

Sexual Activity and Contraceptive Use among Female Adolescents – A Report from Port Harcourt, Nigeria

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ABSTRACT

Seven hundred and sixty-eight randomly selected single senior secondary school girls from Port Harcourt (mean age 16.32 years) were surveyed on aspects of sexual activity and contraceptive use. Two hundred and ten pregnancies (24 deliveries and 186 induced abortions) had occurred in 142 out of 605 girls (78.8%) who admitted being sexually exposed. The mean, modal and youngest ages of initiation into sexual activity were 15.04, 15 and 12 years respectively. At the time of the survey, 190 girls (24.7%) were sexually active and 74.2% of their male consorts were older working men, suggesting financial gains as a motive for the girls' sexual activity. Other findings were high awareness (72.4%) of the relationship between sexual activity and sexually transmitted diseases; a rather low level (56%) of knowledge of effective contraceptive methods, and limitation of contraceptive method use by sexually active girls, largely to the rhythm and withdrawal methods. Exposure to multiple sexual partners and a high level of parental approval of subjects' use of contraception were also present. In view of our findings, it is suggested that active efforts to promote sexuality education and contraceptive use should be intensified among Nigerian adolescents. (*Afr J Reprod Health* 2000; 4 [1]:40-47)

RÉSUMÉ

Activité sexuelle et l'emploi des contraceptifs parmi les adolescentes: Rapport de Port-Harcourt, Nigéria. Sept cent soixante-huit filles (âgées en moyenne de 16,32 ans) sélectionnées au hasard parmi les anciennes d'une école secondaire à Port-Harcourt ont été enquêtées sur les aspects de l'activité sexuelle et de l'emploi des contraceptifs. Deux cent-dix grossesses (24 accouchements et 186 avortements provoqués) ont été enregistrées chez 142 sur 605 filles (78,8%) qui ont reconnu d'être sexuellement exposées. Les âges moyens, modaux et les plus jeunes auxquels intervient l'initiation à l'activité sexuelle étaient de 15,04, 15 et 12 ans respectivement. Au moment de l'enquête, 190 filles (24,7%) étaient sexuellement actives et 74,2% de leurs partenaires mâles étaient des hommes travailleurs qui sont plus âgés qu'elles. Ce qui suggère que l'activité sexuelle chez ces filles était motivée par des gains financiers. Parmi d'autres trouvailles sont les suivantes: une haute conscience (72,4%) à l'égard du rapport entre l'activité sexuelle et les maladies sexuellement transmises; un niveau plutôt bas (56%) de la connaissance des méthodes contraceptives efficaces; une limitation au niveau de l'emploi des méthodes contraceptives par les filles sexuellement actives, une connaissance qui se limitait principalement aux méthodes naturelles de contraception et à la méthode de coït interrompu. L'exposition aux multiples partenaires sexuels et un haut niveau d'approbation de la part des parents par rapport à l'emploi de la contraception ont été constatés. Prenant nos trouvailles en considération, nous suggérons que des efforts vigoureux qui permettront la promotion de l'éducation sexuelle et l'emploi des contraceptifs soient intensifiés chez les adolescents nigériens. (*Rev Afr Santé Reprod* 2000; 4 [1]:40-47).

KEY WORDS: *Female adolescents, sexual activity, contraceptive use, Port Harcourt, Nigeria*

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Introduction

Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psychosocial development occur around puberty, resulting in sexual curiosity and experimentation. These biological and psychological changes result in awareness of sexuality in male and female adolescents. Data from several parts of Nigeria¹⁻⁹ point to sexual activity in single adolescents of both sexes with progressively decreasing age of initiation.^{4,5} Girls bear the brunt of the consequences¹⁰⁻¹² of early sexual activity in terms of unwanted pregnancy, teenage births,¹³ and resort to induced abortion, often by quacks. Life-threatening complications, maternal deaths, and prolonged morbidity in survivors result.^{10-12, 14-24} Sexually transmitted diseases occur in both sexes, and when inadequately treated, chronic reproductive tract infections and infertility follow.²⁵⁻²⁷ Comprehensive sex education is absent^{4,8,9} and contraceptive use remains low among adolescents as in older age groups^{4,6,28} — an satisfactory situation in a country with restrictive laws on abortion.

