Sexual practices and its predictors among in-school adolescents in an urban city in North Central Nigeria

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[1]

Abstract

Objective: To assess the sexual practices and its predictors among in-school adolescents in Ilorin metropolis, Nigeria.

Methods: A descriptive cross-sectional study design was employed, using a pretested semi-structured interviewer administered questionnaire from 400 respondents via multistage sampling technique.

Results: Almost half of the respondents (47.5%) have had only one sexual partner before and more than half of them (52.5%) have had two or more partners. Less than one fifth of the respondents (18.0%) had had sexual intercourse. More than half of the respondents (56.9%) who were sexually active used condom at first experience. Respondents' age, gender and religion were important predictors of sexual behaviour.

Conclusion: Risky sexual practices are high in Nigeria and young people especially girls are at risk of morbidity and mortality due to sexually transmitted infections including HIV/AIDS, complications from unsafe abortion and social exclusion from stigmatization thereby calling for extra attention to this population.

Key words: Adolescents, sexual practices, risky sexual behaviour, sexually transmitted infections.

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Pratiques sexuelles et leurs prédicateurs chez les adolescents ecoliers dans une ville du Nord du Nigéria

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Résumé

Objectif de l'étude: Évaluer les pratiques sexuelles et leurs prédicateurs chez les adolescents écoliers dans la métropole d'Ilorin au Nigéria.

Méthodes de l'étude: Une étude descriptive transversale a été adoptée, utilisant un questionnaire pré-test administré par un enquêteur semi-structuré à partir de 400 répondants via une technique d'échantillonnage en plusieurs techniques.

Résultats: Près de la moitié des répondants (47.5%) n'avaient eu qu'un seul partenaire sexuel auparavant et plus de la moitié d'entre eux (52.5%) avaient eu deux partenaires ou plus. Moins du cinquième des répondants (18.0%) avaient eu des rapports sexuels. Plus de la moitié des répondants (56.9%) sexuellement actifs ont utilisé un préservatif lors de leur première expérience. L'âge, le sexe et la religion des répondants étaient des prédicateurs importants du comportement sexuel.

Conclusion: Les pratiques sexuelles à risque sont nombreuses au Nigéria et les jeunes, en particulier les filles, sont menacées de morbidité et de mortalité à cause d'infections sexuellement transmissibles, notamment le VIH/SIDA, aux complications résultant d'un avortement non médicalisé et à l'exclusion sociale de la stigmatisation, appelant de ce fait une attention supplémentaire.

Mots-clés: Adolescents, pratiques sexuelles, comportements sexuels à risque, infections sexuellement transmissibles.

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INTRODUCTION

Adolescent reproductive health can be defined as a state of complete physical, mental and social well-being and not only the absence of reproductive diseases or infirmities in all matters of the reproductive system, its functions and processes in persons between the ages of 10 to 19 years (1). The average adolescent is characterised by high energy levels, pursuit of adventure, dating, sexual experimentation, zealousness, radicalism, rebellion, curiosity and risky sexual behaviour; the outcome of which more often than not, compromises his/her sexual and reproductive health (2,3). This group otherwise known as young people are an important segment of our Nigerian society where they make up about a third (31.6%) of Nigeria's large and growing population (4). Not until recently, the Nigerian adolescent group were seen as a healthy segment of the populace who received low priority for health services, but biology and the society bring on additional health challenges to them; those stemming from unprotected sex, teenage pregnancies, transactional sexual relationships, multiple sexual partners, and trans-generational sexual relationships among others (4).

In order to wholly tackle the health and development needs of adolescents, it is pertinent to provide health services beyond the scope of adolescent pregnancy and HIV (5). Adolescents see themselves as mature enough to begin sexual activities but ironically, they do not have adequate knowledge on the repercussions of unprotected sex. Some of these repercussions include morbidity and mortality from sexually transmitted infections, unwanted pregnancy and complications of unsafe abortion. Adolescents develop self-consciousness in how other see them and most often, they do not disclose their reproductive health problems and in turn do not to use the appropriate health services they require (5). This may not be unrelated to poor information on reproductive health, inadequate financial resources and undesirable attitudes of health workers (5).

Reproductive health of adolescents is interdependent on several complex factors such as socio-cultural influences (from family, peers and communities), and access to health services, educational services and employment opportunities (5). While male and female adolescents have many reproductive health challenges, the female adolescents have more reproductive health needs that are gender specific (5). For instance, the female adolescent stands a risk of pregnancy, unsafe abortion complications, pregnancy-induced hypertension, obstructed labour, emotional traumas associated with unwanted pregnancy among others (6). The major objective of this study is to assess the sexual practices of adolescents attending schools in Ilorin metropolis, Kwara State, Nigeria.

