

Sexual Behaviours And Practises of Unmarried Young People in A Nigerian State University.

Anyanwu Onyinye U; Md¹, Ezeonu Chinonyelum T; Md, Fmcpaed,²

Okike Clifford O; Md, Fwacp³, Onyire Benson N; Md, Fwacp⁴,

¹Fellow Medical College Pediatrics (Fmcpaed), Fellow West African College Of Physicians (FWACP),
Consultant Pediatrician Department Of Pediatrics Federal Teaching Hospital Abakaliki, Ebonyi State.

^{2,4}Senior Lecturer/Consultant Pediatrician Department Of Pediatrics Ebonyi State University/Federal Teaching
Hospital Abakaliki, Ebonyi State.

³Lecturer/Consultant Pediatrician Department Of Pediatrics Ebonyi State University/Federal Teaching
Hospital Abakaliki, Ebonyi State.

Abstract

Background: Sexual behaviours and practises of the youth are important in an era of HIV/AIDS especially since a third of Nigerian population are young. Parent-child sexuality communication has been identified as a protective factor for adolescent sexual and reproductive health, including HIV infection.

Objectives: To assess sexual behaviours and practises of unmarried young undergraduates and factors which may influence them.

Methods: A questionnaire based cross-sectional study of 246 youths aged 15-24 years was done. SPSS version 20.0 was used for data analysis. Chi² and t-test were used to test for significance. p<0.05 was accepted as significant.

Results: Mean age of participants was 21.9±2.02 years, 53.4% were males and 49.5% were of upper socioeconomic class. Sexual intercourse had occurred in 208(74.4%) of which 193(92.8%) were currently sexually active. The mean age at sexual debut was 15.98±3.95 years, while 16.67±4.03 years and 15.41±3.81 years were for females and males respectively (t=39.85, p<0.001). Contraceptive-use occurred in 135(64.9%) majority attributing non-use to misconceptions, non-availability and non-accessibility of contraceptive devices. The nature of first sexual intercourse was consensual for 146(52.0%) while the rest were either forced or coerced into intercourse, majority without contraceptives. Majority of participants had no formal discussions about sex and sexuality with parents/school teachers. Those of the upper socioeconomic class were more likely to use contraceptives and to communicate freely with parents on sex.

Conclusion: While majority of young people in our locale are currently sexually active, unsafe sexual practices are the norm. Parent-child sex and sexuality education is thereby recommended.

Keywords: young-people, sexuality, practices, behaviour, unmarried.

I. Introduction

Serious reproductive health risks face the youth. These risks mostly arise from cultural and peer pressure. Again, lack of sexual health services and information places young people at high risk for pregnancy, abortion, HIV/AIDS and sexually transmitted diseases (STDS).^[1] It is most often seen as a taboo in Nigeria to discuss issues pertaining to sexuality amongst young people some believing that the mere discussion of sexual health issues may promote promiscuity amongst the youth. Therefore, young people are left to acquire their personal information about sex while falling prey to risky sexual behaviour in the process.^[1]

Generally young males report earlier sexual activity than young females because while premarital sex may be seen as normal amongst young men, females are expected to postpone sexual intercourse till marriage.^[1] Therefore young females who are forced into sexual intercourse outside marriage by force or coercion due to financial and societal pressure are exposed to adverse circumstances. Pregnancy occurring outside a socially sanctioned union exposes the young female to reduced educational opportunities, unsafe abortions, high risk deliveries, poor economic outcomes, and compromised social status.^[2]

Young people who engage in risky sexual behaviours are continually exposed to sexually transmitted infections including HIV/AIDS.^[3] It is estimated that half of all HIV infections occur in people younger than 25 years.^[3] Therefore the sexual behaviour of youths and its consequences are a major public health concern. The risk of HIV/AIDS is increased with risky sexual partners, non-use of contraceptives, and forceful intercourse (rape).^[3]

In Nigeria, studies have shown that young people lack proper sex and sexuality education as well as knowledge of contraceptive use.^[1] They often also have erroneous ideas and misconceptions about sexuality due to lack of education from parents/caregivers.^[4,5] Sexuality education has the potential to positively impact knowledge,

attitudes, norms and intentions on the adolescent which in turn impacts on adolescent sexual decision making and behaviour.^[6] Parents in particular play a substantial role in the gender and sexual socialization of their children.^[7,8] Discussing topics related to sexuality has been associated with a range of important psychosocial attributes including increased knowledge, better interpersonal communication skills, including sexual negotiation skills, and self-efficacy.^[9,10] Communication about sexuality between parents or caregivers and offspring has also been identified as a protective factor for a range of sexual behaviours, including a delayed sexual debut, particularly for females.^[10]

On this premise, the researchers embarked on this study of understanding sexual behaviours, and practices of young unmarried university undergraduates with the aim of proffering solutions to improved sexual health of the youth.

