# Community Influences on the Sexual Behavior of Young People in 4 African Countries

Young people are truly the future of Africa. The population of 15-24 year olds in Sub Sahara Africa accounts for 20.4% of the total population. [1] They are the hope of a healthy, productive future for Africa. Unfortunately, young people are also the most affected by HIV/AIDS, 6.2 million young people (15-24) are living with HIV/AIDS in Sub Sahara Africa, 62% of all young people living with HIV/AIDS in the world. [2] The emphasis on HIV/AIDS in young people has brought the overall reproductive and sexual health of this population to the forefront of research and public discussion. Much attention has been given to the individual and familial factors that influence the sexual behaviors of adolescents, but the role of community level factors in shaping the behavior of young people remains poorly understood. In addition, little is known about the community factors that influence sexual behaviors in the youngest group of adolescents, those who are 12-14 years old. This research aims to understand the influence of community-level characteristics on the sexual behaviors of young people (12-19) using nationally representative data from the Protecting the Next Generation Project's National Survey of Adolescents conducted in Burkina Faso, Ghana, Malawi, and Uganda in 2004.

The four African countries where these surveys were conducted have diverse economic and cultural environments. Burkina Faso is one of the poorest countries in the world. A land-locked country with few natural resources, 46.4% of the population is living below the poverty line.[3] Literacy levels are low, only 21.8% of the population over 15 years old is literate. Burkina Faso has an HIV/AIDS prevalence of 4.2%. [4] Neighboring Ghana has approximately twice the output of other countries in West Africa, due to an abundance of natural resources. Ghana, with 28.5% of its population living below the poverty line, fares better on this indicator than the other countries in this study. [5] The HIV prevalence in Ghana is 3.1%, also the lowest of the countries in this study. Land-locked Malawi, like Burkina Faso, is also lacking natural resources. Malawi, located in Sub Sahara Africa, is one of the most densely populated countries in the world and has a HIV/AIDS prevalence rate of 14.2% much higher than in Ghana, Burkina Faso, and Uganda. [6] Similar to Burkina Faso, 53% of the population of Malawi is living below the poverty line. The final country where surveys were collected is Uganda. Uganda is a country with significant natural resources that has made some important advances in preventing HIV/AIDS, nonetheless the prevalence rate is 4.1% and 35% of the population is living below the poverty line.[7] This study's focus on young people 12-19 is particularly important in these four countries where the average age structures indicate that almost half the population of each country is less than 14 years old. These young people are already threatened by poor reproductive health and risky sexual behaviors.

This study utilizes data collected as a part of the Protecting the Next Generation Project's National Survey of Adolescents in Africa. The Guttmacher Institute implemented the project with several collaborating institutions in each of the countries. The surveys were conducted in 2004 and used a two stage stratified sample design based on the design of the Demographic and

Health Surveys in each country. In the first stage each country was broken down into enumeration areas based on the regions in the country, both rural and urban areas were selected. The second stage involved the selection of sample houses from determined clusters. All 12-19 year olds who had spent the night in the household prior to the survey were eligible to be interviewed. The following number of young people 12-19 was surveyed in each country: Uganda 5,112 (2,602 and 2510 males), Malawi 4,031 (1979 females and 2052 males), Ghana 4,430 (2201 females and 2229 males), and Burkina Faso 5955 (2939 females and 3016 males). The survey is broad and comprehensive. The questionnaires include demographic information about the young person and his or her family, the education level of the young person and family, the relationship between the young person and family members, religious beliefs, exposure to media, and employment experience. The survey delves into both the knowledge and the practices of the young person. Knowledge questions range from awareness about puberty, sex, and the biology of pregnancy, to sexually transmitted infections, contraceptives, and abortions. The survey also delves deeply into the practices and behaviors of the young person. Questions relate to the age at sexual debut, the number of partners, the use of condoms, past or current pregnancies, and contraceptive practices. The survey also explores the nature of the sexual relationships of young people, including information about the age difference between sexual partners, sex involving money or gifts, and sex with alcohol involved.

