>3(1.4%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers</td>
<td>Pressure for sex Ever been</td>
<td>102(55.4%)</td>
<td>23(11.1%)</td>
<td>87.99, 1</td>
<td>9.95</td>
<td>5.90-16.77</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never been</td>
<td>82(44.6%)</td>
<td>184(88.9%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pressure by relatives By friends</td>
<td>14(13.7%)</td>
<td>4(2.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>88(86.3%)</td>
<td>19(</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negotiation skills</td>
<td>Not applicable</td>
<td>-</td>
<td>164(79.2%)</td>
<td>2032, 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did</td>
<td>90(48.9%)</td>
<td>25(12.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did not</td>
<td>94(51.1%)</td>
<td>18 (8.7%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol /substance abuse</td>
<td>Ever (94)</td>
<td>63 (34.2%)</td>
<td>31(15.0%)</td>
<td>19.79, 1</td>
<td>2.96</td>
<td>1.81-4.81</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never (297)</td>
<td>121(65.8%)</td>
<td>176 (85.0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth friendly services</td>
<td></td>
<td></td>
<td></td>
<td>0.3482, 1</td>
<td>1.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Available</td>
<td>133(72.3%)</td>
<td>144(69.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not available</td>
<td>51(27.7%)</td>
<td>63(30.4%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Testing</td>
<td>Tested</td>
<td>125(67.9%)</td>
<td>126(60.9%)</td>
<td>2.116, 1</td>
<td>1.36</td>
<td>0.89- 207</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not tested</td>
<td>59(32.1%)</td>
<td>81(39.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending night club (commonly known as Kalioki)</td>
<td>Ever</td>
<td>88(47.8%)</td>
<td>38(18.4%)</td>
<td>38.73, 1</td>
<td></td>
<td></td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>96(52.2%)</td>
<td>169(81.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.4 Environmental factors influencing sexual practices among secondary school teenagers in Nakaseke district.

Majority of the respondents (56.5%) were in boarding school; 50.1% of the school were government. Most of the respondents (53.7%) were from urban residence. Regarding family structure, half of the responds (49.9%) were from nuclear family and finally, (54.0%) of the respondents lived with both parents.
Table 6: Univariate analysis on the environmental factors of the secondary school teenagers in Nakaseke district.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency (n = 391)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of school</td>
<td>Boarding</td>
<td>221</td>
<td>56.5</td>
</tr>
<tr>
<td></td>
<td>Day</td>
<td>170</td>
<td>43.5</td>
</tr>
<tr>
<td>School setting</td>
<td>Private</td>
<td>195</td>
<td>49.9</td>
</tr>
<tr>
<td></td>
<td>Government</td>
<td>196</td>
<td>50.1</td>
</tr>
<tr>
<td>Residence</td>
<td>Urban</td>
<td>210</td>
<td>53.7</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>181</td>
<td>46.3</td>
</tr>
<tr>
<td>Family structure</td>
<td>Missed</td>
<td>8</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Nuclear</td>
<td>195</td>
<td>49.9</td>
</tr>
<tr>
<td></td>
<td>Extended</td>
<td>188</td>
<td>48.1</td>
</tr>
<tr>
<td>Primary caregiver</td>
<td>Both parents</td>
<td>211</td>
<td>54.0</td>
</tr>
<tr>
<td></td>
<td>Single parent/relatives</td>
<td>180</td>
<td>46.0</td>
</tr>
</tbody>
</table>

4.4.1 Relationship between environmental factors and early sexual practices among secondary school teenagers in Nakaseke district.

As shown in table 6 below, students’ residence ($\chi^2 = 18.52$, p-value of 0.001) and family structure ($\chi^2 = 20.88$, p-value of 0.001) were significantly associated with early sexual practice among secondary school teenagers in Nakaseke district.

Students from urban area were 2.43 times more likely to practice early sex than those from rural setting.

Students who lived with both parents were less likely to practice early sex than those who lived with single parent/relatives. Type of school, ($\chi^2 = 2.047$, p value = 0.15), school setting ($\chi^2 = 2.150$, 1, p value = 0.14) and with whom the student lives with ($\chi^2 = 3.547$, 1, p value = 0.06) did not significantly influence sexual practices among secondary school teenagers.
4.5 Results from qualitative analysis of data collected in focus group discussions.

From the results of the focus group discussion, there were various reasons given that account for early sex practices.

In one of the focus group discussion, one member said, “We want to taste sex and discover what it feels like, “To know why they refuse us to practice it.” Another one said, “Satisfying desires and due to adolescent age we have high desires”, “because of high libido after watching pornography and we don’t know how to behave sexually when we are out of control / on fire”

“We don’t want to be called kataala, (meaning someone who is ignorant) at the time of marriage” There is a saying which they used that “men never like virgins but rather experienced ones” and many phrases were used but it feels a shame for publicity. “For us who stay in rental houses parents behave badly, after hearing what they do, the following day we also want to practice”. For girls they can’t show love without playing sex and it “makes body building in girls”.

