

Sexual Risk Behaviours and Practices among Adolescents in an Urban Community

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ABSTRACT

High-risk sexual behaviours and practices among adolescents, including for example, multiple partners and lack of contraceptive use, are of concern. This study is aimed at determining the sexual risk behaviours among adolescents and their sexual practices. The descriptive research design utilizing the quantitative technique was used. This study was conducted in 4 secondary schools in an urban community of Northern Mindanao. A total of 675 fourth year high school students were randomly chosen as the respondents. A standardized questionnaire by Buseh (2011) was used in the gathering of data. Only Part VII of the questionnaire was used in the study which has 9 questions. The frequency counts and percentage distribution to determine the sexual behaviours and practices among the high school students were used in the analysis of data. The results of the study revealed that all of the adolescents who have experienced sexual intercourse were between the ages 11 to 16, that during their first sexual intercourse experience majority of the adolescents were forced to engage in it, many of the adolescents have experienced sexual intercourse with 2 persons during his or her entire life, about the adolescents' sexual intercourse experience during the past three months, a lot had it with one person only, most of the adolescents who have already experienced sexual intercourse claimed they did not drink alcohol or use any form of drugs before they had sexual intercourse, majority of the adolescents who have experienced sexual intercourse and his or her partner, did not use a latex condom, and most of the adolescents who have experienced sexual intercourse have gotten someone pregnant or have been pregnant once. In conclusion, the middle adolescent age are already engaged in sexual intercourse without the use of a latex condom as a preventive measure from any sexually transmitted disease particularly the deadly disease, the HIV/ AIDS or as protection from unintended pregnancy. This unsafe sexual behaviours and practices of the adolescents and their distinct upsurge of

sexual feelings have increased their vulnerability to acquire various health problems.

Keywords: Adolescents, sexual risk behaviors and practices, urban community

INTRODUCTION

Adolescence is the period between 10 to 19 years (WHO, 2013), a time that serves as a transition between childhood and adulthood and a period of rapid physical, cognitive, social and emotional maturing as the boy prepares for manhood and the girls prepares for womanhood (Wong, 2009). The drastic change in physical appearance and the change in expectations of others especially the parents that occur during the period may lead to both emotional and physical health problems (Pillitteri, 2010). Additionally, adolescents invariably feel a sense of pressure throughout this period because they are mature in some respects but still young in others. For example, an adolescent's sexual interests are awakening, yet personal or parental pressures discourage sexual exploration. This duality causes a major dilemma for an adolescent, leading to many of the growth and developmental concerns of the age (Pillitteri, 2010). King-Jones (2008) states that developmentally, younger adolescents are not yet able to foresee the consequences of their actions. As a result, they may have a sense of invariability that leads to the mistaken idea that harm will not befall them. This sense of invariability may also result in an overly optimistic view of the risks associated with their actions (Ladewig, 2010). Moreover, according to Weinstock, Berman, and Cates (2004), high-risk sexual behaviours among adolescents, including for example, multiple partners and lack of contraceptive use, are of concern. Research indicates that young people ages 15 to 24 comprise 25 % of the sexually experienced population in the United States; however, they account for 48% of the new cases of sexually transmitted infections (STIs). This is particularly worrisome because many STIs, including HIV, are asymptomatic. Thus apparently healthy young people who are infected may not have a reason to seek health care.

It is apparent that sexual activity, which includes sexual intercourse, is common among adolescents, and many of the unsafe behaviours that they engage in put them at risk for contracting Sexually Transmitted Infections and experiencing unwanted pregnancy.

According to Hall (2004), the majority of older adolescents in North America are sexually active, yet many do not take proper precautions to avoid pregnancy or the spread of sexually transmitted infections. He added that adolescents, like adults, may be prone to engaging in unsafe and risky sexual behaviour due to perceptions of personal invulnerability and their tendency to focus on the immediate, rather than

long-term, consequences of their behaviour.

