FACTORS ASSOCIATED with EARLY SEX INTERCOURSE amoung YOUNG SCHOOLING CHILDREN in KICUKIRO DISTRICT- RWANDA.

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ABSTRACT

Introduction: Sex and sexuality among adolescents and young people have been reported to be on increase worldwide. The act is noted to take two directions as either by force (rape) or coation. As a result of this, significant number of adolescents (under age populations / < 20 years) is involved in sexual activities at an early age (earlier than 20 years). Many young people are exposed to various risks such as unprotected sex, early pregnancy, STI/STDs, HIV/AIDS and early marriage that follows pregnancy. The aim of this study was to establish the degree of sexuality and identify the factors associated with early sexual action / practices among primary school children in Kicukiro District, Kigali City.

Method: This was a descriptive, cross-sectional study, in which quantitative method was employed to collect and analyse data among the target population of 452 pupils from a sample of 24 primary schools in Kicukiro District during research period from August 2014 to 2015.

Results: Of 452 respondents (pupils both males and females) n=136 (30%) confirmed having been involved in sexua practice involving physical penetrative act (vaginal by penis penetration). The majority of the respondents were noted to be in the age range of 13-14 years. 45.2% of these age range reported having had sexual intercourse for the first time. The prime reason for having sexual itercourse at this age was curiosity with 70.3%, though other reasons also existed as follows: 10.8% were raped, and 2.7% receiving gifts was. Others causes included the growth and development of their sexual organ especially for male respondents for which they wanted to determine their functionality.

In multivariate analysis, having early sex intercourse was significantly associated with age and not getting adequate supportive material needed in general life though n=377 (87.5%) reported having been provided with all that is required in life. With regard to consequences of having early sexual intercourse, the most cited were: - early conception – 60%, infection by STI/Ds – 18.4% and droupout of school – 17.8%. More than 64% of respondents knew about protected sex although the majority did not have clear information about reproductive health concepts.

Conclusion: Early sexual intercourse in young population is a reality wether forcefully or by consent. It is implications range from temporally and treatable to complicated and permant complications. Prohibitive measure are highly necessary from parents, teachers, elders and the entire community towards the reduction of this increasing rate and resultant complication that humpers child development.

I.   INTRODUCTION

A. *Background*

Adolescence, between 13 and 19 years, is marked by the maturation of physical and psychological characteristics. According to the United Nations International Children's Emergency Fund (UNICEF), adolescence can be categorized in three stages such as 10-13 years old as early adolescents, 14-16 years old as middle adolescents, and 17-19 years old as late adolescents. During this period of transition from childhood to adulthood, physical maturity precedes psychological and social

maturity. Adolescents consequently begin to indulge in risky sexual behavior, often with adverse consequences to the individual as well as the family and the community [1].

Empirical evidence indicates that sexually active young people experienced their first sexual encounter at the average age of 17 years. The results of a study conducted in Botswana show that 90% of the girls between 10 to 14 years old indicated that their first sexual experience was unplanned where as 50% of the boys indicated that they had planned the sex in advance. More than 50% of older girls between 15 and 24 years stated that their first sexual experience had been unplanned. Condom use at first intercourse was observed to be higher as the level of education increased. Unfortunately 50% of all sexually active teenage girls became pregnant. This figure was generally attributed to significant peer pressure to engage in sex. Adolescent pregnancy was found to be the major problem and responsible for school dropping-outs each year [2]

The same study further stated that, one of the main causes of unwanted pregnancies is poverty among little girls who become an easy prey for those who entice them with gifts in order to sexually abuse them. The lack of basic needs lead girls to accept gifts from anyone who may involve them into sexual abuse. In fact, 78.2% of study participants did not get money to satisfy schooling needs. It also indicated that 30.6% received money from old people who are likely to lure them into sexual abuse [1][30].

An important reason why adolescents have sexual relationships with older men is because they see them as financial providers of their basic needs and social status symbols like cell phones, petty cash, or others diverse gifts. They do not however realize that they make themselves very vulnerable to these men. This group of population is at high risk and is exposed to many sort of sexually transmissible diseases like HIV which is estimated at 10% among sexually active adolescents [3].

