Sexual Behaviour and Practices Among Secondary School Adolescents in Anambra State, Nigeria

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ABSTRACT

Background: *According to the World Health Organization (WHO), adolescents are persons aged 10 to 19 years. Adolescence is the progression from appearance of sexual characteristics to sexual and reproductive maturity; development of adult mental processes and adult identity and a period of transition from total socio-economic dependence to relative independence. Their sexual behaviour is an issue of global public health concern.*

Objective: *TThis study is to assess the sexual behaviour and practices among secondary school adolescents in Anambra State, Nigeria.*

Methods: *A cross -sectional descriptive study of 384 in-school adolescents in Anambra State, Nigeria, selected using a multi stage random sampling technique was done. Data was collected using pre-tested, semi-structured self administered questionnaires. Data was analyzed with SPSS version 13 computer software.*

Results: *One hundred and twenty (34.3%) out of 384 respondents have had their first sexual exposure and are sexually active. Seventy eight (65.0%) were males while 42 (35.0%) were females. The mean, modal and youngest ages of initiation into sexual activity were 15.08 ± 0.2, 15± 0.2, and 10± 0.2 years respectively. About 49 (40.8%) have multiple sexual partners. Contraceptive awareness was 52.0%, while contraceptive uses at first and last sexual intercourse were 35 (29.2%) and 108 (75.0%) respectively. The most commonly used contraceptive methods were condom 90.0% (108) and pills 8.20% (10), while the most common reasons for having premarital sex were peer group pressure 50.0% (60) and monetary gains 27.5% (33).*

Conclusion: *Risky sexual behaviour is high among this age group. Efforts to promote sexuality education and contraceptive awareness should be intensified.*

Key words: *sexual behaviour, secondary schools, adolescents, Nigeria.*

Afrimedic Journal 2010; 1(2)22-27

INTRODUCTION

Adolescents and young people comprise nearly half of the world's population of 6.2 billion people and 85% of them are from developing countries.[1] Current estimates put the population of adolescents at 1.2 billion worldwide, 1 in every 5 people is an adolescent.[1] Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psychosocial development occur around puberty, resulting in sexual curiosity and experimentation.[2] These biological and psychological changes result in awareness of sexuality in adolescents; thus they frequently negotiate and adjust to increased demands for a more autonomous lifestyle.[3] Responses to societal sexual norms and expectation can be seen as a key task of adolescents. Traditional norms in most Nigerian cultures demand premarital sexual abstinence until entry into marital union; nevertheless, the norms have almost disappeared in all ethnic groups.[4]

By 13 years, 5% of girls and 20% of boys have had their sexual debut. By age 16 years, 30% of girls & 75% of boys report having sexual intercourse.[1] Knowledge of risks of pregnancy, sexually transmitted infections (STIs) and AIDS do not consistently control behaviour. Few use contraception at first intercourse and by age 17-18 years, there is reduction in sexual experimentation.[1] Data from several parts of Nigeria point to sexual activity in single adolescent of both sexes with progressively decreasing age of initiation. A country wide survey revealed that 9 out of every 10 males and females out of school adolescent are sexually active.[5] A survey in South West Nigeria shows that older women are more likely to be virgins till the time of marriage than younger women.[6]A study in Lagos State reported that 40% of secondary school students had already had sexual intercourse, while most adolescents have had their first sexual intercourse between the ages of 10 and 16 years.[1, 7] The mean age of sexual activity is 14.8 years.[1] The picture is similar in many urban and rural areas in the country. In Calabar, 54% of female and 52% of male adolescents had sex before age 15.[8] Studies in rural and urban areas of Enugu, Kaduna, Lagos, Onitsha and Zaria show that sexual activity among adolescents is high. Forty percent of female and 50% of male adolescents have already had their first sexual contacts.[9] The study shows that greater proportion of urban female compared to their male counterparts frequently engage in sexual relationships.[9]

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In Benin City, 77% of adolescent school girls are sexually active.[9] In Ilorin, 62% of in-school adolescents are sexually active of which 30% of females and 58% of males had sex at the age of 19 years.[10]Also, in Niger State, 32.7% (36% females and 64% males; 55% out of school and 45% in-school), of respondents had already had their first sexual intercourse before the age of 19 years.[11] A slightly lower proportion was reported to be sexually active in a survey among in-school adolescents in the Southeastern parts of the country.[12]

