Sexual Behaviour and Perception of AIDS Among Adolescent Girls in Benin City, Nigeria

Unuighe I. Evelyn and Ogheide Osafu²

ABSTRACT

To institute meaningful preventive measures for the control of HIV/AIDS, there is need for more information relating to the perception and knowledge of AIDS and the sexuality of our adolescent population, who form a significant at-risk group. A survey of the knowledge and perception of AIDS and sexual behaviour among 723 randomly selected secondary school adolescent girls, aged 13 to 18 years, was carried out in Benin City, Edo State, Nigeria. Over 94% of the study population was aware of AIDS, while 64% rightly knew that AIDS can be transmitted through sexual intercourse. Similarly, 9.1% and 3.9% wrongly ascribed AIDS transmission to casual kissing and sharing of utensils with AIDS patients. More than 77% of the girls were sexually active, and of this, 35% had multiple sexual partners and only 26.9% practised the use of condoms during sexual intercourse. This study re-echoes the urgent need for intensive and effective control programmes for HIV/AIDS. (Afr J Reprod Health 1999; 3[1]:39-44)

RÉSUMÉ

Comportement Sexuel et Perception du SIDA parmi les Adoléscentes de la Ville de Benin, Nigéria. Afin d'instituer des mesures de prévention significatives dans le contrôle du VIH/SIDA, il est nécessaire de receuillir de plus amples informations concernant la perception et le niveau de connaissance de nos adoléscents qui forment un groupe à haut risque, sur le SIDA et la sexualité. Une enquête a ainsi été menée auprès de 723 adoléscentes élèves du sécondaire âgées entre 13 et 18 ans, afin d'en apprendre sur leurs connaissances et perceptions sur le Sida ainsi que sur leur comportement sexuel. L'enquête avait été menée dans la ville de Benin dans l'état de l'Edo du Nigéria. Plus de 94% de la population de l'étude était consciente du sida et 64% savait avec exactitude que le sida pouvait être transmis lors des rapports sexuels. De même, 9,1% et 3,9% des adoléscentes ont faussement attribué la transmission du SIDA à l'échange de simples baisers et au partage d'ustensiles avec des patients souffrant du SIDA. Plus de 77% des filles étaient sexuellement actives et de ces 77%, 35% avaient plusieurs partenaires sexuels et seulement 26,9% utilisaient des préservatifs durant le rapport sexuel. Cette étude fait écho au besoin de programmes poussés et efficaces en matière de VIH/SIDA. (Rev Afr Santé Reprod 1999; 3[1]:39-44)

KEY WORDS: HIV/AIDS, adolescent girls, sexual behaviour, knowledge, perception

¹Departments of Medicine and ²Community Health, University of Benin Teaching Hospital, P.M.B. 1111, Benin City, Nigeria.

Introduction

The spread of HIV/AIDS in Africa has been devastating, having reached pandemic proportions in most parts of the continent. 1,2 At the end of 1997, an estimated 30.6 million adults and children were living with HIV/AIDS in the world, 68% of these being from sub-Saharan Africa. About 88.2% of children under 15 years living with HIV/AIDS in the world are in sub-Saharan Africa.³ In Nigeria, AIDS is increasing at an alarming rate with 7 reported cases in 1988, 305 cases in 1991 and 437 in 1992.4 The 1995/96 HIV sentinel sero-prevalence study by the National AIDS/STD Control Programme estimated a 4.1% HIV prevalence among the 15-49 years age group. This translates to 2.2 million and 3.4 million infected Nigerians in 1997 and the year 2000 respectively.⁵ These figures obviously represent the tip of the iceberg as a good proportion of Nigerians have no access to organised health institutions⁶ and so most of the HIV/AIDS cases are not reflected in the national health data.

Heterosexual sex, particularly with multiple sexual partners, homosexuality, intravenous drug use, transfusion of blood and blood products are recognised risk factors in the transmission of HIV/AIDS.⁷⁻¹⁰ Adolescence is a period of life that has come to be regarded as a period of intense sexual drive, sexual and drug experimentation. Adolescents, therefore, are a vulnerable group at risk of contracting HIV/AIDS. Indeed, the first case of HIV/AIDS reported in Nigeria in 1984 was in a sexually active 13-year old girl.³ Current data on HIV/AIDS prevalence is confirming the work of Chin¹⁰ which estimated that in the 1990s, more than half of the AIDS cases in Africa would consist of women and children. With no specific cure for AIDS and no developed vaccines, preventive measures based on information and education programmes remain the mainstay for tackling HIV/AIDS and its associated problems.

