Impact of COVID-19 Lockdown on Youth Sexuality in Delta State, Nigeria: Media View

Odedede, Joan Nkechi
Department of Mass Communication, Delta State University Abraka, Nigeria.
E-mail: odededejoan@delsu.edu.ng, odeonyechoa@yahoo.co.uk

Abstract

The mass media have been one of the preeminent tools for the dissemination of information worldwide. The COVID -19 Lockdown has led to an upsurge in youth sexuality which became a source of concern to all stakeholders and the media outlets is tasked to detail all outcomes. This study was design to examine the impact of COVID -19 lockdown vis-à-vis youth sexuality. A sample size of 400 was determined from each of the ten Local Government Areas across the three senatorial districts in Delta State. The Sample design adopted for this study was random sampling. A total of four thousand (4000) questionnaire copies were administered to youths and 99 % copies were retrieved from respondents. Twenty field assistants were engaged for three weeks for the exercise and face to face survey approach was adopted. The findings show that there was lack of sexual and reproductive healthcare during COVID -19 lockdown. These have caused a spike in youth's sexuality, intimate partner abuse, increased in unplanned pregnancies, unsafe abortion, maternal morbidity and mortality. Overall, COVID-19 lockdown escalated existing health challenges and the media should continue to propagate protective health measures. Also, government should create access to health care professionals, health care products and other health emergencies to tackle future pandemic.

Keywords: COVID-19, Lockdown, Youth sexuality, Sexual health

Introduction

The media has been a veritable tool in dissemination of information in critical situations such as outbreak of diseases, public health, pandemics and no tool has been able to appraise its functions. Anyadike *(*2015) opined that the volume of report on an issue in the media, explains the public knowledge, understanding and perception of the issue. The COVID -19, a global disease, emerged in Wuhan, China in December, 2019. On March 11th, 2020 COVID-19 was declared as a pandemic (WHO, 2020). The continuous increase of death as it spread to other countries all over the World created fear that gripped families, communities and territories, due to the transmission of water droplets from man to man. Numerous lives were threatened especially vulnerable groups between the ages of 45 years and above, those with medical health challenges like diabetes, cancer, and chronic

heart diseases were prone to the COVID -19 disease. According to Zhai & Du (2020) governments across the globe implemented social distancing and isolation measures to fight the deadly disease.

The COVID -19 crises has had many adverse effects in the lives of many people. It has raised numerous speculations on the issues of lockdown and youth sexuality and decline in health services by health officials. Consequently, it has bridged the gap to access information on health and increased domestic abuse on teenage girls such as early pregnancy in youths and sexual abuse. According to Sand-Ford (2020) more than half of the world population was in lockdown. Also, during the lockdown, the media reported an increase in pornography use among youths and other forms of sexual abuse. Specific problems were spotted due to COVID -19 curfews; no medical care was available for victims of domestic violence and no access to contraceptives. Youth sexuality during the COVID -19 pandemic led to an increase in untended and intended pregnancies. Nigeria was on lockdown from March, 2020 to February, 2021) to enable the government mitigate the effect of the pandemic. Physical and social activities were limited (De Rose *et al.,* 2020) except for essential services and the sit at home order affected the psychological and social well-being of many youths. Issues of sexuality and behavior of youth during and after the nationwide lockdown should be of utmost concern to all stakeholders. It is in view of that that this paper examines the impact of COVID-19 pandemic lockdown on youth sexuality in Delta State.

Literature Review

The imposition of COVID-19 pandemic lockdown by various governments as a preventive measure to curb the spread of the infectious disease brought many social and economic consequences on the populace. The lockdown coupled with the devastating effect of the disease has pushed many communities and countries all over the world into economic recession. More so, COVID-19 lockdown has brought distress and pain by observing social distances, isolation and stay at home syndrome, thereby depriving the people from having access to first-hand information and access to modern technologies. The impacts of COVID -19 on youth sexuality have been discussed via the mass media (radio, television) and social media platforms such as face book, YouTube, Instagram and Twitter. Therefore, the accuracy of media narratives on sexuality and novel corona virus must always be questioned (Doring &Watter, 2020). The lockdown effect on youth sexuality includes domestic violence, early child marriage increase in unwanted pregnancies, school dropout, intended and unintended pregnancies, lack of access

