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Study of Sexuality among Adolescent Students of a Secondary School in Ilorin, Nigeria.

[1]Olayiwole O.A , [2*]Awodele O, [3]Anisu D.F, [4]Kolawole S.O and [1]Akande T.M

[1]Department of Epidemiology and Community Health, College of Health Sciences, University of Ilorin.
[2]Department of Pharmacology, College of Medicine, University of Lagos. Lagos, Nigeria
[3]School of Midwifery, Lagos University Teaching Hospital, Lagos.
[4]Department of Pharmacology, Ladoke Akintola University of Technology-Osogbo.

ABSTRACT: The relevant socio-demographic variables which may influence sexual behaviour and the level of awareness of the adolescents on risky sexual practices and sexually transmitted diseases were assessed using a descriptive cross sectional survey of the sexual behaviour of 196 adolescent secondary school students (10 - 19yrs) in Ilorin-Nigeria. The subjects were selected using a multistage sampling technique. Forty-three percent of the subjects selected were females and fifty-seven percent were males. The results showed that the knowledge of the respondents was high on issues relating to STDs and HIV transmission and prevention but was low when awareness of individual STDs was considered. This study reveals that forty percent of the respondents had at least one previous experience of sexual intercourse and a higher proportion of males were sexually experienced. The subjects showed a clustering of age of sexual initiation between the ages of 14 and 18 years. The most frequent debut partners were schoolmates and neighbours accounting for seventy percent of the responses. Audio-visual means were the most common means by which the respondents obtained information on sex and sexuality with films being the single most important source for 25 percent of the respondents. The internet was also shown as an emerging source of information for adolescents. Finally, significant relationships were identified as existing between the gender of respondents and a history of previous sexual experience and also between their age and history of previous sexual experience. There was no significant relationship found between the religion and history of previous sexual experience among the respondents.
Key Words: *Adolescent, Sexuality, Sexually transmitted diseases*

INTRODUCTION

Adolescents comprise 20 percent of the global population, eighty-five percent of these live in the developing countries (Man power profile, 1996; Ross et al, 1988). Twenty percent of Africans are Nigerians and a third of the African adolescent population resides in Nigeria (J.U.N.P on HIV/AIDS, 2000). "Adolescence" refers to the developmental period between the age group of 10-19 years (Kumar and Satyanarayana, 2001). It is a period during which an individual undergoes physical and emotional changes. Such changes sometimes lead to adoption of attitudes and behaviours, which may last throughout the individual's lifetime (Kumar and Satyanarayana, 2001). It is also a period of experimentation, which may expose the adolescent to health risks through drugs, alcohol, tobacco use and risky sexual behavior (Ratnakar and Rajiv, 1999). In Nigeria, the birth rate among adolescents is one of the highest in the world, and the prevalence of sexually transmitted infections including HIV among Nigerian adolescents, especially among the girls, is increasing alarmingly (J.U.N.P on HIV/AIDS,

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*Address for correspondence: awodeleo@yahoo.com

2000). It is worthwhile to observe that secondary school students fall within the age range of 10-19 and therefore qualify to be called adolescents. It is also to be expected that many of them would share the characteristics of the group.

"Sexuality" refers to the total sexual make up of an individual, covering the physical aspects, attitude, values, experience and preferences (Mawar etal, 1998). It usually presents a major challenge to healthy growth and development during adolescence. Often unplanned and sometimes forced (rape), adolescent sexual relations occur before young people acquire adequate knowledge about contraception, sexually transmitted diseases or the possible health services available to them (Verma, 1992) . The developmental processes of the childhood and adolescent years, combined with the traditional requirements of masculinity have been shown to define the sexual behaviour of many young males (Verma, 1992).

Some areas in Nigeria have no information on adolescent reproductive health or the patterns of sexual behaviour or activity among this potentially volatile segment of the society. Thus, a third of Nigeria's total population of 123 million is young and falls between the ages of 10 and 24years (Population Reference Bureau, 2000).By 2025, this number is expected to exceed 57 million (Population Division, 1998). The general lack of sexual health information and services put these young people at risk of pregnancy, abortion, Sexually Transmitted Diseases (STDs) and HIV/AIDS. In addition, early marriage and childbearing limit the young people's educational and employment opportunities. Studies have shown that over 16 percent of teenage Nigerian females and 8.3% of males reported first sexual intercourse by age 15 (NPC, 1999).

