

Sexual behaviour among young migrants in Nairobi slum areas.

Abstract

1. Introduction

While age at puberty and initiation of sexual activity, have declined in many parts of sub-Saharan Africa, age at first marriage has increased over time (Zaba et al., 2004; Brockerhoff and Brennan, 1998; Tabutin and Schoumaker, 2004). Thus the period that adolescents are susceptible to pre-marital pregnancies and poor sexual and reproductive health (SRH) outcomes has increased (APHRC, 2002; Bledsoe and Cohen, 1993; Lloyd, 2005; Bankole et al., 2004; Isiugo-Abanihe and Oyediran, 2004; Tabutin and Schoumaker, 2004). The way adolescents deal with the pressures to first sex and other risky behaviours can affect their transitions to adulthood and often can have long lasting impact on their health. For migrant youth pressures to engage in risky behaviour is often compounded by the fact that migration often coincides with leaving home and divesting off of parental authority and controls. Taking into consideration that young people continue to face a growing risk of HIV infection WHO, 2002; UNAIDS, 2005, 2006, Bankole, Biddelcom, Guiella, et al, 2007) it is therefore imperative to investigate the factors that predispose migrant youths to risk behaviours particularly transition . Studies have often pointed out that migrants are more likely to engage in risky sexual behaviours than non-migrants (UN, 1994). Identifying the factors that predispose migrant youths would enable researchers to design policies targeted at this vulnerable population.

Data to be used

This paper draws on longitudinal data routinely collected under the ongoing Nairobi Urban Health and Demographic Surveillance System (NUHDSS) covering nearly about 60,000 people in 23,000 households in two informal settlements or slums, Korogocho and Viwandani, in Nairobi city. The quantitative data analyzed in this paper was collected under the Urbanization and Health Dynamics Program (UPHD) nested onto the Nairobi Urban Health and Demographic Surveillance System (NUHDSS). The quantitative migration study collected detailed migration histories, to understand where else had the respondents lived prior to coming into the slums, to investigate patterns and reasons for migration among residents in Nairobi's informal settlements; to investigate socioeconomic status prior to the last migration, and socioeconomic linkages with origin homes and to understand how these may affect current and future health related outcomes from a random panel sample of 12638 of the total population above the age of 12. Of this sample close to 4000 were people aged between 12 and 24. This paper is based on 3198 people aged between 12 and 24 (from two studies namely the migration and adolescents and transitions study). Of the 3198 people 2018 are non-migrants and 1179 are migrants. Data is analyzed using STATA 10.

As a result of its longitudinal nature the study design is good for the needs of this paper as it will allow us to follow individual migrants from the time they move into

the slum to the time they initiate first sex. A limitation of the study is that we did not have information on whether respondents were engaged in sex work as part of their livelihood or not.

2. Statement of the problem: research questions

This paper seeks to investigate sexual risk behavior among adolescents aged between 12-24 comparing migrants and non-migrants as part of a process of transitioning to adulthood. Our hypothesis is that migrant youths are more likely to engage in sexually risky behavior compared to non-migrants. These sexually risky behaviours include early initiation of sex, having multiple partners and having unsafe sex. To address these risky behaviors we will examine variables such as (household structure – are both parents present in the home, marital status of migrant, whether the migrant is working or still in school, the ethnic group, gender and age of migrant, religious affiliation and age at migration, duration of stay in slum area and age at initiation of sex.

Available data in the transitions study covers reproductive aspirations (e.g. regarding parenthood, marriage) and key health and other concerns (e.g. worry about HIV/AIDS, getting a job, marriage, finishing school, employment); nature of interactions with parents, guardians, teachers, and peers; involvement in youth groups (including religious ones); and indulgence in risky behaviors (sexual debut, multiple sexual partnerships, non-use of condoms, smoking, use of illicit drugs and alcohol consumption). These events are updated once a year for three years since 2007 to assess factors affecting timing and sequencing of the transitions, and their impact on later life chances.

Context

Our study sites, Korogocho and Viwandani are two informal settlements in Nairobi city, located about 5-10 km from the city centre and 3 km from each other. Korogocho has a more settled population since many of the residents have resided here for many years. On the other hand, Viwandani which lies close to Nairobi's industrial area attracts a youthful and highly mobile population seeking job opportunities in the nearby industries. This population is mainly made up of males and is also better educated compared to that in Korogocho.

