

RESEARCH

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The knowledge-risk-behaviour continuum among 3060 heads of household, place of residence, and self-perceived risk

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* Correspondence: dkadengye@gmail.com; dkadengye@aphrc.org

²African Population and Health Research Center, Manga CI, Nairobi, Kenya

⁴School of Statistics and Planning, Makerere University, Kampala, Uganda

Full list of author information is available at the end of the article

Background

The possible benefits derived from linkages between SRH and HIV at the policy, systems and service delivery

Factors associated with risky sexual behaviour among young people

Being involved in risky sexual behaviour was regressed against background characteristics, SRH knowledge and self-perceived risk to SRH problems. Tables 3 and 4 show odds ratio estimates at bivariate and multivariate levels respectively for 15–19 and 20–24 year old respondents. For the 15–19 years group, factors associated with risky sexual behaviour after correcting for differences in age included being female versus male (aOR: 1.89, 95% CI: 1.37–2.61), being out of school versus being in school (aOR: 1.44, 95% CI: 0.87–2.41), having one parent alive versus having both (aOR: 1.56, 95% CI: 1.08–2.24), being involved in casual works versus being a student (aOR: 2.08, 95% CI: 1.27–3.39), being knowledgeable about FP methods (aOR: 3.46, 95% CI: 1.47–8.14), as well as the respondents' self-perceived risk of being infected with STIs (aOR: 2.88, 95% CI: 1.72–4.82) (Table 3).

For the 20–24 years old respondents, significant predictors of risky sexual behaviour included living in a rural area (aOR: 1.52, 95% CI: 1.03–2.24), being female versus male (aOR: 2.10, 95% CI: 1.56–2.81), having some primary versus secondary education (aOR: 1.46, 95% CI: 1.07–2.01), not having a filial or marital relationship with the head of household (aOR: 1.55, 95% CI: 1.03–2.34), and self-perceived risk of pregnancy (aOR: 1.56, 95% CI: 1.01–2.34) (Table 3).

Discussion

In a context where sexually transmitted infections and teenage pregnancies are still a major public health problem, and where HIV prevalence seems to be rebounding, it is important to understand the emerging drivers of the epidemic and the opportunities for closer SRH/HIV integration in prevention services. This study goes beyond descriptive statistics about SRH indicators in young people to provide an incisive analysis of the connection between the knowledge – risk perception

– practices continuum. Unpacking this important

Table 4 Factors associated with having engaged in risky sexual behaviour among participants aged 20–24 years

| Variable | Bivariate analysis | | | | Multivariate analysis | | | |
|---|--------------------|---------|--------|------|-----------------------|---------|--------|------|
| | OR | p-value | 95% CI | | aOR | p-value | 95% CI | |
| Residence (ref: Rural) | 1.34 | 0.06 | 0.99 | 1.80 | 1.52 | 0.04 | 1.03 | 2.24 |
| Marital Status (ref: Ever married) | 0.74 | 0.02 | 0.57 | 0.95 | 0.87 | 0.44 | 0.60 | 1.25 |
| Age (Continuous) | 1.17 | < 0.001 | 1.08 | 1.27 | 1.12 | 0.02 | 1.02 | 1.23 |
| Gender (ref: Female) | 1.67 | < 0.001 | 1.30 | 2.15 | 2.10 | < 0.001 | 1.56 | 2.81 |
| Schooling Status (ref: In school) | 1.89 | < 0.001 | 1.38 | 2.60 | 1.27 | 0.42 | 0.71 | 2.28 |
| Education level (ref: Secondary +) | | | | | | | | |
| None | 1.58 | 0.31 | 0.65 | 3.80 | 1.97 | 0.17 | 0.74 | 5.22 |
| Some Primary | 1.28 | 0.06 | 0.99 | 1.66 | 1.46 | 0.02 | 1.07 | 2.01 |
| Relation to household head (ref: Child) | | | | | | | | |
| Head/spouse | 1.64 | < 0.001 | 1.24 | 2.17 | 1.29 | 0.17 | 0.90 | 1.87 |
| Other relative | 1.62 | 0.01 | 1.12 | 2.33 | 1.55 | 0.04 | 1.03 | 2.34 |

Parents' Status (ref: Both alive)

Both parents d6(0.99-1.7504TD[Boh]-2925i45sTJoes(1.12)-3541.9(1.87)TJ05(1.55)-354900.04)-4824.611.03

the 20–24 year olds had higher SRH awareness across all surveyed areas. However, the disparity of up to 9 percentage points in average SRH/HIV knowledge levels among respondents (from 94% average knowledge about FP to 86% average knowledge about HIV) points to a missed opportunity to further integrate SRH/HIV information and educational campaigns for young people in Uganda, while keeping in mind that SRH/HIV prevention interventions focused exclusively on providing information have been shown to link weakly to risk behaviour reductions

[22–25]. Our results also point to the need of repurposing the delivery of SRH/HIV messages in primary care.

Whereas SRH knowledge among respondents is high, our analysis shows it is also a significant predictor of risky sexual behaviour. Contrary to what could be expected, more knowledgeable young people seem also to be more likely to have engaged in risky sexual behaviour. This is particularly the case for FP knowledge among 15–19 year olds, which might be indicative of this young group's tendency to source SRH information from their

existing sexual networks as they experiment and gain more experience. The same variable is not a significant predictor of risky sexual behaviour among the older group (20–24 year olds), which face a different set of factors associated with risky sexual behaviour.

Overall, our findings on knowledge levels and individual behaviour support other studies that claim protective FP/STI/HIV knowledge alone does not necessarily result in safe-sex behaviour [26, 27]. In particular, risky contraceptive use behaviour observed among young people

Conclusions

Our study found that although respondent levels of knowledge about FP, STIs and HIV were high, young people also had a high self-perceived SRH/HIV risk and displayed significant levels of risky sexual behaviour. These trends were significantly higher among the 20–24 age group than among 15–19 year olds. This seems to point at a lack of functional skills among young people to avert SRH/HIV related risks.

We also found that being female, being out of school or involved in casual work, being a single orphan, being knowledgeable about FP, and perceiving oneself to be at risk of acquiring an STI/HIV were significant predictors of risky sexual behaviour among 15–19 year olds. Associated factors particular to the 20–24 year old group included being resident in rural areas, not having reached secondary education, not having a filial or marital relationship with the head of household, and perceiving oneself to be at risk of an unwanted pregnancy. Our findings contribute to the available evidence that risky sexual behaviour is not only a function of adequate disease prevention knowledge, but also of young people's ability to engage in preventive behaviour [48], of their positive engagement in surrounding social structures (school and family) and of their ability to negotiate existing social norms.

Given that one in five young Ugandans are engaged in risky sexual behaviour, there is a clear need to scale up SRH/HIV prevention programs that adopt a holistic ap-



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