To others the cause was due to peer influence. “Due to peer, if so and so has done it how about me”? “Testing man hood”, “lack of self control”

“Freedom to use and availability of condoms and family planning pills, since the girl cannot get pregnant and for the boy, I say since there are condoms why don’t I do?” “You don’t get birth pains during child birth” “Some of our parents are so permissive and they fail to.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Ever played sex Yes (184)</th>
<th>No (207)</th>
<th>χ² df</th>
<th>OR</th>
<th>95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of school</td>
<td>Boarding</td>
<td>97 (52.7%)</td>
<td>124 (59.9%)</td>
<td>2.047, 1</td>
<td>0.75</td>
<td>0.49-1.12</td>
<td>0.153</td>
</tr>
<tr>
<td></td>
<td>Day</td>
<td>87 (47.3%)</td>
<td>83 (40.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School setting</td>
<td>Private</td>
<td>99 (53.8%)</td>
<td>90 (43.5%)</td>
<td>2.150, 1</td>
<td>1.35</td>
<td>0.90-2.01</td>
<td>0.143</td>
</tr>
<tr>
<td></td>
<td>Government</td>
<td>85 (46.2%)</td>
<td>111 (56.5%)</td>
<td></td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td>Urban</td>
<td>120 (65.2%)</td>
<td>90 (43.5%)</td>
<td>18.52, 1</td>
<td>2.44</td>
<td>1.62-3.67</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>64 (34.8%)</td>
<td>117 (56.5%)</td>
<td></td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family structure</td>
<td>Missed</td>
<td>3 (1.6%)</td>
<td>5 (2.4%)</td>
<td>20.88, 2</td>
<td>0.39</td>
<td>0.26-0.59</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Nuclear</td>
<td>70 (38.0%)</td>
<td>125 (60.4%)</td>
<td></td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extended</td>
<td>111 (59.8%)</td>
<td>77 (37.2%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care giver</td>
<td>Both parents</td>
<td>102 (55.4%)</td>
<td>109 (52.7%)</td>
<td>3.547, 1</td>
<td>0.68</td>
<td>0.46-1.02</td>
<td>0.060</td>
</tr>
<tr>
<td></td>
<td>Single parent/relatives</td>
<td>82 (44.6%)</td>
<td>98 (47.3%)</td>
<td></td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Another member said “there is a tendency of some parents to push their children when they see / hear no rumours about them for being in love with anybody. This is common with those parents who gave birth when they were still young”.

Amazingly also, one teenager said boldly that “during adolescence we feel we are higher than even parents, because feel what we do is best no need for reprimand or rebuke”.

On the other hand, they gave many positive outcomes especially with boys. Many members said they “we feel good and proud and even they don’t want to hide it as it stabilises our minds”.

“It is good because we get assistance from girl lovers to copy notes for us, wash for us particularly we who are in boarding schools”.

“Our academic performance increases because you don’t want to get ashamed before your girl friend and even we become smarter”

Others pointed out that “since there are no strict laws and we see girls after child birth they come back to school, we feel it is acceptable”. “Idleness” and many others.

In open ended questions many members wrote words like, “we also want to enjoy because it is very sweet!” “It so interesting”, “takes away stress”, where also many others said, “to practice and get perfect” For girls, “without playing sex can’t show love and it “makes body building in girls” and many other phrases.

Still there were whose who said “it is by heart, one can make a decision of not doing it, if you have religion in your heart you can abstain even when there is peer pressure”.

This calls for every person to get involved in protection of the future generation.
CHAPTER FIVE: DISCUSSION

5.0 Introduction

This chapter gives a description of the study results depending on the objectives, relating the findings to other findings of different scholars.

5.1 Prevalence of sexual activity among secondary school teenagers in Nakaseke district.

In this study, the findings revealed that almost half of the respondents (47%) had ever played sex and 53% had not yet practiced sex. The study showed that 38% of those who had played sex reported to have started playing sex as early as before the age of 13 years. The prevalence of sexual activity for a number of studies conducted in different countries among adolescents revealed various outcomes. According to the UDHS done in 2011, about 14 per cent of young women and 16 per cent of young men had their first sexual encounter before the age of 15 while 57 per cent of young women had their first encounter before the age of 18 (UDHS done in 2011).

The present findings is closely related to a descriptive cross-sectional study in Tanzanian cities which revealed that 40.2% of 550 secondary school students in eight schools had experienced sexual intercourse. Age 13-19 years old, mean age of 16.02 (Madan 2013).

On the contrary, the present findings also if compared to the study by Youth Risk Behaviour Surveillance System (YRBSS) 5.6% adolescents started sex before age 13 in US Data 2013, Uganda is extremely with high prevalence.