The survey conducted in Brazzaville included 900 children (389 boys and 511 girls) from 10 to 19 years, belonging to the seven districts of this country shown that the early reports (before age 14) was found in 73 boys and 39 girls (p < 0.001). Multiple partners proved almost constant among boys (81.3%), whereas this practice was observed in 51.1 % of girls. Among risk factors of pregnancy and multiple partners, were the

lack of employment for the mother, schooling, early menarche and lack of sex education. Recent sero-prevalence data indicate that infection rates are higher among female youth than among their male counterparts. In addition, 102 girls (36.8 %) had gotten a pregnancy at an average age of 16.1 ± 1.2 years, and in case of an unwanted pregnancy (93.1%), abortion were performed in 64.7 % of cases. Finally, the dropout rate recorded due to pregnancy was 82.4 % [4].

For example, UNAIDS estimates of 1999 about consequences of early sex intercourse show that; between 9% and 12% of female youth aged 15–24 years are seropositive while 3.5% to 7% of male youth are seropositive [3]. With an estimated 70% of the population under 25 years of age, the potential impact of HIV/AIDS on the future of Rwanda is staggering [6]

In Uganda a cross sectional study conducted in 1997 among aged 15-17years olds, 34% of girls and 27% of boys had sexwith a median age at first sexual intercourse for young girls aged 15-19 years being 17.1 years whereas, young men was 18.3 years [5]. Social and demographic factors other than education connected to a risk of pregnancy among adolescents are family structures, satisfying relations within the family, peer influence, traditional early marriages and economic factors [12].

The proportion of sexually experienced adolescents aged 15-19 who were currently sexually active was 76% for females and 57% for males. This indicated the possible use of sex to fulfill economic needs. From this finding we can confirm that economic pressures can also have a bearing on early sexual activity [30].

Actually many Rwandan youth engage in sexual behaviors that exposes them to the risk of HIV infection and all sort of sexual transmitted diseases such as Gonorrhea, Syphilis, Papillomavirus which is the main cause of Cervix cancer ect…the list is not exhaustive. Existing literature shows evidence of early sexual experimentation coupled with limited condom use among both boys and girls. Acording finds of the 2000 Behavioral Surveillance Survey (BSS), about 29% of male youth aged 15–19 years and more than 12% of their female counterparts have had sex. Data have shown that among the sexually active,7 out of 10 boys and 4 out of 5 girls are always sexually initiated before 15 years of age. Other study revealed that only about 16% of sexually active male youth aged 15–19 years and 12% of their female counterparts have ever used a condom [6].

Researchers have identified factors that predispose young people to early onset of sexual intercourse, including biological factors (e.g., gender, age pubertal timing, testosterone levels) social factors (e.g., poverty, violence, family marital disruption, lack of family connectedness, parents' lack of education, lack of parental supervision, lack of religious affiliation, substance use, peer pressure, sexual abuse, poor academic performance, low educational expectations), and factors associated with attitudes and beliefs including personal values,perceived norms and intentions. Additional factors that have been identified include the influence of the media, low self-esteem and self-efficacy, hopelessness, mother's early sexual intercourse, teens' perceptions of parents' rules and attitudes, and single mother–headed households [7]. However, little is known about factors associated with early sex intercourse among youth in Rwanda [6].

B. Problem statement

Rwanda, like many other countries, is trying to cope with the problem of sexual behavior especially in young population on the same scale as drug abuse or alcohol. This is because young people engage too early in sexual activities which has a negative impact on the population in general and specifically on reproductive health. Moreover, young people will be colonized by sexually transmitted diseases while girls will have unwanted pregnancies in addition, with psychosocial and economic problems that will rise in their families.Therefore it remains a challenge for the country to manage the current situation as it can cause under development of the country.

A number of conflicts have been observed between children and parents whereby children accuse parents for not providing them with educative information in reproductive health.

In Rwanda, especially in Kicukiro District, no study has been conducted to explore the magnitude of early sexuality among primary school children. And the successful fight against this issue need the identification of associated factors in order to focus interventional strategies.The study was conducted to identify factors associated with early sexual engagements and so fill the existing gaps about the topic

II. LITERATURE REVIEW

A. General Review

Researchers have identified factors that predispose young people to early onset of sexual intercourse, including biological factors (e.g., gender, age pubertal timing, testosterone levels) [8], social factors (e.g., poverty, violence, family marital disruption, lack of family connectedness, parents' lack of education, lack of parental supervision, lack of religious affiliation, substance use, peer pressure, sexual abuse, poor academic performance, low educational expectations), and factors associated with attitudes and beliefs including personal values and perceived norms and intentions.

