

Sexual risk behaviours among students in Ile-Ife, Osun state, Nigeria

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(Received: December 05, 2007; Accepted: February 18, 2008)

ABSTRACT

Studies have shown that adolescents engage in unprotected precocious sexual intercourse and this makes them highly vulnerable to sexually transmitted diseases (STD) and HIV infection. However, information about such sexual risk behaviour in South Western Nigeria is scarce. Therefore, this research attempts to determine the rate of and contributing factors to coital act among students in Ile-Ife, Osun State, Nigeria. One hundred and sixty (160) students between 14 and 22 years of age were randomly selected from four secondary schools in Ile-Ife Central Local Government Area of Osun State, and interviewed using structured questionnaire guide. The results show that 36.3% (58) have experienced sexual intercourse, while 20.0% (32) have not and the remaining 43.8% (70) declined response. Of the numbers who have had sexual intercourse, 1.3% (2), 10.6% (17), 22.5% (36), 1.3% (2), and 0.6% (1) had it when they were between 8-10, 11-13, 14 – 16, 17 – 19 and 20 – 22 years of age, respectively. Data also show evidence for gender unbiased poor knowledge attitude to sexual risk behaviour and the identified major contributory factors include curiosity, peer pressure, poor parental counseling, co education and inadequate curriculum in sex education. Overall, many students in Ile – Ife are predisposed to STD because of their high engagement in sexual risk behaviour. Further information on the prevalence of STD and related diseases, unwanted (unplanned) pregnancies, abortions or attempted abortions among students and unmarried youths in Ile-Ife should be documented. Government should entrench sex education into school curriculum and parents or guardians should provide counsel for their children and wards.

Keywords: Sexual risk, Students, Ile-Ife, Sexual intercourse.

INTRODUCTION

Sexuality is an area of study that has long attracted sociologists, anthropologists, demographers as well as public health personnel because of the identified relationships between sexual behaviours and its certain reproductive health problems (Rwenge, 2000). Several studies have also reported high rates of pre-marital sexual activity among adolescents in Nigeria. Today, about 18 million Nigerian youths (16-25 years) most especially students of various secondary institutions are being confronted with sexual health challenges in an environment of rapid urbanization and social change

(Adebusoye, 1997), as a result of abnormal and sexual risk behaviours which they engage in. All these could act as impediments to their personality, growth and development.

Decreased control of elders over young people, economic hardship and presence of society with permissive sexual customs may have enhanced these unhealthy attitudes by these youths and adolescents. Adolescent's sexual activity is a problem in many societies because adolescents' knowledge of reproductive health and contraception is deficient due to the fact that sex education has not been part of the school curriculum in most

secondary schools (Marx and Gorgen, 1998). In cases where sex education is mentioned, contraception may not be discussed because the authorities think it will encourage promiscuity in the young.

It is therefore, important to obtain a comprehensive understanding of the factors associated with sexual risk behaviours as well as addressing the needs of the adolescents who indulge in such risk behaviours. This study attempts to determine the level of sexual risk behaviour and the implicating factors among students in Ile-Ife, Osun State, Nigeria.

METHOD

Location and population

Osun State is one of the 6 states in the south western region of Nigeria. Ile-Ife Central Local Government Area of Osun State was selected as the area for the study. The choice of the local government area was informed by its highest number of schools in Ile-Ife town.

Selection of study sites and respondents

There are eight secondary schools in Ile-Ife Central Local Government Area. Four secondary (two private and two government) schools were randomly selected as the sites of study. In each school, forty students in senior secondary classes were randomly selected which translates into a total sample size of one hundred and sixty respondents and this is a good representation statistically.

RESULTS

The results obtained from the study are presented on Tables 1 and 2. The demographic data (table 1) show that female respondents were more than the males and about 80% of the subjects interviewed were between 14 and 16 years-the active stage of life. 17.5% and 2.5% of the subjects were between 17-19 and 20-22 years respectively. About 89.4 % of them were Christians, 10.0 % were Muslims and one person does not practice any religion. All were students drawn from SS I and 2 classes.

Table 1: Demographic data of the respondents

| Sex | No of respondents | Percentage (%) |
|-------------------------------------|-------------------|----------------|
| Male | 75 | 46.9 |
| Female | 85 | 53.1 |
| Age (yr) | | |
| 14-16 | 128 | 80.0 |
| 17-19 | 28 | 17.5 |
| 20-22 | 4 | 2.5 |
| Religion | | |
| Christianity | 143 | 89.4 |
| Islam | 16 | 10.0 |
| No religion | 1 | 0.6 |
| Educational status during interview | | |
| SS I | 80 | 50.0 |
| SS II | 80 | 50.0 |

The information derived from respondents (Table 2) indicate that 43.13% and 46.25% obtained counsel on sexual intercourse and related matters from parents /elder family members and school mates/peers, respectively.

Data (Table 2) also show variations in the appropriate age to engage in sexual intercourse. Highlight shows that 32 (20.0%) suggested 18-20 years, while 30 (18.8%) say after marriage. The remaining 21 (13.1%), 14 (8.8%), 11 (6.9%) and 26 (16.3%) are of the opinion that coitus should be experienced between 12-14, 15-17, 21-23 and 24-26 years respectively.

The respondents' ages of first sexual experience (Table 2) were majorly between 14 and 16 years with a representation of 22.5%. Others were between 8-10 (1.3%), 11-13 (10.6%), 17-19 (1.3%) and 20-22 (0.6%). About 20.0% had never experienced sexual intercourse.

