

Sources of sexual information and its relevance to sexual behaviour in Nigeria

*J. E. N. Okonkwo¹, C. Obionu², R. Uwakwe⁺ and C. V. Okonkwo⁺⁺

*Dept of Obstetrics & Gynaecology, Department of Psychiatry⁺, Department of Mathematics/Computer Sciences, ⁺⁺
Nnamdi Azikiwe University Teaching Hospital, P. M. B. 5025, Nnewi, Dept of Medicine²,
University of Nigeria Teaching Hospital, Enugu, Nigeria*

Summary

A study was carried out to identify the various sources of sexual information by adolescents in Nigeria and their influence on the sexual behaviours of the subjects, using:

a) coitus prior to marriage

b) expectation with first coitus

c) freeness to discuss with spouse or anybody

as parameters. The study was carried between 1997 and 1998 using subjects randomly selected from three Nigerian communities, viz: Enugu, Benin and Nnewi.

Coitus before marriage was significantly higher in those who got their first ever information from peers than those who got it from other sources ($P < 0.01$). Fulfillment of expectation with first coitus was also significantly higher among those who were taught by parents, peers and teachers than those who sought their information on their own from books, magazines and films ($p < 0.05$). However, in considering their ability to discuss with anybody, this was found to be significantly higher in those who sought information on their own than those who got their first information by personal contact with parents, peers and teachers ($p < 0.05$). The latter was found to be more inhibited from discussing sexuality with their spouse or anybody than those who got their information from books/magazines and films.

Sex education of adolescents should, therefore, be provided in a cultural, community-based setting of which the guardian programme should be only one component. It may be counter-productive in Nigeria if the adolescents continue to learn about sexuality on their own from books, magazines and films.

Keywords: *Sexual information, Cultural presentation, Behaviour*

Résumé

Une étude exécuté pour identifier les plusieurs sources de l'information sexuelle par les adolescents au Nigéria et leur influence sur leurs conduites sexuelles, en utilisant:

a. le rapport sexuel avant le mariage (pré-sexuel avant le mariage)

b. l'attente avec le premier rapport sexuel et

c. d'être libre de discuter avec.

Un époux ou n'importe personne comme les paramètres. L'étude était exécuté entre 1997 et 1998 en utilisant hasardment l'adolescent sélectionné de trois communauté Nigériens, à savoir, Enugu, Benin et Nnewi.

Le rapport sexuel avant le mariage était plus haut significativement dans ceux qui procurèrent leur tout premier information de leurs pairs plus que ceux la procurèrent des autres sources ($p < 0.01$). Accomplissement de l'attente avec le premier rapport sexuel était aussi plus haut significativement parmi ceux qui étaient appris par les parents, les pairs et les professeurs plus que ceux qui ont cherché leur information de leur propre: livres, journaux et films ($p < 0.05$). Cependant, en considérant leur habilité de discuter avec n'importe personne, ceci était trouvé d'être plus haut significativement dans ceux qui ont cherché l'information de leur propre plus que ceux qui procurèrent leur première information par le contact personnel avec les parents, les pairs et les professeurs ($P > 0.05$). Le dernier était trouvé d'être plus inhibé d'en discuter

*Correspondence

la sexualité avec leur époux ou n'importe personne plus que ceux qui procurèrent leur information de livres/journaux et films.

Education sexuelle d'adolescents pourrait, donc soit prévu à la culture, communauté auquel le programme de gardien pourrait être inefficace au Nigéria si les adolescents continuent sexualité de leur propre - livres, journaux et films.

Introduction

Sexuality is very close to the very core of human nature, yet so much mystery surrounds it. Various strong opinions, feelings, views, belief systems, values and attitudes about sex compound this subject. It is shrouded with privacy and wrapped in mystery in many cultures. In most Nigerian traditional communities children are not expected to name the sex organs. When taught about the body parts, sexual organs are usually excluded; these are "private parts" that must not to be called, touched or discussed. Those who show interest in sexuality are looked upon with utmost disdain as hopelessly promiscuous^{1,2}.

In the presence of this prevailing silence, teaching, or learning about sex becomes difficult. As a result children grow into adults with a mass of assumptions, misconceptions, misrepresentations and distortions about sexuality, and now people present personal ideas as facts. Additionally people acquire their knowledge about sex in other most unscientific ways, accepting hook line and sinker the propagated beliefs of their societal cultures. In a natural curiosity to learn the unknown secrecy and taboo of sexuality, some turn to non-professional books, magazines, movies, television shows and such materials that are flooding the market³⁻⁶. In the process of experimenting, many fall victims to AIDS and unwanted pregnancy resulting in 61-90% of illegal abortions in Nigeria^{7,8}.

