Adolescent Sexual Behaviour and Practices in Nigeria: A Twelve Year Review

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ABSTRACT

Background: ***Adolescence is a time of opportunity and risk. During this time, attitudes, values and behaviours that forms a young person's future begin to develop and take shape. The World Health Organization (WHO) estimates that 70% of premature deaths among adults are largely due to behaviours initiated during adolescence. Age of sexual debut is generally low, yet there is dearth of knowledge on sexuality.***

Objective: ***The article reviewed the sexual practices and behaviours of Nigerian adolescents in the last twelve years.***

Methods: ***Available publications in local and international journals on adolescent sexual behaviour and practices covering a twelve-year period from January 2000 to December 2011 were retrieved from the Library (NAUTH Medical Library). Additional search for published articles was done on the internet from Pubmed/Medline and other search engines.***

Results: ***Adolescents engage in unhealthy sexual behaviours, characterized by early age at sexual initiation, unsafe sex and multiple sex partners. Reasons given for this include curiosity, peer influence, pleasure and financial benefit, amongst others.***

Conclusion: ***The strategies given in this review have the potential to increase sexual awareness in adolescents, encourage contraceptive use and improve adolescent reproductive and sexual health in the country.***

Keywords: ***Adolescent sexual behaviour, Adolescent health and development, secondary school students, adolescent pregnancy.***

INTRODUCTION

An adolescent is defined by the World Health Organization (WHO) as a person aged 10 to 19 years (while young people are those aged 10-24 years).[1] Adolescence is a 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.[2] One in every five people in the world is an adolescent. Current estimates put the population of adolescents worldwide at 1.2 billion and 85% of them live in developing countries[1].

Adolescents are not a homogenous group; their needs vary enormously by age, gender, region, socioeconomic condition, cultural context, etc. Similarly, their sexual and reproductive health needs vary considerably across different groups, cultures and religion.[3]

Adolescents' sexual activities are on the rise and rapidly emerging as a public health concern. Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psychosocial development result in sexual curiosity and experimentation[4], often in situations of little reproductive health information or services[5].

There is consensus that adolescents engage in high risk sexual behaviour that predisposes them to reproductive health problems[3]. This is as a result of physiological and psychological changes that cause them to desire sexual intercourse and take risks, leading to unfavourable sexual and reproductive health indices including unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases, and Acquired Immune Deficiency Syndrome (AIDS) [6,7]. Traditional norms in most Nigerian cultures demand premarital sexual abstinence until entry into marital unions; nevertheless, these values are changing rapidly, for the worse, in all ethnic groups[8].

Studies from several parts of the country have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual practices, including unprotected sexual intercourse with multiple partners[4,7]. Girls, most often, bear the consequences of early sexual activity in: unwanted pregnancies, teenage births and abortions, often by quacks[4]. Sexually transmitted diseases occur in both sexes and when inadequately treated, result in chronic reproductive tract infections and infertility.[2]

Young people, aged 15-24, accounted for an estimated 45% of new HIV infections worldwide in 2007. About 16 million girls, aged 15-19 years, give birth every year, most in low- and middle-income countries. An estimated 3 million girls of the same age group undergo unsafe abortions every year[9]

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In many countries, more than 50% of the population has unprotected penetrative sex before the age of 16, without contemplating the consequences and without accurate information.[6] In Nigeria, over 35 million people are aged 10–19 years and 3% of 15- to 19-year-olds are HIV positive[10]; making sexual abstinence among adolescents a critical preventive strategy against Human Immunodeficiency Virus (HIV) infection in the country. From an international perspective, any study on the sexual health of Nigerian adolescents is of significance to sub-saharan Africa, because a third of African adolescents live in Nigeria. We reviewed the sexual practices and behaviour of Nigerian adolescents in the last twelve years.

SOURCES OF SEXUAL INFORMATION

Research has shown that adolescents want to constantly receive sexual information from their parents and teachers[12]. However, parents are either shy to discuss sex-related issues with their adolescent children or they think the discussion would encourage them to indulge in sexual activities[13].

In a study of 350 in-school adolescents in Nnewi, Anambra state, 47.2% got information about sexual issues from friends and peer group. Other sources were television – 30%; parents – 10.4%; newspapers and magazines – 7.4%; and school – 5%. [2]. In Niger State, out of 896 adolescents (only 3.6% married), about 23% obtained information from friends, 23.2% sought information from physicians, while 18.3% got information from parents[8]. However, in the United States of America, it was found that 59% of adolescents learnt about sexuality from their parents[14].

PERCEPTION AND ATTITUDE TO SEXUAL ABSTINENCE

In a study in Niger State, majority of the respondents (73%) favoured remaining a virgin until marriage[8]. In another study in Ogun State, more than 76.2% of adolescents agreed that youths should remain virgins until marriage. Irrespective of their previous sexual experience, 62.7% of the respondents intended to abstain until they marry, 30.7% were undecided while 6.6% would not[15]. Iyaniwura et al also reported various misconceptions about abstinence among adolescents in Ogun State as below.