II. Methods

Ebonyi state university (EBSU) AbakalikiEbonyi State is one of the 4 tertiary institutions in Ebonyi state Nigeria. It has a total of 23,718 undergraduate students who are undergoing different academic programmes in the area of law, humanities, sciences and technology. It has 5 campuses namely college of agricultural sciences (CAS), College of health sciences (CHS), Ebonyi state university teaching hospital, Isieke campus and Permanent site.

It was a cross-sectional and descriptive study. Participants consist of students aged 15-24years while students who were older than 24 or less than 15years were excluded. The minimum sample size was determined using the sample size formula for finite population.^[11] Using the prevalence of 50% since there has been no previous study in eastern Nigeria and the total population of undergraduates for 2013 which was 23,718. The calculated sample size was 234. In order to make allowance for attrition 285 participants were recruited. Equal numbers of participants were recruited from the 5 campuses by a convenient sampling method. The study tool was a self-administered structured questionnaire designed by the researcher. Socioeconomic stratification was done using parents occupation and highest educational attainment.

Consent was obtained from participants and ethical approval obtained from Ethics and Research Committee of Federal Teaching Hospital(FETHA).

Data collected was analysed using SPSS version 20. Descriptive statistics was used to profile the study population. Comparisons were made with the Chi² and t-test while results were presented as means and frequencies. Regression analysis was used to explore the demographic and other variables associated with sexual experience. A statistically significant level *p* was accepted as 0.05.

III. Results

Out of a total of 285 participants who were recruited 281 returned their questionnaire. There were 150(53.4%) males. The mean age of participants was 21.97±2.02 years (range 16-24years). Those of the upper socioeconomic class were 139(49.5%), Eighty seven (31.0%) were in their 2nd year in the university while 47(16.7%), 44(15.7%), 85(30.2%), and 18(6.4%) were in their 1st, 3rd, 4th, and 5th year respectively. The mean age for menarche for the girls was 12.46±2.19years.

All had heard about sex, 139(49.5%) heard about sex from their friends. Sixty four (22.8%), 22(7.8%), and 44(15.7%), had their first knowledge of sex from their parents, school teachers and the media respectively while 12(4.2%) couldn't exactly say where they first learnt about sex. Majority, 149(53.0%) knew all forms of sexual intercourse while the rest knew only about genital sex. Two hundred and seventeen (77.2%) believed that for intercourse to occur there must be penetration whereas the rest responded no to that question.

Two hundred and eight (74.0%) had ever had sex out of which 193(92.8%) were currently sexually active. Only 52(18.5%) had one sexual partner while the rest had multiple sexual partners. Males had more sexual partners than females, mean number of sexual partners for males was 6.67±9.14 while that for females was 3.78±4.18 (*t*=7.861, *p*<0.001). The nature of first intercourse was consensual for 146(52.0) of participants, coerced for 19(6.8) and forced for 39(13.9). 55.9% had friends as their partners on their first intercourse while 8.5% and 5.8% were with domestic servants and relatives respectively. Only 2.1% had intercourse with a total stranger at first intercourse.

Contraceptive use at first intercourse occurred in 59(28.4) which condom [53(89.8)] was the most used contraceptive. Only 73(35.1%) regularly used contraceptives during intercourse the rest did not use contraceptives for such reasons as their partners usually objecting to its use [46(43.8%)], being afraid of its adverse effect [34(32.4%)], having no access to contraceptives [19(18.1%)], and being ignorant of what contraceptives were and how they worked [6(5.7%)]. About 12.1% of participants had had a sexually transmitted infection (STI). With regards to HIV testing, 18.5% were not willing to be tested even if they were offered. Of those who had had STIs, 50% had used different concoctions for treatments, 26.5% visited a doctor for prescription, while 23.5% received orthodox medications which they self-prescribed and bought over-the-counter.