In the study carried out in South Africa, Flishera & Aarob, (2012) 50-60% of adolescents sexually active by the age of 16. Another study which was carried out by Guiella and Nyovani (2014) in Burkinafaso reported that 66% of the respondents had first sexual experience between 12 and 14 year of age and if this report made was to start at the age of 12, results would be expected to raise from 47% to nearly 66%.

The present findings however relate with the results from a cross-sectional study conducted in Uganda, Wakiso district, 45.9% had ever had sex and 80.4% had first encounter at 16 years or less (Osingada 2016). This still can be related to the findings from a prospective cohort study by Turyasingura (2008) in Uganda where sexual initiation was reported from 10 -14 years of age and mean age being 13 years.

A report from Mulago National Referral Hospital revealed that 47.2% of the women who died due to complications of abortions were adolescents (MOH, 2015).
In this study, the need to adventure what sex is all about, gaining experience and peer influence were the major influencing factors of early sexual practices among secondary school teenagers in Nakaseke district.

Still, his study compared with that by Osingada, (2016), which was 45.9% and the current study’s figure (47%) is higher and this implies that teenagers are likely to be exposed to the mentioned risky sexual practice and the number of teenagers indulging in early sexual practices will increase to the degree where it may be hard to reverse it.

So this calls for devising new strategies to combat the problem before the very young ones reach the same age of adolescence.

Different researchers gave conclusive tips as highlights that there is need to devise vigorous approaches with the high prevalence of sexual activity among teenagers. Most areas of concern in the studies, they pointed out that effective parental guidance and monitoring, adolescent and youth friendly services to offer support psychologically as well as regulating media coverage have been found a great help in reducing early sexual initiation in teenagers. (Guo & Nathanson, 2011, Di Clement et al., 2016).

5.2 Demographic factors associated with early sexual practice among secondary school teenagers in Nakaseke district.

Sex, religion, class, parent/ guardian formal education and cultural beliefs were significantly associated with early sexual practice.

Much as age was not significantly associated with early sexual practices, it was found that almost half of teenagers from less than 13 to 19 had experienced sexual activity, so for this case we cannot ignore it.

According to this study, the most active age was 15 –16 years. This finding, age was abit different from another cross-sectional study that was conducted in Ethiopia to assess the sexual practices among 357 young people who were selected randomly, age was found to be significantly associated with sexual debuts. Early adolescents 12-14 years were found to have had early sexual debut than other adolescents (Gebregiorgis, 2010). This difference may be in relation to other factors like puberty.

In a study by Turlyasingula (2008), in Uganda, initiation of sexual practice was as early as 10-14 years. Other studies, for example, by Guiella and Nyovani (2014) in BurkinaFaso, 66% were reported to have had sexual initiation between 12 and 14 years.
According to Oluwatoyin et al., (2014) however, the study done in Ghana, Nigeria, BurkinaFaso, Malawi and Uganda showed no significance as related to age and early sexual practice among adolescents. It was a cohort study and this present study is cross-sectional, but results are related.

With sex, male students were more likely to engage in early sex than females. This report is similar to the study done in Ibadan Nigeria where also male adolescents were more likely to have played early sex their female counterparts (Oluwatoyin et al., 2014). This, at the same time it contradicts other studies where reports showed that female teenagers were found to be more active in early sexual practice than males (Kyemmo, 2009, Gebregiorgis, 2010, Agardh et al., 2011) Some factors that could explain this trend could be an increased media influence and its necessity for experimentation so neglecting the male child knowing that many families’ attention is put on girl child for more susceptibility to sexual abuse. For example in our communities, a male child is neglected and do not receive psychosocial support which is misleading male adolescents into increased early sexual practice. Therefore there is a need to put emphasis on male adolescents too not specifically females.

In this study, religion was found to be significantly associated with early sexual practices. Findings showed that Born-again adolescents were less likely to actively play sex than their counterparts. This means that the more one gets devoted in religious matters the more awe he gets for God and fears to commit that sin. This calls for religious leaders to continually teach the youths as their minds can be transformed and they reform hence delaying early sex. Similarly, in the study by Kristin and Richards, (2010) in USA revealed that poor involvement in religious acts influence teens in early sexual practice. The study further revealed that teens who receive and view religion as not important aspect of their lives and are not only likely to attend religious sermons frequently, are more likely to have early sexual practice. Additional to this, secondary teens who are strong religious affiliation are less likely to engage in early sexual practice. Outcomes of a range of studies seem to support the view that teens who are more religious are more likely to delay early sexual practice (Holder, 2011). Similar claims are repeatedly made in the literature that teens from Poor religious backgrounds with little religious beliefs are more likely to experience increased rates of early sexual practice (Fehring 2010). Studies by Costa (2009) support the above studies and add that teen affiliation to religion is protective against early sex behaviour. According to sheeran (2010), religious teachings have an important role in shaping behaviour of an individual in
the formation of teen’s attitudes, values and make proper decisions toward sexual practice as fear to commit fornication.

Also Turbin et al., (2016) said religiosity is a powerful protection against early sexual practice.