MATERIALS AND METHODS

Description of the study area: Ilorin, the capital of Kwara State is located within the North Central geopolitical zone of Nigeria. The city is formed by most part of three local government areas namely: Ilorin East, Ilorin South and Ilorin West LGAs. There are 35 wards in the three local governments, of these, 22 of the wards form Ilorin metropolis (7). Higher institutions in Ilorin include the University of Ilorin, Kwara State Polytechnic, College of Education, School of Nursing and Midwifery, Ilorin. The culture in Ilorin is a mixture of Yoruba, Fulani and Hausa, which has been greatly influenced by Islamic culture (2).

Study design: The study was a descriptive cross-sectional study among adolescents attending schools in Ilorin metropolis

Study population: The respondents of the survey were unmarried adolescents in secondary schools aged 10 – 19 years.

Sample size: The sample size of 400 was estimated using Fischer's method of sample size determination to calculate the sample size using a 50% prevalence of sexual activity among in school adolescents (8). After calculation, the sample size was 384, but the number was rounded up to 400 to increase the power of the study.

Sampling technique: Selection of the respondents consisted of a multi-staged sampling technique.

Stage 1: One (Ilorin East) out of the three LGAs was selected using simple random sampling via table of random numbers.

Stage 2: Three wards in the urban area of Ilorin East local government were selected using simple random sampling via table of random numbers.

Stage 3: A school was selected from each of the three wards using simple random technique via table of random numbers.

Stage 4: Students were selected from each of the three schools by systematic random sampling using a sampling interval. The sampling interval was calculated by dividing the estimated adolescent population size in the local

government selected that are attending school by the sample size and a sampling frame of 8 was arrived at. Simple random sampling by balloting was used to select the first respondent and then the sampling frame was followed in a systematic manner until the desired sample size was completely selected.

Study Instruments/Tools: The data was collected using a pre-tested, semi-structured interviewer administered questionnaire. The questionnaire was developed by reviewing relevant literature on the subject to ensure reliability.

Data Management/ Statistical Analysis: Correctly completed questionnaires were sorted out. Information was coded and data was analysed using SPSS software version 21. Data collected were presented in prose, frequency tables, charts and graphs. A confidence limit of 95% was used and a p- value of < 0.05 was considered significant.

Ethical Considerations: Ethical clearance was obtained from the Ethical Review Committee of University of Ilorin before the commencement of the study. A written informed consent was obtained from each participant 18 and above, while parental consent and assent were obtained for those less than 18 before recruitment into the study. Consenting participants were requested to append their signatures.

RESULTS

As reflected in Table 1, about three quarter of the respondents (75.2%) were between the ages of 15 – 19. The mean age of respondents was 15.65 ± 1.73. Sex distribution among respondents was almost equal, females accounted for 50.5% while males accounted for 49.5%. Many of the respondents were Christians (57.3%) and majority of the them were Yoruba (87.5%). Most of the respondents' parents were educated (fathers, 93%; mothers, 92.5%) and also, most of them were employed (fathers, 94.8%; mothers, 95.8%).

Questions assessing sexual practices among respondents revealed that 49.5% (198) had had a girl/boyfriend before (Table 2). Among those who have had a boy/girlfriend before, 47.5% (94) had had only one partner before, while 52.5% (104) had had two or more partners. Less than one third of the respondents (20.8%) had been involved in sexual foreplay and majority of these respondents who had been involved in foreplay (86.7%) had had sexual intercourse. Mean age of sexual debut was 12.96±2.33 and 56.9% (41) of them who had had sexual intercourse reportedly used a condom at first experience. Less than half of the respondents, (47.2%) had multiple sexual partners. Majority of respondents who were sexually active (68.1%) posited to always use a form of contraception during or after sexual intercourse. Among those who said they use contraception, more than three quarter of them (77.6%) stated that they use condoms, while the rest of them (22.4%) reportedly used emergency contraceptive pills.