Additional factors that have been identified include the influence of the media, low self-esteem and self-efficacy, hopelessness, mother's early sexual intercourse, teens' perceptions of parents' rules and attitudes, and single mother–headed households [9]. Furthermore, Jessor found that psychological variables or values such as value of independence, tolerance for deviance, and lower value on academic achievement were associated with early onset of sex intercourse [10]. There is growing concern internationally regarding early sexual intercourse among adolescents.

In this, the major concern is based on the impact occasioned by early sexual practices, in its risks we encounter a whole series of diseases and other consequenses such as unwanted pregnancy, school droput, ... Others data show clearly the adverse impact of early sexual intercourse to include sexually transmitted diseases, increased risk of cervical cancer, pelvic inflammatory disease, compromised future fertility, once again unwanted pregnancy, low educational attainment, greater social isolation, and compromised economic future [11].

On Social Cognitive Theory (SCT,) there is a framework with three components, personal factors, environments, and behavior, which can affect one another. In addition, personal factors that have been influenced by environments will affect someone's behavior or vice versa [12].
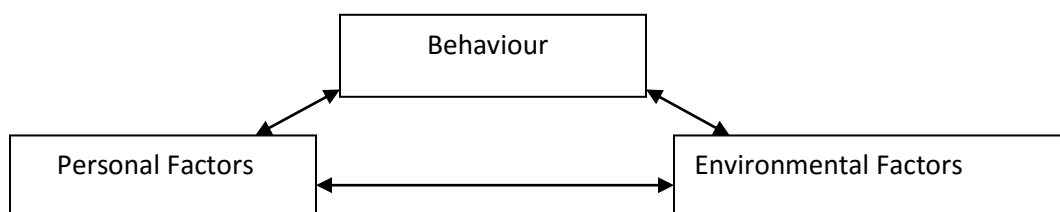
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                    ┌──────────────────┐
                    │    Behaviour     │
                    └──────────────────┘
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     ┌──────────────────┐        ┌──────────────────────┐
     │ Personal Factors │ ←────→ │ Environmental Factors │
     └──────────────────┘        └──────────────────────┘
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Figure 1: Social Cognitive Theory of associated factors.

The interventions of personal factors of cognitive, affective and biological events in behavior influence someone thinking and practicing.

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The stage of self- control, observational learning, reinforcement, self-efficacy and emotional coping responses of person lead them to outcomes of behavior. Environmental factors, such as family members, friends and mass media, can affect individual behavior and create person perceptions [12].

B.   Associated factors

In the USA, sexual behaviour differed by ethnicity, age, gender and urban/rural location [13]. Unlike Thailand and Philippines, where family structure was associated with premarital sex; youths living with one parent have higher rate of sexual activity than those living with both parents [14]. Regarding this issue, a study conducted in Jakarta has showed that parents tend to refuse talking about sexual matters to their children [15].

Other factors influencing many adolescents are mostly with use of tobacco, alcohol, sex, and drugs. Associations between sexual activity and substance use have been a consistent research finding. Studies from the USA reported similar findings as Kenya where the single most important predictor of sexual activity among adolescent women was the use of alcohol, drugs, or tobacco [16], [17]. Studies have revealed that led sexual practice is not only common for men and women but also men-men and women-women, and it was found that the average age of first intercourse is around 10-12 years, where 40% of them do not know anything at all on condoms.

A study which was conducted in Botswana in February 2012 show that most of the girls (90%) between 10 to 14 years declare that their first sexual experience was unplanned when 50% of the boys indicated that they had planned the sex intercourse in advance [18]. Condom use at first intercourse was observed to be higher as the level of education increased [1]. A research which was conducted in Indonesia shows that adolescents who have had sex claimed, beside riends, they get the idea of having sexual intercourse from the porn DVD, the internet, and magazine or newspaper [15].