Tribal influence was not a strong factor and it was not significantly associated with early sexual practice. Tribe can be in conjunction with cultural practices to produce a clear picture as culture was found to be significant though 2.4% may not have known what their cultural belief yet 13% reported that their culture allowed early sexual practice even if it is not in the actual sense. A few whose culture permitted sex before marriage; it is related to the poor financial status where parents give in their young daughters into marriage hence forcing them into early sexual initiation. For this they feel they are getting out of poverty. According to the study by Swartz, (2012) revealed that tribe had a significant relationship with early sexual practice.

They also reported that some of the tribes which are economically disadvantaged and the poor economic status either directly or indirectly lead into early sexual practice. In some places, gendered cultural norms and inequitable power relations prevail in which women have less control in sexual relationships, so often young girls are forcefully led into early sexual activity. (Nalwadda et al., 2010).

With class, senior 1 and 2 were 1.6 times, senior 3 and 4 were 3.7 times more likely to have had sexual activity than senior 5 and 6. What is found in this study is that the middle classes (S3 –S4) were more likely to have had increased sexual activity than the other extremes. It is quite difficult to explain but it may be due to the fact that these are years where most adventuring is carried out.

In the study by Turyasingura, (2008) in Uganda sexual activity was reported increased with the years of schooling. A qualitative study revealed that, mid-adolescents are much more interested in sexuality than early adolescents. In addition, older adolescents use the internet more for sexting, (Baumgartner, 2013). This may be in line with the present study as those mid age adolescents are around senior three and four.

With parental formal education in relation to early sexual practice in this study showed a higher number of victims especially for parents or guardian whose education was college or university level. This may be due inadequate time they spend with their children. For a few
whose education was of lower grades and the illiterate it may be due to feeling of inadequacy with what best of information they can provide about sexuality. According to studies done in South Africa about early sexual engagement was significantly associated with parental education, Swartz, (2012), and Preston-Whyte,(2010), it is in agreement with the present study. This means if parents are not sensitized about sparing time for their children and also give techniques of approach and what to communicate to their young sons and daughters, early sexual practices will be increasing time and again.

5.3 Social- economic factors associated with early sexual practice

The findings from this study showed that discussion with father about sexual related matters, media, parental/ guardian employment, number of sexual partners, if sex was forceful or willingly, pressure for sex, lack of negotiation skills, alcohol/substance abuse, best friend’s likes and attending night club were all significantly associated with early sexual practice. Fathers’ easiness to discuss important matters with their children has an amazing significance. The study showed that when the teenager could easily discuss with the father, was more likely to play early sex compared to those of whom it is very difficult to discuss with the father. It is quite difficult to explain, as if this causes familiarity with the father, that the teenage has no “fear/respect for the father” even when things go bad. For those who get difficulty to discuss with their fathers, there the gap created causes the teenager to fear doing chaotic habits even when there is pressure .and so less likely to play early sex.

With sexual discussions in some studies, the literature shows that discussions about sex between youths and their parents have been reported to result in increased experimentation with sex; and yet in others, communication between youths and their parents about sexual matters was seen as a contributory factor for the adolescent to avoid risky sexual practice (Nathanson, 2011).

In most of our families and schools, sexual and reproductive health issues among teenagers are considered as secret and undisclosed matters that are not allowed to be discussed in community and even at home with close relatives. In need of transmitting such information to teenagers due to body changes taking place, parents look for someone on behalf of parents who is a relative or selected member of the community to instruct a teenager on all matters concerning sexual and reproductive health including the associated norms. Such a situation has been causing teenagers sometimes get inadequate and wrong information about sex, eventually leading them into early sexual practice in spirit of discovering unknown. Mostly
the teenagers get misleading information from unreliable sources i.e. peer groups, friends at school, magazine and radio.

Study by Ruto (2009) in Uganda evidenced that parents do not give teenage information on sex because it is not considered culturally appropriate; hence they turn to their peers who give them inappropriate and inaccurate advice to start sexual practice at early age in order to get used before marriage.

With school lessons on sexual education, it was none significant but critically, according to all data, majority of the respondents (89%) said that they have had sexual education lessons at their schools and 71.3% of the students reported that lessons of sexual education should be done more. Of those who accessed information from different sources, (53.7%) accessed information from schools. Odds ratio being 0.7 means less likelihood, but in view of the group discussions, it really showed that these students really needed school lessons and it is one of the suggestions they raised to counteract early sexual practice. There may have been a gap either in approach or in strategy. So the information given in schools should be revisited and teachers be re trained. If nothing is done, the sexual trend will continually increase.
These teenagers become sexually active at an early stage due lack of information about sex (Makiwane, 2010) which they also need in schools.

