

**TASTING THE FORBIDDEN FRUIT: THE SOCIAL CONTEXT OF DEBUT  
SEXUAL ENCOUNTERS AMONG YOUNG PERSONS  
IN A RURAL NIGERIAN COMMUNITY**

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**ABSTRACT**

*One of the greatest challenges currently facing conventional adolescents' sexual and reproductive health (ASRH) related research is how to make connections beyond the domain of immediate and proximate factors in order to root ASRH concerns more properly and correctly. Yet viable interconnections made at such levels hold the key to breaking the walls that had hindered a systematic understanding of ASRH issues. In response to this challenge, the present study attempts to use the circumstances surrounding the debut sexual encounters of young persons in a rural Nigerian Community as a central point to understanding their vulnerability to sexual and reproductive health problems. Data for the study were gathered using in-depth interviews of 180 persons aged 11-25. Emerging evidence is that first sexual encounters took place under conditions that exposed young people to infections, disability, and even death. The study shows that there is need to build on the clear evidence that good sex education for young persons delays the onset of sexual activity and makes it safer when it eventually commences.*

**INTRODUCTION**

**D**espite the flood of interest and outpouring of scarce funds which adolescent sexual behavior has inspired in recent times, strong evidence indicates that numerous countries including Nigeria still face a crisis in ensuring good adolescent reproductive health (Shah, et al, 1998). Many factors are responsible

for this. A major one is the fact that conventional research on adolescent sexual and reproductive health (ASRH), and on which current intervention programmes are anchored, have concentrated on clinical surveys of the proximate circumstances of ASRH problems. Little attention has thus been paid to the analysis and exposition of the root social circumstances which ultimately translate into poor sexual and reproductive health among adolescents. Yet variable interconnections made and established beyond the domain of immediate and proximate factors hold great potentials for amplifying scientific understanding and breaking down the walls that have hindered progress in ASRH research and action. The urgent need is thus obvious for more work to open the 'boxes' that surround adolescent sexuality in order to interrogate, recognise and understand the complexity, and fluidity of adolescent sexual and reproductive experiences and their far-reaching implications not just for adolescent vulnerability but also for efforts aimed at addressing it.

This is the context against which the present study attempts to gain entry into the sexual and reproductive health concerns of rural adolescents by interrogating the conditions under which rural adolescents have their debut sexual encounters.

#### **SURVEY OF RELATED LITERATURE**

The sexual debut and the specific circumstances under which it takes place are rarely discussed (Awusabo-Asare and Anarfi, 1999). However, there is evidence that the subject is increasingly catching the interest of health and sexual behaviour researchers. Schoepf (1988) has advanced that in Eastern and Central Africa, as a result of the targetting of younger females for sex owing largely to the belief that 'they have not been contaminated' most women's first sexual experiences involve violent and forciful sex with older persons. Ejikeme (1994) has also pointed to the fact that undisvirgined young persons in Nigeria have been forced into hetero- and homosexual participation with ritual money-making, power-hungry, and longlife-seeking people. He links this with the belief in many circles that sex with virgins, in conjunction with necessary ritual activities could guarantee quick wealth, power and long life for people. Ejikeme, who

focused on the psychological implications of such experiences for children maintained that they are as traumatic as they are destabilizing; he establishes a relationships between this practice and adolescent suicide, loss of self worth, and poor mental health.

Adegbola's and Babatola's (1999) analysis of premarital sexual behaviour in Lagos, Nigeria highlighted that the median age at first sexual encounter differed on the basis of ethnicity, religion and parental class. They however found a generally low age at first sexual encounter among respondents. Most initial sexual experiences were shown to occur in contexts of mutual consent. From their study of the contexts of initial sexual encounters among peoples of Senegal, Engelhard and Seek (1991) observed a generally low age at first sexual encounter among the sample. They noticed that prostitutes were the most likely first partners for the males, and older men for girls. Most initial sexual experiences were noticed to have also occurred under conditions that could lead to STD infections. Awusabo-Asare and Anarfi (1999) have it that about two-thirds of first sexual encounters recorded in a study undertaken in Ghana were voluntary while, one-third were through coercion. They also assert that the general context of sexual debuts carry with them an inherent vulnerability to STD infection.