This study was undertaken to assess aspects of sexual activity and contraceptive use among adolescent secondary school girls in Port Harcourt, the metropolitan centre of a crude oil rich industrial area that covers the Niger Delta region of Nigeria. Average income and cost of living in Port Harcourt are much higher than in most other towns of the country and the inhabitants come from various tribes including expatriates.

Methods

Seven hundred and sixty-eight single senior secondary school girls randomly selected from four schools in Port Harcourt were surveyed on aspects of sexual activity and contraceptive use by means of a questionnaire. The four schools surveyed were chosen by simple balloting from a list of all girls' secondary schools in Obio-Akpor area of Port Harcourt metropolis. All the respondents were chosen by systematic random sampling from the senior secondary schools. The questionnaire was designed after a focus group discussion with fifty randomly selected members of the study group. The questions were aimed at obtaining information on respondents' socio-demographic characteristics, aspects of sexuality and sexual activity and their

consequences, and awareness and use of contraceptive methods.

In a pilot study, the questionnaire was initially tested on a group of fifty randomly selected girls from two schools outside the study schools. The questionnaire was then administered by the authors and completed by all respondents after the authors had carefully explained the coding system for answers. All questionnaires were anonymous to encourage honest responses, and they were carefully inspected after filling to ensure proper coding.

A post-questionnaire focus group discussion was then held with fifty girls, randomly selected, who had not participated in the pre-questionnaire group discussion in order to have in-depth understanding of their responses. During both group discussions, opportunity was given to the subjects to discuss aspects of their sexuality openly and have their questions on sexual activity and contraception answered. Data from the questionnaire were analysed with the study objectives in mind.

Results

Socio-Demographic Characteristics of Subjects Studied (Table 1)

The age range of the 768 respondents in the study was 14 to 21 years with mean age of 16.32 years. The largest single group was 16 years, representing 54.2 per cent of the respondents. All the respondents were day students. More than two-fifths (61.5%) lived with their parents. Five respondents (0.7%) lived with their male partners. Over fifty-five per cent of the respondents were from polygamous families and 2.6 per cent were born out of wedlock. Both parents of 55.9% of the respondents still lived together. Single parents constituted 44.1%. Over 54% of the respondents estimated that their families were poor, while 30.6% estimated that their families were comfortable. Only 13.8% estimated that their families were rich.

Previous Sexual Activity and its Consequences (Tables 2 & 3)

Six hundred and five respondents (78.8% of all respondents) admitted being sexually exposed. The mean age at initiation of sexual activity was 15.04 years while modal age was 15 years. The youngest age at initiation of sexual activity was 12 years. Fifty-one per cent had been exposed to more than

one sexual partner. Thirty-six respondents (6% of the sexually exposed group) had had 5 or more previous partners. One hundred and forty-two (21.5%) admitted that they had been pregnant before. Some of them had been pregnant more than

once, with a total of 210 pregnancies (0.35 pregnancies per sexually exposed respondent). Of the 210 pregnancies, 186 (88.6%) were terminated by induced abortion, and 24 deliveries (11.4%) had occurred.

Table 1 **Socio-Demographic Characteristics of Subjects (Number of Subjects, N= 768)**

Variables			
<i>A</i>	<i>Age distribution</i>	<i>Age (years)</i>	<i>Per cent (age)</i>
		14	0.5
		15	11.5
		16	54.2
		17	22.4
		18	8.3
		19	1.6
		20	1.0
		21	0.5
<i>B.</i>	<i>Residence</i>	With parents	61.5
		With guardian	34.2
		With male partner	0.7
		With peers	2.0
		Alone	1.6
<i>C.</i>	<i>Marital status of parents</i>	Parents live together	55.9
		Parents divorced/widowed/ separated/single	44.1
<i>D.</i>	<i>Family Atmosphere</i>	Monogamy	44.9
		Polygamy	52.5
		Born out of wedlock	2.6
<i>E.</i>	<i>Subjects' assessment of family's socioeconomic status</i>	Very poor	9.9
		Poor	44.9
		Comfortable	30.6
		Rich	13.8
		Uncertain	0.8

Table 2 Age at Initiating Sexual Activity (Number of participants sexually exposed N = 605)

Age at initiating sexual activity (years)	Percentage
12	2.0
13	7.3
14	23.4
15	36.5
16	16.0
17	11.6
18	3.0
19	0.2
Total	100

Table 3 Total Number of Previous Sexual Partners (Number of sexually exposed respondents *N = 605)

Total number of previous male sexual partners	Percentage
1	49.5
2	16.2
3	14.2
4	14.1
5 and above	6.0
Total	100

Sexuality and Current Level of Sexual Activity

One hundred and fifty-six respondents (20.3 per cent) preferred a secondary school student of their age as the ideal male partner. More than half (400 respondents or 52.1 per cent) preferred an older working male, while 25.5 per cent preferred any young man and 2.1 per cent gave no response (Table 4).

