

# Determinants of Early Sexual Activity among Adolescents in Secondary Schools in Yaoundé

Claude-Audrey Meguieze<sup>1,2</sup>, Joli Coeur Sake<sup>1</sup>, Eric Nseme<sup>2</sup>, Ndombo Paul Koki<sup>1</sup>

<sup>1</sup>Pediatrics' Department, Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Yaoundé, Cameroon

<sup>2</sup>Forensic Medicine Laboratory, Faculty of Medicine and Biomedical Sciences, University of Yaoundé I, Yaoundé, Cameroon

Email: [claudaudrey.meguieze@fmsb-uy1.cm](mailto:claudaudrey.meguieze@fmsb-uy1.cm)

**How to cite this paper:** Meguieze, C.-A., Sake, J.C., Nseme, E. and Koki, N.P. (2025) Determinants of Early Sexual Activity among Adolescents in Secondary Schools in Yaoundé. *Open Journal of Pediatrics*, 15, 504-516.

<https://doi.org/10.4236/ojped.2025.154048>

**Received:** May 20, 2025

**Accepted:** July 8, 2025

**Published:** July 11, 2025

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## Abstract

**Introduction:** Initiation of early sexual activity in adolescence is associated with numerous adverse consequences. To avoid the unwanted consequences of early sexual initiation we need to understand the factors that influence adolescent early sexual decision-making. Therefore, this study aimed to assess the determinants of early sexual initiation among teenage students in Yaoundé. **Methodology:** We carried out a cross-sectional study in nine secondary schools in Yaoundé from November 2023 to May 2024 (7 months). Ethical and administrative authorization was obtained. We included adolescents aged 10 - 19 years who were willing to participate in this study. Data was collected using a structured self-reported questionnaire and analyzed using Statistical Package for Social Sciences. Binary and multivariate logistic regression models were used to determine factors associated with early sexual activity ( $p < 0.05$ ). **Results:** We consecutively enrolled 908 students, 777 consented and completed the questionnaire. Among the study participants, 61.9% were females giving a sex ratio of 1:1.6. The median age at sexual initiation was  $15.46 \pm 1.47$  years. The prevalence of early sexual intercourse was 28.12%. Most participants had their first sexual experience during the holiday period (51.1%). The most frequent name for a sexual partner was described as boy/girlfriend (75.9%). The act was consensual in 99.6%, preceded by drug use (10.5%), and unprotected in 20.5%. On multivariate analysis, the main factors associated with early sexual initiation were the male gender ( $OR = 2.15$ ;  $p < 0.001$ ), being trans ( $OR = 2.96$ ,  $p = 0.002$ ), sexually active group of friends ( $OR = 3.97$ ;  $p < 0.001$ ), night club attendance ( $OR = 4.18$ ;  $p < 0.001$ ), and public school ( $OR = 2.37$ ;  $p < 0.001$ ). **Conclusion:** There exist factors associated with early sexual initiation among adolescents in secondary schools in Yaoundé. Interventions must be carried out at an individual, family, and community level to address this problem.

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## Keywords

Adolescents, Associated Factors, Sexual Initiation, Yaoundé

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## 1. Introduction

Adolescence is a period of rapid physical, emotional and psychological changes which renders adolescents vulnerable to risky behaviours such as early sexual activity. Initiation to sexual activity by adolescents poses a major problem to both social and public health, especially in developing countries like Cameroon [1]. According to WHO, early sexual activity is defined as having had sex before the age of 15 years [2]; meanwhile, the perceived right age for sexual debut varies from one individual to another and across societies [3]. In Cameroon, Meguieze *et al.* reported a mean age at sexual initiation around 15.5 years [4]. A study in the Netherlands revealed that adolescents exposed to electronic devices such as televisions, telephones, and computers were significantly more likely to engage in early sexual intercourse [2]. Gazendam *et al.* in Canada noted that among early-aged sexually active adolescents (12 or 13 years), the proportion of boys exceeded that of girls with factors such as family structure, physical activity, social media use, and perception of family affluence being correlated with early sexual activity for both males and females [5]. In West Africa, factors associated with early sexuality were found to be male gender, intake of alcohol, and having friends who engaged in sex [6]. Conversely, in East African studies, factors found to predict early sexuality were parents' educational level, sex, place of residence, and exposure to pornography amongst others [7].