Table 1: Misconceptions about abstinence[15]

	Frequency	Percentage
Inability to enjoy sex later	63	15.5
Affects ability to have children later	42	10.3
Causes menstrual pain	45	11.0
Others	3	0.7
Don't know	59	14.5
No disadvantage	190	46.7

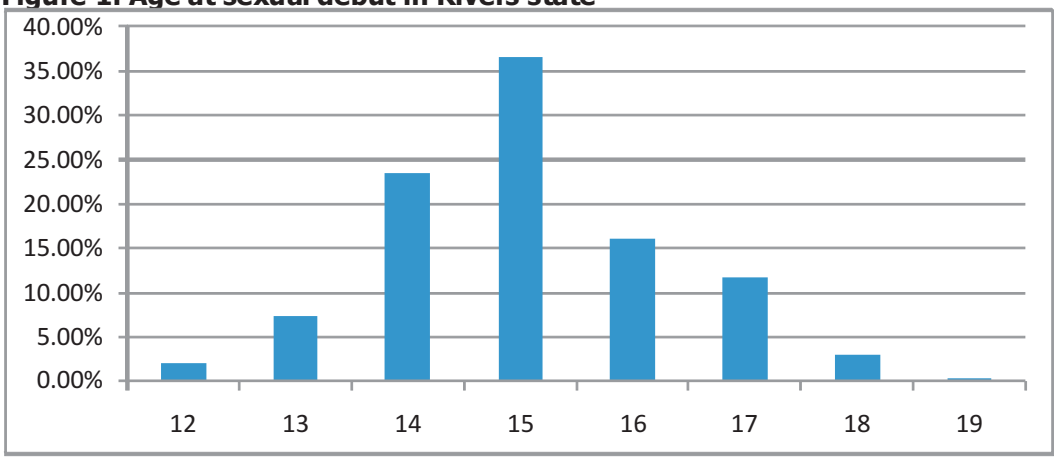
PRACTICE OF ABSTINENCE

In Africa, Uganda has been able to halt and reverse the HIV pandemic through individual behaviour change – abstinence, being faithful and condom use[16].In Sagamu, Ogun State, a study of 407 secondary school students (93.7% of them being single), showed that 64.9% had not initiated sexual activity (primary abstinence) [15]. Major predictors of sexual abstinence were being female, not having a boyfriend/girlfriend, not using alcohol, having a positive attitude towards abstinence and high self-esteem. Sexual abstinence was also significantly associated with perceived self efficacy to refuse sex and negative perception of peers who engage in sexual activities[17].

SEXUAL INITIATION AND CURRENT ACTIVITY

In 2008, according to a survey by NPC and ORC Macro, 20% of women in Nigeria were sexually active by age 15, and the median age for first sex stood at 17.7 years for women and 20.6 years for men[18].In a study of 350 in-school adolescents in Nnewi, Anambra State, 34.4% (120) of the adolescents have had sexual contact. Of these, 68.3% of them had their first sexual intercourse between the ages of 13 and 16 years[2]. A study by Ola and Oludare, in Niger State, has a similar finding[8]. The same applies to a study of 516 in-school adolescents in Delta State[19]. Early sexual initiation is consistent with results from studies done in other states in the country. A study of 768 adolescents in Rivers State showed that 605 adolescents (78.8%) have been sexually exposed. This is higher than reported in other studies. They made their debut as follows:

Figure 1: Age at sexual debut in Rivers state[3]



In a Tanzanian study involving 2,749 adolescents, 32.2% (885) of them reported to have initiated sexual activity[20]. This is lower than the average Nigerian percentage. In the United States, approximately 7.1% of American youths report sexual debut prior to 13, with more male than female youth reporting early sexual debut. By age 16, approximately 30% of females and 34% males have had sexual intercourse[21, 22.] Results from 2007 US National Youth Risk Behaviour Survey indicated that 47.8% of students have ever had sexual intercourse, with 35.0% of high school students being currently active.[22]

Subsequent sexual behaviour of adolescents after debut shows a great risk of exposure to pregnancy and sexually transmitted infections, including HIV/AIDS. In another study in Rivers State, 34.3% of the sexually active girls have intercourse at least once a week.[23] In Niger State, majority (84.4%) noted that they had sexual encounters between 1 and 6 times during the study period[8].

METHOD OF SEXUAL INTERCOURSE COMMONLY PRACTISED

Among the public health concerns are some of the reported types of sexual practices that increase the risk for adverse health outcome. This includes penetrative vaginal sex and anal sex[20].