Among those who asserted that they were sexually active, 61.1% of them said their partners used contraception before during or after sexual intercourse (Table 3). Among those who said their partners used contraception, 75.0% (33) asserted their partners used condoms, 18.2% (8) stated that their partners used emergency contraceptive pills, and 6.8% (3) claimed their partners used oral contraceptives. Less than one fifth of them (17.7%) posited that they had had sexual relations with a much older person and amongst them, 54.3% of the respondents said they used condoms while 45.7% (21) said they did not use condoms. Among those who did not use condoms, most of them (42.9%) did not use condoms because they were forced into the sexual act, 38.1% of them said they preferred not to use condom, 9.5% said their partners did not like condoms and another 9.5% of them said they did not think it was necessary. A majority of the respondents (73.6%) who were sexually active that had had sexual intercourse with someone of the same sex. Out of the sexually active respondents, about a quarter of them (26.4%) of them had been infected with a sexually transmitted disease in the past. Less than half of the sexually active respondents (38.9%) claimed to had been pregnant or had impregnated someone before; amongst these respondents, half of them (50%) said the baby was delivered, 35.7% said the pregnancy was aborted, and 14.3% said it was miscarried.

Cross tabulation found a statistically significant association between some sociodemographic variables of the respondents (age, gender and religion) and their sexual behaviour (Table 4). Most of the respondents who posited to have had at least one sexual intercourse experience 61 (84.7%) were between the ages of 15 -19 revealing that the older adolescents were more sexually active than the younger ones between the ages of 10 -14. Also, among the

respondents that were sexually active, majority of them (69.4%) were male respondents and more than half of the sexually active respondents 39 (54.2%) practiced Islam. The level of education and employment status of respondents' fathers were also shown to have an association with their sexual behaviour. Among those who were sexually active, 88.9% of their fathers were employed, and 86.1% of their fathers were educated.

Gender, religion and father's level of education were found to be the only statistically significant predictors of sexual activity (Table 5). Male gender and the uneducated level of education of fathers were found to be positive predictors while Christian religion was found to be a negative predictor. Male respondents were found to be 2.362 times more likely to be sexually active than their female peers, that is a 70.6% chance that sexually active respondents were males. Christian respondents were found to be about 0.6 times less likely to be sexually active compared to the respondents who practised Islam. Also, respondents whose fathers were uneducated were about 3 times more likely to be sexually active.

DISCUSSION

This study assessed the sexual practices of adolescents attending schools in Ilorin metropolis. It specifically focused on assessing the sexual practices adolescents in school are involved in. All respondents were between the ages of 10 to 19 with mean age of 15.65 as was found with other studies (9-11).

Questions assessing their use of contraceptives revealed that of all the respondents who were sexually active, only about 56.9% of them used a condom at first sexual intercourse. When asked if they used contraceptives during or after sexual intercourse, 68.1% of the respondents said they did. These findings were found to be consistent with findings from other studies conducted in the north east and north central parts of Nigeria and also in Brazil (12-14). Of all the types of contraceptives, condoms (77.6%) and emergency contraceptives (22.4%) were the most commonly used contraceptives among the sexually active respondents. This is consistent with another study (15). The mean age of sexual debut was 12.96 ± 2.33 standard deviation, this in line with other studies goes further to prove that the age of sexual debut is drastically dropping (16-18). Most of the adolescents do not usually have a choice as to when to begin sexual exploration due to lack of adequate information of the risks involved in early sexual debut, pressures from peers, societal and economic factors. Findings from this study showed that 47.2% of the respondents had two or more sexual partners. This finding correlates with results from other studies carried out in sub-Saharan Africa (19-22). More males (69.4%) than females (30.6%) had multiple sexual partners which is also in line with other studies (22,23). About a quarter (26.4%) of sexually active respondents had experienced a form of sexually transmitted infection. Studies conducted by the WHO have shown that a large proportion of infections are believed to occur in young people less than 25 years, majority of these infections occur among those within the with the 20-24 year age group followed by those within the 15-19 year age group (24). Evidence has shown a wide range of prevalence of STIs among adolescents. These is higher than the 10-20% prevalence found among sexually-active girls in rural areas of Uganda and Nigeria, but lower than the greater than 40% prevalence found among adolescent sex workers in Senegal and a sample of high-risk pregnant girls in Brazil(24).

