

# **African Journal of Nursing and Health Issues**

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# ADOLESCENTS' SEXUAL BEHAVIOUR IN A SELECTED SECONDARY SCHOOL IN IBADAN

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The Abstract of this article was accepted for poster presentation and presented on “2019 Global Health Day” at Northwestern University, Chicago.

## ABSTRACT

**Introduction:** Nigeria is one of the fifteen “high alert” countries with high mortality rates in 2017, and this maternal mortality risk is highest among adolescents under nineteen years of age. Parents, teachers, and concerned adults are becoming disturbed by the increasing incidence of teenage pregnancies, sexually transmitted infections, abortion, and death. It is believed that with information on sex education, adolescents would be better prepared against unguarded sexual exploration, behavior, and consequential hazards.

**Aim:** The aim of the study was to evaluate the adolescents' sexual behaviour in a selected secondary school in Ibadan, Nigeria.

**Methods:** A descriptive research design using an interviewer-administered questionnaire was used to elicit information on knowledge and attitude towards sexuality education and sexual behavior. Two hundred and seventy-three (273) senior secondary school students from the selected secondary schools were selected randomly for the study. Both descriptive and inferential statistical tests were employed in analyzing the data collected for this study. Two hundred and seventy-three (273) questionnaires were retrieved and analyzed using tables, charts, percentages, analysis of variance (ANOVA), and Pearson correlation. Ethical clearance was secured from the ethics committee of the University of Ibadan/University College Hospital community.

**Results:** The mean age of respondents was 15.27±3.27 years. Findings from the study revealed that the majority (77.3%) of the respondents had good knowledge of sexuality education. Also, the respondents' sexual behavior was influenced by their knowledge of sexuality education [ $\chi^2 = 16.69$ ,  $df = 4$ ,  $p < 0.002$ ]. This showed that the higher the knowledge, the better the sexual behaviour of the students.

**Conclusion:** It is recommended that comprehensive sexuality education guide and direct adolescents toward healthy sexual behaviour.

**Keywords:** Sexuality education, Adolescents, Sexual behaviour.

## **INTRODUCTION**

Adolescents constituting about a fourth of the sub-Saharan Africa population<sup>1</sup> are facing sexual and reproductive health problems as they are often exposed to unprotected sexual intercourse which predisposes them to the risk of mistimed pregnancy, unsafe abortion, Sexually Transmitted Diseases (STIs)<sup>2-4</sup> and death<sup>5</sup>. Unsafe abortion is a major contributor to the country's high level of maternal death, ill health disability. The Global Accelerated Action for the Health of Adolescents documented that maternal mortality is a leading cause of mortality among adolescent females in low and middle-income countries (LMIC)<sup>6</sup>. Adolescents are emerging adults often considered as vulnerable population due to an increased risk for adverse health outcomes and associated involvement in health-damaging behaviors<sup>7</sup>. Adolescence can be described as a critical period of life denoting the commencement of physical and sexual development occurring after childhood and before adulthood, ranging from ages 10-19 years with initiation of sexual feelings and sexual desire<sup>8</sup>.

Nigeria has one of the highest maternal mortality ratios in the world and reports a yearly abortion rate of 33 abortions per 1000 women.<sup>9</sup> More than a quarter of these abortions are from adolescents, resulting from unintended pregnancy.<sup>3,10</sup> The sexual behavior of adolescents in Nigeria has exposed them to the risk of unintended pregnancy, STI and HIV<sup>11</sup>. Studies have shown that most pregnancies among adolescents in Nigeria

are unintended, and were results of inconsistent and incorrect condom use which had ended with unsafe abortion.<sup>12</sup> Many of the causes are allegedly linked to increased incidence of teenage pregnancy, abortion and unhealthy sexual behaviors among adolescents. Unsafe sexual practices as a result of adolescents' sexual behavior have led to the unacceptable rate of STI and HIV documented to be 17% among adolescents in the southeastern part and 14% in the northern part of the country<sup>13</sup>. It is believed that with information on sexuality education, the adolescents would be better prepared against unguarded sexual exploration, behaviors and its consequential hazards<sup>14</sup>.

The United Nations Fund for Population (UNFPA) in 2014 provided an operational guidance by describing human sexuality as sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. The varied dimensions of sexuality involve the anatomy, physiology, and biochemistry of the sexual responses; the created identity, orientation, roles, and personality; and thoughts, feelings, and relationships<sup>15</sup>. According to the World Health Organization (WHO) working definition, sexual health is: "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be

attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled<sup>16</sup>. Understanding sexuality is essential for healthy adolescent development as it enables adolescents perceive and identify their individual sexuality, thus enhancing their ability to build relationships and explore sexuality responsibly and with satisfaction<sup>17</sup>.

