

## **Trends in Sexual Behavior of Young Kenyan Women**

### **Context:**

Young people occupy a crucial period of development when they adopt behaviors that can have prolonged effects on both their physical and mental well being. Sexual intercourse is one such behavior. Young women are vulnerable to unplanned pregnancies, unsafe abortions and undue physical trauma of having birth at an early age. In East Africa, early sexual initiation, high levels of sexual activity and unsafe sexual intercourse can be of particular concern due to the threat of HIV infection and other STI's.

This paper presents four indicators of sexual behavior for young women. The indicators chosen attempt to provide an outline of the sexual behavior of young women in Kenya. Firstly, we examine the proportion of young women (15-24) who have ever had sex, which is an overall indicator of sexual initiation during the adolescent years. Then, we explore the proportion of young women who have had sex by the age of 14, which provides a clear indication of how many young women are having sex at a young age. We then look at the proportion of sexually active young women who have had sex recently (in the last 4 weeks), which is an indicator of current risk for both pregnancy, and infection by sexually transmitted diseases. Lastly, we focus on the proportion of sexually active young women who used a condom at last sexual intercourse, which is an indicator of protective behavior against pregnancy, HIV and other STIs.

This paper will describe how sexual behavior among young women has changed over 1998-2003 in the context of Kenya, a mid-level HIV sero-prevalence country. The second aim is to describe how differentials among subgroups have changed, achieved by decomposing overall trends (by residence, literacy, marital status, household wealth, regular access to media and other variables). The third aim is to examine the factors associated with these changes in the sexual behavior of young women.

### **Data and methods:**

Data for analysis come from two consecutive rounds of the demographic and health surveys (DHS) in Kenya. Data were taken from 1998 and 2003. These surveys are large, nationally representative surveys that collect information on a variety of health issues from women of reproductive age (15-49 years). Both surveys used similar sampling designs and questioning protocols.

In the 2003 survey, the first two indicators (proportion who never had sex, and proportion who had sex by age 14) were developed based on one question. Respondents were asked how old they were when they first had sex. To measure recent sexual activity and condom use at last sex, respondents who had ever had sex were asked when they last had sex, and later, asked if they used a condom at that time. Similar questions were used in the 1998 survey, allowing comparability of data.

We looked at both the levels and differentials by residence (urban/rural), literacy status (literate/illiterate), marital status (in union/not in union) and by a wealth index

(based on country specific assets and ownership). Additionally, we plan to look at other differentials that may contribute to sexual behavior change in youth such as regular exposure to media, knowledge of AIDS and other STIs, perceived risk of contracting HIV, STI symptoms in the last 12 months and experience of higher risk sex. While levels of indicators over time provide an overall view of what has occurred, differentials gives more complete information on how specific subgroups have changed over time.

Despite comparability of survey design and consistency of questioning, interviewer administered surveys such as the DHS are prone to social desirability bias; women may be disinclined to report on their sexual behavior or may report behaviors that appear more acceptable to the interviewers.

Sample sizes for 1998 and 2003 are 3629 and 3775 respectively. Values of indicators presented are weighted at the individual level.

#### **Preliminary findings:**

Table 1 shows levels of the four indicators that we use to measure sexual behavior of young women in Kenya for 1998 and 2003.

**Table 1. Overview of sexual behavior of young women, age 15-24, by year, Kenya**

Variable	Year			
	1998		2003	
	Proportion	Number	Proportion	Number
Proportion who ever had sex	66.3	3629	64.4	3775
Proportion who had sex by age 14	16.8	3629	14.1	3775
Proportion who had sex in the last 4 weeks	55.1	2471	50.6	2434
Proportion who used a condom at last sex	9.2	2014	8.7	1936

Levels for those who ever had sex and had sex at an early age, age 14, fell over the period of 1998 to 2003. Recent sexual activity, as well, declined from 55.1% in 1998 to 50.6% in 2003. Despite declining levels of the first three indicators, condom use at last sexual experience unexpectedly remained stable at about 9%. We also analyzed data from the 1993 DHS in Kenya. However, there was little change in these indicators from 1993 to 1998.

These indicators were also analyzed across residence (urban/rural) and literacy status (literate/illiterate) (not shown). By residence, clear expected patterns of sexual behavior emerge. For example, urban women have had sex more recently and use condoms at the last sexual experience more than rural young women. However, the proportion of women who have had sex by age 14 is consistently higher for rural women.

We plan to continue analysis, examining various factors that may be associated with changes in sexual behavior, including media exposure, knowledge of HIV/AIDS and

experience with higher risk sex, STI symptoms in the last 12 months and other factors as outlined previously.