With regards media exposure, the current study revealed that 53.7% accessed media. According to the study in South Africa by Nyasa Chadoka (2014), about 80% accessed it. The higher percentage may be due to the difference in adolescents’ age group which was 16 and 24 years. Media has also been linked to sexuality Parkes et al., (2013), O’Hara et al., 2012).
Several studies also have shown that exposure to several content of T/V programmes, magazines , videos, etc predicts the timing and initiation of sexual behaviors (Brown et al., 2005, Brown and L’Engle,2009, Parkes et al., 2013, Chandra et al., 2008, Strasburger et al., O’Hara et al., 2010, Collins et al., 2004).
More about the current study, from different sources, the most sources of information students accessed about sexual information was school which accounted for 30.6%. This means that either the quality or the quantity of information the school teenagers get need to be revised. Still this same study, it revealed that 71% of the students declared that school lessons should be given more.
A qualitative study, investigating the predictors of sexting across Europe Amsterdam revealed that mid adolescents are much more interested in sexuality than early adolescents. In addition, older adolescents use the internet more and at the same time, their parents may supervise and monitor their use less frequently. They may thus have more opportunities to engage in sexting, Baumgartner, (2013). A study on adolescent risk sexual practice on the internet.

The findings from this study alerts us on the need for strict regulation of pornographic coverage and the need for parents to create time and align their children in a straight path for successful adolescence. Employment status of the parent or the guardian was significantly associated with early sexual practice. Social economic status of the family is highly dependable in sustaining the family needs as well as a source of basic needs for the teenager together with provision of school fees. This is believed to prevent the teenager from getting other secret dependence where she will give in sex. This study revealed that there was a marked difference between the children who belonged to parents with jobs and those without jobs. Very few (11.9%) had no job but only 0.5% of those without jobs did not play sex. Also those students who all time lacked basic needs were most likely to have played sex. This is supported by the study by Preston-Whyte & Zondi (2012) where it showed that the employment status of the parent is associated with early sexual practice among secondary school teenagers.

Peer pressure was one of the key reasons why teenagers got into early sexual practice and majority were pressurised by friends. Now when this was critically analysed, it was found that quite an alarming percentage (89.1%) played sex willingly for their first sexual encounter and only 10.1% reported forceful sexual act. A marked number was girl friends (60.3%) and boy friends (38.6%), for boys and girls respectively, only 1.1% fall in others. It may be partly agreed that other cases are related to poor negotiation skills but still was not forceful sexual activity. This study is in line with Blanc et al., (2016), which found out that many adolescents simply have poor or lack negotiation skills and hence are forced into having unprotected sex. In Neema et al., (2016) study, 31% of girls and 15% of boys reported that they had been forced to have sex. This is contrary with a study which stated that they engaged in sexual practice with much older people of whom they cannot challenge. (Koenig et al, 2014).
Alcohol and substance abuse as an influence of early sexual practice was found still a low prevalence (5.4%) of those who played sex after taking it. The relationship between alcohol and drug abuse could be explained by the inability to take control and decision making as the brain is interfered with. According to Andersson, et al, (2004), cited by (Madan 2013), the use of alcohol and drugs before sex probably causes a reduction in a person’s inhibitions and ability to take protective sex and increases the choices of coercive sex. This is also in line with Stafstrom et al, (2012) and Benson et al (2007) These studies showed alcohol as one of the risk factors for early sexual practice among school adolescents. The most challenging issue is that of those who took alcohol, 55.3% are due to influence of family members. This is seconded by the study which showed children are involved in alcohol consumption with in homes by Macleod & Matheson (2012).In addition, the failure for country’s application of policies about alcohol, all these will jeopardise the teenagers’ lives with resultant risks such as STI’s, unwanted pregnancies, e.t.c. So the policies should be revised not only for adolescent purpose but also adults who are influencers.

With what friends like the study showed that even as peer pressure affect these youth negatively, also one person can influence another positively. Respondents who had friends whose interests were related to educational and extracurricular activities, religious and others who were having more friends of the same interests and so they were less likely to have had early sex. On the other hand, those whose interests were immoral related 2.7 times more likely to play early sex than their counterparts. This is in line with the study that showed that teenagers who resist engaging sexual activity tend to have friends who are abstinent as well (Fraser, 2015).

**5.4 Environmental factors associated with early sexual practice among secondary school teenagers in Nakaseke district.**

In this study, student’s residence and family structure were significantly associated with early sexual practice.

With residence in the current study, it was revealed that teenagers who resided in urban setting were more likely to be sexually active than their counterparts in rural areas. This may be to the increased access of media, recreation, and night club as they can easily escape from home whenever they see what they call “an opportunity”. This study is in line with other researchers such as Guiella et al., (2014) and Gebregiorgis (2010). This means that the more
we allow such environmental factors to overtake the teenagers; all children in urban areas will get indulged in early sexual practice.

The findings showed that the respondents from extended families were 1.6 times more likely to engage in early sex as compared to those from nuclear family. It may probably be due fact that the number in extended family is big and there is difficult in monitoring and guidance as compared to the few in the nuclear family. Another assumption may be because in extended families children usually come from various homes and with different immoral practices prior to joining the new family and thus this decay spread s to other family members. According to the study by Agardh et al., (2011), the two studies are in line with each other showing significant relationship with early sexual practice. So parents / guardians should devise measures, save time to monitor their children.

