

Tasting the Forbidden Fruit: The Social Context of Debut Sexual Encounters among Young Persons in a Rural Nigerian Community

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ABSTRACT

What circumstances surround the initial sexual encounters of young persons? And what are their implications for adolescent sexual and reproductive health status? These questions, although rarely raised in reproductive health discourse, appear to be critical in broadening the systematic understanding of key issues that impose themselves on adolescent sexual and reproductive health. Against this background, the present study attempts to use the circumstances surrounding the debut sexual encounters of young persons in a rural Nigerian community as an entry 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 years. Emerging evidence shows that first sexual encounter took place under conditions that exposed young people to infections, disability, and even death. The study recommends that there is need to build on the clear evidence that good sex and reproductive health education for young persons delay the onset of sexual activity and makes it safer when it eventually commences. (*Afr J Reprod Health* 2001; 5[2]:22-29)

RÉSUMÉ

Dégustation du fruit défendu: Contexte social des rencontres sexuelles initiales chez les jeunes gens dans une communauté rurale nigériane. Quelles sont les circonstances qui entourent les rencontres sexuelles initiales des jeunes gens? Et quelles sont leurs implications par rapport au statut de la santé reproductive et sexuelle de l'adolescent? Bien que ces questions soient rarement posées dans les discours concernant la santé reproductive, elles semblent être cruciales pour l'élargissement de la compréhension systématique des problèmes clé qui s'imposent à la santé reproductive et sexuelle de l'adolescent. Vu dans ce contexte, la présente étude essaie de se servir des circonstances qui entourent les rencontres sexuelles initiales des jeunes gens dans une communauté nigériane rurale comme point d'entrée à fin de comprendre leur vulnérabilité aux problèmes de la santé sexuelle et reproductive. Les données de l'étude ont été collectées à l'aide des interviews en profondeur menées auprès des 180 personnes âgées de 11–25 ans. L'évidence qui en ressort montre que la rencontre sexuelle initiale a eu lieu sous des conditions qui ont exposé les jeunes gens aux infections, à l'incapacité et même à la mort. L'étude préconise la nécessité de se fonder sur l'évidence qu'un bon renseignement sur la santé sexuelle et reproductive destiné aux jeunes gens retarde le début de l'activité sexuelle et la rend sans danger quand éventuellement cela commence. (*Rev Afr Santé Reprod* 2001; 5[2]:22-29)

KEY WORDS: *Adolescent sexuality, reproductive health, initial sexual encounters, vulnerability*

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Introduction

Despite the increasing interest and amount of scarce funds spent on promoting adolescent sexual behaviour, strong evidence indicates that numerous countries, including Nigeria, still have problems in ensuring good adolescent reproductive health practices.¹ One of the major factors responsible for this is the fact that conventional research on adolescent sexual and reproductive health (ASRH), on which current intervention programs are anchored, has concentrated on laboratory findings in respect of specific ASRH conditions. Little attention has been paid to the most important social circumstances, which may thus lead to poor sexual and reproductive health among adolescents. Yet variable interconnections made and established beyond the domain of immediate and proximate conditions hold great potentials for amplifying scientific research and action. There is therefore an urgent need 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 with their far-reaching implications, not just for adolescent vulnerability but also for efforts aimed at addressing it.

The present study attempts to gain entry into the sexual and reproductive health concerns of rural adolescents by interrogating the circumstances surrounding their debut sexual encounters.

Survey of Related Literature

Sexual debut and the specific circumstances under which it takes place are rarely discussed.² However, there is evidence that the subject is gaining increasing interest among health and sexual behaviour researchers. Schoepf advanced that in Eastern and Central Africa, as a result of the targeting of younger females for sex, owing largely to the belief that "they have not been contaminated", first sexual experience for some women sometimes involves violence and force with older persons.³ Ejikeme also pointed to the fact that some virgin young persons in Nigeria have been forced into heterosexual and homosexual relations with ritual moneymaking, power-hungry, and long life-seeking individuals. He linked this to the belief in many circles that having sex with virgins, with the observance of certain rituals, could guarantee quick wealth, power, and long life.⁴ Ejikeme, who focused on the

psychological implications of such experiences for children, maintained that such sexual experiences are as traumatic as they are destabilising; he established a relationship between the practice and adolescent suicide, loss of self worth and poor mental health.