to contraceptives, safe abortion services and increase in sexually transmitted infection STI and HIV/AIDS. During the lockdown, youths were exposed to domestic violence and sexual assault such as rape by their family members and neighbours. COVID -19 lockdown has made both male and female rapes common, regarded as a taboo and criminalized in our cultural context a reality. The present state of COVID -19 crises on youth sexuality has brought hopelessness and pains. Doring andWatter (2020) reported that during the COVID-19 pandemic isolation couples were less busy; they have more time for each other and indulged in making love always, leading to corona virus baby boom in nine months. Also, partnered sex during the COVID -19 pandemic posed significant risk because transmission of the disease is undisputed. According to Cipricano, Giacalone and Ruberti (2020) transmission can be through respiratory droplets and physical intimacy. Furthermore, interpersonal sexual communication from a distance has been reported through technology for example; cyber-sex, electronic sex, chat sex, cam sex or sexting (Courtrice & Shawghnessy, 2017) among others were rampant among youth. This type of online sex and sexting that is frowned at became popular and preferred instead of face to face sex dates by people during the lockdown (Doring & Walter, 2020). During the period of the lockdown, the mass media **was** in the vanguard of promoting sexual literacy and providing tips for online sex (Doring, 2020; Apalhao & Fillipe, 2020). Similarly, tips on safe sex during the COVID-19 pandemic, inclusive and sex-positive for a state agency were provided by NYC Health Department (2020). Apalhao and Fillipe (2020) argued that for sexual literacy to be promoted through sexual education in connection with technology, awareness of risk and protective measures should be incorporated. In fact, social distancing has led to a reduction in sex, but during the first peak of the pandemic, about one third of young people reported that they were still meeting close friends and having sex (Orben et al., 2020). The mass media has offers various types of interactions, including conversations, online dating, sexting, virtual sex and other online activities (Scott et al., 2020).

Methodology

The study examined the impact of the COVID-19 lockdown on youth sexuality. Quantitative and qualitative methods were used to elucidate information. Questionnaire addressing several key issues were used in this study.

Research Design – A cross – sectional face-to-face research survey was conducted within a period of three months among youth in Delta State.

Validity of Instrument – The instrument went through experts' validation to ascertain its accuracy.

Population of study – The population of this study has focused on youth, age 18 - 40 years (male and female) living in ten Local Government Areas comprising three Senatorial Districts of Delta State.(Delta Central, Delta North and Delta South) A total of 5,475,139 population was selected were number of male is 2,754,998 and 2,720,147 female (National Population Commission, 2006).

Sampling Design – The sampling design for this study was random sampling. The sample size of four hundred was calculated with the aid of Yamane (1967) formula

$$N = N / 1+N(e)^2$$

n = sample size, N = Population size, e = level of precision at 95 % confidence

$5,475,139 / 1 +5,475,139 (0.05)^2$

n = 5,475,139 /5475140 × (0.0025)

5475139/ 1368.85 = 399.99 = 400. 400 samples per local Government ×10 local Government = 4000 samples for the entire populations.

Instrument - Four thousand (4,000) questionnaires was administered to males and females youth in 10 Local Governments Areas of Delta State. The questionnaires were structured and comprise of two sections (A and B). The first section contain the demographic information of respondents: age, sex, educational level, marital status, location and employment status, while the second section (B) contain key questions such as (i) knowledge of COVID -19 (ii) access to sexual health information / services during lockdown. (iii) Factors that hinder access to health information (iv) challenges that affect youth sexuality during COVID- 19 lockdown.

Data Presentation and Analysis

Data from the questionnaires were analyzed using Statistical Package for Social Science (SPSS) version 2.0. The data were presented in form of mean, standard deviation and percentages (Table 1 - 7) to test the variation observed in COVID - 19 lockdown and the issues on youth sexuality. *99* % copies were retrieved from respondents and twenty field assistants were engaged within period of the exercise.