One hundred and ninety respondents (24.7 per cent of all respondents) were sexually active at the time of the study (a respondent was considered sexually active if she had sexual contact within the past 12 months). The percentage of sexually active

respondents increased with age above 15 years (Table 5).

About three-quarters of the male partners (74.2 per cent) were either civil servants or private entrepreneurs, while 25.8 per cent were students or unemployed school leavers. One hundred and seven (56.3%) male partners of the sexually active respondents were over 21 years; eighty-one (42.6%) were aged 21 years and below. Seventeen of the male partners were above 50 years, and the oldest male partner was aged 62 years. The ages of two partners were not known.

Table 4 Respondents' Choice of an Ideal Male Partner (N = 768)

Choice of ideal male partner	Percentage of subjects
A secondary school student of the same age	20.3
Any young man	25.5
An older working male	52.1
No response	2.1
Total	100

Table 5 Age Distribution by Sexual Activity and Knowledge of Effective Contraceptive Methods

Age of subjects (years)	Percentage of subjects is age group sexually active at time of survey	Percentage of all subjects in age group up with knowledge of effective contraception	Percentage of sexually active subjects in age group with knowledge of effective contraception
14	50	25	25
15	18.2	52.3	51.2
16	14.9	60.1	59.5
17	29.1	41.9	42.2
18	62.5	82.8	81.9
19	75	25	25.5
20	87.5	25	26.1
21	100	75	75

* Total number of subjects = 768

** Number of sexually active subjects at time of survey = 190

Table 6 Use of Contraceptive Methods by Sexually Active Subjects (N = 190)

Contraceptive method used	Percentage of subjects
Rhythm method	46.8
Combined oral contraceptive pills	20.5
Withdrawal method	10.3
Condom	6.2
Postcoital pills	6.2
Injectable progestogen	3.2
Diaphragm	1.1
Intrauterine device (IUD)	0.5
None	5.2
Total	100

Awareness of Sexually Transmitted Diseases

Five hundred and fifty-six respondents (72.5%) were aware of the relationship between sexual activity and sexually transmitted diseases (STDs) and the present public health campaign in Nigeria to reduce the incidence of STDs by promoting the use of condom.

Awareness and Use of Contraceptive Methods

Four hundred and thirty out of seven hundred and sixty-eight respondents (56%) were aware of modern methods of contraception — the intrauterine device, combined pills, injectables, progestogens, sterilization and use of the condom (Table 5). One hundred and twenty-six respondents (16.4%) considered the condom a method used solely for preventing sexually transmitted diseases and not as an effective contraceptive method. Age did not correlate with awareness of effective contraceptive methods in all respondents including those sexually active at the time of the study (Table 5).

Of the 190 sexually active respondents, 10 (5.2%) did not use any contraceptive method. Twenty per cent were on the combined oral pill. The most popular method used was the rhythm method (89 respondents or 46.8%). However, during the group discussion, all the subjects had poor knowledge of the principle behind the rhythm method. One respondent had an intrauterine device inserted on the advice of her mother. Only 12 respondents encouraged their male partners to use the condom. Coitus interruptus and brands of postcoital progestogen only pills were used by a good percentage of the respondents (Table 6).

The parents/guardians of 108 sexually active respondents (56.8%) were unaware of their children's use of any contraceptive method. The parents or guardians of 82 respondents (43.2% of the sexually active group) were aware of the use of contraceptives by their children while 64 (78%) knew and gave their approval to it.