In the quest to curb this menace prevalent in this era, this study was undertaken to identify and target the major sources of sexual information so as to determine a thrust by which information and the popular cultures can be targeted and modified to decrease these sexually transmitted diseases and teenage pregnancy.

Material and methods

In summary, consenting volunteers who were selected by a systematic random sampling of three Nigerian communities were administered a validated 106-item self-rated sexual questionnaire designed for the study. Eight of the questions required simple "Yes" or "No" answers; 82 "True" or "False" and 16 questions required written explanations. There were 7 sections that were variously spread throughout the questionnaire so as to provide a convenient means of assessing the answers. The identities of the respondents were concealed as the questionnaires were retrieved after completion. The study group consisted of businessmen, civil servants, farmers, housewives and people in the healthcare profession (medical students, doctors and nurses) in three major medical schools in Nigeria; University of Nigeria Teaching hospital, Enugu; University of Benin Teaching Hospital, Benin-City and Nnamdi Azikiwe University Teaching Hospital, Nnewi. The influence of the sources of information on sexual behavior was examined using coitus prior to marriage, expectation with first coitus, freeness to discuss with spouse and anybody as parameters.

Analysis was by χ^2 test and comparison of averages and proportions between the various groups.

Results

A total of one hundred and thirteen individuals, 40(35.4%) males and 73(64.6%) females, aged 20 to 70 (mean 34.74) years

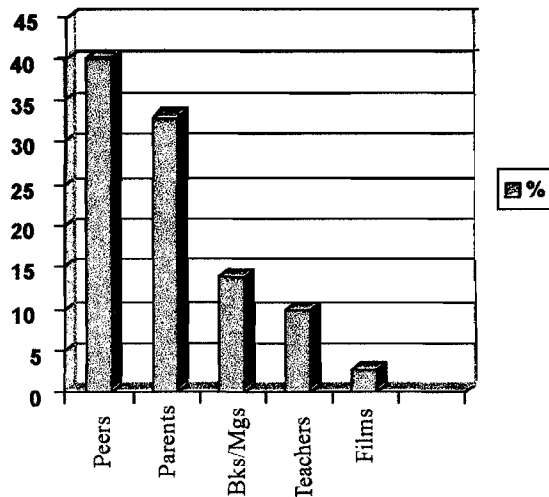


Fig. 1 Initial source of information

responded to the questionnaire. All the respondents did not answer all the questions. Forty percent of the respondents had their first source of information on sexuality from peers; 33% from parents; 14% from books and magazines; 10% and 3% from teachers and films respectively (fig 1). Forty-nine percent of respondents obtained further source of information from peers,

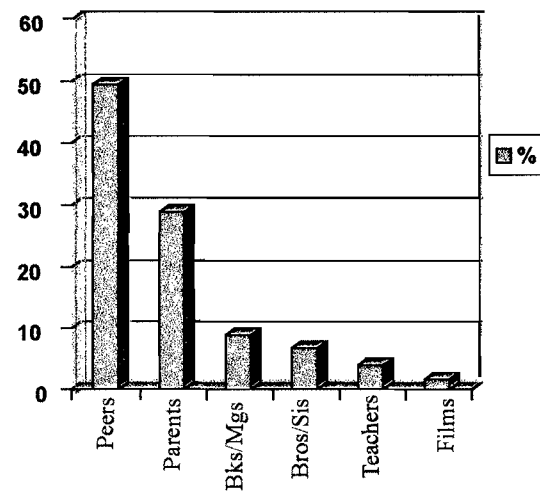


Fig. 2 Further sources of information

29 from parents, 9% from books and magazines, 7% from other relatives, 4% from teachers and 2% from films (fig 2). In considering the influence of sources of information on coitus prior to marriage, these figures were subjected to χ^2 test. It was observed that 73.7% who got their first ever information through peers had coitus before marriage as against 45% of those informed initially by their parents ($p < 0.01$). The others who practised coitus before marriage were as follows: books/magazines 55.6% (5/9), teachers 87.5% (7/8), films 100% (3/3); but these were not statistically significant. Fifty percent each of those informed by their parents (5/10), books and magazines (9/18), and 73.7% (11/19) of people who got their first information from peers, 85.7% (6/7) from teachers and 66.6% (2/3) from films got their expectation with first

coitus ($p > 0.05$). However, it was statistically significant ($p > 0.05$) when those who were taught by parents, peers and teachers were compared with those who sought the information on their own from books/magazines and films. About fifty-five (54.8%) percent who got their first information from personal contact with humans - parents, peers, teachers - were inhibited from discussing with their spouse as against 20% from books/magazines, 0% from films. In considering the ability to discuss with anybody, it was statistically significant ($p > 0.05$) when those who sought information on their own - books/magazines, films - were compared with respondents who were informed by parents, peers and teachers.