Simasiku et al (2000) have found out that in Zambia the average age of sexual initiation was 10 years for males and 12 for females. First sexual encounters were largely hetero-sexual and prompted by pressure, curiosity and economic gain. About the boys, the study noted that first sexual encounters were voluntary and largely with housegirls, and neighborhood girls, while older boys, sugar daddies, and relatives were the first partners to the majority of girls. They noted that most boys reported infections from their sexual debuts while a number of girls ended up in teenage pregnancy. They conclude that the sexual debut goes with many risks which are exacerbated by the low use of contraceptives especially condoms and the general lack of (information about) health services.

Karim and Ndlovu (2000) have confirmed the findings of Simasuku et al (2000). Studying reproductive health issues among Zimbabweans, they established that first sexual experiences were largely voluntary

and prompted by forces such as peer pressure, economic wants, biological instinct, and desire to experiment.

The present study contrasts with earlier studies in four ways: firstly, it takes the study of the sexual debut to the rural areas where STDs like HIV/AIDS have reportedly also spun out of total control; secondly, it focuses only on young persons whose memories of first sexual experiences are still fresh and unaffected by recall lapse and history; thirdly, it interrogates the level of utilization of safe sex methods at debut sexual encounters, and fourthly, it probes the fall-outs of the debut sexual relations and their implications for adolescent health and general wellbeing.

## **MATERIAL AND METHODS**

**Study Site:** This study took place in Abala Community. Abala is a large rural community of 8,000 persons (N.P.C., 1991). It lies southeast of Obingwa Local Government Area of Abia State, about 12 km southeast of Aba<sup>1</sup>. Abala comprises 6 patrilineal villages which claim common ancestry to a legendary warrior-figure, Abala. The Abala speak Igbo which belongs to the Kwa-sub family.

**Survey Instrument:** Data for this study were gathered through fieldwork carried out among young persons aged 11 and 25. Fieldwork began in October 1999, and ended in January 2000. It was carried out with the help of 12 field assistants who were all Igbo undergraduate students. Training of field workers (TOF) ran for a week and was used to equip fieldworkers for the rigours of fieldwork. TOF paid off immensely as field workers were equipped to cope with the challenges of canvassing for data on the sensitive issue of sexual behaviour from a people barred by various moral regimes from discussing sexuality. The instrument for data collection was an 18-point open-ended individual interviewing guide. All interviews were electronically recorded in small powerful audio-cassettes which fieldworkers carried but which were hidden from the interviewees.

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<sup>1</sup> Aba, one of the more popular commercial centres in West Africa, is in the heart of Abia State, Southeastern Nigeria.

**Sampling:** 180 persons were interviewed. The small size of the sample was in deference to financial and time constraints. The number of respondents to be interviewed having been agreed upon, their distribution among the various villages in the community was carried out on the criterion of relative estimated population size (Adegbola and Babatola, 1999). The next process was to cluster households. This was followed by a sampling process, which relied on the use of the fishbowl technique of systematic random sampling to select the specific households in these clusters from which respondents were to be selected. The number of persons to be interviewed in each cluster depended on the relative number of clusters against the aggregate number of respondents to be ultimately interviewed (i.e. 180). An equal number of boys and girls was surveyed.

**Precautions Taken:** Sexual behavior is a sensitive issue. Various reports have noted the difficulties in enlisting participation in studies that focus on sexuality. Consequently, objections were expected from traditionally minded guardians and parents as well as cultural and religious leaders. So the project team made meticulous preparations to minimize the likelihood of misunderstandings, social tensions, and outright opposition. Local and religious leaders, teachers and women representatives in the community were thus invited to a "sensitization" session on the research project. The people took the message home and the effect was the frank and open discussions which fieldworkers had with respondents.

Still, to guard against suspicions and enhance frankness and openness among respondents, female members of the research team interviewed female respondents and male fieldworkers interviewed male respondents. Again, interviews were started not from the sexual debut itself, but from what respondents thought and know about sex, STDs etc, and only in the middle of the discussions were issues of sexual experiences broached. Finally, in order to ensure that no information elicited from respondents would be lost, all discussions were recorded electronically with the help of small but sensitive audio-recorders, which were carefully hidden from the view of respondents. This had the additional effect of putting respondents at ease and

ensuring that the interviews were actually and properly done. We played these cassettes back at the end of each day's fieldwork and made copious notes from them.

