

Sigma's 30th International Nursing Research Congress

Predictors of Multiple Sexual Partners Among Youth Aged 15 to 24 in Gambia

Ismaila Sonko, MSN

College of Nursing, Taipei Medical University, Taipei, Taiwan

Purpose: This study aimed to assess factors that predict multiple sexual partnerships (MSPs) and its prevalence among youths aged 15–24 years in The Gambia.

Design: A secondary data derived from The Gambia Demographic and Health Survey 2013 (DHS) was analyzed.

Methods: A secondary data derived from The Gambia Demographic and Health Survey (DHS) 2013 was used to analyze the data. A total sample of 1,709 of whom, 1410 were males aged 15 – 24 years. Stratified sampling technique was used in the original survey, 281 enumeration areas (EAs) and 25 households in every EAs. Males and females aged 15 to 24, who had MSPs or not, and only 2013 Gambia DHS data were included in this study. Permission granted by the Service Provision Assessment (SPA) data from the DHS Program. The Chi-square test and logistic regression were performed to analysis the data and SAS version 9.4 was used for analysis.

Results: Having MSPs was significant among females (17.39%), youth with secondary or high educational level (14.26%), who were from the richest households (15.11%), lived in urban areas (13.14%), Kanifing region (19.64%), being a Jola/Karoninka tribe (33.65%) and from the Christian religion (60.0%). The multivariate logistic regression shows that the prevalence of MSP was most likely high among youth who had ever been tested for HIV (AOR =2.56). Compared to females, males were 58% less likely to report MSP (AOR =0.42) and youth with no education were 72% less likely to report MSP. Overall, those whose religion were Islam (AOR =0.12) were 88% less likely to have MSP while 89% of youth that do not use condom during last sex (AOR =0.11) were less likely to have MSPs.

Conclusion: Having MSPs was predicted to increase the risk of STIs among youth. The need to strengthen continuing health education programs on predictors of MSPs is paramount.

Title:

Predictors of Multiple Sexual Partners Among Youth Aged 15 to 24 in Gambia

Keywords:

Multiple sexual partners, Sexually transmitted infections and Youth

References:

Appunni, S. S., & Ningpuanyeh, W. C. (2015). Associated risk factors of STIs and multiple sexual relationships among youths in Malawi.

Ariza-Mejia, M., Garcia-Garcia, T., Puerta-Lopez, B., Menendez-Prieto, M., Vera-Garcia, P., Clavo-Escribano, J., . . . Romero-Guerrero, J. d. J. J. A. C. R. (2013). Risk factors of HIV co-infection and sexual behaviours in patients with gonococcal infection in a STI's clinic in Madrid. *4*(240), 2.

Berhan, Y., Berhan, A. J. A. r., & treatment. (2015). A meta-analysis of risky sexual behaviour among male youth in developing countries. *2015*.

Carlos, S., Lopez-del Burgo, C., Burgueño, E., Martínez-González, M. Á., Osorio, A., Ndarabu, A., . . . de Irala, J. J. A. c. (2017). Male condom use, multiple sexual partners and HIV: a prospective case-control study in Kinshasa (DRC). *29*(6), 772-781.

Do, M., & Meekers, D. (2008). *Multiple sex partners and perceived risk of HIV infection in Zambia: attitudinal determinants and their gender differences*. Paper presented at the annual meeting of the population association of America, New Orleans.

Doyle, A. M., Mavedzenge, S. N., Plummer, M. L., Ross, D. A. J. T. M., & Health, I. (2012). The sexual behaviour of adolescents in sub-Saharan Africa: patterns and trends from national surveys. *17*(7), 796-807.

Durbin, M., DiClemente, R. J., Siegel, D., Krasnovsky, F., Lazarus, N., & Camacho, T. J. J. o. A. H. (1993). Factors associated with multiple sex partners among junior high school students. *14*(3), 202-207.

Ginindza, T. G., Stefan, C. D., Tsoka-Gwegweni, J. M., Dlamini, X., Jolly, P. E., Weiderpass, E., . . . cancer. (2017). Prevalence and risk factors associated with sexually transmitted infections (STIs) among women of reproductive age in Swaziland. *12*(1), 29.

Iwu, A. C., Chineke, H. N., Diwe, K. C., Duru, C. B., Uwakwe, K. A., Azuike, E. C., . . . Ohale, I. J. W. J. o. A. (2017). Knowledge, Attitude and the Prevalence of HIV Counselling and Testing among Secondary In-School Adolescents in Orlu Local Government Area, Imo State, Nigeria. *7*(02), 77.

Kalichman, S. C., Ntseane, D., Nthomang, K., Segwabe, M., Phorano, O., & Simbayi, L. C. J. S. t. i. (2007). Recent multiple sexual partners and HIV transmission risks among people living with HIV/AIDS in Botswana. *83*(5), 371-375.

Kongnyuy, E. J., Wiysonge, C. S., Mbu, R. E., Nana, P., Kouam, L. J. B. i. h., & rights, h. (2006). Wealth and sexual behaviour among men in Cameroon. *6*(1), 11.

Mathur, S., Wei, Y., Zhong, X., Song, X., Nalugoda, F., Lutalo, T., . . . Santelli, J. S. J. J. o. a. i. d. s. (2015). Partner characteristics associated with HIV acquisition among youth in Rakai, Uganda. *69*(1), 75.

Minet, T., Eyasu, H., Simon, A., Afewerki, W., Henok, K., & Russom, T. J. J. A. C. R. (2016). Associates of Comprehensive HIV/AIDS Knowledge and Acceptance Attitude among Male Youth Aged 15-24: Comparison Study among Ivory Coast, Cameroon and Gabon. *7*(618), 2.