Discussions

The greater number of the respondents (45) had their first ever information about sex through their peers. This is understandable as most parents would not provide any information about sex to their adolescents⁹ and some may be illiterate or alliterate to consult printed material. Their peers probably derive their own information from other distorted sources so that they pass on the same wrong information to their friends. Thus early in life the groundwork for wrong concept about sex is solidly laid and reinforced by the socio-cultural inhibitions on sexuality¹⁰. This is illustrated in fig 2 where peers and mothers constituted 49 and 29% of further source of information respectively. The media (print and electronic) constituted another major source of both first and further information on sexuality. Sometimes these sources do not present factual information based on scientific studies; rather the personal opinions, views and value systems of the writers are fed to the public. Often times these sources have divergent and conflicting opinions that can be confusing, thus providing more distortions, misperceptions and assumptions about sexuality. Maters and Johnson¹¹ aptly put it thus "when information is made available to the public, its soundness is all too often highly questionable. What is presented as objective fact is generally coloured, and sometimes distorted by the informer's subjectivity. In the past this subjectivity was righteous and moralizing, essentially the view from the pulpit. In recent years, the subjectivity has been that of the counter cultural rebel, the super salesman of sex". This is illustrated where varied experiences were expected with first coitus. Even when the books contain useful information, the accurate comprehension of the readers may not be guaranteed so that certain issues may be misinterpreted, causing more anxiety to the readers. This has been printed out in the analysis of reaction to the AIDS communication and prevention programme of Bajos et al¹².

Nearly 7 out of every 10 respondents had their first coital experience before marriage irrespective of their sources of sexual information; however, 56% of those who had their first sexual information from their parents denied having any coitus before marriage. In most of the cases where parents were concerned, it was the mother who provided the information about sex. Yet women in the traditional view are not expected to talk about, learn or teach about sex openly.

In the light of the current and ongoing threat to health of young men and women of unplanned pregnancy, sexually transmitted diseases (including HIV/AIDS) reliable access to appropriate and sensitive information and services is of paramount importance. Even in the best setting attitudes towards these services vary between rural and urban areas¹³ compounding this with the observation of Schadma and Koll that because of the differences in culture and behaviour, some preventive actions, which are effective in the western world, are of little value or even counter productive in developing countries¹⁴. One way of approaching this problem is to identify these sources of sexual information with a view to impact and correct some misconceptions through these sources, which in most cases are culturally based.

Finan identified the family as the first important source of learning about sexual issues¹⁵. Our finding shows that peer group forms the first important learning source followed by the family. Here comes the situation where peers fill the vacuum left by the parents.

School, after the family is the next crucial space for development of knowledge and ability in order to assure changes in behaviour¹⁶. Since this is where peers interact closely, it is, therefore, convenient to provide correct information to these young men and women as was illustrated by Bob et al¹⁷ in patients with pelvic inflammatory disease or in targeted population as advocated by Villela¹⁸.

Our population and indeed most populations in the developing world are made up of various cultures - from those with plurality of cultures such as the Arabs who share very traditional conservative view of sexuality¹⁹ to popular cultures which generate "transition-making behaviour" predisposing to high risk behaviour such as early sexual activity²⁰. For any meaningful thrust that will modify sexual behaviour, therefore, there ought to be a cultural presentation and interpretation of data and facts in the context in which sexual behaviour takes place. This has been attempted in Uganda²¹ thus broadening the field of sexuality from a health-oriented model to reach an anthropological perspective. This also agrees with the view of Rew L who used community-based intervention to pattern behaviour for young female Hispanics²². It is no surprise, therefore that those respondents who got their information from human sources - parents, peers, and teachers - were more inhibited from discussing with anybody as against those who got their information on their own from books/magazines and films. This can be interpreted as a cultural success in inhibiting promiscuity. To be effective, therefore, we must target the adolescents in a cultural, community based school and setting. Magalla et al²³, presented a program in Mwanza Tanzania whose aim was to protect adolescents girls against sexual exploitation. In his study, however, most guardians and other teachers were opposed to any sexual activity among girls, which limited their potential to encourage contraceptive use and prevention of STDs and HIV. In this context, the guardian program should be only one component of a much broader effort to address the issue of adolescent sexuality. This broader effort should attempt to seek out the sources of sexual information, modify or adapt it to each targeted cultural population so as to influence various modes of behaviour. It may be counterproductive, in Nigeria, if the adolescents are inundated with books, magazines and films only.