About 55.5% had had no formal discussions on sex or sexuality with parents while 65.1% were uncomfortable discussing sex or sexuality issues with their parents. Of those who had formal discussions on sex, the mean age at formal discussion was 16.3 ± 4.06 years while the mean age at sexual debut of participants was 15.98 ± 3.95 years, 16.67 ± 4.03 years and 15.41 ± 3.81 years being that for females and males respectively ($t=39.85$, $p<0.001$).

There was a significant association between Gender and the nature of the first intercourse with more males having consensual sex while the females had forced sex (rape) as shown in table 2.

There was no significant association between gender and contraceptive use at first intercourse, regular use of contraceptives, formal discussion with parents on sex and having ever had STIs. However, there was a significant association between gender and treatment for STI with more males self-prescribing orthodox medicine while females used consultations.

About 16% had either been pregnant or gotten a girl pregnant at some point. Eleven (9%) of females had ever been pregnant while 34(23.6%) of males had gotten a girl pregnant ($\chi^2 = 10.009$; $p=0.002$). One hundred and twenty (91.6%) females were willing to do an HIV testing if asked to do so, while 109(72.7%) males were willing to do same.

As pertains to socioeconomic class (SEC), there was no association between SEC and having ever had sex, nor was there with being currently sexually active. There was however, a significant association between SEC and regular use of contraception, age at first sex, nature of first intercourse, number of sexual partners and formal discussion with parents. These are shown in Table 3. Table 4 shows the association between socioeconomic class and number of sexual partners and with age at first intercourse.

Linear regression to assess the independent association between number of sexual partners and the dependent variable which is age at first intercourse was significant ($t=-3.890$, $R^2=0.07$, $p<0.0001$), however there was no association between age at menarche in girls with age at first intercourse ($t=-0.747$, $R^2=0.056$, $p<0.457$).

IV. Discussion

All participants in this study had heard about sex. Majority were well informed on the various forms of sexual practices. The source of sex education for majority of respondent were their peers, only a few acquiring these information from school teachers or from parents which may be a reflection of the societal view of sex as sacred and not to be discussed. Therefore only a few participants receive actual formal sex education from parents. More females and more participants of the upper socioeconomic class received formal sex education from parents although the difference was not significant statistically. It is also worthy of note that the mean age of participants during which they received sexual education from their parents obtained was 16.3 years which is remarkably higher than the obtained mean age of sexual debut (15.99 ± 3.95 years). This suggests that before parents educate formally on sex, their child may have acquired knowledge and possibly practiced sexual intercourse.

Sexual activity is a risky behaviour especially with ignorance of protective measures in this era of HIV. A large proportion of the population studied have been shown to be currently sexually active. The mean age at sexual debut found in current study of 15.99 ± 3.95 years was slightly earlier than the reported 16.75-17.7 years reported in previous Nigerian studies as the age of sexual debut.^[12,13] The variations in the type of population studied may account for this difference because while other studies were in general population, current study was among undergraduates with limited adult-restrictions while at school raising the need for better supervision and mentoring of these students by older lecturers.

The nature of first intercourse was consensual for half of our participants. Baring in mind that the mean age at sexual debut was obtained as 15.99, one wonders what knowledge a youth has at that age to consent to sex bearing in mind that he/she is a minor. It could also be that these young people were coerced into sexual intercourse not necessarily for material gains but for some emotional benefits and professions of love. However, a significant proportion of participants had the nature of first intercourse as forced or coerced mostly without barrier contraception further highlighting the extent of risky sexual practises occurring in our environ.

STIs were quite common among our participants and quite a good number had had unwanted pregnancies with greater male preponderance. Adolescents in sub-Saharan Africa are said to be at risk of contracting human immunodeficiency virus (HIV) and other sexually transmitted infections, even in rural areas^[14] a finding of which is evident in this study with the rate of sexual activity among young people and the prevalence of STI that was recorded. Despite this a significant proportion would not want to be tested for HIV even if offered in our study.