The cross sectional study done in 1997 in Uganda has found that females students were more likely to have sexual relationships with their responsible or with well-off men in the community[19]. This indicated the possible use of sex to fulfill economic needs. From this findings we can confirm that economic pressures can also have a bearing on sexual activity. The proportion of sexually experienced adolescents aged 15-19 who were currently sexually active was 76% for female and 57% for males [19].

Renee E. Sieving in March 2006 show that 34% of young schooling children ever had sexual intercourse, and 7% of high school students say they had their first intercourse before age of 13 years [20]. Approximately 900,000 females aged 15–19 become pregnant every year, and three million adolescents (one in four sexually active teenagers) acquire an STD [21]. Adolescents who initiate sexual activity at young ages tend to have more sexual partners and to use condoms less than those who initiate sex later, and are at increased risk for STDs ;Cervical Cancer and Pregnancy during the teenage years[22], [23].

C. Consequences and risks of early sex intercourse

Unfortunately 50% of all sexually active teenage girls became pregnant [1]. Adolescent pregnancy is a major problem in Botswana and responsible for a large number of school drop-outs annually [1].Social and demographic factors other than education connected to a risk of pregnancy among adolescents are family structures, satisfying relations within the family, peer influence, traditional early marriages and economic factors [12]. As elsewhere in the world early sexual activities, with increasing trend in the world, also put adolescents in Indonesia with an unwanted pregnancy and sexually transmitted infections.

[2] in his study show that 34% of schooling children report ever having had sexual intercourse, and 7% of high school students say they first had intercourse before age of 13 years [2]. Approximately 900,000 females aged 15–19 become pregnant every year, and three million adolescents (one in four sexually active teenagers) acquire an STD. Adolescents who initiate sexual activity at young ages tend to have more sexual partners and to use condoms less than those who initiate sex later, and are at increased risk for CC,STDs and pregnancy during the teenage years [6]

In analyses controlling for gender, family structure and romantic relationships, the higher the proportion of a youth's friends who were sexually experienced, the greater the odds of sexual debut (odds ratio, 1.01); the odds also were elevated among youth who believed that they would gain their friends' respect by having sex (1.2). Relationships between friend variables and sexual initiation did not vary by level of involvement with friends.

D. Possible solutions to reduce risks

Therefore, understanding influences towards early initiation to sexual intercourse and identifying possible strategies for delaying first sexual encounter have important implications to adolescent health [6]. While sex education is critically important towards preparation for adulthood, it seems more critical that youth have opportunities to be involved in pre-social relationships and learn skills for managing the social relationships in which sexual behavior occurs [20]. As young people progress through adolescence, sexual intercourse becomes a normative behavior.

To foster overall development and reduce the risk of unhealthy sexual behaviors, adolescents need sustained, high-quality relationships with friends, parents, siblings, mentors, elders and entire community. Within these relationships, both formal and informal, adolescents can learn skills of negotiating trust, seeking support, managing conflict and expressing empathy—skills that are critical to the development of healthy idealistic and sexual relationships [24].

To increase the likelihood of success, interventions focused on delaying sexual intercourse among adolescents should address group norms for sexual behavior as well as the perceptions, skills and behaviors of individuals. To impact group norms, interventions must target cohorts rather than exclusively focusing on individual teenagers. As perceived respect from friends for having sex appears to be a risk factor for sexual debut, programs can emphasize an array of prosocial / voluntary behaviors (i.e., healthy alternatives to sexual intercourse) as ways to gain respect from friends, a desired goal.

III. MATERIELS AND METHODOLOGY

A. Methodology.

A descriptive, cross-sectional, primary school based study carried out during August 2014 to August 2015. For study implementation, quantitative research philosophy was employed. The project

was guided by code of belief of two common but integrated theoretical frameworks amongest primary schooling children:- the social cognitive theory and the stages of change model. The purpose of the quantitative design was primarilly to determine the prevellance of child involvement in sexual practices and the factors contributing among this target population.