Socio-demographic characteristics of the participants

Four hundred (400) respondents from each of the Local Government Areas (Table 1) were sampled in this research.

Table 1: Selected Local Government Areas for this study

S/N	Location /LGA	Senatorial Districts	Frequency	Percentage (%)
1.	Sapele	Delta Central	400	10
2.	Ethiope East		400	10
3.	Okpe		400	10
4.	Uvwie		400	10
5.	Aniocha south	Delta North	400	10
6.	Ukwuani		400	10
7.	Oshimili South		400	10
8	Isoko South	Delta South	400	10
9	Isoko North		400	10
10	Bomadi		400	10
	Total			100

Source: Odedede (2022)

Table 2: Socio-demographic characteristics of the participants. Same frequency was used for all the local government areas despite variable population distribution is because equity and access to geographical terrain.

Variable (%)	**Percentage**
Sample size	400
Sex	
Female	2700 (67.5)
Male	1300 (32.5)
Age	
18 – 24	2500 (62.5)
25 – 30	1000 (25)
35 – 40	500 (12.5)
Educational level	
Tertiary Institutions	2000(50)
Colleges of Education	1300 (32.5)
Secondary school	700 (17.5)
Marital status	
Single	1440 (36)
Married	760 (19)
Cohabiting	1800(45)
Location/Senatorial Districts in Delta State	
Delta Central	1430 (35.75)
Delta North	1400 (35)
Delta South	1170 (29.25)
Employment Status	
Unemployed	1750 (43.75)
Self-employed	1550 (38.75)
Employed	700 (17.5)

Source: Odedede (2022)

Table 3: Section B - Access to selected health information and care during COVID -19 lockdown

S/N	Description Percentage (%)
1.	Are there information or education on sexuality during lockdown? Yes 840 (21) No 960 (24) I don't know 3190 (54.75)
2.	Are there available treatments for STD and HIV during COVID -19 lockdown? Yes 910(22.75) No 2050 (51.25) I don't know 1040 (26)
3.	Did you have access to contraceptive during COVID -19 lockdown? Yes 760 (19) No 2210 (55.25) I don't know 1030 (25.75)
4.	Do you have access to counseling services on sex education during COVID -19 lockdown? Yes 930 (23.25) No 2230 (55.75) I don't know 840 (21)
5.	Do you have access to menstrual health products like sanitary pads. Menstrual pain killer (dysmenorrheal) during COVID -19lockdown? Yes 870 (21.75) No 2260 (56.5) I don't know 870 (21.75)
6.	Were pregnant and post natal care available during COVID 19 lockdown? Yes 930 (23.25) No 910 (22.75)

	I don't know	2160 (54)
7.	Do you have access to condom during COVID – 19 lockdown?	
	Yes	800 (20)
	No	970 (24.25)
	I don't know	2230 (55.75)

Table 4: Knowledge of COVID -19 pandemic

S/N	Description	SA	A	UN	D	SD	Mean	Std.
1.	Do you know COVID-19 is a global disease?	1400	1200	250	750	400	800.00	496.24
2.	Do you know humans can be affected by COVID-19 disease?	1100	1400	250	800	450	800.00	467.71
3.	What are the symptoms of COVID-19 on infected persons?	1100	1350	300	700	550	800.00	522.79
4.	Do you know COVID-19 disease can be transmitted from person to person through contact?	900	1500	600	750	250	800.00	459.62
5.	Do you believe that there is a treatment for COVID-19 disease?	500	300	150	1400	1650	800.00	679.15
6.	Do you believe we can protect ourselves?	550	200	200	1500	1550	530.00	592.24
7.	Do you know there is high risk of infections during	350	250	650	1350	1400	800.00	545.44

	COVID-19 lockdown?							