Therefore, this study is to assess the behavior of adolescent secondary school students in Ilorin with respect to their knowledge, attitude and practice on sexual behavior as this may form the basis for interventional programmes in the control of HIV/AIDS.

METHODOLOGY

The school studied is a coeducational government funded institution. It had a student population of 1680 for the 2004/2005 session. There were 48 members of the teaching staff while the non-teaching staff strength was 13.

This study was a descriptive cross-sectional survey of the sexual behaviour of adolescent secondary school students. The study population includes all registered students of the Secondary School for the 2004/2005 session present during the study that consented to be part of the study. The Fisher's formulae for sample size determination were used to calculate the sample size of 206 from the entire student population of 1680.

The sampling method used for this study was the multistage sampling technique. The classes were listed with the assistance of the members of the teaching staff. 10 classes were selected randomly from the list using a balloting system. In each of these ten classes where respondents were selected, a systematic random sampling technique was used to select 206 respondents. Data was collected using a close-ended structured questionnaire with sections on socio-demographic information, knowledge on sexuality and sexually transmitted diseases as well as the attitude and practice on sex and sexuality. The subjects were not required to write but just to tick the appropriate boxes which were provided for each option given. Names were not used for identification but coding numbers were used instead.

The 206 questionnaires obtained from the study were manually sorted for completeness and 196 questionnaires were used for data analysis. These were subsequently analyzed using the EPI-INFO 2002 software programme. The data was presented in frequency distribution tables with percentages and. Chi square analysis was used to test the significance.

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RESULTS AND DISCUSSION

The study was conducted among adolescent secondary school students. The mean of the ages of the respondents was calculated to be 16 years while the ages ranged from 10 to19 years. This is consistent with the definition of the age of adolescence (Kumar and Satyanarayana, 2001; Schuster et al, 1996; Litt & Vaughan, 1992). Table 1 showed that 43 percent of respondents were females while 57 percent were males. This was considered appropriate for a study of this nature based on observation from an earlier study on a related topic (Araoye & Fakeye, 1998).

Table 1: Socio Demographic Characteristics n=196

Age group (years)	n(%)
<12	8 (42.0)
13-15	74 (37.4)
16-18	80 (41.0)
>18	34 (17.4)
Gender	
Male	111 (57.0)
Female	85 (43.0)

A large percentage of the respondents knew of the existence of sexually transmitted diseases as shown on Table 2 which is consistent with reports from other studies (Van de Walle, 1990). The results however showed a significant number of respondents who lacked sufficient knowledge of the existence of sexually transmitted diseases. When compared to data obtained from other parts of the world especially from the developed world, this is comparatively higher and would seem to constitute an impediment to the aim of controlling sexually transmitted diseases in the society. An examination of the level of awareness of the individual STDs showed that 60.2 percent of the respondents were aware of the existence of HIV/AIDS while awareness of the other diseases ranged between 2 percent and 23 percent. It would therefore seem that the focus is more on HIV awareness in Africa to the detriment of other STDs. This would be a serious problem if the routes of transmission of HIV were not similar to those of most STDs. The impact of this lack of awareness has not been more hugely felt because the awareness of HIV is leading to young persons adopting better lifestyles and making wiser choices, say through abstinence or the use of condoms, and this has a concomitant effect on the prevention of other STDs. However, the level of awareness needs to be improved in the overall interest of improving adolescent reproductive health.

Table 2: Knowledge, Attitude, and Practices of Sexuality

VARIABLES	YES n (%)	NO n (%)	Not Sure n (%)
Awareness of STDs	168 (86.0)	18 (9.0)	10 (5.0)
Knowledge of specific diseases			
Candidiasis	4 (2.0)	192 (98.0)	
Gonorrhea	45 (23.0)	151 (77.0)	
HIV / AIDS	118 (60.0)	78 (39.8)	
Syphilis	4 (2.0)	192 (98.0)	
Trichomoniasis	6 (3.1)	190 (96.9)	
Age group considered at risk			
Adults	45 (23.0)	151 (77.0)	
Old People	8 (4.1)	188 (95.9)	
Teenagers	35 (17.9)	161 (82.1)	
Young children	15 (7.7)	181 (92.3)	
Youth	87 (44.4)	109 (55.6)	

One of the ways which has been touted as a means of reversing the spread of HIV among adolescents is the improvement of their access to appropriate information especially on the routes of transmission. This is in order that adolescents may be able to make the right choices. The result of this study shows that information reaching many of the adolescents is still quite poor. It would be highly desirable that all adolescents have adequate knowledge of the routes of transmitting HIV. This is however not yet a reality.