The need to specifically address the health and related issues of young people has been globally recognized. Some research studies had assessed the sexual behavior of adolescents. Findings from a study in two co-education schools in India on matters related to pubescence, sexual experiences, and sexual health revealed that 47.26 % of the students were sexually active, practiced masturbation (58.9%) and 94.9% believed that pregnancy could not be caused by single intercourse<sup>18</sup>. High school students in Ethiopia were surveyed in 2011<sup>19</sup>. The students' ages ranged from 15 to 24 years; the mean age of first sexual encounter was

16.4 (SD =2.05) years. Some of the students engaged in risky sexual behavior, 30 (8.8%) had sexual exposure of which 12 (40%) were with different persons. In a survey of current knowledge on sexually transmitted diseases and sexual behavior among Italian students, it was reported that only 9% of the respondents rated the sexuality education they received at school as good, 36% rated it poor and 23% considered it nonexistent<sup>20</sup>. In Nepal, a cross-sectional study among 302 adolescents of higher secondary schools was conducted<sup>21</sup>. Overall, 53% of the respondents were currently in a love relationship as they were having girlfriends (GF)/boyfriends (BF) and 81 (27%) had

sexual intercourse. Involvement in sexual intercourse was significantly associated with age ( $p < 0.001$ ), type of family ( $p = 0.008$ ), gender ( $p = 0.001$ ), monthly family income ( $p = 0.014$ ), monthly pocket money ( $p < 0.001$ ), exposure to porn movies ( $p < 0.001$ ) and presence of boyfriend/girlfriend ( $p < 0.001$ ). The study concluded that premarital and unsafe sex was high.

In Nigeria, an exploratory qualitative study was conducted among adolescents between the ages of 18 and 19 years in Plateau state, Nigeria in 2016<sup>2</sup>. Three major sexual and reproductive health problems were specifically mentioned during the discussion as challenging to adolescents namely, unintended pregnancy, unsafe abortion and STI/HIV. All the respondents mentioned that abortion was a common practice among female adolescents who were confronted with unintended pregnancy. Majority of those who aborted their pregnancies did so either using local concoctions or visiting quacks and non-professional like the local medicine vendors. Both health care providers and parents reported a high rate of unintended pregnancy and abortion among adolescents. This study found that unprotected sexual intercourse is a common practice among adolescents in Plateau State resulting in unintended pregnancy, which leads to unsafe abortion. <sup>22</sup>In a study, on knowledge and opinion toward sexuality education among selected secondary school in Osun state in 2013, findings of the study revealed that the adolescents had inadequate knowledge about sexuality education as (53%) did not really understand the meaning of sexuality education, they

reasoned that it is a means of corrupting the youths, and 27% indicating it as a process of teaching young people bad things. Only (20%) believed that it is the information and teaching of sexual matters in life. On the attitude of adolescents towards sexuality education, 60% agreed that they have boy/girlfriends while 40% were on the contrary, in relation to the kind of sexual activities they engaged in, a greater percentage (60%) said they engaged in touching their body parts, 27% engaged themselves in kissing while 13% asserted they engaged in sexual intercourse. A study surveyed 1070 students to assess their reproductive health (adolescent sexuality, abortion, sexual experience) in three secondary schools in Zaria, Northern Nigeria aged 10 - 27 years.<sup>23</sup> One hundred and thirty-five (12.6%) have had sexual intercourse, twelve (1.1%) of the girls had been pregnant once - four times before and all had an abortion.

Adolescent sexuality and sexual behavior have generated a lot of studies, especially in the aspect of knowledge and attitudes of adolescents toward sexuality education and sexual behavior but only few were done in Southwest, Nigeria and evidences from these studies were becoming outdated. The study therefore evaluated the relationship between adolescents' sexuality education level and sexual behavior in a selected secondary school in Ibadan.

## **METHODS**

A cross sectional descriptive design was utilized to describe the relationship between adolescents' sexuality education level and

sexual behavior in a selected secondary school in Ibadan. The study was conducted in a senior secondary school located within university premises in Ibadan. A total of 273 students were randomly selected to participate in the study. Ethical approval was obtained by the researchers from Institutional ethical review committee and the school administration. The 273 students fulfilled the inclusion criterion and consented to the study. There was no refusal of consent among the participants. Confidentiality of information was assured and maintained, and the data collected were used for research purpose only.

The instrument used for data collection was interviewer-administered questionnaire. The instrument was pretested and compared to ascertain instrument adequacy for the study with a correlation coefficient (Cronbach's alpha) of 0.73. The data were sorted, coded, and entered into the computer and checked for errors and variation using statistical application. The data were subjected to analysis using both inferential and descriptive statistics. The descriptive tests showed the distribution of participants according to socio-demographic characteristics of the population while the inferential statistics showed results for hypotheses testing.

## **RESULTS**

The mean age of all respondents was  $15.27 \pm 3.27$  years. Majority were females (61.2%), the highest proportion of the respondents (56.0%) were Christians, (79.9%) were Yorubas and 72.5% living with their parents (Table 1).

