

# **Relationships between attachment to parents and risky sexual behaviors among adolescent girls in the Centre region of Burkina Faso**

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## **Description of the topic**

In Burkina Faso, as elsewhere in sub-Saharan Africa, adolescent girls are more likely than their male counterparts and elders to adopt sexual practices that carry a high risk of HIV/AIDS infection and early or unwanted pregnancies. Pregnancies that cause young girls to interrupt their schooling also compromise their chances of gaining better qualifications (APHRC & ISSP, 2022). Although HIV prevalence in the country has fallen significantly over the past decade, to less than 1% (0.6% in 2021), it remains high among young people aged 15-24 (0.3% for girls and 0.2% for boys) (Banque mondiale, 2022). In addition to the risk of HIV/AIDS infection, teenage girls are also exposed to the risk of early or unwanted pregnancies. Burkina Faso has one of the highest adolescent fertility rates in sub-Saharan Africa, with 132 births per 1,000 girls, compared with 103 births per 1,000 girls in sub-Saharan Africa and 44 live births per 1,000 girls worldwide (UNICEF, 2021). According to a study conducted in Burkina Faso on the experiences of pregnant and parenting adolescents, 54.49% of first pregnancies experienced by respondents were unwanted (APHRC & ISSP, 2022). Despite the many initiatives undertaken by the Burkinabe government and its technical and financial partners, this target group still faces sexual and reproductive health problems. As a result, hope is increasingly being placed in the hands of parents, who are the reference persons, since the home is the first school for any individual, and it's there that values are sown and reinforced (Freedman et al., 2020). There is therefore a need for knowledge to guide sexual and reproductive health programs aimed at adolescents.

## **Relevance of the topic**

This research is in line with Burkina Faso's 2015-2020 strategic health plan for adolescents and young people. The aim of this plan was to reduce mortality and morbidity among adolescents and young people in Burkina Faso, mainly by combating HIV/AIDS and other STIs, early or unwanted pregnancies and induced abortions.

The relevance of this research also stems from the extent of risky sexual behaviors among adolescent girls and the associated health problems. From the literature dealing with these issues, the authors broadly agree on two main theoretical approaches to explaining risky sexual behaviors in adolescents. These are rational adaptation and social disorganization. According to the first, adolescent girls engage in sexual activity in order to achieve specific economic or social goals. According to the second, the risky sexual behaviors of adolescent girls is the result of a relaxation of control over their children by their elders, following the weakening of traditional norms caused by modernization, the new environmental, social and economic context, and the rise of individualism. Studies have also shown that risky sexual behaviors among adolescent girls is influenced by several factors, including their individual characteristics and their environment outside the family. These include their age, place of residence, level of education, religion and membership of socio-cultural groups or clubs. The aim of our study is to analyze the relationships between attachment to parents and risky sexual behaviors in adolescent girls. However, considering this type of attachment in isolation does not allow us to measure its clear relationship with the risky sexual behaviors of these adolescent girls. Such an analysis requires controlling for attachment processes such as emotional closeness and communication between parents and adolescent girls on issues related to sexuality. Most studies in developing countries take less account simultaneously of these factors associated with risky sexual behaviors in adolescent girls.

In terms of interventions and research, this research is relevant on two levels. Many studies recommend parental involvement for the success of sexual and reproductive health programs aimed at adolescents (Cissé et al., 2013; Freedman et al., 2020). In other words, hope is increasingly based on the role of parents, so there is a need for knowledge to guide action (Miangotar, 2010). Also, in developing countries, there are few studies on the relationships between attachment to parents and risky sexual behaviors in adolescent girls, so a study of this kind will help to improve knowledge.

## **Research objectives**

This study aims to analyze the relationships between attachment to parents and sexual behaviors among adolescents that puts them at risk of contracting HIV/AIDS and early or unwanted pregnancies. Specifically, it will :

1. Describe risky sexual behaviors (early sexual debut, multiple sexual partnerships and no use of condoms during sexual intercourse) among adolescent girls.
2. Analyze the extent to which these risky sexual behaviors are influenced by attachment to parents (emotional closeness and communication about sexuality).

## **Research data**

The analyses were carried out using quantitative and qualitative data from a cross-sectional study of the experiences of pregnant and parenting teenagers in the Centre region of Burkina Faso. The study, carried out in 2022 by the African Population and Health Research Center (APHRC) and its partner in Burkina Faso (Institut Supérieur des Sciences de la Population, Université Joseph Ki-Zerbo), arose from the observation that the experiences and difficulties in terms of health, social well-being, schooling or training and empowerment of pregnant teenagers and mothers are insufficiently documented to guide policies and programs. This cross-sectional research used a mixed quantitative and qualitative approach. Both the quantitative and qualitative components are equally important in the study, in that the qualitative component enabled us to gain an in-depth understanding of the experiences of pregnant teenagers and mothers, while the quantitative component enabled us to estimate the extent of the challenges they face.

Prior to carrying out the study, approval for the research protocol was obtained from the APHRC ethics committee. The protocol was also examined and approved by the Burkina Faso Health Research Ethics Committee. The research team received ongoing training in the ethics of research involving human subjects. Similarly, the data collectors also benefited from training led by the research team, particularly on the ethical rules of the study. During data collection, the research team also ensured compliance with the ethical rules for obtaining informed consent from participants, and appropriate measures were taken to ensure data confidentiality and respondent protection.

## **Analysis methods**

For the quantitative component, univariate descriptive analyses were carried out to describe the sample for each of the key variables studied. Next, bivariate analyses were carried out to explore the association between the three risky sexual behaviors among adolescent girls (early sexual debut, multiple sexual partnerships and no use of condoms during sexual intercourse). Multivariate analyses were then used to identify the factors associated with the three risky sexual behaviors in adolescent girls. For the qualitative component, a thematic analysis was used. The transcripts of the interviews conducted as part of the qualitative component were encoded using an Excel spreadsheet. The information was then grouped by theme and analyzed in order to understand the extent to which risky sexual behaviors is influenced by attachment to parents.

## **Preliminary results**

Quantitative analyses revealed a statistically significant association between early sexual debut, multiple sexual partnerships and no use of condoms during sex among adolescent girls, and positive associations between communication between parents and adolescent girls on sexuality and delayed sexual debut, and condom use during sex among adolescent girls. The qualitative analyses show that most of the parents who took part in the qualitative survey, although willing to discuss sexuality with their teenage daughters despite the taboo surrounding the subject, may not have accurate information on sexuality and are not sufficiently confident in their skills to properly educate their children on sexuality and prevention.

## **Programmatic implications**

These preliminary results show us that in a context where discussions about sexuality are taboo, it is appropriate to set up interventions that work with parents to provide them with all the necessary information on sexual and reproductive health as well as the necessary tools to better educate adolescents.

## **References**

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