Table 3:
Attribution of Responsibility for Adolescent Sexual Activity

Variable	**Frequency**	**Percentage (%)**
Adolescents involved	30	15.3
Government	20	10.2
Parents	111	56.6
Teachers	7	3.6
The Society as a whole	19	9.7
No Response	9	4.6
Total	196	100

The respondents attribute a high level of risk of contracting STDs and HIV/AIDS to young persons (Table 2). Thus, they appear to recognize their personal and collective vulnerability to HIV infection. The low risk status attributed to certain age groups such as old people and young children is perhaps an indirect admission of the fact that heterosexual intercourse is responsible for most of the cases of transmission of HIV and STDs in sub-Saharan Africa and since old people and young children are about the least sexually active members of the society, they do not stand the same level of risk as adolescents or sexually active adults. This risk perception may be important in persuading many of these adolescents to adopt healthier lifestyles and make better choices (National Guidelines, 1996).

Table 4: Practice of sexual Intercourse

Variable	**n (%)**
Ever had sexual intercourse	
Yes	78 (40.0)
No	117 (60.0)
Age at sexual debut (N=77)	
≤ 13	15 (19.5)
14 - 16	37 (48.0)
≥ 17	23 (29.9)
No response	2 (2.6)
Debut Partner (N=77)	
Older person	11 (14.3)
School mate	31 (40.3)
Neighbour	23 (29.9)
Sibling	4 (5.2)
Domestic servant	4 (5.2)
Stranger	4 (5.2)

Table 5: Adolescent Pregnancy and Fatherhood.

Variable	**n (%)**
Males ever responsible for pregnancy	
Yes	8 (8.0)
No	90 (90.0)
Not sure	2 (2.0)
Females ever pregnant (N=68)	
Yes	3 (4.4)
No	65 (95.6)

Table 6: Sources of sexuality information

Source of information	**Frequency**	**Percentage (%)**
Friends	31	15.8
Siblings	7	3.6
Parents	30	15.3
The radio	18	9.2
The television	27	13.8
The internet	19	9.7
Films	43	21.9
No response	21	10.7
Total	196	100

Table 7: Respondents' gender and sexual experience

Gender	Sexual experience	
	Yes	No
Male	56 (51.4)	53 (48.6)
Female	21 (25.3)	62 (74.7)

P value 0.0002514

The adolescents sampled in this study (Table 3) attributed the blame for adolescent premarital sexual intercourse to different sources in different degrees. The most blame was attributed to parents with very few of them blaming the adolescents involved in sexual activity. This observation is consistent with reports from other studies (WHO, 1989). The feeling of responsibility for one's action is obviously one of the requirements for behavioural change to happen (Smith, 2004). The respondents overwhelmingly feel that parents are the most responsible for adolescent sexual activity and on the whole, more than 80 percent of the respondents attributed the blame to other persons than the adolescents involved in sexual activity. The feeling of personal responsibility for sexual activity is therefore quite low among them. Hence, it is possible to presuppose that the willingness to be personally responsible for the behavioral change that would improve the overall state of their reproductive health would be low (Smith, 2004).

In terms of practice, 40 percent of respondents had at least one previous experience of sexual intercourse. This is similar to results from other studies (NPC, 1999; Aziken et al, 2003). A large proportion of them experienced their first sexual intercourse between the ages of 14 and 18 years. This is somehow consistent with results obtained from another study (NPC, 1999).