The analysis focuses on the role of community level factors in shaping high-risk sexual behavior. The analysis looks at several different variables that could indicate risky sexual behaviors in young people. These variables are:

1. Age at sexual debut analyzed as a continuous variable
2. Number of sexual partners analyzed as a continuous variable
3. Condom use at last sex coded as a binary variable
4. % Condom use in the last year analyzed as a continuous variable
5. Condom use at first sex coded as a binary variable
6. Alcohol involved in sex in the past 12 months coded as a binary variable
7. Received/ gave gifts or money for sex in the last 12 months coded as a binary variable.

The analysis employs a multilevel modeling strategy. Multilevel models provide a framework for analyzing data that has a hierarchical structure, while also allowing a systematic analysis of how covariates measured at various levels of a hierarchical structure affect the outcome variable. Each of the National Survey of Adolescents has a hierarchical structure, with participants nested in household clusters and clusters nested in enumeration areas. The multilevel modeling strategy accommodates the hierarchical nature of the data corrects for the biases in parameter estimates and standard errors resulting from the clustering of data. Separate models are fitted for males and females in each of the four countries, producing 8 models. For each model, two levels of variance are considered, the household cluster and the district. In addition to standard individual level (employment, knowledge, education) and household level (economic, education) variables, the models consider several dimensions of the community as potential influences on young people's sexual behavior:

**Economic community characteristics**: To capture the economic environment in which the individual lives the household asset score is aggregated to the PSU level to provide a proxy measure for the community economic status. The analysis also considers the ratio of male: female education and male: female employment as proxies for the differing opportunities for genders to accrue social capital.

**Gender Norms**: An index of community-level gender norms comprises of: the percentage of women in the PSU who report having participation in household decisions, the percentage of women in the PSU who report having control of household earnings and the percentage of women who report that a husband is justified in beating his wife.

**Health Care Infrastructure**: Two measures of the PSU health care infrastructure are included in the models: the mean reported distance to health care services and the mean number of women who have been exposed to health care messages in the PSU.

**Demographic Behaviors:** An index of community-level demographic behavior is comprised of: the mean age at marriage for women, the mean age at childbearing for women, and the mean spousal age difference for women.

**HIV/AIDS Knowledge and Sex Education**: An index of knowledge of HIV/AIDS is created, based on knowledge of the transmission routes of HIV, and is aggregated to the PSU level to measure community levels of knowledge of HIV. The percentage of young people who are exposed to sex education is used as a measure of community exposure to sexual health information

The analysis thus takes a holistic approach to conceptualizing the community, simultaneously examining several dimensions of the community environment that have the potential to influence the sexual behavior of young people. The results demonstrate that there is no single community influence on young people's sexual behavior: there are a range of community factors that operate to influence young people. Additionally, the significant community level indicators vary across each of the four settings, as community level indicators reflect culturally and contextually specific practices. The results emphasize the need for programs and policies that look beyond individual factors when addressing sexual behavior in young people. It is important to understand the range of influences on a young person in order to develop comprehensive interventions that will improve a young person's sexual health and decision-making.

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[1] United Nations Department of Economic and Social Affairs, Population Division, World population prospects: The 2006 Revision Population Database, <http://esa.un.org/unpp>, (18 Sept. 2008).
[2] UNAIDS: The 2004 Report on the Global AIDS Epidemic, July 2004.
[3] CIA World Fact Book: Burkina Faso. https://www.cia.gov/library/publications/the-world-factbook/geos/uv.html. (18 Sept. 2008).
[4] CIA World Fact Book: Burkina Faso. https://www.cia.gov/library/publications/the-world-factbook/geos/uv.html, (18 Sept. 2008).
[5] CIA World Fact Book: Ghana. https://www.cia.gov/library/publications/the-world-factbook/geos/gh.html, (18 Sept. 2008).
[6] CIA World Fact Book: Malawi https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html, (18 Sept. 2008).
[7] CIA World Fact Book: Uganda https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html, (18 Sept. 2008).