There was no association between SEC and having ever had sex, nor was there with being currently sexually active but there was a significance association between SEC and age at first intercourse with those of the lower class initiating sexual intercourse earlier corroborating earlier reports by previous authors.^[15] This finding could be attributed to poor parental supervision resulting from poverty and ignorance which is more prevalent among the lower socioeconomic class. Participants of the upper socioeconomic class were also more

likely to use contraceptives regularly probably because of improved knowledge and boldness resulting in improved bargaining power with their partners. Although the mean age of sexual debut was significantly higher in the upper socioeconomic, the number of sexual partners was however, found to be more among them when compared with others.

V. Conclusion

While majority of young people in our locale are currently sexually active, unsafe sexual practices are the norm. Parent-child sex and sexuality education is thereby recommended.

VI. Tables

Table 1: sociodemography of respondents.

Variable	Response	Freq(%)
Gender	Female	131(46.6)
	Male	150(53.4)
Social Cass	Upper	139(49.5)
	Middle	85(30.2)
	Lower	57(20.3)
Religion	Christian	275(98.0)
	Muslim	6(2.0)
Family Type	Monogamous	230(82.0)
	Polygamous	51(18.0)

Table 2: showing association between gender and nature of first intercourse.

Gender	Nature of first intercourse			
	Consensual Freq(%)	Coersed Freq(%)	Forced Freq(%)	Total Freq(%)
Female	57(39.0)	7(36.8)	29(74.4)	93(45.6)
Male	89(80.2)	12(63.2)	10(25.6)	111(54.4)
Total	149(100.0)	19(100.0)	39(100.0)	204(100.0)

$\chi^2 = 16.123; p < 0.001$

Table 3: Association Between Socioeconomic Class And Other Variiangles

VARIABLE	Responses	SOCIOECONOMIC CLASS			Chi-Square	Pvalue
		Upper	Middle	Lower		
Regular Use Of Contraceptives	Yes	51(48.1)	10(16.4)	11(23.9)	19.974	0.000
	No	55(51.9)	51(83.6)	35(76.1)		
Nature Of First Intercourse	Consensual	79(76.0)	40(72.7)	27(61.4)	9.392	0.047
	Coerced	12(11.5)	5(9.1)	2(4.5)		
	Forced	13(12.5)	10(18.2)	15(34.1)		
Where Did You Hear About Sex For The First Time	Parents	39(28.1)	18(21.2)	7(12.3)	20.320	0.006
	School Teachers	4(2.9)	11(12.9)	6(10.5)		
	Peers/Friends	63(45.3)	41(48.5)	35(61.4)		
	Media/Internet	24(17.3)	12(14.1)	8(14.3)		
	Cant Remember	6(4.3)	0(0.0)	0(0.0)		
Formal Discussion With Parents On Sex	Yes	72(51.8)	43(50.6)	9(16.1)	22.616	0.000
	No	67(48.2)	42(49.4)	47(83.9)		
Can You Freely Discus Sex Issues With Parents	YES	50(36.0)	36(42.2)	11(19.6)	7.905	0.019
	NO	89(64.0)	49(57.6)	45(80.4)		

Table 4: Association Between Sec And Number Of Sexual Partners And With Age At First Intercourse

Socioeconomic Class	Age At First Intercourse		
	Mean ± Sd	T Statistics	Pvalue
Upper	16.46 ± 3.68	45.602	0.000

Middle	15.6 ± 3.97		
Lower	15.33 ± 4.49		
	Number Of Sexual Partners		
Upper	7.07 ± 9.94	7.263	0.000
Middle	3.28 ± 2.94		
Lower	4.33 ± 2.83		

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Summary: Abstract 244; main text 2017; tables 4.

Corresponding author. AnyanwuOnyinye U.

Previous publication: Authors certify that this manuscript has not been published in part or in full to any other journal.

Sources of support: The authors' had no external sources of support. Study was carried out using personal funds.

Conflicts of interest: The authors declare that they have no conflicts interests.

Authors contribution: All authors contributed to the conceptualization of the study. OUA was the project leader. OUA led in data collection and wrote up the initial draft of the manuscript while CTE, OCO and BNO supervised the process of data collection and write-up, reviewed the statistics and corrected the reviewed manuscript. The final manuscript was read and approved by all authors.