Moreover, Hall (2004) stated that risky sexual behaviour can be defined in a number of ways. The most obvious way is according to the behaviour itself: unprotected vaginal, oral, or anal intercourse. Risky sexual behaviour can also take several forms, ranging from a large number of sexual partners, or engaging in risky sexual activities, to sexual intercourse under the influence of substances such as alcohol or cocaine.

The study of de Jose (2013) also stated that 80% of the adolescents who have experienced sexual intercourse have reported that they did not use or does not like using condom, which puts them into high risk of unplanned pregnancy and exposure to STIs or HIV. Moreover, this scenario is true as reported by UNICEF in 2013 that Filipinos who engage in risky behaviour, such as those who perform unprotected sex with multiple partners are most at-risk, and they are mostly adolescents and young adults. Additionally, in the 2013 Young Adult Fertility and Sexuality (YAFS) Survey, the data also revealed that there is a heightened, bolder and wide range of sexual behaviour among the young Filipinos. It was found out that two (2) out of five (5) Filipino youths have sexual experience already which is 39.4% of the general youth Filipino population, in which 40.6% of them are females and 38.2% are males. The survey also revealed that most (77.9%) sexual activities of the Filipino youths are unprotected against the risk of sexually transmitted infections (STIs) (Marquez, 2014 Retrieved from www.drdf.org.ph). In the same survey of Young Adult Fertility and Sexuality (YAFS) 2013, similar data were shown on the sexual experience of the youth in Region X. It showed that two (2) in five (5) youth already have sexual experience which is specifically 38.2% of the general youth population in the region (n.d.). Retrieved from [www.drdf.org.ph /Publication-RPO/POPCOM, Region X.pdf](http://www.drdf.org.ph/Publication-RPO/POPCOM,RegionX.pdf)). This alarming situation implies a predictable sight of adolescents' health five to ten years from now. The current situation calls for a significant joint endeavour for all of us. Thus, the risky sexual behaviours and practices of our young people has opened the researcher's interest to engage in this academic endeavour and the result of the study may lead to actively promote and enhance possible ways of prevention and control from risky sexual behaviours of adolescents in the urban secondary schools of Northern Mindanao.

THEORETICAL FRAMEWORK

The study was anchored on the Problem Behaviour Theory (PBT) developed by Jessor, 1987a, 1991, 1998; Jessor & Jessor, 1977. In the theory, Jessor recognized that youth was a segment of the lifespan in which change is the predominant characteristic,

and that rapid change is not unusual. He also recognized the need for a far-reaching understanding of young people and of youthful development (Jessor & Jessor, 1977).

PBT is a broad-band and widely used theory to explain dysfunction and maladaptation in adolescence. The fundamental premise of PBT, developed initially from Merton's (1957) concept of anomie and Rotter's (1954) social learning theory, is that all behaviour emerges out of the structure and interaction of three systems: perceived-environment system, personality system and behaviour system.

Problem behaviour is defined as behaviour that departs from norms—both social and legal—of the larger society; it is behaviour that is socially disapproved of by institutions of authority and tends to elicit some form of social control response, whether mild reproof, social rejection or even incarceration (Jessor, Chase & Donovan, 1980). It is important to note that what is defined as problem behaviour for young adolescents may not be considered as such for a senior in college or an adult, and that problem behaviours may be culturally and historically specific (2013, September 1. Retrieved from [www.schools-for-all.org/page/Problem Behaviour Theory and Schools](http://www.schools-for-all.org/page/Problem%20Behaviour%20Theory%20and%20Schools) (EE).

This study specifically considered the behaviour system of the theory. The behaviour system includes both problem and conventional behaviour structures. Problem behaviour is defined as behaviour that departs from the social and legal norms of society and causes social-control responses from external sources. Underage drinking, risky and impaired driving, violating the rights of others, irresponsible sexual activity, abuse of illicit drugs, gang affiliation, and the panoply of criminal acts are seen as problem behaviours. Conventional behaviours are those that are socially and normatively expected and accepted. Problem behaviour proneness in the behaviour system includes high involvement in other problem behaviours and low involvement in conventional behaviours (n.d.). Retrieved from www.sagepub.com/upm-data/50440_ch_1.pdf).