Young people in informal settlements face unique challenges as they transition to adolescence and adulthood in a hostile environment characterized by high levels of unemployment; crime, substance abuse; poor schooling facilities; and lack of recreational facilities (APHRC, 1002; Taffa, 2003; Mugisha et al., 2003; Mugisha and Zulu, 2004). For instance, adolescents in the slums of Nairobi initiate sex about 3 years earlier and they are 2 times more likely to have multiple sexual partners than adolescents who live in non-slum parts of the city (Zulu et al., 2002).

Table 1. Distribution of migrants by sex for all ages and adolescents

	All ages			12-24 year olds		
	Female	Male	Total	Female	Male	Total
Non migrant	16.97	13.22	14.83	36.49	40.97	38.61
migrant	83.03	86.78	85.17	63.51	59.03	61.39
N	5,414	7,223	12,637	2,083	1,882	3,965

Migrants to the slums are more represented in the sample compared to non-migrants. For all ages, 85% are migrants while when we restrict the tabulation to those aged 12 to 24 years; migrants form 61% of this age group.

We further looked at the mean duration of stay for all ages, for 12-24 year olds and by migration status. On average, the population in Korogocho has lived in the community for 15 years; which is 7 years longer than the Viwandani population (mean duration of stay is 8 years). The same trend is seen when the tabulations are done for migrants only. Males in both sites have lived longer than their female counterparts both for the entire population and among migrants. When the tabulations are done for those aged between 12 and 24 years, we notice the same trend where residents of Korogocho have lived longer than Viwandani residents and males have lived for slightly longer durations than females in both sites.

2.1. Measures

This paper is focusing on timing to first sex for migrants as well as subsequent risk sexual behaviour for all respondents while controlling for their migration status. The migration status of each individual is derived from the migration history data where a question was asked to each about the length of stay in the study sites. For those who were born in the DSA and have never left for a period of three or more months, the response was “since birth”. For those born in the DSA and left for at least three months, the question “in what month and year did you first come to Nairobi?” allows us to define them as DSA born since their response would be “not applicable” because they were born in the DSA.

Indicators of risky sexual behaviour will be age at sexual debut, condom use (both male and female condoms) at first sexual encounter and number of sexual partners in the year preceding the interview. Condom use was derived from the questions “the first time you had sex, did you or your partner use any kind of birth control method or contraceptive?” and “which method or methods were used?” The outcome was derived only for individuals whose first sexual encounter was not within a marital union. The number of sexual partners and in the year preceding the interview was derived respectively from the question “in the past year, how many people, if any, have you had sexual intercourse with?” The analysis was restricted to unmarried individuals at the time of the survey and could not be done for those in a marital union

due to the small numbers reporting two or more partners. Sexual debut is a measure looking at the age at which respondents initiate sex. Early sexual debut was defined as initiation of sexual activity at the age of 15 years or less while late debut was defined as first sexual intercourse at 16 years and above. This outcome was derived from the question “how old were you when you had sex for the first time?” It includes both the married and unmarried respondents.

2.2. Analytic approach

We use the Kaplan Meier survival functions to examine the probability to initiate sexual intercourse over the observation period and multivariate Cox proportional hazards model to assess the effect of migration status on timing of first sexual intercourse. Logistic regression models are used for risk sexual behaviour outcomes. For condom use and sexual debut, binary logistic models were fitted while for number of sexual partners in the year preceding the interview, a multinomial logistic regression model was fitted. The reference category was used as those who reported to have had no sexual partner in the one year while the other categories were one partner and 2 or more partners.

3. Results

Risky sexual Behaviour

Condom use at first sexual encounter is predicted by whether or not the respondent was in school at the time of interview, age, slum of residence, whether or not the respondent had been to a boarding school, parental monitoring and being in an income generating activity.

The factors predicting early sexual debut were sex, duration of stay in the community, religion, age and slum of residence. Number of sexual partners in the one year preceding the interview is predicted by sex, religion, age, duration of stay in the community and parental monitoring.