SA – Strongly Agree, A – Agree, SD – Strong Disagree, D – Disagree, UN – Undecided

Table 5: Factors that hinder access to health information (Section C)

S/N	Description	Percentage (%)
1.	Do you speak or hear English?	
	Yes	2070(51.75)
	No	1230(30.75)
	I don't know	700(17.5)
2.	Do you have access to buy airtime in your phones to enable you receive health information during COVID-19 lockdown	
	Yes	1120(28)
	No	2380(59.5)
	I don't know	500(12.5)
3.	Do you have access to modern information technology like television, radio, computer during COVID-19 lockdown?	
	Yes	800(20)
	No	830(20.75)
	I don't know	2370(59.25)
4.	Do you live in remote village where there is poor network?	
	Yes	920(23)
	No	810(20.25)
	I don't know	2270(56.75)
5.	Do you have access to social media platforms?	
	Yes	1230(30.75)
	No	2500(62.50)
	I don't know	270(6.75)

Table 6 : Challenges that affect Youth sexuality during COVID-19 lockdown (Section D)

S/N	Description	Percentage (%)
1:	Did the media provide tips for online sex as a preventive measure COVID-19 lockdown? Yes No	 3108(77.7%) 892(22.3%)
2	Did you have online sex during COVID-19 lockdown? Yes No	 2473(61.82%) 1527(38.18%)
3	Did you have unintended sexual intercourse with intimate partner during COVID-19 lockdown? Yes No	 2737(68.42%) 1263(31.56%)
4	Do you have access to public health information during COVID-19 lockdown? Yes No I don't know	 3766(94.15%) 167(4.17%) 67(16.17%)
5	Have you been stigmatized for having unwanted pregnancy that led to early marriage COVID-19 lockdown? Yes No	 3802(95.05%) 198(49.5

Table 7 : Challenges that affect Youth sexuality during COVID 19 lockdown (Section D) –Contd.

S/N	Description	Percentage (%)
6.	Are there health care for abortion during COVID19 lockdown? yes No I don't know	 76(19%) 3924(98.1%)
7.	Do you receive health care services for sexual abused during COVID-19 lockdown? Yes No I don't know	 15(0.37%) 3792(94.55%) 193(4.82%)
8.	Are you sexually abused by intimate partner during COVID-19 lockdown? Yes No I don't know	 3330(83.25%) 646(16.15%) 24(0.6%)
9.	Did any of your family members touch sensitive part of the body during the COVID-19 lockdown? Yes No I don't know	 103(2.57%) 3906(97.55%) 0(0%)
10.	Did you stay with your parents during COVID-19 lockdown Yes No I don't know	 2200(55.5%) 1800(45%) 0(0%)

Discussion

Four hundred questionnaire copies were distributed to ten local government areas each from the three senatorial districts in Delta State making a total of four thousand questionnaire copies. Social-demographic variables (Table 2) indicate that (67.5 %) were female respondents while (32.5 %) were male respondents. This implies

that females were faced with more problems during COVID-19 lockdown. The result supports Kwauk *et al.* (2021) findings that school closure and lockdown during COVID - 19 would harm girls' health and their well-being. Also, the study presented three different age groups as youth 18-24 yrs. (62.56 %), 25-30 yrs. (25 %) and 35-40 (12.5 %). This variation is attributed to the fact that the age groups (18 -24 years) are more vulnerable and are highly prone to sexuality. The study also explored the educational level of the respondents; tertiary institutions (50%), colleges of education (32.5%) and secondary school (17.5 %). This implies that majority of the respondents were those in tertiary institutions and have strong affinity for socialization. The marital status of the respondents indicated the following distribution: single (35.5 %), married (19.6 %) and cohabiting (45 %). The locations of the respondents according to senatorial district are: Delta central (35.75 %), Delta North as (35 %) and Delta south as (29.25 %). This implies that majority of the respondents reside in Delta central Senatorial District because it is more densely populated, urbanized and associated with high transmission rate.. The employment status of the respondents revealed the following distribution: unemployed (43.75%), self-employed (38.75%) and employed (17.56 %). The categories of unemployed respondents are more in number and indicate lack of social security.

Furthermore, in section B, the study explains the following key questions as it affects COVID-19 lockdown and issues in sexuality.

Question one: Knowledge of COVID-19 pandemic (Table 2) is self-evident and suggests that the residents have the knowledge of the disease.