In an analysis of premarital sexual behaviour in Lagos, Nigeria, Adegbola and Babatola reported that the median age at first sexual encounter differed on the basis of ethnicity, religion and the social status of parents.⁵ They, however, reported a generally low age at first sexual encounter among respondents. Although in many cases initial sexual experience was reported to have occurred with mutual consent, they were nevertheless often unsafe. From a study of the context of initial sexual encounter among the peoples of Senegal, Engelhard and Seek observed a generally low age at first sexual encounter, and also noted that prostitutes were most likely the first partners for males and older men.⁶ Initial sexual experience was reported to have occurred under conditions that could lead to infection with STDs by most of the respondents. Awusobo-Asare and Anarfi also reported that about two-thirds of first sexual encounters recorded in a study undertaken in Ghana was voluntary while one-third was by coercion.⁷ They further asserted that the general context of sexual debut carries with it an inherent vulnerability to STDs infection.

Simasiku et al found out that in Zambia the average age at sexual initiation stood at 10 years for males and 12 for females.⁸ First sexual encounter was mostly heterosexual and promoted by pressure, curiosity, and for economic purposes. For the boys, the study noted that first sexual encounter was voluntary and mostly with housegirls and girls living within their neighbourhood, while older boys, sugar daddies and relatives were the first partners to majority of the girls. They noted that most of the boys reported having been infected as a result of their first sexual debut, while a number of the girls ended up with teenage pregnancy. They concluded that sexual debut goes with many risks; these are exacerbated by the low use of contraceptives especially condoms and the general lack of (information about) health services.

Karim and Ndlovu¹⁰ confirmed the findings of Simasiku et al.⁹ In a study of reproductive health issues among Zimbabweans, they established that first sexual experience was mostly voluntary and promoted by force such as peer pressure, economic wants, biologi-

cal instincts, and the desire to experiment.

The present study contrasts with earlier studies in four ways: one, it takes the study of sexual debut to the rural areas where STDs including HIV/AIDS have reportedly also gone out of total control. Secondly, it focuses only on young persons whose memory of first sexual experience is still fresh and unaffected by recall lapse and history. Thirdly, it interrogates the level of utilisation of safe sex methods at debut sexual encounter, and finally, it probes the outcome of debut sexual relation and its implications for adolescent health and general well being.

Materials and Methods

Study Site

This study took place in Abala. Abala is a large rural community of about 8,000 persons. It is located in the southeast of Obingwa Local Government Area of Abia State, about 12km southeast of Aba.* Abala comprises six patrilineal villages whose common ancestry is said to have been from a legendary warrior, Abala. The Abala speak Igbo language, which belongs to the Kwa-sub family.

Survey Instrument

Data for this study was gathered through fieldwork carried out among young persons aged between 11 and 25 years. The fieldwork, which began in October 1999 and ended in January 2000 (i.e., four months), was carried out with the help of twelve field assistants who were all Igbo-speaking undergraduate students. Training of fieldworkers (TOF) was done for one week and was used to equip fieldworkers for the rigours of fieldwork. TOF paid off immensely as fieldworkers were better equipped to cope with the challenges of obtaining data on such a sensitive issue as 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 interview guide. All interviews were electronically recorded.

Sampling

One hundred and eighty persons were interviewed for this study. This small sample size was chosen

because of the obvious limitations of finance and time. The number of respondents interviewed was distributed among the various villages in the community based on the criterion of relative estimated population size.⁵ The households were then clustered, followed by a sampling process that relied on the use of 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 interviewed in each cluster depended on the relative number of clusters against the aggregate number of respondents that was ultimately interviewed, i.e., 180. Equal number of boys and girls was surveyed.

Precautions Taken

Sexual behaviour is without doubt a sensitive issue; various reports have noted the difficulties in enlisting participation for studies that focus on sexuality. Consequently, objections were expected from traditionally minded guardians and parents as well as cultural and religious leaders. Therefore, the project team made meticulous preparations to minimise the likelihood of misunderstandings, social tensions, and outright opposition. Local and religious leaders, teachers, and parents in the community were thus invited to a "sensitisation" session on the research project. These people took the message home and the effect was the frank and open discussions which fieldworkers had with respondents.

To guard against suspicion, enhance frankness and openness, respondents were advised not to give their names. Furthermore, female members of the research team interviewed female respondents and male fieldworkers, male respondents. Again, interviews were started from what respondents knew and thought about sex, STDs, interviewers' own experiences, and not from their sexual encounter. However, in the middle of the discussions issues of sexual experiences were raised. Finally, in order to ensure that no information elicited from respondents was lost, all discussions were recorded electronically with the help of small but sensitive audio-recorders. This had the dual advantage of ensuring that responses were well documented and guaranteeing that the interviews

* Aba, a town in Abia State, is one of West Africa's most popular commercial centres.

were actually and properly done. We replayed these tapes at the end of each day's fieldwork and made copious notes from them.

Results

Basic Sociodemographic Characteristics

Table 1 shows the general sociodemographic characteristics of respondents. The same number of

boys were involved in the study as for girls. The modal age category for the respondents was 15–18 years. About 61.7% of all respondents were between the ages of 11 and 18 years. The girls were generally younger than the boys, with an average age of about 18 years. All the respondents were single.