## RESULTS

**Table 1: Basic sociodemographic characteristics**

		Boys, N=90		Girls, N=90		Total, N=180	
		N	%	N	%	N	%
Age of respondents	11-14	22	24.4	24	26.7	46	25.6
	15-18	29	32.2	36	40.0	65	36.1
	19-22	27	30.0	23	25.5	50	27.8
	23-25	12	13.3	07	7.8	19	10.6
Respondents' Educational status	No education.	5	5.6	7	7.7	12	60.7
	Some primary.	6	6.7	10	11.1	16	8.9
	In primary	15	16.7	12	13.3	27	1.5
	Complete Primary School	6	6.7	7	7.8	13	7.2
	Some post -primary	22	24.4	26	28.9	48	26.7
	In post-Primary	13	14.4	11	12.2	24	13.3
	Complete post-primary	2	2.2	1	1.1	3	1.7
	In pre-tertiary	18	0.0	16	17.8	34	18.9
	Some pre-tertiary voc/prof	2	2	-	-	2	1.0
Complete pre-tertiary	1	1.1	-	-	1	0.6	
Parental Occupation	Farming only.	27	30.0	26	28.9	53	29.4
	Farming / blue collar	21	23.4	22	24.4	43	23.8
	Farming/white collar	18	20.0	20	22.2	38	21.1
	Farming / commerce	24	26.6	22	24.4	46	25.6
Respondents Religious affiliation	Protestants	34	37.8	33	36.7	67	37.8
	Aladura	09	10	14	15.6	23	12.8
	Pentecostal	14	15.6	17	18.9	31	17.2
	Catholic	31	34.4	6	28.9	57	31.7
	Tradition-al religion	2	2	-	-	2	1.1

Presented in table 1 are the general sociodemographic characteristics of the respondents. As the table shows, an equal number of boys and girls was involved in the study. The modal age

for the respondents is 15-18. 61.7% of all respondents were between the ages of 11-18. The girls were generally younger than the boys with an average age of about 18. All the respondents are presently single.

The distribution patterns of both sexes by educational status appear very similar. The majority of the respondents was in secondary and primary schools. Significant numbers also reported dropping out of school, having some, or having completed primary and secondary education. 12 (6.7%) of the total respondents had no formal education. Evidently the sample presents a good picture of the differentiated levels of educational attainment which have variously been reported in Nigerian rural communities. But the preponderance of those who have gone through or are undergoing primary and secondary school in the sample is of critical importance. Schools offer expanded opportunities for interaction with the opposite sex, peer pressure, and learning outside the watchful eyes of parents.

Farming is the dominant subsistence activity of the parents of the respondents. This, in most cases, is combined with commerce, blue collar and white collar jobs (teaching, preaching, etc). The income levels of the respondents can thus be appreciated against the background of the low income earning capacity of their parents. A number of the respondents were however involved in petty trading, wage labour, and informal jobs (hair plaiting, tailoring, etc)

In terms of religious affiliation, the Protestants produced the highest number of respondents (37.2%). This was followed closely by Catholics (31.7). A handful of Pentecostal and Aladura worshippers were also present in the sample. Only 2 boys (1.1%) reported involvement in the traditional religion of ancestral worship. Whatever the case, these religious systems are associated with moral regimes that frown seriously against pre-marital sex (Ahlberg, 1994).

These are the basic social characteristics of the sample among which we explored the social circumstances and contexts of debut sexual encounters. However, in this section, we shall be working with a total of 162 respondents as 12 (2 boys and 10 girls) respondents reported no sexual relations yet.