Question two: Sought to **ass**ess the sexual health information and care during COVID-19 lockdown, 840 (21%) confirmed there was information / education on sexuality during lockdown while 960 (24 %) disproved. 2190 (54.75 %) denied knowledge of information or education on sexuality during COVID-19 lockdown. A total of 910 respondents (22.75 %) noted that treatment was available for STD and HIV during COVID-19 lockdown, while 2050 others (51.25 %) had contrary opinion. A total of 1040 respondents (26%) said they were unaware. With regards to accessibility to contraceptives, 2210 (55.25%) said NO while 760 (19 %) said Yes and 1030 (25.75 %) said they didn't know. Also, 2260 (56.5 %) reported NO to access to menstrual health products like sanitary pads, menstrual pain killers such as dysmenorrheal medication during COVID-19 lockdown while 870 (21.75%) said they were privileged to have access to health care facilities and 870(21.75 %)

said they didn't know. Furthermore, 2230 (55.75%) reported that they couldn't remember using condom during the COVID-19 lockdown, 800 (20%) affirmed Yes, while 970 claimed 'NO' to access. Also, 2160(54%) confirmed that they didn't know about the availability of pregnant care or post natal care during COVID-19 lockdown, 930 (23.25%) said Yes they are aware, while 910 (22.75 %) claimed 'NO'. This finding lend support to Lindberg *et al.,* (2020) that low level of access to information and services resulted to increase teenage pregnancy throughout the world but more in many low and middle income countries.

Question Three: The study examines health information. Responses show that 2220 (56.75%) respondents speak English, while 1230(30.75%) do not speak English and 700 (12.75) did not indicate whether they speak English or not. Some of the respondents stated that they didn't have access to electricity to charge their phones to enable them receive health information 2380 (59.5%) while 1160 (29 %) did and 500 (12.5 %) refuse to indicate. Also, 2370 (59.25%) respondents did not say if they have access to modern technology during the COVID-19 lockdown. 799(19.75 %) said 'Yes' while 830(20.75 %) said 'NO'. Many of the respondents did not indicate if they live in remote places during the lockdown, 2270(56.75 %,), 920(23%) said 'yes' and 810 (20.25%) said 'no' in response to the question. A total of 2600(65.6%) respondents didn't have access to social media platforms, while 1230(30.75%) had and 270(6.75%) didn't indicate if they have access or not.

The study also revealed challenges that affect youth sexuality during the COVID-19 lockdown; whereby 3108 (77.77%) confirmed that the media provided tips for online sex during COVID-19 lockdown as a preventive measure, while 892 (22.3%) refuted such claims. Also, 2473 (61.82%) agree to have online sex during COVID-19 lockdown while 1427 (35.69%) said they were not involved in such act. More so, unintended sexual intercourse with intimate partner during COVID-19 lockdown was worrisome. A total of 2737 (68.42%) affirmed they were victims while 1273 (31.88%) said that they were not victims. A total of 3802(95.05%) said that they were stigmatized for having unwanted pregnancy and 198(49.5%) said they were not stigmatized. In addition, 3924 (98.1%) respondents affirmed that they did not receive health information for safe abortion during COVID-19 lockdown and 3793 (94.82%) said they did not receive healthcare services for sexual violence during COVID-19 lockdown while 15 (0.37%) agree to have received healthcare services for sexual violence during COVID-19 lockdown. These findings gave credence to Ahonsi *et al.,* (2020) and Cousins (2020) that COVID -19 has posed challenges to women access to sexual and reproductive health and rights. A total

of 192(48%) said that they didn't know. Majority of the respondents said they were sexually abused by intimate partners during COVID-19 lockdown (3330; 83.25%), whereas 646 (16.15%) disagreed to this assertion.

Findings

From the foregoing, COVID -19 lockdown posed great danger to youth sexuality, Lack of medical care/attentions led to abortions and maternal morbidity and mortality. Lack of access to contraceptives during the lockdown led unintended pregnancies for single and married youths. Lack of access to health care products like contraceptive pills, female diapers threatens the lives of youths during pregnancy leading to unsafe abortions. The study also established lack of health care providers for sexually abused victims. Overall, the study indicates that youths were sexually abused by their intimate partners.