Table 1 Sociodemographic Characteristics

		Boys (N = 90)		Girls (N = 90)		Total (N = 180)	
		n	%	n	%	n	%
<i>Age of respondent (years)</i>	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	7	7.8	19	10.6
<i>Respondent's educational status</i>	No education	5	5.6	7	7.7	12	6.7
	Some primary	6	6.7	10	11.1	16	8.9
	In primary	15	16.7	12	13.3	27	15.0
	Completed 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
	Completed post-primary	2	2.2	1	1.1	3	1.7
	In pre-tertiary	18	20.0	16	17.8	34	18.9
	Some pre-tertiary vocational/professional	2	2.2	—	—	2	1.0
	Completed pre-tertiary	1	1.1	—	—	1	0.6
<i>Parental occupation</i>	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
<i>Respondent's religious affiliation</i>	Protestant	34	37.8	33	36.7	67	37.2
	<i>Aladura</i> **	9	10.0	14	15.6	23	12.8
	Pentecostal	14	15.6	17	18.9	31	17.2
	Catholic	31	34.4	26	26.9	57	31.7
	Traditional religion	2	2.2	—	—	2	1.1

** As a term, *Aladura* is contested on many fronts. While I sympathize with many of the arguments, I employ it, to refer to white garment churches such as Cherubim and Seraphim Church, the Celestial Church of God, Brotherhood of the Cross and Star, etc.

Table 2 *The Contexts of Debut Sexual Encounters among Respondents*

		Boys (N = 88)		Girls (N = 74)		Total (N = 162)	
		n	%	n	%	n	%
<i>Age at first sexual encounter (years)</i>	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	35.0	47	29.0
	23–25	14	16.0	7	9.5	21	13.0
<i>Partner at first sexual encounter</i>	Boy/girl friend	23	26.1	19	25.7	42	25.9
	Sugar daddy/mummy	3	3.4	12	17.8	15	9.3
	Proposed spouse	—	—	8	10.8	8	4.9
	Stranger	—	—	2	2.7	2	1.2
	Prostitute	17	19.3	—	—	17	10.1
	Play/classmate	37	42.1	21	28.4	58	35.8
	Others	8	9.1	12	16.2	20	12.4
<i>Circumstance leading to first sexual encounter</i>	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	24.0	23	14.2
	Requested	4	4.6	12	16.2	16	9.9
	Biological urge	12	13.6	3	4.1	15	9.3
	Curiosity	39	44.3	17	23.0	56	34.6
	Others	18	20.5	7	9.5	25	15.4
<i>Utilisation of protection at debut sexual encounter</i>	None	74	84	68	92.0	42	87.4
	Adopted	14	16.0	6	8.0	20	12.4
<i>Outcome of first sexual encounter</i>	Sustained wounds only	16	18.2	21	28.4	37	22.8
	Became infected	17	19.3	7	9.5	24	14.8
	Pregnant	—	—	8	10.8	8	4.9
	Got a girl pregnant	4	4.6	—	—	4	2.5
	No outcome	51	58.0	38	51.4	89	54.9

The distribution pattern of both sexes by educational status appears very similar. Majority of the respondents were in secondary and primary schools. A significant number also reported having dropped out of school, having some form of

education, or having completed primary and secondary education. Twelve (6.7%) of the respondents had no formal education. The preponderance of those who have gone through or are undergoing primary and secondary school education

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.⁶

Farming is the dominant subsistent activity of parents of the respondents. This is in most cases combined with commerce, blue-collar and white-collar jobs (teaching, civil service, etc). The income level of the respondents can thus be attributed to the low-income earning capacity of their parents. A number of the respondents were however involved in petty trading, manual labour and unskilled jobs (hair plaiting, tailoring, etc).

In terms of religious affiliation, the highest number of respondents was the Protestants (37.2%), followed closely by Catholics (31.7%). A few Pentecostals and *Aladura* members were also involved in the study, while only 2 boys (1.1%) reported involvement in traditional religion. However, all the religious groups are associated with moral norms that frown seriously against pre-marital sex.⁷

These are the basic social characteristics of the sample among which we explored the social circumstances and contexts of debut sexual encounter. However, for the purpose of this study we worked with 162 respondents, as 18 (2 boys and 16 girls) respondents reported no sexual relations as at the time of the study.

Respondents' age at first sexual relation is indicated in the first segment of Table 2. The modal age category at debut sexual encounter was 15–18 years. Boys appeared a little more likely to have engaged in sex earlier than the girls. This compares favourably with the findings of other researchers.^{2,8,9} Nevertheless, the observed early involvement in sex indicates an alarming level of vulnerability to STD infection among these rural-based adolescents, whose access to proper sex education and health care is always frustrated by a network of cultural, spatial and socio-economic factors.