The study was conducted among 452 primary pupils in the fourth, fifth and sixth classes (4th, 5th, and 6th) among 24 (28.5%) out of 84 schools across all sectors of Kicukiro District - Rwanda. The research employed a systemic "probability' sampling techniques in determining schools to be involved in provision of pupils to make the research population. Furthermore, it employed " simple and systemic" techniques in classes with few and many pupils respectivelly" in the research population. OpenEpi, Version 3, and open source calculator--SSPropor was employed to determine sample size (n) for the research by use of the indicated equation: - Sample size $n = [DEFF*Np(1-p)]/ [(d^2/Z^2_{1-\alpha/2}*(N-1)+p*(1-p)]$ from target population of 3385. The rule of proportionality was applied to determine the respective sample populations (n) for each school.

The population excluded, included all pupils from other classes other than P4 and P5 and P6, those not available the day of data collection, or those who did not accept voluntarily to participate in the study.

B. Sample Size and determination

From the formula **Sample size n = [DEFF*Np(1-p)]/ [(d^2/Z^2$_{1-\alpha/2}$*(N-1)+p*(1-p)]** the sample population / size was establish to be 336 Pupils. This value was on assumption that the confidence interval is 95%.

Study population size(for finite population correction factor or fpc)(N): 3385,

Hypothesized % frequency of outcome factor in the population (p): 50%+/-5

Confidence limits as % of 100(absolute +/- %)(d): 5%

Design effect (for cluster surveys-DEFF): 1

Therefore, the calculated sample size was 336 students. When calculating proportional sample in order to know the number of pupils to be surveyed in each school, the final sample size was increased to 452. The final sample for each school to be determined, the rule of propotionality was applied.

Table 1 : SAMPLE DISTRIBUTION ACCORDING TO SECTORS AND SCHOOLS

Sectors	Schools	Frequency	%
Gatenga	Gatenga 1	30	6.6
	Murambi	12	2.7
	Elite	6	1.3
	Mejecres I	20	4.4
Gikondo	GS Gikondo	38	8.4
	Le petit prince	15	3.3
	GS APADE	10	2.2
	King dom	9	2
Kigarama	Bwerankori	21	4.6
	St Jacob	7	1.5
	Kimisange	14	3.1
	Utunyenyeri	6	1.3
Masaka	GS Masaka I	24	5.3
	GS Masaka	21	4.6
	Dayspring	24	5.3
	Ayabaraya	18	4
Niboyi	Autentic I A	12	2.7
	Remerra Giporoso	27	6
	GS Kicukiro	62	13.7
Nyarugunga	Rwiza	10	2.2
	St Agnes	22	4.9
	San Marco	21	4.6
	Remera Acad II	12	2.7
	Nonko	14	3.1
Total		452	100

C. Data analysis

Data entry was done by use of Microsoft excel 2010. Data cleaning was done, data was exported into SPSS 16.0 for analysis. Descriptive statistics summarized the data into frequencies and percentages appropriate. Bivariate and multivariate analyses were performed. SPSS 16.0, Version was utilized to analyze quantitative data by which the relationship**s** between the dependent and independent variables were established.

D. Data collection

The research employed self administered transilated into local languages questionnaire to collect data from individual respondents. A semi-structured in-depth questionnaire was administered to various participants independently after probability sampling criterion had been applied to select the sample population. Data collected acording socio-demographic characteristics of respondents included: respondents' Age, Gender, Living with parents, Parents' Education level, Provision of living requirement. Questionnaires were given to respondents from selected schools, meaning that each pupil recieved and privatelly and individually filled the it after consent by the teacher.

To get participants in each School, we used the School registers. A starting point (number) was randomly selected from the register by a volunteer pupil. Depending on the kind of selected number (odd number or not), all following similar numbers (odds or not) were retained until the sample allocated for the school was achieved. Quality of the data collection tool was ensured through pretesting before final use and also translating it into the tradition language "local languages" called Kinyarwanda. Data measurement level was described under validity and reliability. The validity and reliability of data collection instruments was tested prior to data collection.

E. Ethical consideration

Issues of ethical considerations were addressed with most emphasis to Privacy, Confidentiality, Informed consent and special consideration to the minors like the under 18 years, deaf, blind, ... School of Public Health Internal Review Board approved the study protocol prior to starting data collection. To work with and collect data from pupils, permission was obtained from the Headmaster after presentation of the letter from the review board.