The aim of this study, therefore, is to investigate the knowledge, perception of AIDS,

and the sexual behaviour of adolescent girls in Benin City. It is hoped that the information collected will be useful in planning effective control programmes for HIV/AIDS.

Subjects and Methods

This study was carried out in the metropolitan area of Benin City, the capital of Edo State, Nigeria. The city has a population of 762,717¹¹ and the inhabitants are predominantly Binis. Records from the Ministry of Education, Benin City, show that there are 40 government approved public secondary schools (10 female schools, 6 male schools and 24 mixed schools) in this area. For this study, 2 schools were randomly selected from the 10 female schools. The two schools had a total population of 4,158 students, and of these, 2,948 were adolescents (13-18 years). Every third student from the adolescent population was selected for the survey using the systematic random sampling method. The 763 female students thus selected were informed of the objectives of the study and assured that all information collected will be treated with confidentiality. All the 763 students consented to participate.

The survey was carried out using a structured questionnaire, which was administered to the students using a face-to-face interviewing technique. The authors and two other trained interviewers conducted the interviews. Information collected included demographic data, sexual behaviour of the adolescents and their knowledge, belief and practices relating to HIV/AIDS. Out of a total of 763 students recruited into the study, 723 (95%) cooperated and completed the questionnaires.

Results

Seven hundred and twenty-three female adolescents with a mean age of 15.4 ± 1.6 years were studied. Table 1 shows the knowledge of the study population about AIDS. Six hundred and eighty-eight (95.2%) claimed to be aware

of AIDS while 35(4.8%) were not aware of the disease. Fifty-one (7.1%) believed that the disease can be cured, while 604(83.5%) knew that AIDS is incurable. Two hundred and eighty-nine (40%) rightly knew that the use of condom can prevent AIDS but 41(5.7%) and 43(5.9%) believed that AIDS can be prevented using drugs and native medication respectively. Four hundred and sixty-three (74%) knew that AIDS can be transmitted through sexual inter-

course while 55(7.6%) were aware that transmission can be through blood transfusion. Answers to the questions about the causative agent of AIDS showed that 174(24.1%) and 80(11.1%) claimed that AIDS is caused by bacteria and parasites, respectively, while only 63(8.7%) knew that AIDS is caused by a virus. For 77(10.6%), AIDS is caused by the wrath of the gods and as much as 294(40.7%) had no idea about the cause of AIDS.

Table 1: Knowledge of AIDS among adolescent girls in Benin City (n = 723)

Parameters	No.	%	
Existence of AIDS	-		
Aware of AIDS	688	95.2	
Not aware of AIDS	35	4.8	
Cure of AIDS			
AIDS curable	51	7.1	
AIDS not curable	604	83.5	
No idea	68	9.4	
Causative agent of AIDS			
Bacteria	174	24.1	
Parasites	80	11.1	
Viruses	63	8.7	
Wrath of the gods	77	10.6	
No idea	294	40.7	
No response	35	4.8	
Route of AIDS transmission			
Sexual intercourse	463	64.0	
Blood transfusion	55	7.6	
Transplacental	34	4.7	
Needles/syringes	21	2.9	
Casual kissing	66	9.1	
Mosquito bite	13	1.8	
Other routes, e.g., sharing			
of utensils	28	3.9	
No idea	43	6.0	`
Preventive measures			
Use of condom	289	40.0	
Abstinence	92	12.7	
Safer sex	154	21.3	
Use of drugs	41	5.7	
Native medication	43	5.9	
No idea	104	14.4	

Table 2: Source of Information about AIDS for Adolescent Girls in Benin City (n = 723)

Source of information	No.	%	
Schoolmates	162	22.4	
Friends	144	19.9	
School teachers	122	16.9	
Medical personnel	109	15.1	
Parents	84	11.6	
News media	43	5.9	
No response	59	8.2	

Table 2 shows the different sources of information about AIDS for the study population. Schoolmates in 162 (22.4%) and friends in 144 (19.9%) formed the main sources of informa-

tion. Only 109 (15.1%) obtained information about AIDS from medical personnel and 84 (11.6%) from parents. Forty-three (5.9%) got to know about AIDS from the news media.