Further information derived from respondents (Table 2) indicates that 59.37% are aware of sexual precautionary measures. About 22.5% had their first sexual intercourse using precautionary measures while 48.13% did not.

Data (Table 2) also show that 33.13% of the respondents have knowledge of sexual risk behaviours and among the females, 20(23.5%) had an abortion.

Table 2: Information acquired from respondents on sources of counsel regarding sexual intercourse

| | Male | | | Female | | |
|--|----------|----------|-------------|----------|----------|-------------|
| | Yes | No | No Response | Yes | No | No Response |
| Sources of information/ counsel | | | | | | |
| Parents/elder(s) in the family | 29(38.7) | 45(60.1) | 1(1.3) | 40(47.1) | 45(52.9) | - |
| Age/class mates | 34(45.3) | 37(49.3) | 4(5.3) | 45(52.9) | 44(51.8) | 1(1.2) |
| Appropriate age to engage in sexual intercourse (yrs) | | | | | | |
| 12-14 | 9(5.6) | | | 12(7.5) | | |
| 15-17 | 8(5.0) | | | 6(3.8) | | |
| 18-20 | 17(10.6) | | | 15(9.4) | | |
| 21-23 | 6(3.8) | | | 5(3.1) | | |
| 24-26 | 11(6.9) | | | 15(9.4) | | |
| After marriage | 15(9.4) | | | 15(9.4) | | |
| No response | | | 9(5.6) | | | 17(10.6) |
| Age at first sexual experience(yr) | | | | | | |
| 8-10 | 2(1.3) | | | - | | |
| 11-13 | 8(5.0) | | | 9(5.6) | | |
| 14-16 | 22(13.8) | | | 14(8.8) | | |
| 17-19 | 2(1.3) | | | - | | |
| 20-22 | 1(0.6) | | | - | | |
| Never had sex | 12(7.5) | | | 20(12.5) | | |
| No response | | | 28(17.5) | | | 42(26.3) |
| Awareness of sexual precautionary measures | 50(66.7) | 16(27.3) | 9(12.0) | 45(52.9) | 27(31.8) | 13(15.3) |
| Usage of precautionary measures at first several intercourse | 21(28.0) | 29(38.7) | 25(33.3) | 15(17.7) | 48(56.5) | 22(37.7) |
| Knowledge of sexual risk behaviours | 23(30.7) | 36(48.0) | 16(21.3) | 30(35.3) | 47(53.3) | 8(9.4) |
| Abortion rate | - | - | - | 20(23.5) | 59(69.4) | 6(7.1) |

Values in parenthesis are percentage expressions

DISCUSSION

Evidence from the analysis of the information obtained confirms the reports of the media and newspaper articles that student especially adolescents engage in sexual risk behaviour. Data also showed why secondary

schools students engage in sexual risk behaviour at a young age even when they aware of the health problems associated with it. (Okonofua, 1999), in his study noted that engagement in sexual risk behaviour affects the reproductive health of students.

The differential analyses of the sexual risk behaviours found among the students showed that the age which they think a person should start having sexual intercourse and the age which they had their first sexual experience differs. This may be attributed to social and cultural factors. Indeed, curiosity, peer pressure and desire for material things were mentioned by many of them as reasons for their first sexual experience. Most of the students who do not take precautionary measures during sexual intercourse are being exposed to various health hazards like sexually transmitted diseases including HIV/AIDS infection, premature and unplanned pregnancy and unsafe abortion practices. As a result, some end up losing their career or dropping out of school. Anate (1993), in her study noted that the high incidence of pregnancy found among students and youths is as a result of non-use of precautionary measures when having sexual intercourse.

During our study, we observed that many respondents have heard about sexual risk behaviours but only a small proportion had little knowledge about sexual risk behaviour. This large variation may be attributed to the poor attitude of parents towards sex education of their children and

the idea of sex education not being incorporated in the various school curricula.

The relationship between precocious sexual experience and school attendance may reflect the fact that the school promotes the meeting of young people of opposite sex in an environment that is not controlled by their family. As a follow up, we recommend that parents should not only change their attitudes towards sex education of their children but should also monitor their adolescent children's choice of friends. Besides health education, special programmes should be designed to address the problems of adolescent sexual risk behaviour. This includes family health / sex education in schools and having group discussions of their reproductive biology. Adolescent friendly family planning services would also prevent unwanted pregnancies and unsafe abortions. Also sensitization and information programmes on HIV/AIDS could be helpful.

More in depth studies on sexual risk behaviours of secondary school students using more comprehensive assessment are necessary in developing interventions that promote sexual risk reduction taking into account of the social context in which such behaviours occur.

REFERENCES

1. Adebuseye, M., Adolescent reproductive behaviour in Nigeria. *Afr J Reprod Health*, **16** (6): 21-23 .
2. Anate, M., Adolescent fertility. *J Nig Med Pract.* **25**(12): 10-14 (1993).
3. Marx, M. and Gorgen, R., Sexual behaviour and attitudes among unmarried urban youths in Guinea. *Int'l Fam Plann Persp.* **24**(2): 65-70 (1998).
4. Okonofua, E., Perceptions of sexual behaviour and knowledge about sexually transmitted diseases among adolescents in Benin City. *Int'l Fam Plann Persp.* **25**(4): 186-190 (1999).
5. Rwenge, O., Sexual risk behaviours among young people in Bamanda Cameroun. *Int'l Fam Plann Persp.* **26**(3): 118-122 (2000).