Several studies have reported multiple sexual partnerships among adolescents in various parts of the country.[7,9,11,13.] Fifty four percent of sexually active adolescents in Niger State reported having more than one sexual partner. Most of them were males (66%) than females (44%), more in school adolescents (55%) than out-school adolescents (53%) and the frequency of the respondents' sexual intercourse per week ranged between 0 and 13 times.[11]In Lagos, thirty five percent of female adolescents and a higher proportion of males (65%) reported that they maintained more than one sexual partner in non-marital relationships.[13] Similarly in Benin, 35% of adolescent school girls said they had multiple sexual partners[9], while in another report in Lagos, 75% of sexually active adolescent students indicated that they had more than two sexual partners.[7] Among adolescent university students in Ibadan, 48% reported having many sexual partners.[14]

The brief review in this paper suggests that most adolescents in the country are sexually experienced, with a tendency for multiple sex partnerships. Such risks as unwanted pregnancy, teenage births and induced abortions, often by quacks, are however associated with their sexual practice[15-18] Life threatening complications, maternal deaths, and prolonged morbidity in survivors result.[15-17] Sexually transmitted diseases occur in both sexes and when inadequately treated, chronic reproductive tract infections and infertility follow.[19-21] Adequate health education and contraceptive use remain low among adolescent as in older age group.[22-25]

This study was carried out to assess aspects of sexual behaviour and practice among adolescent secondary school students in Nnewi Metropolis, one of the commercial nerve centres of Anambra State, Nigeria.

METHODS

The study was conducted in Nnewi town, among secondary school students of adolescent age group (10-19 years). Nnewi is one town in Nnewi North Local Government Area. The land mass has an area dimension of 72km^2 and an approximate total population of 157,569 people by the population census of 2006. From this, an average population density of 2.189 people per square kilometer can easily be appreciated. [26] Nnewi is the second biggest commercial town in Anambra State. It is a town famed for industrialization, with raw materials mainly imported from outside the country.

This was a cross sectional descriptive study. The level of confidence was specified as 95% and the tolerable error margin was 5%. Three hundred and eighty four adolescents were selected from four secondary school within Nnewi metropolis, comprising of 192 boys and 192 girls using a multi stage random sampling technique. First step involved the selection of one local government area from the 21 local government areas of Anambra State by simple random sampling technique. The second step involved the selection of 4 secondary schools comprising of one girls' school, one boys' school and two mixed secondary schools out of the 23 secondary schools in Nnewi Metropolis. The third and final step involved the selection of respondents from the selected schools using stratified sampling technique, thus 96 students were interviewed in each of the schools. Semi-structured questionnaires, with questions on demographic characteristics, sexual behaviour, knowledge, practices and contraceptive use were self administered by the researchers. Out of this, only 350 questionnaires were correctly filled, completed and retrieved giving a response rate of 91.1%.The data was entered and analyzed using SPSS version 13 computer software, and frequencies and tables were generated.

Participation in the study was voluntary and informed verbal consent was obtained from each respondent prior to the administration of the questionnaire. Ethical approval was obtained from the Department of Community Medicine, Nnamdi Azikiwe University before proceeding for this study. The study period was one month.

RESULTS

Demographic characteristics (Table I): One hundred and ninety two females (54.0%) and 158 males (45.1%) were thus studied. They ranged from 12 to 18 years with mean age of 14.9 ± 1.5 years. The majority of them 60.0% (210) were from the senior, classes, while 40.0% (140) were from the junior secondary classes. About 95.6% (335) of the respondents were Christians with only 4.4 %(15) of them being Moslems, and the majority of them 90.2 % (316) currently living with either parents or guardians.