About two thirds of the sexually active respondents (63.9%) claimed to have had sexual relations with a much older partner, of these respondents, 45.7% of them did not use a condom. When asked the reason they didn't use condom, some of them 42.9% said they were forced and some 38.1% said they preferred not to. These findings are congruent with other studies which have shown that engaging in sexual relations with older partners is not uncommon among adolescent girls in Africa. The majority of adolescent girls' partners are usually several years older and a lesser proportion of them have partners of similar ages or younger. (25) Evidence has also shown a possible trend: the older the adolescent girl, the more likely they are to be involved in sexual activities with older partners (25). When asked if they have ever been pregnant or have impregnated a girl before, 38.9% of the sexually active respondents acclaimed to this. When asked about the outcome of the pregnancy, 50% delivered the baby, 35.7% aborted the pregnancy and 14.3% ended in a miscarriage. These findings support other studies which indicates a high rate of abortion among the adolescent age group (6,14,26). Pregnancy among unmarried adolescents is of public health concern especially in developing countries. Over 14 million adolescent girls give birth annually (27). In Nigeria, about a million adolescent girls get pregnant and majority of these pregnancies

are unplanned (27). Unintended adolescent pregnancies come with negative health and social consequences, some of which include: increased risk of maternal death, termination of education, job loss, discrimination and stigmatisation (27,28).

Analysis of the factors influencing sexual practices among the respondents revealed that respondents' age, gender and religion are important factors that affect their sexual practice. Majority of the respondents who posited to have had at least one sexual intercourse experience (84.7%) were between the ages of 15 -19 revealing that the older adolescents were more sexually active than the younger ones between the ages of 10 -14. This is in line with other studies carried out in sub Saharan Africa (29,30). Also, among the respondents who were reportedly sexually active, majority of them (69.4%) were male respondents and more than half of them (54.2%) practiced Islam. Furthermore, the respondents' father's level of education and employment status had statistical significance on their sexual practices, this is finding is similar to that found in another study carried out in Benin, Nigeria (31).

This study found male gender, having uneducated fathers and having unemployed fathers to be positive predictors of being sexually active while being a Christian was found to be a negative predictor. These findings correlate with findings from other studies which revealed that male gender and low socio-economic status are associated with a higher probability of being sexually active and thus engaging in risky sexual behaviour (32). Other studies stated that while many factors such as poor negotiating skills, low self-esteem, gender norms and peer pressure have been identified to influence the sexual behaviour of adolescents in Nigeria, the influencing factors differ according to the context in which adolescents in Nigeria live (33). They stated that many factors act as drivers to adolescent sexual initiation and reasons for sexual behaviour. Among the top reasons given by adolescents who participated in a national survey across 12 states in Nigeria for their sexual activity were; the show of love, to derive pleasure, to have fun and to satisfy curiosity. Others on the other hand said they were forced into sex, or had sex for the financial and material gain (33).

The aim of this study was to assess the sexual practices indulged in by adolescents attending schools in Ilorin metropolis. This study revealed that there is an increasing need to pay more attention to the reproductive health needs of this population as a significant proportion of them are sexually active and there is evidence to show that the age at sexual debut is decreasing. This study also suggests that substantial percentage of female adolescents are having unwanted pregnancies and are at risk of unsafe abortion. As the incidence and prevalence of unwanted pregnancies and abortions are high in Nigeria, Sub-Sahara Africa and even in the western world, more and more young people especially girls are at risk of morbidity and mortality due to sexually transmitted infections including HIV/AIDS, complications from unsafe abortion and social exclusion from stigmatization. This study also points out the prevalence of same sex sexual activity among adolescents. Sexual education should be taught to these adolescents in schools and youth friendly services made accessible to them. Sexual activity among adolescents is influenced by multiple factors including age, gender and religion of adolescents and the educational and employment status of their parents especially their fathers. It is important to take into cognizance these factors when providing interventions to address the sexual health challenges of adolescents in order to prevent negative sexual and reproductive health outcomes such as STI, unintended pregnancy and unsafe abortion.

Conflicts of interest: The authors declares no conflicts of interest.

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Table 1: Distribution of Respondents according to socio-demographic characteristics

	Frequency	**Percent**
Socio-demographic variables	**n**	**(%)**
Age group (years)		
10 – 14	99	24.8
15 – 19	301	75.2
Mean ± SD (years)	*15.65 ± 1.73*	
Sex		
Male	198	49.5
Female	202	50.5
Religion		
Christianity	229	57.3
Islam	171	42.7
Ethnicity		
Yoruba	350	87.5
Igbo	13	3.3
Hausa	6	1.5
Others	31	7.7
Mother's employment status		
Unemployed	17	4.2
Employed	383	95.8
Father's employment status		
Unemployed	21	5.2
Employed	379	94.8
Mother's educational status		
Uneducated	30	7.5
Educated	370	92.5
Father's educational status		
Uneducated	28	7.0
Educated	372	93.0
Mother's occupation		
Unemployed	17	4.3
Professional	61	15.2
Civil servant	142	35.5
Business	161	40.2
Artisan	11	2.8
Armed forces	8	2.0
Father's occupation		
Unemployed	21	5.2
Professional	76	19.0
Civil servant	148	37.0
Business	121	30.3
Artisan	16	4.0
No response	18	4.5