OBJECTIVES OF THE STUDY

The study aimed to determine the sexual risk behaviours and sexual practices among adolescents.

METHODOLOGY

Research Design

The research design used was the descriptive research method applying the quantitative technique to obtain the sexual risk behaviours and practices among

the adolescents of the four secondary schools of an urban community in Northern Mindanao. A descriptive research design describes the nature of the phenomenon under investigation after a survey of current trends, practices and conditions that relate to that phenomenon (Tan, 2011).

Research Instrument

The research instrument utilized in the study was the questionnaire used by Dr. Aaron G. Buseh of the University of Wisconsin-Milwaukee in his study conducted in May 2001. This questionnaire was chosen as the instrument of this study because this was a modified version of the World Health Organization's Knowledge, Attitudes, Beliefs, and Practice (KABP) survey instrument for assessing HIV/AIDS risk behavior among adolescents. Only Part VII of the questionnaire was used in the study which has 9 questions. However, to establish culture-free standards of the questionnaires, some items were modified such that it will suit Philippine background. Moreover, the research questionnaire was subjected for scale reliability test. It has earned a Cronbach Alpha or an Alpha coefficient of reliability of .7599 which means that the questionnaire is acceptable or reliable. This was conducted on the twenty (20) students from the same schools. These students were not included in the final conduct of the study.

Research Setting

The study was conducted in four Secondary Schools of an urban community of Northern Mindanao. Two of the schools were chosen from the public schools and the other two were chosen from the private schools. Three of these 4 secondary schools are non-sectarian institutions and only one is a sectarian school.

Respondents of the Study

The respondents of the study comprised of 675 high school students from the four secondary schools in an urban community of Northern Mindanao. The Sloven formula was used in the sampling procedure. The simple random sampling was finally employed utilizing the lottery method so that each student had an equal chance or probability of being chosen as respondents of the study.

Sampling Procedure

The total respondents from each school were drawn through simple random sampling technique. It is a sampling process in which every member of the available population has an equal probability of being selected for the sample (Houser, 2008).

Table 1. Total Sample Size

Name of School	Total Population	Sample Size
Public School A in CDO	492	221
Public School B in CDO	400	200
Private School A in CDO	119	92
Private School B in CDO	272	162
Total		675

The lottery method of the simple random sampling was utilized to determine the respondents of the study. In this method all the qualified adolescents of the population was numbered on separate slips of paper of same size, shape and color. They were folded and mixed up in a box or a container. A blindfold selection was made. The required numbers of slips were selected for the desired sample size. The selection of adolescents thus depends on chance.

Data Gathering Procedure

A formal letter was sent to the principals of the selected 4 secondary schools in an urban community of Northern Mindanao asking permission to conduct the study. The questionnaires were administered to the adolescents with specific instructions on how to complete the survey and how to ensure the confidentiality of the students. The survey was conducted during regular school hours. Students were asked for their voluntary participation and were instructed not to write their names on the questionnaire to ensure anonymity and confidentiality. They were seated far apart and asked not to communicate with each other during administration of the questionnaire so as to encourage honest responses. The questionnaires were immediately collected after they have filled out their answers.

The rights and privacy of the respondents were protected. Proper research ethics was applied through an informed consent from principals and the respondents themselves.

RESULTS AND DISCUSSION

The study is aimed at determining the sexual risk behaviours and sexual practices among adolescents. As shown in the data, the majority (577 or 85.48%) of the adolescents have not experienced sexual intercourse and a few (98 or 14.52%) have experienced sexual intercourse. From the adolescents who have already experienced sexual intercourse, the majority (34) had it for the first time when they were sixteen (16) years old, twenty-eight (28) had it at fifteen (15) years old, twenty-three (23)

at eleven (11) years old, seven (7) at twelve (12) years old and a few (6) of them had it for the first time when they were still fourteen (14) years old. It also revealed that most (72) were forced to engage in sexual intercourse during their first experience and the least (26) had it for the first time voluntarily.