Table 8: Respondents' religion and attitude to adolescent premarital sex

Religion	Adolescents should		
	Avoid sex	Have sex with protection	Have sex without protection
Christianity	45 (54.9%)	32 (39.0%)	5 (6.1%)
Islam	48 (48.0%)	43 (43%)	9 (9%)
Others	1 (50.0%)	1 (0.01%)	0 (0.0%)

P value 0.8648

The modal age of sexual debut from this study is 18 with 24 percent of the respondents with previous sexual experience reporting sexual debuts at this age which supports the trends observed in other studies which show that the tendency to debut sexually increases as adolescents get older. Significantly high numbers of respondents also reported sexual debuts at 14 years of age (23 percent) and 16 years of age (17 percent). A survey of responses to the question of the first sexual partners reveals that school mates and neighbours were the partners at sexual debuts for 70 percent of the respondents with previous sexual experience. Another 14 percent of them had sexual debuts with older persons while 5 percent of them reported sexual debuts with siblings. Only 5 percent experienced sexual debuts with domestic servants while another 5 percent reported sexual debuts with strangers. The trend to have debuts with this set of people has earlier been documented by an earlier study (Izugbara, 2001) and closer examination reveals uniqueness of the circumstances under which sexual debuts take place.

For most adolescents, it takes place during close contact between males and females such as during playtimes especially times of little supervision by parents or older persons. That will probably explain why schoolmates and neighbours who are essentially the playmates are the most frequently reported debut sexual partners in this study. Despite the high rate of sexual activity reported among the adolescents, only 8% of the males reported having previously made someone pregnant and only 4.4% of the females reported having ever being pregnant (Table 4). This low rate of reported pregnancy is probably due to the

secrecy and stigma associated with adolescent pregnancy in Nigeria and the fact that being pregnant for most Nigerian adolescents often means the end of education (Gyepi-Garbrah, 1985; Henshaw, 1998; Otoide, 1998). Most of the adolescents who had previously been pregnant are most likely no longer in school and would therefore not have been able to be part of this study.

The information available to adolescents is important if they are to make the right decisions. Making the right information available to adolescents is therefore a challenge for the relevant stakeholders. This challenge will perhaps be made easier if the routes through which adolescents get information on sex and sexuality are identified. This study shows (Table 5) that audiovisual means form the major way by which 60 percent of the respondents get information on sex and sexuality. Films were the most popular means of obtaining sexuality information being popular with 21.9 percent of the respondents. It is also significant to note that parents were the chief sources of information for 15.3 percent of the respondents while 15.8 percent cited friends as their chief source of information on sex and sexuality. The other sources of information include siblings, the radio, the television, and the internet.

Although the proportion of respondents who relied on parents for sexuality information was significant, the results show that the respondents are more reliant on other sources for sexuality information. Many of these sources are often not regulated and adolescents are quite able to source any information which they desire without much effort. This has an effect on the choices which adolescents make. The influences of socio-demographic variables such as gender and religion on the sexual behavior of adolescents were tested (Table 6 & 7). This study showed a higher proportion of male respondents being sexually experienced than females. It correlates to an earlier study in a rural community which shows that boys were more sexually active than girls (Izugbara, 2001), but contradicts another report from an urban center which reveals the girls being more sexually active than boys (Anochie & Ikpeme, 2001). Howevr, the relationship between gender and previous sexual experience proved to be statistically significant ($p<0.05$) in this study. This study shows that religion does not have a significant relationship with previous sexual experience and the attitude of respondents to adolescent premarital sexual intercourse.

Conclusion: Sexuality and sexual behaviour is a part of every human life. It is clear that adjusting to their sexuality is part of the challenges that adolescents face during the process of growing up. With sexuality still being shrouded in much secrecy in African societies, much of Africa's adolescent population is growing up not fully understanding their sexuality. It is therefore not surprising that they are making mistakes and are increasingly vulnerable to the undesirable effects of unplanned and unprotected sexual activity. These effects include high rates of prevalence of STIs and HIV, teenage pregnancy and motherhood, unsafe abortions and their resultant complications. The price Africa is paying for observing taboos and a culture of silence thus appears to be a very huge one indeed.

It is recommended that the Federal Ministries of Health and Education should devise strategies to make reproductive health information available to adolescents especially in homes and in their institutions of learning. It should essentially form part of the curriculum in the senior secondary school classes. Parental involvement in adolescent education about sex and sexuality also needs to be encouraged.

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