Table 2

		Boys, N=88		Girls, N=74		Total, N=162	
		N	%	N	%	N	%
Age at first sexual encounter	11-14	17	19.3	14	18.9	31	19.1
	15-18	36	40.9	27	36.5	63	38.9
	19-22	21	23.9	26	35	47	29.0
	23-25	14	16	7	9.5	21	13.0
Partners at first sexual encounter	Boy/girl- friend	23	26.1	19	25.7	42	25.9
	Sugar dads/moms	3	3.4	12	17.8	15	9.3
	Proposed spouses	-	-	8	10.8	8	4.9
	Strangers	-	-	2	2.7	2	1.2
	Prostitutes	17	19.3	-	-	17	10.1
	Play/class-mates	37	42.1	21	28.4	58	35.8
	Others	8	9.1	12	16.2	20	12.4
Circumstance of first sexual encounter.	Drugged	-	-	4	5.4	4	2.5
	Coerced	3	3.4	9	12.2	12	7.4
	Raped.	-	-	3	4.1	3	1.9
	Lured/enticed	5	5.7	18	24	23	14.2
	Requested	4	4.6	12	16.2	16	9.9
	Biological urge	12	13.6	3	4.1	15	9.3
	Willingly/mutual	39	44.3	17	23	56	34.6
	Curiosity.	18	20.5	7	9.5	25	15.4
Others	07	8	1	1.4	8	4.9	
Utilization of protection at debut sexual encounter	None	74	84	68	92	42	87.4
	Adopted	14	16	6	8	20	12.4
Outcome of first sexual encounter	Sustained wounds only	16	18.2	21	28.4	37	22.4
	Became infected	17	19.3	7	9.5	24	14.81
	Pregnant	-	-	8	10.8	8	4.9
	Got a girl pregnant	4	4.6	-	-	4	2.5
	No outcome	51	58	38	51.4	89	54.9

Respondents' age at first sexual relation is decomposed in the first segment of table 2. the modal age category at debut sexual encounter was 15-18. Boys appear a little more likely to engage in sex earlier than the girls. Generally, the age at initial sexual initiation is



skewed - in favour of the ages between 11 and 18. This compares favourably with the findings of Awusabo-Asare & Anarfi, 1991; Engelhard and Seek, 1991; Simasiku et al, 2000 where mean ages at first sexual relations were reported to be 9, 12, and 11 respectively. This, also raises the question of the extent to which the tradition moral regimes of rural societies are still shielded from the onslaught of modernity and youth culture. Whatever the case, the observed early involvement in sex bespeaks an alarming level of vulnerability to STD infections among these rural-based young persons whose access to proper sex education and health care is always frustrated by a network of cultural, spatial and socio-economic factors.

Information on partners at first sexual initiation shows a preponderance of play/classmates (35.8%) as debut sexual relation partners. Boyfriend and girlfriends accounted for 25.9% of the reported partners at first encounter, 17 of the boys (19.30%) revealed that they had their first sexual experiences with prostitutes in the nearby town of Aba. Sugar 'dads', fiancés, and strangers accounted for 17.8, 10.8, 2.7 percents at debut sexual encounters among the girls while others, such as relatives, caretakers, teachers etc, were first partners to 12 (16.2%) of the girls. 3 (3.4%) of the boys reported first sexual experiences with sugar 'moms', and 8 (9.1%) with others such as house girls and cousins.

At first sexual encounters, 4 (5.4%) of the girls were drugged - ate food prepared with marijuana, took drinks mixed with drugs, etc, while 3 (4.1%) were raped. At total of 12 (1.4%) respondents were coerced or threatened into submission while 24 (14.2%) were deceived, lured and enticed with promises and gifts. Most persons (34.6%) however willingly/mutually agreed to have sex. Urges that were natural (9.30%) and curiosity (15.4%) were reported as key circumstances of first sexual encounters. Evidently, the reported circumstances of debut sexual encounters all imply levels of vulnerability. We are not even sure that those who were coerced, threatened, deceived, lured, or enticed into sex would not have been raped if they had resisted sexual participation. Willing consent is itself problematic especially among the girls as consent could have been elicited through subtle

pressures, gifts, and enticement. When viewed against the background of data on partners at debut sexual relations, where sugar dads and moms, teachers, caretakers, prostitutes, boy/girl friends and equally un-informed playmates are the major first sexual partners, it becomes obvious that there is more of these circumstances than respondents were ready to accept or acknowledge. Some insights into how unsafe the circumstances of first sexual encounters were can further be glimpsed from the information provided by respondents on utilization of safe sex practices at points of sexual initiation. Only 20 (12.4%) out of the 162 respondents with sexual experience admitted utilizing safer sex measures. Out of this number, only 11 boys (6.8%) reported having used condoms at first sexual encounter and 2 girls (1.2 %) also revealed that partners used condoms. The other seven respondents took drugs, mainly antibiotics, recommended by friends, drank concentrated salt solutions or Andrews liver salt, etc, after the encounter. The alarming aspect of these statistics is not just that the risks of infections and pregnancy were high at first sexual encounters, rather it is that the majority of those who claimed utilization of safer sex practices further endangered their health through dangerous practices and self-medication.