According to Dawn (2009), the environment that surrounds the teenagers in secondary schools has strong correlation to increased rates of early sex behaviour in East Africa. For example, Dawn reported that there is a strong correlation between teenage involvement in early sex and the school in which the teens live. A teenager who lives in schools with high levels of poor feeding, lack of extracurricular activities and urban situated is at higher risk for teenage early sex behaviours. Teenagers whose mothers or sisters gave birth in their teens are also more likely to become sexually active early during their teenage years.

Primary care giver
Even as this was not significantly associated with early sexual practices, in the current study, it shows that those who grew with both parents were less likely to have early sexual encounter than their counter parts .So there is a call for religious leaders to teach couples the importance of staying together so that our coming generation will be snatched from danger. Teenage Females who grow up without fathers in the home usually end up having early sexual practice (Hinckely, 2008).They subconsciously want to make up for the affection that they didn't receive from their fathers. They become too dependent on men because they want someone who can replace their father.

The more the teenagers are satisfied with the mother–child relationship, the less likely they are to be sexually experienced (Advocates for Youth, 2017). Teenagers who resist engaging in sexual activity tend to have friends who are abstinent as well (Fraser, 2015)
5.5 Study limitation.

The sample drawn from 4 secondary schools and the findings of the study will therefore be valid for that specific context only.

The study was done in only 4 secondary schools, so it be generalised to all students in Nakaseke district and as well to the whole nation.

Due to the sensitivity of the topic, participants would with hold information that could possibly influence the outcome of the study.

Recall bias may not be escaped especially when they were asked the age of first sexual encounter.
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 Introduction
This chapter gives the conclusions of the study findings and recommendations that can be forwarded to control early sexual practice among secondary school teenagers in Nakaseke district.

6.1 Conclusions
The prevalence of early sexual practice among secondary school teenagers in Nakaseke was 47%. 38% of the respondents had their first sexual practices by 13 years.

The demographic factors that influenced early sexual practice significantly were age group, sex, religion, class, parent/ guardian formal education and cultural beliefs. There was no significant relationship of age, tribe, knowing the importance of religion.

As regards the social- economic factors, those that had significant influence were father’s education about sexual matters, different sources of information on sexual issues, parental employment, media access, pressure for sex, peers, lack of negotiation skills), substance use attending night club, and sex for goods were significantly associated with early sexual practice among the respondents. School lessons on sexual education, needs supply and availability of youth friendly services were none significant.

Among the environmental factors, residence, family structure, living with (primary care giver) were significantly associated with early sexual practice where as type of school and school setting did not significantly affect early sexual practices.

So the findings are an indicator to policy makers, general public, health professionals, sexual educators, parents and teachers that they should know of these likely factors relating to early sexual practice among adolescents.
6.2 Recommendations

There are identified gaps that should vigorously be put on more emphasis as at each level everybody is affected either directly or indirectly with the effects of early sexual practice in Uganda.

Parents / guardians should be sensitised about the need to communicate and acquire ways of approach to convey sexual related matters to their children in order to safeguard the adolescents.

Ugandan policies about sexual and reproductive health should be revised and amended for example supplying of condoms and family planning pills even as we know they help in some risky sexual practice but it was seen as one of the factors influencing sexual practice since they are freely availed even where they shouldn’t be.

Media, should also be regulated such that accessibility to pornography is reduced since the study showed that it leads them to loss of sexual control.

Support groups of peers should be trained and develop programs to answer their questions for example how to overcome peer influence, how to manage their bodies during puberty throughout adolescence, the benefits of delayed sex, refusal skills of sex to girls and all other psychological issues.

As results indicated that religion has an impact on one’s behaviours, let church leaders raise again in power organise seminars, conferences and speak boldly about the biblical truth, hence emphasis on “No sex before marriage”.

For an effective work to be implemented, the government of Uganda should send an alarm to other organisations to pattern with us for funding to local departments and the state at large.

Also what is called human rights should be revised and strict laws set without compromising instead of allowing moral decay to the future generation.

Evaluation of validity of implemented programmes should be made at appointed time or else other strategies devised.
More health education and co-curricular activities schools should be encouraged at schools to prevent idleness.

Parents should spend time with their children and provide them with needs.

6.3. Other areas of research

Larger studies exploring the influence of socio-cultural factors on early sexual practices in different settings to broadly and deeply research on individual or psychological part of the teens.
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CONSENT FOR PARTICIPATION IN RESEARCH TITLE OF STUDY: FACTORS INFLUENCING EARLY SEXUAL PRACTICE AMONG SECONDARY SCHOOLS TEENAGERS IN NAKASEKE DISTRICT.