The headmaster took a role of introducung research team to the concerned class teachers who introduced the theme to the respondents. The same teachers also represented (consented for) pupils who were in the category of miners since it was not easy to reach their parents. In order to ensure confidentiality to participants, names were not included in questionnaires and coded questionnaires were stored out of reach for non research group.

IV. RESULTS

A. *Sociodemographic characteristics of respondents*

The study considered a sample of 452 Pupils bellow 20 years of age attending primary education in class 4, 5 and 6. The sample included both gender in the ratio of females to male as 51.5% and 48.5% respectivelly. The mean age of respondent was 12.7, median was 13 while maximum was 20 years of age. Majority n=198 (43.8%) were in primary 5, n=202 (44.7%) of respondents were in the age group of 13 to 14 years, many of whom n=233 (51.5%) were females. Majority n=345(77.5%) of the respondents stated living with there both biological parents as opposite to n=100 (22.5%) who stated either staying with single parents or a lone. Those staying single parents or alone were distributed as follows: Mother n=33(64.7%), and fathers n=16 (31.4%). The study further noted a total of 24 repondednts live with none biological parents / gardians / care givers in the following ratios: Uncle n=5(20.8%), Aunt n=7(29.2%) and a lone n=8 (33.3%).

B. *Parental Related Factors*

Regarding education level of parents / gardian / care takers of the respondents: Majority n=131 (30.6%) reported not knowing the level of education of there parents, n=126 (28.8%) stated university , n=118(27.0)% stated secondary as compared to the minority n=62 (14.2%) who reported primary. However, athough, this better education level would have had an influence towards the increasing level of early sexual involvement by primary schooling children, it noted not to be the case.

Regarding parental support to children, the majority n=377(87.5%) reported getting all that is required for a living as opposite to n=54 (12.5%) of the total sample study population n= 452. However n=57 of the respondents stated that issues that pushed them into early sexual intercaurse included Poverty n=33 (57.9%), Inadequate provission n=19 (33.3%) and deliberate refusal of parents to provide n=5(8.8%).

C. Sexuality level

Regarding level and type of sexual methods / practice, n=136 (30%) of the respondents consented to having had sexual intercours. The sexual acts practiced included at most penetrativie heterosexual intercourse n=76 (55.9%). The majority n=76 (55.9%), confirmed having had penetrative sexual intercourse, n=39 (28.7%) and n=21 (15.4%) had kisses and cuddling as forms of sexual practice respectivelly. Most participants n=123 (93.1%) reported having had their very first sexual encounter earlier than 14 years. The reasons for early sexual encounters included: Curriosity n=52 (70.3%), Rape n=10 (10.8%), growth of private part n=2 (2.7%) and n=10 (13.5%) for other issues. Results to this regard also show that among pupils who had sex, 4.5% had it in one week, 2.7 % in two weeks, while the majority 58.0 % had had it long time ago preceeding the study / survey.

Table 2 : SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Class	Frequency	%
P4	132	29.2
P5	198	43.8
P6	122	27
Age (years)		
< 11	104	23.0
11-12	103	22.8
13-14	202	44.7
15+	43	9.5
Gender		
Male	219	48.5
Female	233	51.5
Live with both parents		
Yes	345	77.5
No	100	22.5
Live with one parent		
Father	16	31.4
Mother	33	64.7

No parent	2	3.9
Relationship with the person the student lives with		
Uncle	5	20.8
Aunt	7	29.2
Others teenagers	4	16.7
Alone	8	33.3
Educational level of the person the pupil lives with		
Primary school	62	14.2
Secondary school	118	27.0
University level	126	28.8
I do not know	131	30.0
Total	**437**	**100**
Obtained everything that you want in general life and at school		
Yes	377	87.5
No	54	12.5
Total	**452**	**100**
The reason why the pupils do not obtain everything he/she wants		
Poverty	33	57.9
Refused to give me	5	8.8
Not satisfied	19	33.3
Total	**57**	**100**

Table 3: Level of sexuality

Variable		Frequency	%
Practiced sex in their life	Yes	136	30
	No	314	70
	Total	450	100
Type of sexual relationship they had	Kiss	39	28.7
	Cuddle	21	15.4
	Sexual intercourse	76	55.9
	Total	136	100
Age at the 1st sexual intercourse	Age [5-14]	123	93.1
	Age [15-18]	09	6.9
	Total	132	100