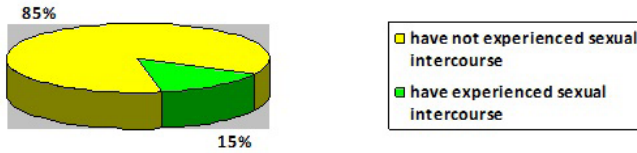


Figure 1. Percentage Distribution of Adolescents' Sexual Intercourse Experience

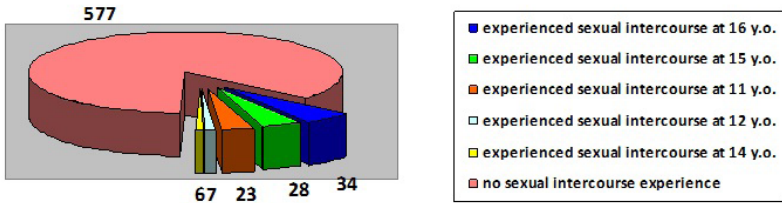


Figure 2. Frequency Distribution of Adolescents' Age When Sexual Intercourse Was First Experienced

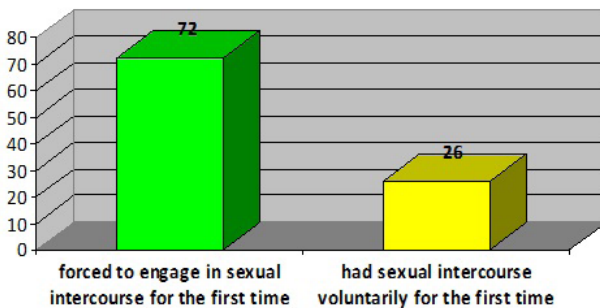


Figure 3. Frequency Distribution of Adolescents Who Were Forced and Voluntarily Have Sexual Intercourse During Their First Experience

Out of the ninety-eight (98) adolescents who have already experienced sexual intercourse, many (54) have experienced sexual intercourse with two (2) persons during his or her entire life, thirty-seven (37) with only one (1) person, three (3) with six or more persons and two (2) with both three and five persons. When asked about their sexual intercourse experience during the past three months, many (45) had it with one (1) person only, thirty-seven (37) with two persons, twelve (12) with six or more persons, and four (4) with three persons.

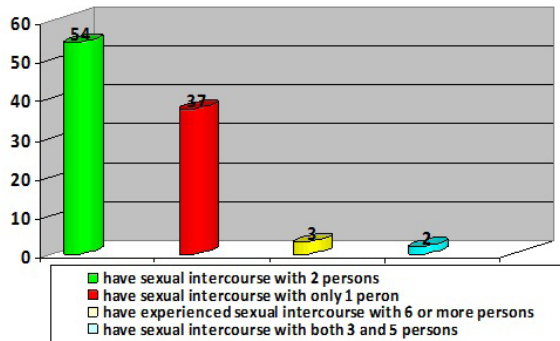


Figure 4. Frequency Distribution of Adolescents' Number of Persons Having Sexual Intercourse With During their First Experience

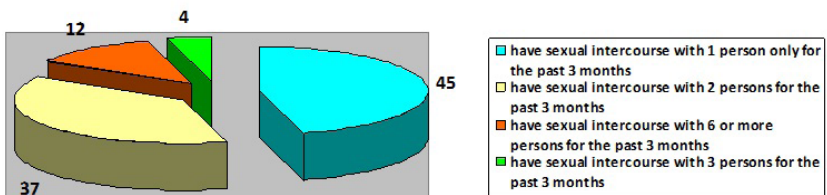


Figure 5. Frequency Distribution of Adolescents' Number of Persons Having Sexual Intercourse With For the Past 3 Months

The data also revealed that most (53) of the adolescents who have already experienced sexual intercourse claimed they did not drink alcohol or use any form of drugs before they had sexual intercourse and forty-five (45) of the adolescents claimed they have used alcohol and drugs before they had sexual intercourse.