References

- Ojwang SBO, Maggwa ABN. Adolescent sexuality in Kenya. *East Afr Med J* 1991; 58(2): 74 -81.
- Palka K. Sexual behavior among secondary school going adolescent women in Zambia (Master thesis, University of North Texas (1972). Ann Arbor Michigan University microfilms, 1992.
- Barker GK, Rich S. Influence on adolescent sexuality in Nigeria and Kenya Findings from recent group discussion. *Studies in Family Planning*, 1992; 23(3): 199 - 210.
- Ladipo OA, Nichols DJ, Paxman JM, Delano G, Kelly SE, Otolurin EO. Sexual behaviour, contraceptive practice and reproductive health among the young unmarried population in Ibadan Nigeria. Final Report. (Watertown Massachusetts, Pathfinder F, 1983..
- Leman VM. Sexual behavior, contraceptive practice and knowledge of reproductive biology among secondary school girls in Nairobi, Kenya. *East African medical J.* 1990; 67(2): 86 - 94.
- Okumu MI, Chege IN. Female adolescent health and sexuality in Kenya secondary schools: A survey report, Nairobi, African Medical and Research Foundation, 1994.
- Omu A. Adolescent induced abortion in Benin City, Nigeria. *Int J gynaec Obstet*, 1981; 19(6): 459 - 499..
- Akingha J, Adedova B. Abortion: A medico-social problem. *J med Assoc* 1970; 7 (2): 17 - 21.
- Adinma JB, Agbai AO, Okeke AO. Sexual behaviour and pregnancy Nigerian students. *Advances and Contraception* 1994; 10: 165-170.
- Oni GA, McCarthy. Contraceptive knowledge and practices in Ilorin, Nigeria: 1983 - 88. *Stud. Fam. Plann.* 1990. 21(2): 104-9.
- Masters and Johnson. *The pleasure bond*. Bantam Book Publishers, New York 1st, Ed; xi - xii..
- Bajos N, Ducot B, Rudelie-Fernandez, Zert F, Spir A. Evaluation d'un nouveau modele de communication et de prevention du SIDA. Analyse des reactions suscitees par la campagne "3000 scenarios contre un virus". *Dev. Epidemiol. Sante Publique* 1996 June; 44(3): 237-47.
- Stewart FJ, Rosenthal DA. Rural and urban secondary school students' attitudes towards and use of primary care services. *Austr J Rural Health*, 1997; 5(3): 126-131.
- Schaalma H, Koll G. The added value of a systematic approach promoting health through education, *Odyssey* 1995; 1(2): 44-45.
- Finan SL. Promoting healthy sexuality: guidelines for school-age child and adolescent. *Nurse-pract.* 1997; 22(11): 62, 65 - 67, 71 - 72.
- Oliveira MA, Bueno SM. Educational communication between nurses and students about sexual health promotion. *Rev - Lat - Am - Enfermagen.* 1997; 5(3): 71-81.
- Bob PS, Famolare NE. Teaching and communication strategies; working with the hospitalized adolescent with pelvic inflammatory disease. *Pediatr. Nurse* 1998; 24(1): 17-20.
- Villela W, Barbosa R. Contraceptive choices and experience of sexuality: a comparison between sterilized women in a metropolitan area of southeastern Brazil. *Rev-Suade-Publica.* 1996; 30(5): 452-459.
- Oz S. Teaching sex education in the Arab sector in Israel: an approach for working with a traditional population. *J Sex Marital Ther*, 1996; 22(1): 54-62.
- Weinbender ML, Rossignol Am. Lifestyle and risk of premature sexual activity in a high school population of Seventh-day Adventists; *Valuegenesis* 1989 adolescence 1996; 31 (122): 265-281.
- Huygens P, Kajura E, Seeley J, Barton T. Rethinking methods for the study of sexual behaviour. *Soc Sci Med.* 1996; 42(2): 221-31.
- Rew L. Health-related, help-seeking behaviours in female Mexican-American adolescents. *J. Soc Pediatr - Nurs.* 1997; 2(4): 156-162.
- Mgalla Z, Schapink D, Boerma JT. A guardian program in Mwanza Tanzania, *Reproductive Health Matters* 1998; 12: 19-30.