Conclusion and Recommendations

The study shows that youth sexuality during the COVID -19 lockdown in Delta State was characterized by lack of access to health information, contraceptives and with unintended pregnancies, unsafe abortion, increase maternal death and other health complications, all of which posed great danger to the society. The study recommends that there is need for Federal Ministry of Health to create and put sexual and reproductive health needs in their emergency response to tackle future pandemic lockdown. Also, guidelines for reporting sexual assault/ abuse should be made available in pamphlets, handbills and propagation through media channels. There is the need for a synergy between the security agencies, medical personnel, local vigilantes for quick action and better service delivery. In addition, Provision of access to health care professionals, health care products during lockdown and other health emergencies.

References

Ahonsi, B. A. (2020). A research agenda on the sexual and reproductive health dimensions of the COVID – 19 pandemic in Africa. *Reprod. Health*, 24(1), 22 - 5

Alpalhão, M., & Filipe, P. (2020). The impacts of isolation measures against SARS-CoV-2 infection on sexual health. *AIDS and Behav*ior. https ://doi.org/10.1007/s1046 1-020-02853

Anyadike, D.O. (2015).Analysis of newspaper framing of the Nigerian Governors Forum election crisis of 2013. *Mediterranean Journal of Social Science, 6*(6), 315-327.

Cepriano,M., Giacalone, A., & Ruberti, E. (2020). Sexual behavior during COVID -19: The potential risk of transmission. *Achievers of Sexual Behavior*, *49*, 1431 – 1432

Cousins, S. (2020). COVID -19 has devastating effect on women and girls. *Lance*t 296, 310 – 2

Coutrice, E.L. & Shaughnessy, K.(2017).Technology mediated sexual interaction and relationships: A systematic review of the literature. *Sexual and Relationship Therapy*, *32* (3 -4), 269 - 290

De Rose, A.F., Chierigo, F. & Terrone, C. (2021). Sexuality during COVID lockdown: A cross sectional Italian study among hospital workers and their relatives. *International Journal of Impotence Research* 33, 131 – 136.

Doring, N. (2000). Feminist views of cybersex: Victimization, liberation and empowerment. *Cyber Psychology& behavior*, 3 (5), 863 – 884.

Doring, N. (2020). How is the COVID-19 Pandemic Affecting Our Sexualities?. An overview of the Current Media Narratives and Research Hypotheses. *Archives of Sexual Behavior* vol. 49, 2765–2778

Döring, N., & Walter, R. (2020). Wie verändert die COVID19-Pan-demie unsere Sexualitäten? Eine Übersicht medialer Narrative im Frühjahr 2020 [How is the COVID-19 pandemic chang-ing our sexualities? An overview of media narratives in spring 2020]. Zeitschrift für Sexualforschung, 33(2), 65–75. https ://doi.org/10.1055/a-1165-7760.

Kwauk, C., Schmidt, D. & Ganju, E. (2021). What do we know about the effects of COVID -19 on girls return to school? https// www. brookings.edu

Lindberg, L.D., Bell, D.L., & Kantor, L.M. (2020). The Sexual and reproductive health of adolescents and young adults during the COVID -19 pandemic. *Perspect. Sex. Reprod. Health, 52, 75 -79.*

National Commission (2006). Population and Housing Census

New York City Health Department. (2020). *Sex and Coronavirus disease 2019 (COVID-19)*. Retrieved fromhttps://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf.

Orben A., Tomova L., Blakemore S-J. (2020). The effects of social deprivation on adolescent social development and mental health. *Lancet Child Adolesc Health*. ;4:634–640.

Sandford ,A. (2020).Corona virus: Half of humanity now on lockdown as 90 countries call for confinement. *Euronews*.https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-

Scott R.H., Smith C., Formby E., Hadley A., Hallgarten L., Hoyle A.(2020). What and how: doing good research with young people, digital intimacies, and relationships and sex education. *Sex Educ*.: 20:675–691

World Health Organization. 2020. WHO Coronavirus Disease (COVID-19). Dashboard. Accessed at: https://covid19.who.int/

Yamane, T. (1967). *Statistics: An Introductory Analysis*, 2nd Edition. New York: Harper and Row.