Despite the significance of early sexual activity among adolescents, there is a need for a more nuanced understanding of the determinants of early sexual activity among adolescents in Yaoundé, considering the local context and cultural nuances. This study therefore aims to investigate the determinants of early sexual activity among adolescents in Yaoundé.

## 2. Materials and Methods

### 2.1. Study Location

We carried out this study in secondary schools in the city of Yaoundé, the capital of Cameroon. It is located in the Centre region in the Mfoundi division and is the second most populous city in the country with a population of approximately 2.8 million spread over 7 subdivisions (Yaoundé I to Yaoundé VII). It is an administrative zone with a high level of urbanization, industrialization, and education. Owing to its high-profile structure, Yaoundé has a higher standard of living than most cities in Cameroon.

### 2.2. Study Design, Population and Sampling

A cross-sectional study was conducted in nine secondary schools in Yaoundé

(three publics, three private nondenominational and three privates denominational) over a period of seven months. The schools were chosen based on the funding system to have participants who could be representatives of different social and economic backgrounds. Selection of the population study was done using a multistage sampling approach. The population was divided into clusters and different clusters were selected at each stage.

We recruited both male and female students registered in the randomly selected schools, who were willing and provided parental consent. Participants whose forms were incomplete were excluded.

The questionnaire was pretested on students of a nearby secondary school not included in the study population. The data collectors had 2 days of training, before the survey. The collected data was reviewed and checked for completeness before data entry.

### 2.3. Ethical Considerations

This study was in line with the standards of the Declaration of Helsinki. Ethical clearance N° 0765/UY1/FMSB/VDRC/DAASR/CD was obtained from the Institutional Ethical Review Board of the Faculty Medicine Biomedical Sciences, University of Yaoundé 1. Research authorizations were obtained from the Centre regional delegation of secondary education and administrative authorization from principals of the selected secondary schools. Data was collected using a pretested self-reported anonymous and confidential questionnaire.

### 2.4. Measures and Data Analysis

Participants were interviewed using a self-reported questionnaire which assessed determinants of early sexual activity among adolescents. Our study used a closed end type questionnaire which consists of pre-set questions designed based on the study objectives with a limited number of multiple-choice questions. These questionnaires collected quantitative data in the form of multiple-choice questions/items written in the format of descriptive research.

Statistical Package for Social Sciences (IBM SPSS) was used for analysis. Associations between variables in the study were analyzed using Fisher's exact or Chi-square test. In all the analyses, a  $p$ -value  $< 0.05$  was considered significant.

## 3. Results

We consecutively recruited 904 students in our study, of which 818 were included and 41 were excluded for a sample size of 777.

### 3.1. Sociodemographic Characteristics of Adolescents

The sociodemographic characteristics of adolescents were registered in **Table 1**. They included age, sex, weekly allowance and religion. The mean age of adolescents in school was  $16.37 \pm 1.54$  years, with age ranges between 12 and 19 years. The modal age was between 16 and 17 years old (43%). Adolescents' girl consti-

tuted most of our study population (61.9%), with a sex ratio of 1:1.6. The median weekly pocket allowance was 2000 [1000 - 3875] FCFA, with extremes of 0 and 25,000 FCFA. Regarding religion, most adolescents were Christians (89.6%).