NAME OF INVESTIGATOR: NABAGGALA JANE

ADDRESS AND MOBILE NO: KIWOKO HOSPITAL- P.O. BOX 149, LUWEERO

INTRODUCTION

Dear student,

You have been selected to participate in this study titled “Factors influencing early sexual practice among secondary school teenagers in Nakaseke district.” The purpose of this research is to seek relevant information about the factors influencing early sexual practice the students are exposed to. You are selected for this study because the researcher feels you have the required information for the study to be completed. With the help of the researcher, you will be requested to fill this questionnaire and the exercise will take about 15 minutes.

All information that you will give will be kept private and will be used only for research purposes. The findings of this study will be used to address those issues that will be found important.

Participating in this study is entirely voluntary (not forced). Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled to. You may also choose to withdraw from the study at any time without any penalty given.

If you ever have questions about this study, you should contact Nabaggala Jane on Mobile Number 0773082578.

Do you agree to participate in this study (put a tick) Yes ☐ No ☐

Name & Signature of student................................................... Date.....................
APPENDIX II: RESEARCH QUESTIONNAIRE

Dear respondent,

This questionnaire contains three subsections on demographic, socio-economic and environmental factors that may be associated with early sexual practice among secondary school teenagers in Nakaseke district. You are kindly requested to listen to the questions asked by the interviewer carefully and provide the necessary information by giving an appropriate response. The information collected from you will be used only for the purpose of the study and will be kept confidential.

INSTRUCTION: Tick the most appropriate response or where necessary, write in the spaces provided.

PARTICIPANT ID: ....................

SECTION A: DEMOGRAPHIC INFORMATION

1) Age:

13-14yrs  □  15-16yrs  □  17-18yrs  □  19yrs  □

2. Sex : Female  □  Male  □

3) Religion:
   i. Catholic  □  ii. Protestant  □  iii. Muslim  □
   iv. Born again  □  viii. Others  □

4) Tribe:  Of which tribe are you?  ......................................................

5. Class:  In which class are you?

   Senior one  □  Senior Two  □  Senior Three  □
   Senior Four  □  Senior Five  □  Senior six  □
6. Which level of formal education do your parents have?
(i) Never attended any school
(ii) Primary / Secondary school
(iv) College / University

7. Religious factors

<table>
<thead>
<tr>
<th>How often do you attend religious services?</th>
<th>Every day</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At least once a week</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>At least once a month</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you feel your religion is important? If so how is it important?</th>
<th>Very important</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Important</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Not important</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you tend to fast? If so, how often do you fast?</th>
<th>At least once a week</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At least once a month</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Rarely or not at all</td>
<td>3</td>
</tr>
</tbody>
</table>

8. Cultural beliefs: I belong in culture which allows sex before marriage.
YES NO

SECTION B: SOCIAL- ECONOMIC FACTORS

1) Knowledge about sexual education

(A) Parent/ guardian- interaction/guidance?

<table>
<thead>
<tr>
<th>(a) Do you find it easy or difficult to talk to your father about things you feel important?</th>
<th>Very easy</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Easy</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Difficult</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Very difficult</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>I do not see him</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Have you ever discussed sex related matters with your father? If yes how often?</th>
<th>Often</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Occasionally</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(c) Do you find it easy or difficult to talk to your mother / guardian about things you feel important?</th>
<th>Very easy</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Easy</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Difficult</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Very difficult</td>
<td>4</td>
</tr>
</tbody>
</table>

(B) At your school, are you given lessons on sexual and adolescent health?
YES

NO

(b). How often do you read newspapers and magazines concerning sexual practice?

Never □ At least once a week. □ Almost daily. □

(c). How often do you listen to radio information concerning sexual practice?

Never □ At least once a week. □ Almost daily. □

(d). How often you watch television and or films on issues concerning sexual practice?

Never □ At least once a week. □ Almost daily. □

(e) Where do you mostly obtain information about sex? (You may select more than one option)

Media (Radio □ TV. □ Internet □ School □ Parents □ Church □

2) Support from parent/guardian.

(i) Does your parent/ guardian have a job? Yes □ No □

(ii) If yes what kind of job is he / she doing?.................................

(iii) Is he / she self employed Yes □ No □

(iv) I always get everything i need in life e.g. books, pocket money and school fees. □

(v) I sometimes lack things to use e.g. books, pocket money and school fees. □

(vi) I always lack things to use e.g. books, pocket money and school fees. □

(3) Sexual engagement

(b). Have you ever engaged in sex (played sex)? Yes □ No □

(c). At what age did you start playing sex?

Below 9years □ 9 -12 year s □ 13-15 years □ 15 -17 year □ 18-19 □

(d).With whom did you start sex? A boy friend □ a girl friend □

Other, specify .................

(e). How many boy / girl friends have you had?.............................

(4) Peers

(f) The first time you had sex, was it by force or willingly? force □ willingly □

(g) (Have you ever been pressurized into early sex?) YES □ NO □

If yes, by who?