Information on partner at first sexual initiation shows a preponderance of play/classmate (35.8%) as debut sexual partner. Boyfriend and girlfriend accounted for 25.9% of reported partners at first encounter. Seventeen of the boys (19.3%) reported that they had their first sexual experience with prostitutes in the nearby town of Aba. Other forms of partnership at first sexual encounter

mentioned by the girls include sugar daddy (17.8%), proposed spouse (10.8%), and a stranger (2.7%). Relatives, caretakers and teachers were also first partners to 12 (16.2%) of the girls, while 3 (3.4%) of the boys reported first sexual experience with sugar mummy, and 8 (9.1%) with others such as housegirls and cousins.

At first sexual encounter, 4 (5.4%) of the girls reported that they were drugged; they were deceived to eat food or take drink that had already been mixed with sedatives. Three (4.1%) respondents reported rape, 12 (7.4%) were coerced or threatened to submission, while 24 (14.2%) were deceived, lured and enticed with promises and gifts. Majority (34.6%), however, willingly/mutually agreed to have sex. A natural urge to have sex, and curiosity were reported as key motivators of first sexual encounter by 9.3% and 15.4% respectively.

The reported circumstances leading to debut sexual encounter all imply some level of vulnerability. Those who were coerced, threatened, deceived, lured, or enticed into sex could also have been raped if they had resisted the sexual urge. Voluntary involvement in sex could also be problematic especially among girls, as consent could have been elicited through subtle pressure, gifts and enticement. When viewed against the background of data on type of partnership at debut sexual relation, where sugar daddies and mummies, teachers, caretakers, prostitutes, boy/girlfriends and equally uninformed playmates were the first sexual partners, it becomes obvious that there were more to these circumstances than respondents were ready to accept or acknowledge.

Some insight into how unsafe the circumstance at first sexual encounter was can further be perceived from the information provided by respondents on utilisation of safe sex practices at first sexual initiation. Only 20 (12.4%) out of the 162 respondents admitted using safe sex measures. Out of this number, only 11 boys (6.8%) reported having used condom at first sexual encounter, and 2 girls (1.2%) also reported that their partners used the condom. The other seven respondents took drugs (mainly antibiotics recommended by friends), or drank concentrated salt solutions or Andrew's liver salt after the encounter. The alarming aspect of this statistics is not just that the risk of infection and unwanted pregnancy was high at

first sexual encounter, but that majority of those who claimed to have practiced safe sex further endangered their health through dangerous practices and self-medication.

First sexual encounter produced a number of unpleasant consequences for some of the respondents. Thirty-seven (22.8%) of the respondents sustained penile and vaginal wounds and lacerations, 17 (19.30%) of the boys and 7 (9.5%) of the girls claimed they were infected with gonorrhoea and syphilis. Eight (10.9%) of the girls revealed that they became pregnant, while 4 (4.4%) of the boys claimed to have made their partners pregnant. Of the 8 girls who claimed that they got pregnant after their first sexual encounter, 3 had the babies while 5 said they succeeded in aborting the pregnancies with the help of friends, parents and older relatives. On the other hand, the four boys who claimed to have impregnated their first sexual partners said they did not accept responsibility for the pregnancies.

Implications and Recommendations

Debut sexual encounter among rural adolescents in this study frequently took place under conditions that exposed young persons to infection, disability, and even death. This is evident from the reported violence — physical, sexual and psychological — with which initial sexual relations were elicited and the widely reported non-utilisation of safer sex skills during the encounters. Adolescents' (especially girls) vulnerability at first sexual encounter 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 pressure to elicit sexual participation from these youngsters. The susceptibility of these adolescents to STDs including HIV/AIDS is also evident from the fact that prostitutes were significantly reported as partners at boys' first sexual encounter and the fact that a significant number of the girls were initiated into sex through rape, coercion, drugging and enticements. Overall, the picture is that of a young population initiated into sex under very unsafe conditions. The outcomes and implications are all too well known: teenage pregnancy, teenage fatherhood/motherhood, dropping out of school, VVF, STDs, aborted dreams, lost opportunities and poverty.

Findings from this study indicate the need to address the complexities of the vulnerabilities associated with debut sexual experience of young persons in rural areas. In this respect, the study recommends⁹ good sex education for young people to encourage them to delay sexual activity as much as possible and practice safe sex 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, critical need also exists for popular education in order to create space for voice, facilitate learning and interaction, open up dialogue, and build bridges among rural youths, parents and community social workers including stakeholders in rural adolescent health agendas. This is important if the social and cultural walls that have hindered free flow of sexual information will be broken and young persons set free from the shackles of ignorance, fear and unassertiveness.

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