**Table 1.** Distribution of the population by socio-demographic characteristics.

Variables	Number (n = 777)	Percentage (%)
<b>Age groups (years)</b>		
12 - 13	18	2.3
14 - 15	233	30.0
16 - 17	334	43.0
18 - 19	192	24.7
<b>Sex</b>		
Female	481	61.9
Male	296	38.1
<b>Weekly allowance (CFA francs)</b>		
None	85	10.9
<1000	51	6.6
1000 - 2499	256	32.9
2500 - 4999	204	26.3
5000 - 9999	123	15.8
≥10,000	58	7.5
<b>Religion</b>		
Christian	696	89.6
Muslim	74	9.5
Animist	5	0.6
Atheist	2	0.3

### 3.2. Behavioral and Family Features

Behavioural characteristics, habits and lifestyle were captured in **Table 2**. Among the adolescents, 6.3% considered themselves as being trans. More than 7 adolescents on 10 had a group of friends who were sexually active while 35.5% reported to attend nightclub. Less than 2 adolescents on 5 reported illicit drug use while 45.4% reported legal drug use with alcohol being the most reported. Both the practice of pornography and masturbation were reported at 61.4% and 55.9% respectively. Meanwhile, 54% of our participants did not have sex education at home with their parents/tutors. Attendance at nightclubs was found among 45% of students. The use of legal drugs was frequent in 45.4% of cases, mainly alcohol; and the illicit drugs that were common in 31.5% of cases were mainly represented by shisha (31%).

**Table 2.** Distribution of the population by behavioural and family features.

Variables	Number (n = 777)	Percentage (%)
<b>Self-consideration</b>		
Cis gender	728	93.7
Trans	49	6.3
<b>Family type</b>		
Both parents	391	50.3
Single parent	287	36.9
Reconstituted	73	9.4
Adoptive	26	3.3
<b>Sexually active company</b>		
Yes	615	79.2
No	162	20.8
<b>Pornography consumption</b>		
Yes	477	61.4
No	300	38.6
<b>Masturbation</b>		
Yes	434	55.9
No	343	44.1
<b>Sex education at home</b>		
Yes	354	45.6
No	423	54.4
<b>Nightclub attendance</b>		
Yes	350	45
No	427	55
<b>Legal drugs</b>		
Alcohol	353	45.4
Other	0	0
<b>Illicit drugs</b>		
“Chicha”	241	31
Tramadol	12	1.5
Marijuana	9	1.2
Cocaine	7	0.9
Cannabis	5	0.6
Narcotics	4	0.5

### 3.3. Circumstances of Sexual Initiation

A total of 448 students were sexually active with frequency of sexuality at 57.6% in the entire study population. Moreover, among the sexually active (early sexuality and late sexuality, N = 448) participants, early sexual initiation occurred in 28.1% and late sexual initiation in 71.9% of teenagers.

The mean age at sexual initiation was  $15.46 \pm 1.47$  years, with extremes of 7 and 19 years. The act was consensual in 99.6% of cases, preceded by drug use in 10.5% of cases and unprotected in 20.5% of cases. This primary sexual intercourse had occurred mainly during the holidays in 51.1% of cases. In 86.8% of cases, the initiation of sexuality was due to love for the partner. The first sexual partner was of the opposite sex in almost all cases (99.1%) and was mainly referred to as boy/girl-friend (75.9%) (**Table 3**).

**Table 3.** Circumstances of sexual initiation.

Variables	Number (n = 448)	Percentage (%)
<b>Age at 1st intercourse</b>		
<10	4	0.9
10 - 14	122	27.2
15 - 19	322	71.9
<b>Circumstances of the 1st encounter</b>		
Planned	279	62.3
Unexpected	167	37.3
Forced	2	0.4
<b>Pre-sex drug use</b>		
Yes	47	10.5
No	401	89.5
<b>Condom use</b>		
Yes	356	79.5
No	92	20.5
<b>Onset period</b>		
Holidays	229	51.1
School period	207	46.2
Birthdays	12	2.7
<b>Reason for first intercourse</b>		
Love for the first partner	389	86.8
Pressure from friends	48	10.7
Partner pressure	6	1.3
Unconscious	5	1.1