Table 2: Sexual Practices of Respondents

Variable	Frequency n	Percent (%)
Ever had a girl/ boyfriend		
Yes	198	49.5
No	202	50.5
If yes how many have you had (n= 198)		
1	94	47.5
= 2	104	52.5
Ever been involved in any sexual foreplay		
Yes	83	20.8
No	317	79.2
Ever had sexual intercourse (n= 83)		
Yes	72	86.7
No	11	13.3
Age at first sexual intercourse		
Mean ±SD	12.96 ± 2.33	
Use of condom at first sexual intercourse (n=72)		
Yes	41	56.9
No	31	43.1
Multiple sexual partner (n=72)		
Yes	34	47.2
No	38	52.8
Use of any form of contraception during or after intercourse (n=72)		
Yes	49	68.1
No	23	31.9
Contraception used (n=49)		
Condom	38	77.6
Emergency contraceptive pills	11	22.4

Table 3: Sexual Practices of Respondents

Variable	Frequency n	Percent (%)
Partner's use any form of contraception before during or after sexual intercourse (n=72)		
Yes	44	61.1
No	28	38.9
Contraceptive used by partner (n=44)		
Condom	33	75.0
Emergency contraceptive pills	8	18.2
Oral contraceptives	3	6.8
Injectables	0	0.0
Ever had sexual relations with a much older person (n=72)		
Yes	46	63.9
No	26	36.1
If yes, did you use condom? (n=46)		
Yes	25	54.3
No	21	45.7
Reasons for not using condom (n=21)		
I was forced	9	42.9
I prefer not to	8	38.1
Partner doesn't like it	2	9.5
I didn't think it was necessary	2	9.5
Ever had sexual intercourse with someone of the same sex as you (n=72)		
Yes	53	73.6
No	19	26.4
Experienced sexually transmitted disease (n=72)		
Yes	19	26.4
No	53	73.6
Ever been pregnant/have ever impregnated a girl (n=72)		
Yes	28	38.9
No	44	61.1
Outcome of the pregnancy (n=28)		
Delivered the baby	14	50.0
Aborted the pregnancy	10	35.7
Miscarriage	4	14.3

Table 4: Association between Socio-demographic Characteristics of Respondents and Sexual Practices

Variable	Sexual Intercourse Yes	No	χ^2	*p* value
	n (%)	n (%)		
Age group (years)				
10 – 14	11 (15.3)	88 (26.8)	4.230	**0.040***
15 - 19	61 (84.7)	240 (73.2)		
Gender				
Male	50 (69.4)	148 (45.1)	13.972	**<0.001***
Female	22 (30.6)	180 (54.9)		
Ethnicity				
Yoruba	59 (81.9)	291 (88.7)	3.854	0.278 [y]
Igbo	5 (6.9)	8 (2.4)		
Hausa	0 (0.0)	6 (1.8)		
Others	8 (11.2)	23 (7.1)		
Religion				
Christianity	33 (45.8)	196 (59.8)	4.676	**0.031***
Islam	39 (54.2)	132 (40.2)		
Mother's employment status				
Unemployed	4 (5.6)	13 (4.0)	0.368	0.544
Employed	68 (94.4)	315 (96.0)		
Father's employment status				
Unemployed	8 (11.1)	13 (4.0)	6.064	**0.014***
Employed	64 (88.9)	315 (96.0)		
Mother's level of education				
Uneducated	5 (6.9)	25 (7.6)	0.039	0.843
Educated	67 (93.1)	303 (92.4)		
Father's level of education				
Uneducated	10 (13.9)	18 (5.5)	6.401	**<0.011***
Educated	62 (86.1)	310 (94.5)		

χ2: chi square test, y: yates p value, *: *p* value < 0.05 (statistically significant)

Table 5: Predictors of sexual practices among respondents

Variable	B	*p* value	Odds Ratio	95% Confidence Interval Lower	Upper
Age Group					
10 - 14	-0.545	0.158	0.580	0.271	1.244
Gender					
Male	0.860	**0.005***	2.362	1.295	4.310
Religion					
Christianity	-0.600	**0.046***	0.549	0.304	0.989
Father's Level of Education					
Uneducated	1.173	**0.004***	3.233	1.447	7.222

B: coefficient of logistic regression; *: *p* value < 0.05 (statistically significant)