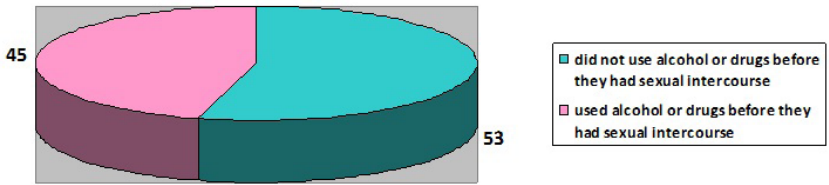


Figure 6. Frequency Distribution of Adolescents' Use of Alcohol or Drugs Before Having Sexual Intercourse

With regards to protection from acquiring sexually transmitted diseases including HIV/AIDS, majority (78) of the adolescents who have experienced sexual intercourse and his or her partner, did not use a latex condom and few (20) claimed they used a latex condom while having sexual intercourse. As to the method that prevents pregnancy during sexual intercourse used by the adolescent or his or her partner, twenty-nine (29) claimed they did not use any method, twenty (20) have used condom, seventeen (17) have used birth control pills, sixteen (16) have used depo provera which is an injectable drug and ten (10) claimed they have used withdrawal method.

In terms of whether the adolescent who have experienced sexual intercourse have gotten someone pregnant or have been pregnant, thirty-two (32) claimed only once and twenty-nine (29) claimed twice or more times.

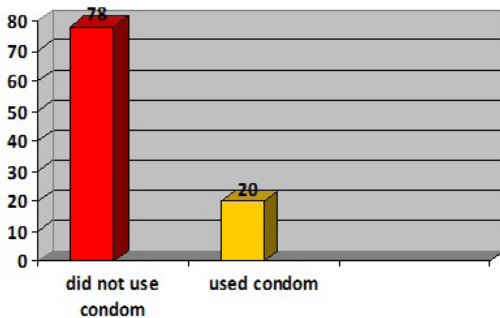


Figure 7. Frequency Distribution of Adolescents' Use of Condom When Having Sexual Intercourse

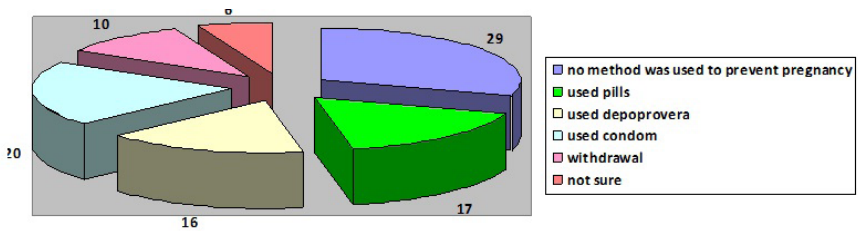


Figure 8. Frequency Distribution of Adolescents' Use of Method to Prevent Pregnancy

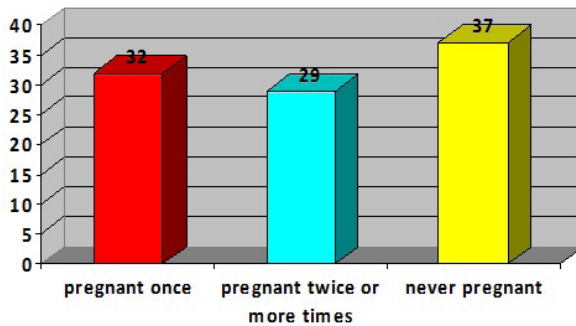


Figure 9. Frequency Distribution of Adolescents' Experience of Getting Pregnant After Having Sexual Intercourse

In the overall results, most of the adolescents who have experienced sexual intercourse were between the ages 11 to 16, that during their first sexual intercourse experience majority of the adolescents were forced to engage in it, many of the adolescents have experienced sexual intercourse with two (2) persons during his or her entire life, about the adolescents' sexual intercourse experience during the past three months, a lot had it with one (1) person only, most of the adolescents who have already experienced sexual intercourse claimed they did not drink alcohol or use any form of drugs before they had sexual intercourse, majority of the adolescents who have experienced sexual intercourse and his or her partner, did not use a latex condom, and most of the adolescents who have experienced sexual intercourse have gotten someone pregnant or have been pregnant once.