## Continued

Nature of the 1st partner		
Boy/girlfriend	340	75.9
Classmate	73	16.3
Friend of social media	9	2.0
Adult	25	5.6
Relative	1	0.2
Gender of the 1st partner		
Opposite sex	444	99.1
Same sex	4	0.9

### 3.4. Factors Associated with Early Sexual Initiation

The independent factors associated with early sexual initiation are registered in **Table 4**. The analysis showed that the independent factors associated with early sexuality were male sex (OR = 2.15; adjusted  $p < 0.001$ ), trans identity (OR = 2.96; adjusted  $p = 0.002$ ), enrolment in public institutions (OR = 2.37; adjusted  $p < 0.001$ ), sexually active companionship/friends (OR = 3.97; adjusted  $p < 0.001$ ) and nightclub attendance (OR = 4.18; adjusted  $p < 0.001$ ).

**Table 4.** Independent factors associated with early sexuality.

Variables	Early sexuality	Late/no sexuality	OR	p
	N = 126; n (%)	N = 651; n (%)	(95% CI)	Adjusted
<b>Sex</b>				
Male	68 (23.0)	228 (77.0)	<b>2.15 (1.40 - 3.30)</b>	<b>&lt;0.001</b>
<b>Self-consideration</b>				
Trans	17 (34.7)	32 (65.3)	<b>2.96 (1.49 - 5.85)</b>	<b>0.002</b>
<b>Type of school</b>				
Public	50 (25.0)	150 (75.0)	<b>2.37 (1.52 - 3.68)</b>	<b>&lt;0.001</b>
<b>Lifestyle</b>				
Sexually active company	118 (19.2)	497 (80.8)	<b>3.97 (1.85 - 8.51)</b>	<b>&lt;0.001</b>
Nightclub attendance	93 (26.6)	257 (73.4)	<b>4.18 (2.67 - 6.54)</b>	<b>&lt;0.001</b>

## 4. Discussion

Early sexual activity is a global public health problem. There is a worldwide rapidly increasing frequency of youths indulging in sex. This rise is associated with a negative impact on students' health, as well as their future professional and social lives. For this reason, we carried out a cross-sectional study in nine secondary schools in Yaoundé to assess the factors associated with early sexual activity among ado-

lescents. The sexual practices considered in this study were oral sex, vaginal or anal penetration, and masturbation.

A total of 908 students were enrolled in this study with 777 students meeting our inclusion criteria. The overall occurrence of sexual activity among adolescents in this study was 57.66%. This result was higher than what was reported by Foumane *et al.* among female adolescents in Yaoundé, Cameroon in 2013 [8]. This could be explained by the sexes of participants in our study. Indeed, we recruited both female and male participants to have a general view of adolescent sexuality in Yaoundé. Our finding suggests that more and more adolescents engage in sexual activity.

Most of the participants were older than 15 years with a mean age of  $16.37 \pm 1.54$  years. This result is similar to those published in 2018 by Girmay *et al.* in northern Ethiopia, which reported an average of 16.3 years [7]. This similarity could be due to the nature of the participants who were adolescents in secondary school settings.

In our study, 61.9% of the participants were female. This value is slightly higher than values (57.7%) obtained by Millanzi *et al.* among adolescents in Tanzania in 2023 [9]. This rise may be due to the higher sample size in our study and the different geographical locations. However, according to WHO adolescent's population in Cameroon in 2023, there are more male adolescent than females.

Concerning the religiousness of the study population, 89.6% were of Christian faith. With 50.3% reporting to be living with both parents at the time of the study. A similar study in Ido-ekiti and Ekiti state Nigeria conducted by Durowade *et al.* in 2017 to determine the prevalence and risk factor of early sexual debut among adolescents in secondary school obtained a slightly lower rate of Christian faith (88.5%) and 64.7% of participants living with both parents [6]. This finding may have to do with the differences in total surface land areas and rural nature of these states in Nigeria. While commitment to a religion is associated with more restrictions sexually, religion do not appear to influence sexual behaviour uniquely [10].