Discussion

The results obtained in this study are similar to those of previous studies conducted in Nigeria in terms of respondents' socio-demographic characteristics;¹⁻³ levels of previous and current sexual activity;³⁻⁹ medical complications^{1,2,4,9-24} and social implications^{22,24} of sexual activity, awareness and use

of contraceptives.²⁴⁻²⁷ Similar findings have been reported from other African countries^{4,5} and in lesser magnitude in the less privileged socio-economic groups in more developed countries.^{29,30} Rapid urbanisation¹⁰ with deterioration of societal moral standards, poor parental control, exposure to pornographic materials and peer group pressure^{10,31} 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^{10,13} nor financially or psychologically capable of coping with the consequences of sexual activity. The authors are in agreement with these views, and suggest that the aforementioned factors, which have been suggested to explain the increase in adolescent sexual activity, are probably more operative in Port Harcourt than in most other towns in Nigeria. This is because of the increasing prominence and rapid urbanisation in the city as Nigeria's crude oil operations expand. The consequences of adolescent sexual activity, sexually transmitted diseases and their sequelae, teenage pregnancies and births, and resort to induced abortions, have multiple medical implications.¹⁰⁻¹¹ In addition, there are social and legal implications especially in Nigeria where induced abortion laws are restrictive, and the only attempt to mention adolescents in the recent Nigerian population policy³² was the recommendation that as much as possible teenage marriage should be discouraged. The complications of induced abortion and teenage pregnancy contribute substantially to maternal mortality in Port Harcourt as in other parts of Nigeria. A recent report from Rivers State by Brabin et al²⁷ is in agreement with the findings of previous studies on the sequelae of sexually transmitted diseases. To complicate matters, many adolescent girls undertake to have evacuation of the uterus whenever they experience amenorrhoea without ascertaining that they are pregnant. The true incidence of teenage pregnancy and induced abortion is therefore difficult to determine.

In this study the high level of awareness of the risk of contracting sexually transmitted diseases through sexual activity (72.4%) is encouraging and probably results from recent intensive health education efforts using the mass media. However, only 12 sexually active respondents (6.2%) used the condom, which recently has been extensively pro-

moted for its dual advantages — prevention of pregnancy and STDs. Contraceptive awareness (56%) and use of effective methods of contraception (oral pill, intrauterine devices, injectable progestogens and the condom — 30.4% of sexually active participants) was rather low, in keeping with general trends of low contraceptive usage in Nigeria.

Many of the sexually active respondents in the study relied more on traditional contraceptive methods (periodic abstinence, 46.8%; and coitus interruptus 10.3%), probably because of the fear of side effects of modern contraceptive methods, anxiety about decreased sexual sensitivity with the use of condom, and fear of parental knowledge and disapproval of the use of artificial contraception. Fortunately, many of the parents who were aware of their daughter's use of contraceptive methods gave their approval for it.

The effect of contraceptive awareness and use on the level of sexual activity in female adolescents is a subject of debate in both developed and developing countries.²⁸ Whereas widespread availability and use of effective contraception prevents pregnancy, and in the case of the condom offers additional protection against STDs, it has been argued, most often without any objective basis, that increased adolescent promiscuity and an increased incidence of sexually transmitted diseases will result if contraceptives are made easily available to all adolescents. Traditional societies in developing countries like Nigeria and many religious groups do not support widespread use of artificial contraceptives especially by adolescents.

Our finding of a preponderance (74.2% of sexually active respondents) of older working men who are sexual partners of teenage secondary school girls has been sparsely reported by previous studies in Nigeria. Preference for older financially stable male sexual consorts by adolescent girls suggests monetary gains as the underlying motive for sexual activity. Economic hardships are prominent features of developing countries like Nigeria, especially in recent times, and the low per capita income is unlikely to increase substantially in the near future.³³⁻³⁵ Adolescent girls who have older working sexual partners are more likely to receive monetary gifts than their peers who have students and unemployed youths as their partners. Girls involved in this form of low level prostitution may use money realised from sexual activity to supple-

ment whatever is given to them by their poor parents who are already overburdened by the large family size, a common feature of many families in Nigeria.^{4,5} Adolescent girls' preference for older working male sexual partners because of financial gains has also been reported outside Nigeria.²⁹

Recently, many people have advocated for more liberal laws on abortion in Nigeria as a step towards reducing mortality and morbidity from induced abortion in adolescents.^{6,12} Unfortunately, however, traditional and religious beliefs of many Nigerians are strongly opposed to restrictive abortion laws. The issue of quackery and the legal implications of induced abortion will also remain unsolved for a long time.

In view of evidence suggesting widespread sexual activity in Nigerian adolescents, we recommend that efforts be intensified to promote sex education and contraceptive awareness and use in all age groups. We also suggest a national survey of the sexual activity of male and female adolescents to define the extent and implications of the problem. The results of such survey will facilitate the setting up of youth care centres to address sexual activity and the problems of sexually transmitted diseases among adolescents and teenage pregnancy.

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