Ningpuanyeh, W. C., Susuman, A. S. J. J. o. A., & studies, A. (2016). Sexual activity of the youth population in Malawi: the emerging health care scenario. *51*(4), 433-444.

Odimegwu, C., & Somefun, O. D. J. R. h. (2017). Ethnicity, gender and risky sexual behaviour among Nigerian youth: An alternative explanation. *14*(1), 16.

Sathiyasusuman, A. J. P. o. (2015). Associated risk factors of STIs and multiple sexual relationships among youths in Malawi. *10*(8), e0134286.

Satterwhite, C. L., Torrone, E., Meites, E., Dunne, E. F., Mahajan, R., Ocfemia, M. C. B., . . . Weinstock, H. J. S. t. d. (2013). Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *40*(3), 187-193.

Solomon, M., Smith, M., Del Rio, C. J. I. j. o. S., & AIDS. (2008). Low educational level: a risk factor for sexually transmitted infections among commercial sex workers in Quito, Ecuador. *19*(4), 264-267.

Tarkang, E. E. (2009). *Knowledge, attitudes and perception regarding HIV/AIDS and sexual behaviours among senior secondary school learners in kumba, Cameroon.*

The Gambia Bureau of Statistics - GBOS, & ICF International. (2014). *The Gambia Demographic and Health Survey 2013*. Retrieved from Banjul, The Gambia: <http://dhsprogram.com/pubs/pdf/FR289/FR289.pdf>

UNAIDS, P. J. L., Peru: UNAIDS. (2009). HIV and AIDS estimates.

Uthman, O. A., Kongnyuy, E. J. J. B. I. H., & Rights, H. (2008). A multilevel analysis of effect of neighbourhood and individual wealth status on sexual behaviour among women: evidence from Nigeria 2003 Demographic and Health Survey. *8*(1), 9.

Vasilenko, S. A., & Lanza, S. T. J. J. o. A. H. (2014). Predictors of multiple sexual partners from adolescence through young adulthood. *55*(4), 491-497.

WHO 2017, <http://www.who.int/westernpacific/health-topics/sexually-transmitted-infections>

Abstract Summary:

In order to mitigate the spread of sexually transmitted infections (STIs) and HIV/AIDS that affects many young men and women especially among countries in Sub-Saharan Africa, having multiple sexual partners (MSPs) is one of the key factors that has been predicted to contribute to it's spread.

Content Outline:

Introduction

Sexually transmitted infections (STIs) continues to be a major global concern.

World wide, over 1 million STIs are acquired every day, an estimated 357 million new infections.

STIs as part of the widespread infectious diseases have caused a great socioeconomic burden on families and communities and global leading cause of morbidity and mortality.

Despite the decline in some areas, STIs including HIV continue to seek public health attentions where, countries in Sub-Saharan Africa (SSA) carries the major burden.

The epidemic of sexually transmitted infections including HIV has not been uncommon in most countries in Sub-Saharan Africa including The Gambia.

Having multiple sexual partners (MSPs) risks sexually transmitted infections especially among adolescence and youth. It has been estimated that 110 million prevalent STIs were registered of which,

20% of infections (22.1 million) occurred among women and men aged 15 to 24 years. Further, in 2013, nearly 50% (9.7 million) of the estimated 19.7 million total incident infections occurred among women and men aged 15 to 24 years, indicating that STIs are disproportionately acquired by adolescents and young adults as vulnerable groups.

Body

Purpose

This study aimed to assess factors that predict multiple sexual partnerships (MSPs) and its prevalence among youths aged 15–24 years in The Gambia.

Methods

A secondary data derived from The Gambia Demographic and Health Survey 2013 (DHS) was analyzed.

A sample of 1,709 of whom, 1410 were males aged 15 – 24 years. Stratified sampling technique used in the original survey, 281 enumeration areas (EAs) and 25 households in every EAs. Males and females aged 15 to 24, who had MSPs or not, and only 2013 Gambia DHS data were included in this study. Permission granted by the Service Provision Assessment (SPA) data from the DHS Program. The Chi-square test and logistic regression were performed to analysis the data and SAS version 9.4 was used for analysis.

Results

Having MSPs was significant among females (17.39%), youth with secondary or high educational level (14.26%), who were from the richest households (15.11%), lived in urban areas (13.14%), Kanifing region (19.64%), being a Jola/Karoninka tribe (33.65%) and from the Christian religion (60.0%).

The multivariate logistic regression shows that the prevalence of MSP was most likely high among youth who had ever been tested for HIV (AOR =2.56). Compared to females, males were 58% less likely to report MSP (AOR =0.42) and youth with no education were 72% less likely to report MSP.

Overall, those whose religion were Islam (AOR =0.12) were 88% less likely to have MSP while 89% of youth that do not use condom during last sex (AOR =0.11) were less likely to have MSPs.

Conclusion

Having MSPs was predicted to increase the risk of STIs among youth. The need to strengthen continuing health education programs on predictors of MSPs is paramount.

First Primary Presenting Author

Primary Presenting Author

Ismaila Sonko, MSN
Taipei Medical University
College of Nursing
Doctoral student
Taipei Medical University
Taipei
Taiwan

Author Summary: Twelve years experience as a professional registered nurse-midwife and i first served as a registered nurse in 2006 when i newly graduated as a state registered nurse (SRN). I worked as a general nurse at Soma major health centre found in the rural Gambia prior to my diploma. I progressed through the educational ladder to diploma, masters, and to doctoral student level.