The mean age of first sexual onset was  $15.46 \pm 1.47$  years, with most participants (71.9%) aged  $\geq 15$  years at first intercourse. The occurrence of ESI in our study was 28.12%. These findings are like values reported in Cameroon by Eboutou *et al.* in 2023 [11]. In their study, the mean age of ESI was 15.54 years while the prevalence of ESI was 26.37%. Early sexual initiation may be attributed to rapid urbanization, access to new communication techniques and changes in social norms which arouse adolescent's curiosity and thus expose them to ESI [12]. In general, adolescence is a time of major risk for ESI marked by interest in sexuality during early adolescence, self-exploration of this sexual interest and relationships during middle adolescence. Nonetheless, studies have shown that age at first sexual experience varies from place to place and among different individuals usually due to different factors.

In our study, 99.6% of participants consented at the first sexual intercourse. In



most cases, the sexual partner was described as a boy/girlfriend (75.9%). This finding is higher than that of Meguieze *et al.* [4] who obtained a consent rate of 84.1% and slightly lower rate (69.7%) of sexual partners described as boyfriend/girlfriend.

Most of the first sexual acts occurred during holiday periods at 51.1%. This finding is opposite to the findings reported by Essiben *et al.* in Cameroon in 2019 [13]. They reported that 82.3% of adolescents were sexually active during academic year periods. This discrepancy could be attributed to the difference in sampling methods and sample sizes. We can assume that educational environment creates opportunities for adolescents to network among themselves and make decisions pertaining to sexuality among others [10]. However, periods of ongoing classes are not idle as compared to holidays periods.

Licit drug use at first sexual intercourse was present in only 10.5% of cases. This finding was similar (13.4%) to that of James *et al.* who sought to investigate the sexual risk behaviors among school going adolescents in Sierra Leone in 2022 [14]. This is possibly so because intake of alcohol especially if excessive can cause loss of self-control.

In 79.5% of cases, sexual intercourse at initiation was protected with use of condom. A study carried out by Gravningen *et al.* to study early sexual behavior and Chlamydia infection among Norway adolescents reported 57.8% of contraceptive use at sexual initiation [12]. This increased difference in our study could be attributed to the fact that most adolescents in our survey reported having planned (62.3%) the sexual act and probably because male condoms are easier to purchase and more accessible. However, Girma *et al.* reported to have 31.7% planned sexual act among adolescents in Addis Ababa in Ethiopia in 2018 [13]. This difference could be explained by the type of schools considered in our survey (74.2% private school's) versus 100% government school in Ethiopia.

In our survey, participants reported love for partner (86.8%) and pressure from group of friends (10.7%) as the motivation to engage in first sexual activity. Whereas other studies in Ethiopia, Nigatu *et al.* reported pressure from group of friends (peer pressure) at 52.8% while Girma *et al.* reported love for partner in only 24.8% of cases in 2018 [13] [14].

This study found out that gender was significantly associated with early sexual debut. The male gender significantly increased the risk of early sexual debut among adolescents by 2 ( $p < 0.001$ ). This result is in line with the study conducted in Cameroon in 2022 by Meguieze *et al.* and in Nigeria by Durowade *et al.* in 2017 [4] [6]. This could be due to the fact that males have lower levels of impulse control, higher levels of sensation seeking, more adventurous, and desirous than female counterparts [15].

Children attending state schools were more at risk of early sexual initiation. This suggests that public schools are critical setting for addressing sexuality in teenagers. It indicates a failure in strategies to implement appropriate sex education, promote open communication and create inclusive, non judgemental support for

adolescents [16].

