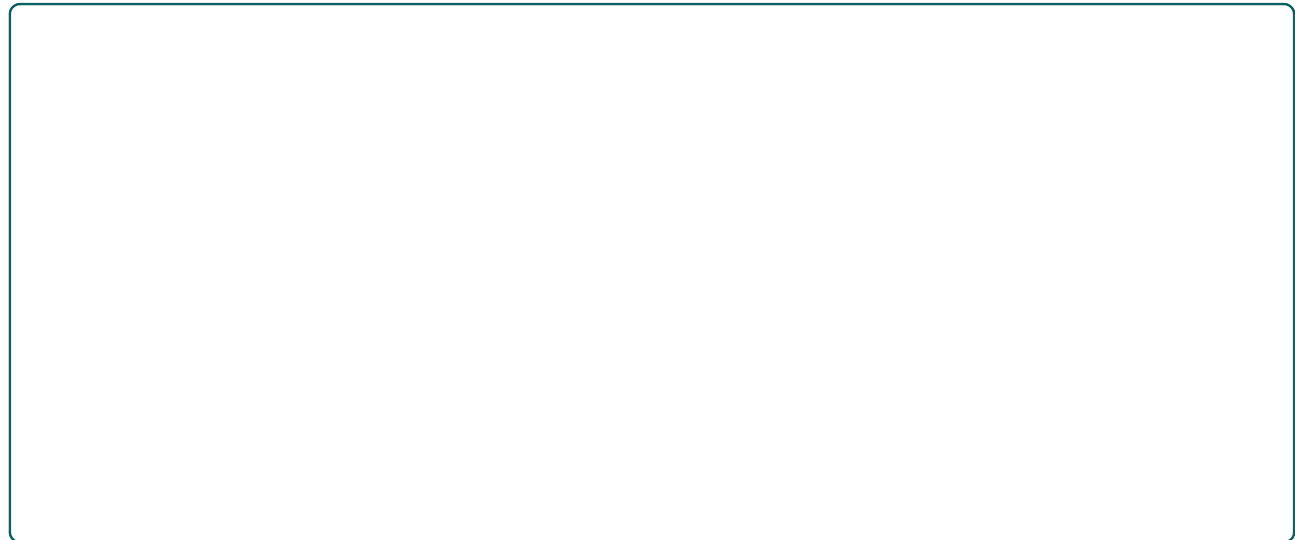


PROCEEDINGS

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Predictors of sexual risk behaviour among adolescents from welfare institutions

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Background

Sexual risk behaviour (SRB) includes premarital sex, early sexual initiation, unprotected sexual intercourse, sex with multiple partners, and unprotected sex with partners who are potential carriers of sexually transmitted infections (STIs) [1]. SRB is a major public health problem across the world, with well-documented risk factors [2]. However, the predictors of SRB among adolescents confined within welfare institutions are not well known. This gap in the literature is a cause for concern, given the linkages between SRB and adolescents' individual as well as interpersonal characteristics [3-6].

In 2011, more than 60,000 adolescents in the United States were held in residential placement facilities after breaking the law [7]. In Malaysia, the 2010 census showed a five percent reduction from the previous year in the number of new adolescents held in welfare institutions: 1096 and 1319, respectively [8]. However, this figure excluded those confined within private welfare institutions [8]. These adolescents are medically underserved and often present with significant health concerns compared with their counterparts in the community [9]. A longitudinal study conducted among 800 juvenile detainees aged 10-18 years in Chicago reported that more than 60% of adolescents had engaged in ≥ 10 risk behaviours, including sexual risk behaviour, at the time of their baseline interview; nearly two thirds of them persisted in ≥ 10 risk behaviours at the time of follow-up [10].

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Adolescents in welfare institutions, including those in juvenile detention facilities, have been identified as a group that participates in sexual risk behaviours [10]. Some institutionalised adolescents may be at additional risk due to their history of substance use and lack of connectedness to family [11,12]. In addition, institutionalised adolescents have poor school attendance records and are unlikely to participate in general population surveys

S b a n c e e

Substance use was assessed with these questions: 1) Have you ever smoked a cigarette (at least one or two puffs) or tried any tobacco products such as cigars or shisha? (Kappa = 1); 2) In the past month, did you smoke? (Kappa = 1); 3) Have you ever drunk alcohol? (Kappa = 1); and 4) Have you ever used illicit drugs? (Kappa = 1). Participants who answered 'Yes' to the questions above were categorised accordingly as smokers, alcohol drinkers, and/or illicit drug users.

Famil. connec edne

Family connectedness was assessed using measures adapted from the study 'Correlations between Family Meals and Psychosocial Well-being among Adolescents' [27]. Based on responses to the questions, 'How much do you feel you can talk to your caregiver about your problems?' and 'How much do you feel for your caregiver?'

Table 1 Socio-demographic characteristics of adolescents

Maã	939 (86.9)	410 (84.9)	529 (88.5)
C	38 (3.5)	25 (5.2)	13 (2.2)
I d a	92 (8.5)	46 (9.5)	46 (7.7)
Q,	12 (1.1)	2 (0.4)	10 (1.7)
12-14	258 (23.8)	116 (24.0)	142 (23.7)
15-17	699 (64.6)	288 (59.6)	411 (68.6)
18-19	125 (11.6)	79 (16.4)	46 (7.7)
I a	974 (90.1)	429 (88.8)	545 (91.1)
B dd.	23 (2.1)	14 (2.9)	9 (1.5)
C a			

from broken homes; the remaining 80.7% have intact families [33].

The use of substances such as cigarettes and illicit drugs was associated with SRB among males. These findings are consistent with previous studies that found that cigarette smoking and SRB are correlated with each other [36,37]. This could be due to conduct problems among institutionalised adolescents. A study of Greek adolescents found that conduct problems are associated with adolescent smoking [38]. Cigarette smoking, which led to conduct problems, in turn influenced adolescents to engage in SRB. Previous research has revealed that children with high rates of aggressive disruptive behaviours and attention problems at school entry are more likely to engage in problem behaviours in middle school; these behaviours are associated with early initiation of sexual activity [39].

Other studies have also found that adolescents who

juvenile misconduct at Henry Gurney Schools and the Prison Department of Malaysia [33]. The fact that the majority of the population within public welfare institutions is Malay may explain the higher number of Malays compared to other ethnic groups.

Most of the participants were female. This can be explained by the type of illegal acts committed and abuse experienced by the adolescents placed in the selected welfare institutions. While most offenses leading to arrest are committed by boys, girls account for the majority of adolescents taken into custody for running away, prostitution, uncontrolled behaviour and teenage pregnancy [34].

A rift among family members is a contributing factor to adverse adolescent outcomes [35]. However, in this study more than half of the adolescents were living with both biological parents. This finding corresponds to a report by the Prison Department of Malaysia that found that only 19.3% of juveniles serving prison sentences come

study that reported no significant association between self-esteem and SRB in female adolescents [47]. However, several studies have identified low self-esteem as a determinant of SRB [48,49]. Studies in a wide range of western countries have determined that adolescent females, on average, have lower self-esteem compared to males [50,51]. A previous study of self-esteem among Malaysian adolescents found that female adolescents are more likely than males to have low self-esteem [52]. In the current study, the adolescents' low self-esteem could be due to a lack of consistent communication with, support from, and encouragement by parents and other adult role models. Adolescents with low self-esteem are more likely to succumb to

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U. Ma a.

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