Table 3: Sexual behaviour of adolescent girls in Benin City

Parameters	No.	%	
Sexual intercourse			
(Respondents = 723)			
Sexual intercourse	562	77.7	
Never had sexual intercourse	161	22.3	
Number of sexual partners			
(Respondents = 562)			
One partner	365	65.0	
Two partners	149	26.5	
Three or more partners	48	8.5	
Frequency of sexual intercourse			
per week			
(Respondents = 562)			
Occasionally	511	90.9	
Once	34	6.0	
Twice	15	2.7	
Three or more times	2	0.4	
Use of condom for sexual			
intercourse			
(Respondents = 562)			
Use condom regularly	151	26.9	
Use condom occasionally	40	7.1	
Never use condom	371	66.0	

Table 3 shows the sexual behaviour of adolescents studied. Of the 723 students interviewed, 562 (77.7%) admitted to being sexually active. The age at which sexual activity started ranged from 11 to 18 years with a mean of 14.1 ± 0.3 years. Of the sexually active group, 48 (8.5%) had three or more sexual partners, 51 (9.1%) had sexual intercourse once or more times weekly, while only 151 (26.9%) practised the use of condoms with 371 (66%) not using condoms.

Discussion

The results of this survey reveal a female adolescent population that is aware of the deadly disease AIDS. This finding agrees with those of previous workers from other parts of Nigeria. 12-15 However, despite this high level of awareness in the study, the overall knowledge about AIDS was poor amongst the adolescents. Only 8.7% knew that AIDS was caused by a virus, 7.1% believed that AIDS is curable and 11.6% believed that the disease can be prevented with drugs (both orthodox drugs and native medications). The majority of our populace patronise traditional healers who largely claim that they have a cure for every disease including AIDS.16 This claim is sometimes given wide coverage in the electronic media. Thus, the belief that AIDS is curable is probably borne out of the claim by traditional healers, and this misinformation can greatly impede preventive measures against AIDS. There is therefore an urgent need to provide correct information on HIV/AIDS to the general public. Information reaching the public about AIDS, especially through the electronic media, need to be censored to forestall the spread of wrong knowledge and perception of HIV/AIDS.

The main sources of information about AIDS for adolescents studied were schoolmates (22.4%), friends (19.9%) and teachers (16.9%). This finding is of importance in planning health education programmes for adolescents as these groups of informants and educational institutions can generally serve as very effective means of communication. However, these friends and schoolmates need to be correctly informed to prevent them from passing wrong information to their peers. The results of this study show that only a small percentage of adolescents received information about AIDS from parents, medical personnel and the news media. The latter seem to be playing minimal role in the dissemination of information about AIDS because a good proportion of families are unable to afford newspapers and youths spend valuable time watching or listening to entertainment programmes rather than educative ones on television or radio. Parents, believing that their adolescent children are still young, refuse to discuss sexuality and related problems with them. Parents and medical personnel should be encouraged to use every opportunity to counsel adolescents about sexuality and AIDS, otherwise they are likely to get wrong information and counselling from peer groups.

A very high proportion (77.7%) of respondents in this study admitted to being sexually active, 35% have multiple sexual partners and 73.1% do not practise the use of condoms during sexual intercourse even though 40% of respondents were aware that the use of condoms is a preventive measure for AIDS. This trend is similar to that in other reports where 43.6% of adolescents were below 17 years old, and 80.1% of those aged between 17 and 19 years were sexually active.¹⁷ A high percentage of young subjects admitted to having multiple sexual partners with only a negligible proportion using condoms. 18 These results show that we have an adolescent population that is potentially at risk of HIV/AIDS because of their poor perception and knowledge of AIDS in addition to their sexual habits.

This trend, if not corrected, will predictably result in an increase in the prevalence of AIDS amongst our youths. There is an urgent need for our adolescent population to be fully exposed to sex education and for information about

HIV/AIDS to be readily available to them at home, in schools and public libraries. Parents and medical personnel need to be encouraged to use every opportunity available to them to counsel adolescents, particularly about sexuality and HIV/AIDS. Sex education should be actively taught especially in the secondary schools curriculum. Where abstinence cannot be practised, safer sex with special reference to the use of condoms and the danger of multiple sexual partners need to be stressed even more than ever.

In conclusion, this study reveals an adolescent female population that is vulnerable and at risk of HIV/AIDS. Pubic health measures are urgently needed to curtail the imminent increase of HIV/AIDS in our youths.

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