The results of the study imply that as young as the adolescence period, most young Filipino individuals are already engaging in unprotected sexual intercourse. They did not use any form of protection against any possible health problems. This risky sexual

behaviour and sexual practices of the young people has placed them at an increased vulnerability to sexually transmitted diseases including HIV/AIDS. The same result came out in the study of de Jose (2013) that 80% of the adolescents who have experienced sexual intercourse have reported that they did not use or does not like using condom, which puts them into high risk of unplanned pregnancy and exposure to STIs or HIV. Moreover, this scenario is true as reported by UNICEF in 2013 that Filipinos who engage in risky behaviour, such as those who perform unprotected sex with multiple partners are most at-risk, and they are mostly adolescents and young adults. Another report will support these findings that in the recent surveillance report of the Department of Health of Region X (2013) recorded a total of 129 reported cases of HIV/AIDS from 1991 to present from the five provinces namely, Bukidnon, Camiguin, Lanao del Norte, Misamis Occidental and Misamis Oriental. The recorded data of DOH shows that Misamis Oriental has the highest incidence and prevalence rate (79 or 61.24%) of HIV/AIDS reported cases. The data indeed are hard facts that the adolescents in the nearby surrounding communities are already exposed to this kind of risky sexual practices. This data is alarming.

Furthermore, the risky sexual behaviour and sexual practices of the adolescents reveal that they do not know much about HIV/AIDS including its mode of transmission, preventive actions and course of the disease.

Moreover, King-Jones (2008) states that developmentally, younger adolescents are not yet able to foresee the consequences of their actions. As a result, they may have a sense of invariability that leads to the mistaken idea that harm will not befall them. This sense of invariability may also result in an overly optimistic view of the risks associated with their actions (Ladewig, et. al., 2010). Additionally, according to Weinstock, Berman, and Cates (2004), high-risk sexual behaviours among adolescents, including for example, multiple partners and lack of contraceptive use, are of concern.

In the Philippines National Demographic and Health Survey 2013 conducted by the Philippine Statistics Authority, it was revealed that among women ages 25-49, the percentage having their first sexual intercourse increases sharply from age 15 to age 18. In fact, the percentage who had their first sexual intercourse by age 20 is almost double that found at age 18. This pattern persists across all age groups (2014, August. Retrieved from <https://dhsprogram.com/pubs/pdf/FR294/FR294.pdf>)

Despite years of proper dissemination and information drive on the threats of the different sexually transmitted infections and unplanned pregnancy from unprotected sex, majority of today's young people had their first premarital sex experience without the use of condom or any other form of contraception to protect from pregnancy or sexually-transmitted disease. This is supported in another survey which is the 2013

Young Adult Fertility Study (YAFS 4) conducted by the Demographic Research and Development Foundation and the University of the Philippines Population Institute which shows that 32 percent of young Filipinos between the ages 15 to 24 have had sex before marriage. Of these, 78 percent reported that their first sexual encounter was unprotected: 84 percent among young women and 73 percent among young men. Furthermore, the same study also found that 7.3 percent have engaged in casual sex while 3.5 percent have had regular sex without emotional attachment. According to Marquez, one of the authors of the study, that what we see here is not only the increasing level of premarital sexual engagement of young people, but that it has also evolved into other forms of sexual activities. The more worrisome though is the fact that most of these activities go unprotected (2014, February 6, retrieved from <http://www.drdf.org.ph/yafs4/pressrelease/02-06-2014/04>).

CONCLUSIONS

The middle adolescent age are already engaged in sexual intercourse without the use of a latex condom as a preventive measure from any sexually transmitted disease particularly the deadly disease, the HIV/ AIDS or as protection from unintended pregnancy. This unsafe sexual behaviours and practices of the adolescents and their distinct upsurge of sexual feelings have increased their vulnerability to acquire various health problems.

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