Sexual Behaviours, Practices and Knowledge: Sixty percent of the respondents (210), did not have formal education about sexual issues and out of the numbers that have heard about it formally, 85.7% (300) were able to mention at least one sign of female sexual maturation and 60.0% (210) mentioned at least one sign of male maturation. Most of the respondents, 47.2% (165) got information about sexual issues from their friends and peer group. This was followed by television, 30.0% (105) parents, 10.4% (36), newspapers and magazines, 7.4% (350) and school 5.0% (17.5). (Fig. 1). Fifty two percent (182) of respondents were aware of contraception and about 50.2% (176) were able to mention at least one or more contraceptive methods. The most common methods mentioned by respondents were abstinence 46.3% (207), male condom, 41.2% (182), oral contraceptive, 2.0% (2) and IUCD 5.6.% (25), while none of the respondents mentioned diaphragm, surgical methods, breast feeding or any form of traditional methods. Among those who are aware of contraception, 45.9% (192) mentioned that it could be used to prevent teenage pregnancy, 25.9% (108) mentioned that it could prevent sexually transmitted disease, 23.4% (98) said it prevents HIV/AIDS, while 4.8% (20) could not remember its importance. About one third of the respondents, 120 (34.37%) were sexually active as at the time of this survey with 65.7% (230) being males and 34.3% (120) being females.

The mean age at initiation of sexual activity was 15.08 years (±1.2 S.D.) while modal age was 15 years. The youngest age at initiation of sexual activity was 10 years.

The method of sexual intercourse commonly practiced by respondents were vaginal/penile sex which accounted for 74.1% (89) of intercourse, this was followed by masturbation 16.7% (20), while none of the respondents had practiced lesbianism nor homosexuality. Only 29.2% (35) of respondents had used any form of contraceptive method at their first sexual intercourse.

The disparity in contraceptive use between the first and the last sexual encounter was statistically significant ($P<0.05$.). Forty nine (40.8%) of sexually active respondents in this survey have multiple sexual partners ranging from 2-8 partners. Of this number, (49.4%) have had casual sex with someone who was not their regular partner. Ninety percent (108) of those that use contraception, claimed to have used male condom in most cases followed by oral contraceptives, 8.2% (emergency contraception) and the remaining 1.8% used other methods. The main reasons for the use of contraceptives is to prevent infection (42.5%) and unwanted teenage pregnancy (40.0%). The reasons given by respondents for engaging in premarital sex were peer group pressure (50.0%), monetary gain (27.5%), personal satisfaction (16.7%), curiosity (4.2%) and lack of home guidance from parents and relative (1.7%).

Table 1 Socio-demographic characteristics

Socio-demographic characteristics	**N=350**	
Age group	**Frequency**	**%**
10 12	5	1.4
13 15	234	66.9
16 19	111	31.7
Sex		
Male	158	45.1
Female	192	54.9
Educational level		
JSS 3 SS 1	141	40.30
SS 2 SS 3	209	59.7
Religion		
Christians	335	95.6
Moslems	15	4.4
Others	0	0

Table 3: Percentage distribution of respondents by sexual behaviour

Variables	Frequency	%
Ever had than first sexual contact/ sexually active (n = 350)		
Yes	120	34.4
No	225	64.3
Unavailable	5	1.4
Age of first sexual intercourse (n = 120)		
10 - 12	12	10.0
13 - 16	82	68.3
17 - 19	26	21.7
method of sex commonly practiced (N =120)		
vaginal/penile	89	74.1
masturbation	20	16.7
Oral	8	6.7
Anal	3	2.5
Lesbianism	0	0
Homosexuality	0	0
Use of contraceptive method at first sexual intercourse (n = 120)		
Yes	35	29.2
No	77	64.2
Unavailable	7	6.6
Use of contraceptive at the last sexual intercourse preceding survey (n = 120)		
Yes	108	90.0
No	12	10.0
Had sex with more than one person (n = 120)		40.8
Yes	49	59.2
No	71	

DISCUSSION

The socio-demographic characteristics of respondents in this study are similar to those of previous studies conducted in Nigeria.[3-13] The majority of the respondents were Christians. This is not surprising, since the study was conducted in the Southeastern part of the country with a predominant Christian religious faith. The study showed that only about 40% of the respondents have been formally thought about sexual issues. Of this number, 50% received the information from their friends and peers and 37.0% from mass media. Those who received the information from their parents and schools were low, 10.4% and 5.0%, respectively. This trend is consistent with results of most studies reviewed.[22-25]