In Osogbo, Osun State, in a study of 521 students who were single, oral and anal sex contributed 13.3% and 12.4% of the sexual preferences of the sexually active adolescents respectively. Vaginal penetrative sex was 78.1%[24.] In a study in Anambra State among sexually active adolescents, vaginal/penile sex was practised by 74.1%, masturbation 16.7%, oral 6.7% and anal 2.5%[2].

Another type of sex engaged in by adolescents is same-sex intercourse – gay and lesbianism. These were not reported in the reviewed articles. This may be due to the fact that people do not openly acknowledge their preference for same sex partners in our country.

REASONS FOR SEXUAL ACTIVITY

The reasons given for premarital sex in Anambra were peer group pressure (50%), monetary gain (27.5%), personal satisfaction (16.7%), curiosity (4.2%), and lack of home guidance from parents and relatives (1.7%)[2]. In Niger State the case is different; pleasure contributes 58% of the reasons, 22% to test fertility and 7% to enhance sexual proficiency[8]. In Abia State, the context for sexual intercourse is worrisome. The study revealed that 5.4% of the girls were drugged; 4.1% raped; 7.4% coerced and 14.2% deceived. 23.0% of the girls did it out of curiosity and 4.1% biological urge, other reasons accounted for the rest[25].

The sex partners of adolescents have been found to vary. In Bida, Niger State, 56.4% of the sexually active adolescents engaged in sex with their boyfriend/girlfriend; 7.4% did with their fiancé/ fiancée; 3.6% with a sugar daddy/mummy; 1.3 % had sex with any man/woman and 31.3% gave no response[26]. In Abia State, among sexually active adolescents, the findings were different: 35.8% with classmate/playmate; 25.9% with boyfriend/girlfriend; 10% (boys) with prostitute; 9.3% with sugar daddy/mummy; 4.9% with proposed spouse; 1.2% with strangers and 12.4% with others[25].

MULTIPLE PARTNERING

Data from Anambra shows that 40.80% of the 120 adolescents with sexual knowledge have had sex with more than one person[2]. The percentage is slightly higher in other parts of the country; 50.50% of 605 adolescents in Rivers State have more than one partner, with up to 6% exposed to more than 5 sexual partners[3]. Similarly, out of 294 adolescents in Niger

state, 54% have more than one sex partner[8]. In Cross River State, the proportion is lower; 22.6% of the sexually active adolescents have more than one sexual partner[27]; whereas in Delta State, about one-third of sexually active adolescents have had more than one partner[19].

In Tanzanian study, adolescents reported number of current sexual partners ranging from none to seven. About 15% of sexually active adolescents reported having multiple sexual partners – significantly more males 18% than females 6.3% reported having multiple sexual partners[20].

USE OF CONTRACEPTION

Unfortunately, the high level of sexual activity has not been matched with a corresponding level of contraceptive use. In Anambra State, 64.2% of 120 adolescents used no form of contraceptive device at first sexual intercourse[2]. This is similar with a Rivers State study[4]. The picture is worse in Abia State; only 12.4% out of 180 adolescents used condom during their first intercourse[25].

In Niger State, about 35% of 294 sexually active adolescents stated they or their partner used a particular family planning method to prevent pregnancy – the remaining 65% did not use any family planning device because they were ignorant of any method[8]. In Ikenne, Ogun State, knowledge on contraception among adolescents was also low; 36.9% and 22.1% for male and female students respectively. Use of contraception was quite low (10.9% for males and 6.0% for females).Reasons given for non use included non-availability (22.3%); cost (11.8%); negative attitude towards contraception due to societal disapproval (33.2%) and lack of knowledge of how to use them (21.3%)[28]. In contrast, there was high use of a contraceptive method in the last sexual intercourse engaged by adolescents in Anambra State (up to 90%)[2].

FACTORS INFLUENCING ADOLESCENT SEXUAL BEHAVIOUR

Many factors influence adolescents' decision to have sex or remain abstinent.

Socioeconomic Factors – Odimegwu et al[26] reported that adolescents with low parental income were more sexually active than those who reported high or medium parental income. This is consistent with arguments and reports that economic hardship encourages girls to become sexually active at an early age for economic reasons[23]. The perceived or real rewards, both financial and material, are also major enticements to engage in early sex[29].

Peer Pressure and Influence – Male adolescents more often than females identify peer pressure as one of the reasons for having sex.[4,25,27] Pressure to conform was mentioned by nearly all participants in a study – the pressure could range from subtle name calling to physical harassment[29].

Gender Norms and Values – Many cultures in Nigeria show preference for the male child and accord him certain privileges often to the exclusion of the female child. This leaves the female with little or no education and at a low socio-economic stratum with sex as the only bargaining tool[3].