First sexual encounters produced a number of unpleasant fall-outs for some of the respondents. 37 (22.8%) of the respondents sustained penile and vaginal wounds and lacerations, 17 (19.30%) of the boys claimed they were infected with gonorrhoea, syphilis and so did 7 (9.5%) of the girls. 8 (10.9%) girls revealed they were pregnant while 4 (4.6%) of the boys claimed that they got their partners pregnant. Of the 8 who claimed they got pregnant from their first sexual encounters, 3 had their babies while 5 revealed that with the help of friends, parents, and older relatives they succeeded in aborting the pregnancies. On the other hand, the four boys who claimed to have impregnated their first sexual partners, said they had not accepted responsibility of the pregnancies.

## CONCLUSIONS

Debut sexual encounters among rural adolescents in this study frequently took place under conditions that predisposed young persons to infections, disability, and even death. This is made evident from the reported physical, sexual, and psychological violence with which initial sexual relations were elicited and the widely reported non-utilization of safe sex methods during such encounters. Young peoples', especially girls', vulnerability at first sexual encounters is not limited to infections. They are also vulnerable to sexual exploitation in the hands of older persons and even play/classmates who may resort to all kinds of pressures to elicit sexual participation from these youngsters. The susceptibility of these adolescents to STDS such HIV is also evident in the fact that prostitutes were mainly the reported partners at boys' first sexual encounters and the fact that a significant number of the girls were initiated into sex through rape, coercion, drugs, and enticements. Overall, the picture is that of a young population initiated into sex under very unsafe circumstances and with little or no information to address the fall-outs of unsafe sex. These fall-outs and implications are all too well known: teenage pregnancy, teenage fatherhood/motherhood, dropping out of school, HIV/STDs, aborted dreams and life chances, poverty, etc.

Against the background of the findings of this study, emerges the need to address the complexities of the vulnerabilities associated with the debut sexual experiences of young persons in the rural areas. In this respect, the study concludes that there is an urgent need to build on the clear evidence (Simasiku, 2000) that good sex education for young people which also includes, relationships, assertiveness, and communication skills will delay the onset of sexual activity and make it safer when it eventually commences.

Furthermore, apart from the obvious need for further research on this issue in other places with the aim of developing a richer database on which to predicate sustainable interventions, a critical need also exists for popular education in order facilitate learning and interaction, open up dialogue, and build bridges among rural youths, parents, community social workers and stake holders in rural adolescents health programmes. This is important if the social and cultural walls

that have hindered the free flow of sex information will be breached and young persons freed from the shackles of ignorance, fear, and lack of self confidence.

## REFERENCES

Adegbola, O & O. Babatola (1999)

'Premarital and extra-marital sex in Lagos, Nigeria' In I. O. Orubuloye & F. Oguntimehin (eds) (1999) *The continuing HIV/AIDS epidemic in Africa: Responses and Coping Strategies*. The Health Transition Centre, Australia National University Canberra 19-44.

Ahlberg, B. M. (1994)

Is there a distinct African sexuality?; A Critical Response to Cadwell'. *Africa* 61 (2) 220-242.

Awusabo-Asare, K&J. Anarfi (1999)

'Rethinking the circumstances surrounding the first sexual experiences of AIDS patients in Ghana'in I. O. Orubuloye & F Oguntimehin (eds) *op. cit* 9-18.

Ejikeme, G. G. (1999)

'Theories of Sexual Harassement' *Society* 4: 46-49.

Engelhard, P. & M. Seek, (1991)

'Sexual Behaviour and Cultural Context: with special reference to Senegal' *Scandinivian Journal of Development Alternatives* X( 1&2) 5-25.

Kaim, B & R.Ndlovu (2000)

'Lessons From Auntie Stella'Using PRA to promote reproductive health education in Zimbabwe's secondary schools' *PLA Notes* 37 45-49.

Schoepf B F (1988)

"Women, AIDS and the Economic crisis in Central Africa' *Canadian Journal of African Studies* 22, 3: 625-644.

Shah, K. R Zambezi & R. SIMASIKU (1998)

*The use of PLA methodology in partnership for adolescent sexual and reproductive health (PALS): a field guide*, CARE international.

Simasiku, M; G. Nkama, & M. Munro (2000)

'Participatory Learning and Action as a tool to explore adolescent sexual and reproductive health' *PLA Notes* 37 42-44.