

KNOWLEDGE AND USE OF METHODS TO AVOID PREGNANCY AT FIRST SEX: PATTERNS AND INFLUENCE OF FAMILY AND SCHOOL FACTORS AMONG A SCHOOL GOING SAMPLE, IN MUKONO UGANDA.

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Background/Significance

In many African countries, including Uganda, young people comprise a significant proportion of the total population. Although, the research on the role that individual factors play in influencing contraceptive use among youth has been building over the past few years, evidence on the effect of the family and school on such behavior remains limited. Most existing research on this topic in the developing world has examined the effect of parental presence/absence and basic demographic factors. Little has been done to explore the effect of parental behaviors on knowledge or use of pregnancy prevention methods. Additionally, while research has shown that school attendance generally improves use of a method, the specific characteristics of the school that influence this decision are not fully known.

With an annual population growth rate of 3.2%, Uganda is one of the fastest growing countries in the world. As such, more than 16 million of the country's 29 million people are under age 18. The country's total fertility rate of 6.7 also is one of the highest in sub-Saharan Africa. Statistics indicate a less than optimal level of contraceptive use among Ugandan youth. According to the 2006 Demographic and Health Survey, only 16.9% of 15-19 year old and 44.3% of women 20-24 reported using a modern method. Further, as many as 33.8% of married women between 15 and 19 years and 35.3% of married women between 20 and 24 indicated unmet need for family planning. This study seeks to examine parental and school factors associated with knowledge and use of family planning. More specifically, the research seeks to examine the following hypothesis:

Hypothesis 1: Young people whose parents/guardians communicate more on issues of sex and HIV, those with a higher level of parent/guardian monitoring and those with a lower level of parent permissiveness are more likely to know more methods and are more likely to report using a method at first sex;

Hypothesis 2: Youth attending schools with a higher number of health information sources as well as those in better performing schools are more likely to know more methods of pregnancy prevention and are more likely to report use of a method at first sex.

Hypothesis 3: The school environment generally influences number of methods known as well as use of a method at first sex.

Methodology

The study was conducted among 1500 young people or youth (ages 12 to 29) attending 10 randomly selected secondary schools in Mukono Town Council, Mukono district, Uganda. Data were collected between November 2007 and March 2008. All youth between senior three (Form 3) and senior six (Form 6), regardless of age were eligible to participate in the study. Recruitment included making presentations about the study to all students in these grades. Presentations also were made to parents during parent-teacher association meetings at some schools. Students who signed an assent form and returned a signed parental consent form (if below 18) were enrolled in the study. An English self-administered questionnaire was used to collect data from the students. English is the primary language of instruction in Ugandan schools and most students in secondary school are fairly comfortable with the language. In addition, the questionnaire had been pilot tested on a group of students at one of the participating schools. Based on this feedback, students were guided on how to complete the questionnaire. To protect privacy, the questionnaires did not include students' names and questionnaires were administered in small groups allowing enough room between students.

We conducted univariate, bivariate and multivariate methods to assess the patterns around knowledge and use of pregnancy prevention methods. Multivariate analysis focused on two outcomes; the number of pregnancy prevention methods known and use of a method at first sex. A random intercept was put on school to accommodate clustering by school and assess if unmeasured aspects of the school environment influence these outcomes.

Variables

Outcome variables

The number of pregnancy prevention methods known and use of a method at first sex were the two outcome variables in this study. To collect information on the number of methods known, young people were first asked if they had ever heard of a method to prevent a woman from pregnancy and if so which methods they had

heard of. The total number of known methods was nine and included: the condom; pill; IUD; injectables; diaphragm; foam and jelly; female sterilization; male sterilization; and withdrawal. Use of a method at last sex was measured as a binary variable(Yes/NO) and was assessed by the question” Did you or your partner use a method to protect against pregnancy the first time you had sex? The analysis on number of methods known included all 1500 students in the survey while examination of use of a method at first sex included the 619(41.3%) students who had initiated sex by the time of the

Independent Variables

This research included the following parent level independent variables: parent-child communication on sex/HIV; parent monitoring; and parent permissiveness. The number of school sources for health information and school performance were the two school level independent variables. Parent/guardian communication on sex was derived from the question “My parents/guardians talk to me about sex” and “My parent(s)/guardians talk to me about HIV”, requiring a response of always, almost always, sometimes, almost never and never. The level of parent monitoring was measured using a scale derived from questions indicating whether parents/guardians always, almost always, sometimes, almost never or never know where the student is if they are not at home, whether the parents/guardians know the young person’s friends, whether the youth needs permission to go from home, and whether parents/guardians allow the young person to stay overnight at friends’ houses. A higher score implies more parental monitoring. Parent permissiveness was measured by asking youth to respond to two questions “My parent(s)/guardians don’t mind if I get a boyfriend/girlfriend and “my parents(s)/guardians think it is okay for teenagers to have sex. To collect information on the number of school sources of health, head teachers or their designees were asked if the school had any of the following resources, a school nurse/doctor, a teacher or staff person to whom students can go to talk about HIV/AIDS or other sexually related issues or a structured period where teachers or other staff members can talk to students about HIV/AIDS or other sexually related topics. School performance was assessed by asking head teachers the number of students who passed with at least a third category(considered a principle pass) in the preceding year’s O’level National exams. Schools were then categorized in two; schools at which more than 50% of their O’level eligible population had passed with at least a third category score and those at which less or equal than 50% of their eligible population scored less than this score.

Findings

Knowledge of at least one modern method to prevent pregnancy was nearly universal (88.2%). The condom was the most commonly known method (72.7%), followed by the pill (38.9%) A majority of young people

reported that they first heard of methods on the radio or television. Fear of side effects (43.2%), followed by fear of what other people would say (24.9%) were the most commonly reported reasons as to why young people do not use contraception. Only 10.0% of youth reported not knowing where to get a method as a reason for young people not using pregnancy prevention methods. Slightly more than 40% of young people were sexually experienced. The condom was the most ever used method (used by 75.9% of youth), followed by the pill (6.95% of youth). Overall 73% of youth indicated they had used a method to protect against pregnancy the first time they had sex, with the condom being the most favored method of choice at first sex.

Use of a method at first sex: Multivariate analyses showed that higher parent child communication on sex/ HIV (OR; 1.12) and a higher level of parent monitoring (OR= 1.08) were associated with higher use of a method at first sex. Students attending better performing schools (OR=2.17) also were more likely to use a method at first sex. Age, parent/guardian permissiveness or number of health resources were not associated with use of a method at first sex. The random intercept for use of a method at first sex was not significant

Number of methods known: The data showed that older students knew of more pregnancy prevention methods ($\beta=0.064$), while students with a higher parent permissiveness score ($\beta=-0.06$) as well as those with a higher level of communication on sex or HIV with their parents/guardians knew of fewer methods ($\beta=-0.03$). The number of school sources for health information or attendance at a better performing school was not associated with number of methods known. However, the random intercept for number of methods known was significant indicating that other unmeasured aspects of the school environment explain some of the variation in number of methods known.

Knowledge Contribution or Lessons Learned

The study seems to suggest that the family and school have a differential effect on the knowledge and use of contraceptive methods among young people. While existing research has shown that school attendance increases the use of family planning methods, this study seems to suggest that among school going youth, characteristics may not contribute significantly to whether or not a young person uses a method at first sex, although they may influence knowledge of these methods. A number of family characteristics may play a major role in a young person's decision to use a method at first sex. Surprisingly, youth whose parents/guardians talked to them more frequently about HIV or sex also knew of fewer methods, suggesting that these discussions may not focus on what youth can do to protect themselves.