Trans identity increased the risk of sexuality in our study population by 3 ( $p = 0.001$ ). According to Mernitz *et al.* in the United States in 2023 lesbians/gay delay a first relationship compared to their trans peers, which suggests that patterns of dating relationships differ by context of sexual orientation [17]. However, in 2017 in the United States according to Eisenberg & al relative to cisgendered youths their trans counterparts were more likely to have early sexual debut [18]. Similar results were obtained by Kattari *et al.* in 2019 [19].

In our study population, adolescents of Christian faith [OR = 0.83 (0.46 - 1.51)] seemed to be protected from ESI. A study in Ghana by Kyei-Arthur F *et al.* in 2024 reported that Muslims and other categories of religions were more vulnerable to early sexual activity compared to those of Christian faith [20].

Adolescents who reported using licit drugs (OR: 2.40;  $p < 0.001$ ) as well as illegal drugs (OR: 2.91;  $p < 0.001$ ) respectively were more likely to engage in ESI. This finding is similar to Durowade *et al.* and Omona & Ssuka in Uganda in 2023 [6] [21]. The impaired effects of these drugs on the decision-making of adolescents could explain this result.

In our survey, adolescents who reported masturbation (OR: 1.95;  $p = 0.001$ ) and going to nightclubs (OR: 4.32;  $p < 0.001$ ) were more exposed to early sexual debut. Exposure to online sexual content such as pornography leads to the desire to experience sex which is primarily sought through masturbation and later in the sexual act properly. This explains our finding which was similar to that reported by Millanzi *et al.* in Tanzania in 2023 [9].

Adolescents from single-parent family type [OR = 1.29 (0.95 - 2.06);  $p = 0.055$ ] were close to significance to be more predisposed to indulge in early sexual intercourse. This is coherent with results obtained by Furlanetto *et al.* in Brazil and Gazendam *et al.* in Canada in 2019 [5] [22]. Perhaps adolescents from disrupted families experience less parental supervision, also, adolescents without close family ties may seek it in sexual relationships [23] [24].

In our study, those whose parents attained tertiary level of education [OR 0.65;  $p = 0.019$ ] had a lower risk of early sexuality. According to White & Warner in 2015 mean parental educational attainment moderates the influence of adolescent's attitudes towards sex [25]. Likewise, Guetto *et al.* reported in 2022 that higher parental education is associated with higher likelihood of protected first sexual intercourse for their adolescent children while lower parental education exposes adolescents to ESI and risky sexual behavior [26].

We found that having a sexually active company (OR: 4.57;  $p < 0.001$ ) increased the risk of early sexual debut among adolescents in Yaoundé. This is similar to the report of Millanzi *et al.* in Tanzania who reported that exposure to a group of friends favours sexual decision making [6]. Indeed, adolescence is a period where youths seek reward and feeling of belonging especially to a social group.

Receiving sexual education from parents, tutors and care takers reduced the risk of early sexual debut (OR 0.54;  $p = 0.002$ ) among adolescents in Yaoundé. A study

carried by Klu *et al.* in Ghana in 2022 reported that the degree of communication on sexual issues between adolescents and their parent's affects adolescent sexual decision making in a directly proportional manner [27].

Even though socioeconomic status is known as a key determinant of health behaviors, like psychoactive drugs initiation in teenagers, no association was found between weekly allowance and early sexual debut in this cohort [28].

## 5. Conclusion

The lifetime prevalence of early sexual onset is high, making it a public health problem as more and more adolescents engage in sexual activity. Most students started early sexual activity during middle adolescence with opposite sex partners. The most commonly descriptive criteria of the sexual act initiation were sex occurring during holidays periods, sex was with boy/girlfriend and protected sex. Motivation was pleasure out of love for partner and peer pressure. Individual and community factors such as sex, age, religiousness, sexual orientation, group friends, type of household, parental level of education, and licit drug consumption were the strongest determinants of early sex among adolescents.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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