Brother □ sister □ Relative □ friend □
(5) Lack of negotiation skills
Did you negotiate with the partner about the effects of playing sex? Or you were not given chance? Yes □ No □

(6) Alcohol/ substance abuse
(i) Have ever taken alcohol or any other substance? Yes □ No □
(ii) From whom did you learn taking alcohol?.................................
(iii) Do you tend to play sex when you take alcohol? Yes □ No □

(7) Do you have youth friendly services e.g. checking blood for HIV AIDS, sex education?
Yes □ No □

Have you ever tested for HIV? Yes □ No □

(h) What are the things that two of your best friends most like?
......................................................................................................................................................
......................................................................................................................................................

(i) Have you ever gone to a night club (commonly called karioki) Yes □ No □

(j) Who gave you courage to go there?..............................................

(k) What would you be satisfied with? First encounter with sex □ Virginity □

(l) Have you ever had sex for exchange of money or other things? Yes □ No □

SECTION C: ENVIRONMENTAL FACTORS THAT INFLUENCE EARLY SEXUAL PRACTICE
1. What type of schooling are you attending to? Day □ Boarding □

2. Of which setting is your school? Private □ Government □

3. Where is your area of residence?
   Urban /Town □ Rural □

4. Family structure: Nuclear □ Extended □

5. State whom are you living with: (primary caregiver)
   i. Living with both parents □
ii. Separated/divorced – living with a mother
iii. Separated/divorced – living with a father
iv. Separated/divorced – living with a grand parent
v. Died – living with a relative
vi. Living with friends

7. Give two reasons why teenagers engage in early sex.

i. ............................................................................................................
ii. ............................................................................................................

Thank you for your cooperation, God Bless You
APPENDIX III: INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSION

1. What do you understand by the term early sexual practice?
2. What do you think are the causes of early sexual practice?
3. Is there any effect on the teen’s life and academic performance?

>>>>>> Thank you for your cooperation>>>>>>
Dear Sir/Madam,
RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

This is to introduce to you Nabaggala Jane, Reg. No. 2013-BNS-TU-003 who is a student of our University. As part of the requirements for the award of a Bachelors degree in Nursing of our University, the student is required to carry out research in partial fulfillment of her award.

Her topic of research is: Factors Influencing the Early Sexual Behavior Among Secondary School Teenagers in Nakaseke District.

This therefore is to kindly request you to render the student assistance as may be necessary for her research.

I, and indeed the entire University are grateful in advance for all assistance that will be accorded to our student.

Sincerely Yours,

Ms. Agwange Agnes
Dean; School of Nursing

The International Health Sciences University
P.O. Box 7782 Kampala – Uganda
(+256) 0312 307400 email: agwange@ihsu.ac.ug
web: www.ihsu.ac.ug
APPENDIX V: CORRESPONDENCE LETTERS

NAKASEKE INTERNATIONAL COLLEGE
LOCATED 8 miles along Wobulenzi – Nakaseke Road
P. O. Box 1057, Nakaseke – Wobulenzi
Tel: 0702377300 / 0772400504 Email: nakcollege@yahoo.com

Our Ref: ......................
Your ref: ......................

THE DEAN
SCHOOL OF NURSING
IHSU
KAMPALA

DEAR SIR/ MADAM

RE: NABAGGALA JANE REG NO. 2014-BNS-TU-003

This is to confirm that the above mentioned person, who is a student of your university, was accepted to carry out research in our institution. This is the acceptance letter.
Her topic of research is: FACTORS INFLUENCING EARLY SEXUAL BEHAVIOURS AMONG SECONDARY SCHOOL TEENAGERS IN NAKASEKE DISTRICT.
We hope that we shall render to her the necessary assistance for her research.
Looking forward to further cooperation.

Yours faithfully

MR. JIUUKO WILLIAM
HEAD TEACHER
0782668147/ 0700257278

NICO- “Enroll for a Purpose”
THE DEAN

INTERNATIONAL HEALTH SCIENCE UNIVERSITY

Dear Sir,

RE: ASSISTANCE FOR RESEARCH

I am in receipt of your letter referenced above introducing NABAGGALA JANE Reg No. 2014 –BNS-TU-003.

I write to inform you of our acceptance of your request to allow her conduct her research from this school as stated.

I look forward to further co-operation.

Sewugwi Thomas Lwanga

Head teacher

“EDUCATION FOR NATIONAL DEVELOPMENT”
STANDARD CHRISTIAN HIGH SCHOOL KIWOKO
P.O BOX 1440, NAKASEKE
TEL: 0773-138723/ 0782-883033
“WE STRUGGLE FOR PROGRESS”

Our Ref: ............
Your Ref: ............

DATE: 10/04/2017

RE: PERMISSION LETTER.

This is to inform Ms. Nabaggala Jane, Reg No. 2014-BNS-TU-003 that you have been granted the permission to carry out your academic research in the above named school this week starting from 11th/04/2017 – 14th/04/2017.

Yours faithfully;

WAISWA GODFREY
HEAD TEACHER