Reasons for sexual intercourse at the 1st time	Curiosity	52	70.3
	Promising gift	2	2.7
	Been raped	8	10.8
	Others reasons	10	13.5
	To grow the sexual party	2	2.7
	Total	74	100

V. DISCUSSION

A. *Factors associated with early sexual intercourse among young Schooling children*

The study considered a sample size of 452 respondednts including both gender during which several independent varriables that included: Gender, Age, Availability of parents, Acquisition of basic neccessities, Single parenting and parents' education were tested for their associations with early engegement of schooling children into sexual activities.

Among 452 participants in this study, n=136 (30%) reported having had penetrative sexual intercourse / practices at least once in their life. The results of the current study are clossily in agreement with results of various studies that include: Renee E. Sieving, in March 2006, showed that 34% of young schooling children ever had sexual intercourse, and 7% of high school students first had intercourse before the age of 13 years[20]. Further more, results of a study conducted in Botswana show that 90% of the girls between 10 to 14 years old, their first sexual experience was unplanned where as 50% of the boys indicated that they had planned for sex in advance[2].

In Uganda a cross sectional study was conducted in 1997 among children aged 15-17years olds, 34% of girls and 27% of boys had sex and shown that the median age at first sexual intercourse for young girls aged 15-19 years is 17.1 years while for young men is 18.3 years[5]. Unfortunately 50% of all sexually active teenage girls became pregnant. This figure was generally attributed to significant peer pressure to engage in sex. Adolescent pregnancy was found to be the major problem and responsible of

school dropping-outs each year [2]. In addition, a study conducted in Rwanda reported that many Rwandan youth engage in sexual behaviors that expose them to the risk of HIV infection and all sort of sexual transmitted diseases such as Gonorrhea, Syphilis, and Papillomavirus which is the main cause of Cervix cancer.

B. *Association between having early sexual intercourse and demographic variables*

According to gender, the present study revealed that among the respondents who reported having sexual intercourse, the majority (57.9%) were males, whereas 42.1% were females. Howerver, these findings are not in agreement with the study conducted in Uganda where proportion of sexually experienced adolescents aged 15-19 years who were currently sexually active was 76% for females and 57% for males. Rwanda, finds of the 2000 Behavioral Surveillance Survey (BSS), indicate : about 29% of male youth aged 15–19 years and more than 12% of their female counterparts have ever had sex [6], Furthermore, data have shown that among the sexually active,7 out of 10 boys and 4 out of 5 girls are always sexually initiated before 15 years of age.

This difference may be due to different cultural background, settings, population and sample size, as well as the age group of the participants. The study conducted in Uganda was in secondary school, whereas the current study was in primary school.

Bivariate analysis was used to determine the relationship between between having early sex intercourse and demographic variables of respondents. The analysis indicated marked statistical significancy between having early sexual intercourse among young primary schooling children and the indepent variables as shown bellow: Gender p-value=0.005, OR=1.784; 95%CI= [1.186-2.682], there was asignificant statistical evidence to conclude that early sexual practice depended on gender, however, the *Chi-squire teste* would not depict whether the female or male sex would predispose someone to early sexual intercourse.

Being over 15 years old p-value = 0.000, OR=0.238; 95%CI= [0.124-0.455: Aquiring everything needed in life p-value = 0.000, OR=0.250; 95% CI= [0.139-0.450] were protective factor whereas not knowing the means of protective sex intercourse was anone protective factor p-value=0.044, OR=0.627; 95% CI = [0.399 – 0.987]. Not knowing consequences of early sex intercourse was significantly (p-value=0.004, OR=2.099; 95%CI= [1.266- 3.479]) associated with early sexual intercourse since n=136

(30%) of both gender respondents testified having ever had sex during their childhood.Athough the percentage among the involved population appear lower than half, the implications and complications remain a major issue.

Not living with parents p-value=0.008, OR=0.529; 95%CI=[0.332-0.844]; and not knowing the means of protective sex intercourse p-value=0.044, OR=0.627; 95%CI=[0.399 – 0.987] were none protective factor towards early sexual intercourse among the research population of the young school children.