Female Genital Mutilation – The practice is done mainly for cultural reasons in the belief that it will reduce promiscuity in the female.[5] However, researchers have documented that the reduced sexual pleasure associated with female genital mutilation could lead them into having multiple sex partners with the hope that sexual satisfaction will be achieved with one of them.[30]

Parental influence - Evidence from the Focused Group Discussions in Ankomah et al's study suggested that participants felt that parents could have either negative or positive influence on the sexual activity of their children.[29] On one hand, children of "good" parents have good home training and would grow up to be youth who abstain until marriage, while on the other hand, children (especially females) of "bad" parents stand a higher chance of being pushed consciously or unconsciously by their mothers into early sexual initiation.

Slap et al found in their study that Nigerian secondary school students from a polygamous family structure are more likely to engage in sexual activity than students from a monogamous family structure. Students' sense of connectedness to their parents, regardless of family structure decreases the likelihood of sexual behaviour.[11] Odeyemi et al also reported parents' marital status as a factor in early sexual activity.[31]

Religious Influence – This is a restraining factor towards sex. Both Muslim and Christian youths mentioned that their religion forbids pre- and extramarital sex. This was the primary reason religious participants gave for abstinence[29].

Media - Exposure to television has been found in quantitative studies as a key correlate to onset of early sex.[32] Locally produced movies as well as foreign films have been identified, particularly in Lagos, as a key catalyst for engagement in first sex, particularly for males[29].

Unrestrained Curiosity – In a study conducted among out of school female adolescents in Mushin, Lagos State, the main reason for sexual initiation was curiosity[31]. This is supported by evidence from Abia State, where 23% of the sexually active girls made their debut out of curiosity[25].

Coercive Factors - There is evidence that in some instances first sex was the result of sexual violence including rape and other forms of coercion[29]. This is supported by data from Abia State, where 31.1% of the adolescent girls made their sexual debut through various coercive factors[25].

Other Factors - This includes person adolescents' reside with and watching of pornography, uncontrolled natural urge, as well as alcohol and drugs dependence[31.]

CONSEQUENCES OF ADOLESCENT SEXUAL ACTIVITY

High Rate of Sexually Transmitted Infections and HIV/AIDS: There is evidence that most of the adolescents seen in STD clinics had previous history of vaginal intercourse. In Cross River State, 13.1% of the sexually active female adolescents have had genital tract infection[27]. In Abia State[25], 19.3% boys and 9.5% girls claimed they had been infected with gonorrhoea and syphilis. Data from Niger State show that 15.4% of sexually active adolescents had contacted STDs[26].

Unintended Pregnancy: In Rivers State, 27% of the sexually active girls claimed to have been pregnant at least once.[23.] In Abia State, 4.9% of the sexually active girls admitted to have been pregnant, while 2.5% of their male counterparts admitted getting a girl pregnant. Pregnant adolescent girls who do not succeed in procuring an abortion go on to have a delivery and are exposed to the risks associated with teenage pregnancy, labour and delivery.[5]

(a) **Unsafe Abortion**. In Nigeria, the law restricts abortion – thus, most abortions are done illegally under septic conditions.[33] In Rivers State, 24.8% (34) of sexually active girls have had at least one abortion, out of which 7.3% (10) had had more than three.[23]

(b) **High Maternal Mortality**. Pregnant women aged less than 15 years were 4-8 times more likely to die during pregnancy and childbirth than pregnant women aged more than 19 years[23]. In Nigeria, abortion complications are responsible for 72% of all deaths among teenagers aged under 19 years.[34]

(c) **Infant Mortality**. Anochie & Ikpeme noted infant mortality to be 30% higher for infants born to women aged 15-19 years than for those born to women 20 years and above.[23]

RECOMMENDATIONS

In view of the evidence of widespread sexual activity among Nigerian adolescents, implementation of the following strategies will yield widespread positive results:

- ✓ Parents and guardians should be educated to overcome the cultural barriers that discourage giving adolescents early sex education at home.
- ✓ Religious/faith-based organizations should use their positions as a leverage to encourage adolescents to abstain from premarital sex.
- ✓ Advocacy and community mobilization to increase awareness towards the need for inclusion of sex education in school curriculum.
- ✓ Effective health education programmes targeted at adolescents to improve knowledge on sexual issues, promote abstinence and motivate behaviours that reduce sexual risk.
- ✓ Where abstinence may not suffice, improve contraceptive counselling so as to increase consumption.
- ✓ In view of the overwhelming influence of peers, training of peer educators to transfer correct information to their peers – especially as to regards misconceptions about abstinence.

CONCLUSION

Information, health services and support needed for adolescents to make informed decisions are lacking in many developing countries. The short and long-term consequences of early sexual debut and lack of contraceptive use are grave to adolescents and the community. These can be minimized by implementing well planned sexual and reproductive health education all over the country.

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