Contraceptive awareness was 52.1% and about 50.2% of respondent were able to mention at least one or more methods of contraception, this is consistent with findings in Port Harcourt (56%),[27] and Ilorin, Nigeria (37% - 63%) but lower than that of sexually active Nigerian adolescents in 2008 national demographic and health statistics (NDHS).[28] The most commonly known contraceptive method was male condom (41.2%), and the main reasons mentioned for the use were; to prevent teenage pregnancy (45.9%) and to prevent sexually transmitted diseases including HIV/AIDS (49.3%). This pattern is similar to findings in Port Harcourt and Ilorin, Nigeria.[21,26] The knowledge about abstinence and male condom is likely to be connected with widespread information globally on their ability to prevent HIV/AIDS including other STI's using these methods of contraception which are mainly spread through the mass media and school seminars.

About one third of the respondents (34.3%) have had their first sexual exposure and were sexual active with 60% of them being males and about 35% being

females. This result is lower than that from Lagos[6] which revealed that 40% of adolescents have had sexual intercourse; 62% of in-school adolescents in Ilorin[9] and 55% in-school adolescents in many Southeastern parts of the country.[12] This shows that many adolescents in this survey are sexually active, while few have correct information about sexual issues. The findings are consistent with reports from Port Harcourt[26], and another survey in Ilorin.[11] Also, consistent with reports of 40% female and 50% male adolescents in rural and urban areas of Enugu, Kaduna, Lagos, Onitsha, and Zaria, who had already had their first sexual contact.[9]

The survey found that about 40.8% of adolescents who had already had first sexual experience also reported that they had more than one sexual partner and almost half of them have had sexual intercourse with a non regular partner. The findings are consistent with reports in Benin (35%), higher than reports from Port Harcourt, (27.7%) and lower than reports from Ilorin, (54%) and Ibadan, (48%).[13,26,29.] Similarly, the present findings show that the mean age of initiation of sexual activity was 15.08 years with the youngest age at initiation of sexual activity being 10 years. Though this reveals decreasing age of sexual activity among in-school adolescent, the reports are consistent with findings in Port Harcourt which stood at 15.04 and 12 years respectively.[27] Rapid urbanization with poor parental control, exposure to pornographic materials, and peer group pressure are factors that have been advanced to explain the decreasing age of initiation and indulgence in sexual activity by single adolescent girls, many of whom are neither biologically mature for childbirth, nor financially or psychologically capable of coping with the consequences of sexual activity.[11,15,18,26] The aforementioned factors are probably operative in Nnewi, the site of this survey as it is in most other urban centres in Nigeria, having rapid urbanization and increased commercial activity. Contraceptive use among the sexually active respondent was 29.2 percent at their first sexual exposure but rose to 75% at their last sexual exposure preceeding this survey, and the most commonly used contraceptive methods were male condom (90%) and oral contraceptive (8.2%). The difference in use between the first exposure and the last exposure was statistically significant ($P<0.05$). This could likely be as a result of ignorance due to poor knowledge about sexual issues as revealed in this study. The findings were consistent with reports in Port Harcourt and Ilorin.[11,26] The majority of the respondents in this survey practiced vaginal/penile sex (74.1%) and the main reasons given by respondents for having premarital sex were peer group pressure (50%), monetary gain, (27.5%) and personal satisfaction, (16.7%). This trend is similar to that found in some surveys in Nigeria.[10,11,27]

This shows that peer group influence on adolescent is quite enormous and urgent actions are needed to address the issue. Many of them get wrong information from their peers which might be greatly misleading coupled with economic hardship in the country which pushes these adolescents especially young girls to have sex primarily for financial gain not minding the consequences.

Friends and other peer groups have been consistently shown to be sources of information on reproductive health issues especially among young persons. They are likely to spread wrong information and so it is necessary that these people are especially targeted in awareness campaigns. In view of evidence suggesting widespread sexual activity and its subsequent consequences among Nigerian adolescents, we recommend that efforts should be intensified to promote sexuality education and contraceptive awareness in this age group. Parents, teachers, guardians and even the clergy should be involved. Adolescent health issues are emerging problems of public health concern and so funds should be made available by the government at all levels to tackle this problem including funds for evidence based on research which is lacking in the country. They are the future adults of the country and should be properly taken care of.

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