Applying Multivariate analysis, having early sexual intercourse was associated with having 15 years and above as protective factor with p-value=0.002, OR=0.292; 95%CI=[0.133-0.643]; not obtaining everything wanted in life was also a protective factor with p-value=0.000, OR=0.281; 95%CI=[0.140-0.567].

C. *Reasons that pushed young primary schooling children into having their first sexual intercourse and the consequence that occurred*:

Results further, shows that most respondents (24.8%) were engaged accidentally in having sex while 20.9% of them were influenced by movies. 18.6% were informed by their partner whereus 10.1% were raped. The age difference between them at the first time of sex intercourse was between 0-5 years old (92.8%), this show that this youth are almost at the same range of age. The 72% of respondents affirm knowing those who had met the consequences from having early sex. Among them 60.0% have gotten preamature pregnancy, 18.4% had contact with partners having STI/STD ,and 17.8% dropped out school.

D. *Identifying the factors associated with early sexual intercourse among young schooling children*

The factors associated with early sexual intercourse were identified through a logistic regression analysis which was conducted to predict having sex using gender (male versus female), respondent age (< 15 and > 15 years), living with parents, education level of the parents (primary, secondary and upper) and obtaining evrything pupils need in general life (yes, no) A test of the full model against the constant only model was statistically significant, indicating that the predictors as a set reliably distinguished

between those who have had sex and those who did not, $\chi2(5)=35.23$, p<0.000. Prediction success overall was 73.5% (24.8% for having had sex and 93.1% for not having had sex).

The Wald maximin criterion demonstrated that only age and getting anything the student needs made a significant contribution to prediction (p=0.001 and p<0.00 respectively). The odds of having 14 years and below were 0.294 compared to odds of students aged 15 years and above. The odds of having anything students need were 0.314 compared with odds of not getting anything students needed.

As solution, the Government has to examine and review the policies related with children right since these policies appear to empower children over their parents that makes parents hand tired towards better management of their children.

In study done in 2009, in Argentina, Botswana and Nigeria, tittled " Early age at first sexual intercourse and early pregnancy are risk factors for cervical cancer in developing countries" indicated that sexual practices in local area in early age occures in 60% of adoloscent girls the ages of 13–19 years [26].

VI. CONCLUSION AND RECOMMENDATIONS

A. Conclusion

The research was carried out amoungest 425 primary schooling children involving both gender as folows: females and males – 51.5% and 48.5% respectivelly. The study discovered a high rate n=136 (30.2%) of sexuality among the study population. This was in agreement with [8], [9], [10] and [11]. The rate was noted to be high among males (57.4%) than females (42.6%) though opposite to findings of [19]. The high rate of sexual relationship was characterized by different acts among respondents, with n=76 (55.9%) having had penetrative heterosexual intercourse.

Bivariate analysis revealed an association between early sexual intercaurse and several Hypothetical variables as follows: Gender (p-value=0.005, OR=1.784), having > 15 years was a

protective factor (p-value=0.000, OR=0.238), Not living with parents was also a protective factor (p-value=0.008, OR=0.529

Many other factors in support of the hypothetical factors in influencing early involvement into sex included: Not knowing the means of protective sexual intercourse as a protective factor (p-value=0.044, OR=0.627), Not having necessities needed in life (p-value=0.000, OR=0.250), Not knowing the consequences of early sex intercourse (p-value=0.004, OR=2.099),

However, multivariate analysis indicated that: having early sex intercourse was associated with being over 15 years old, with (p-value=0.002, OR=0.292) and not receiving living requirement in life with (p-value=0.000, OR=0.281) were protective factor

B. Recommendations

Since, the minors who include primary schooling children, adolescents who commence sexual acts / doings early hold on to behaviors that position them at high danger for negative health outcomes like sexually transmitted diseases including HIV, abortions, early and forced marriages. It is paramount to involve parents and schools in preventive efforts that address sexual initiation in early adolescence and that target youth who continue to place themselves and their partners, community at risk. In fact everyone must be involved in educational behaviour for our youth without taking any single discrimination amongst the young population sinces the effects of it spreads across. Furthermore, Ministry of Health should strengthen and multiply young, adolescents and youth services especial those to do with reproductive health.

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