**Table 1: Socio-demographic characteristics of the students (N = 273)**

<b>Variables</b>	<b>Groups</b>	<b>Fr</b>	<b>%</b>
Gender	Male	106	38.8
	Female	167	61.2
Age groups (in years)	10- 15	129	47.3
	16 – 20	144	52.7
Religious groups	Christianity	153	56.0
	Islam	111	40.7
	Traditional	9	3.3
Tribes	Yoruba	218	79.9
	Igbo	37	13.5
	Hausa	16	5.9
	Others	2	0.7
	Reside with	Parent	198
	Step parent	25	9.2
	Friend	28	10.3
	Extended	22	8.1
	Family		
<b>Age (Mean ± SD)</b>	<b>15.27±3.27</b>		

The students responded positively to the questions on sexuality education, 76.2% agreed to have heard about sexuality education, 67.8% believed that it provided the necessary information about sexuality and insight needed for successful decision making about sexual urge (56.8%). Generally, the students' responses to puberty questions demonstrated knowledge of the pubertal changes, (60.4%) puberty is characterized by rapid growth in both sexes and (63.0%) puberty influences sexual activity among

adolescents. Regarding the discussions on sexuality education, in this study 63.3% of the students found discussions on sexuality education boring. It was noteworthy that 52.7% of the students reported that they do not need sexuality education as 45.1% agreed that sexuality education was not the best way to educate adolescents about sexual activity and 59.0% of the participants reported they feel shy discussing about sexual activity in sexuality education classes (Table 2).

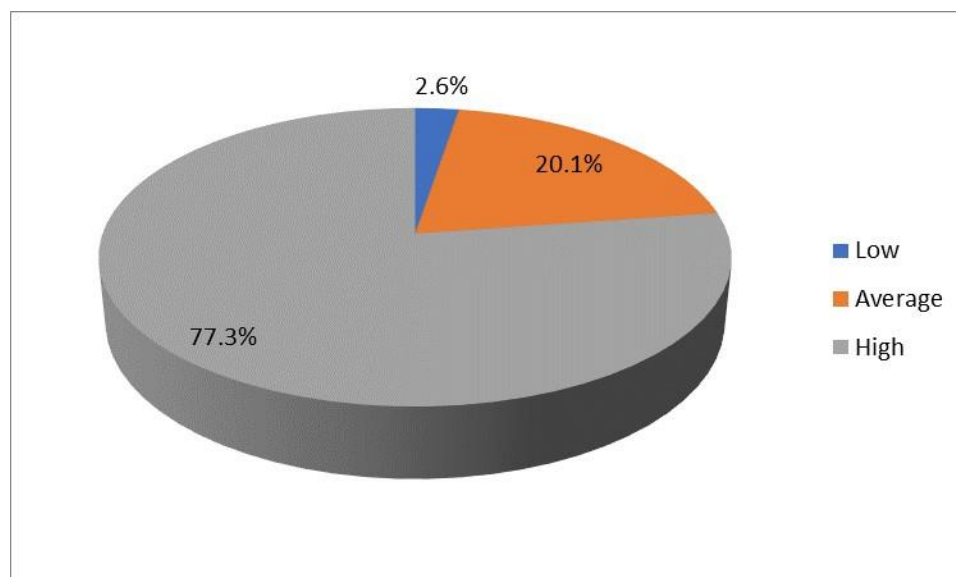
**Table 2: Adolescents’ sexual education**

<b>Statements</b>	<b>Don't know</b>	<b>No</b>	<b>Yes</b>	<b>Modal Response</b>
Have you heard about sexuality education before	23 (8.4%)	42 (15.4%)	208 (76.2%)	Yes
Sexuality education provides necessary information about sexuality of human being.	43 (15.8%)	45 (16.5%)	185 (67.5%)	Yes
It is about reproduction only	22 (8.1%)	157 (57.5%)	94 (34.4%)	No
Adolescent sexuality education exposes one to harmful practices	33 (12.1%)	138 (50.5%)	102 (37.4%)	No
It provides knowledge and insight needed for successful decision making about sex urge	32 (11.7%)	86 (31.5%)	155 (56.8%)	Yes
Sexuality education is teaching young people how to have sex	25 (9.2%)	156 (57.1%)	92 (33.7%)	No
It is teaching young people how to share love	35 (12.8%)	131 (48.0%)	107 (39.2%)	No
Puberty is characterized by rapid growth in both sexes	38 (13.9%)	70 (25.6%)	165 (60.4%)	Yes
Puberty is characterized by menstrual flow and breast development in girls	36 (13.2%)	39 (14.3%)	198 (72.5%)	Yes
Puberty is characterized by growth of beards and wet dreams in boys	18 (6.6%)	57 (20.9%)	198 (72.5%)	Yes
Body changes as a result of puberty influence sexual activity among adolescent	59 (21.6%)	42 (15.4%)	172 (63.0%)	Yes
I find discussions on sex education boring	4 (1.5%)	96 (35.2%)	173 (63.3%)	Agree
Adolescents do not need sex education	1 (0.4%)	128 (46.9%)	144 (52.7%)	Agree
Sex education will help me understand and deal with my sexual urges	3 (1.1%)	82 (30.0%)	188 (68.9%)	Agree
Sex education is not the best way to educate adolescents about sex and its consequences	0 (0.0%)	150 (54.9%)	123 (45.1%)	Agree
I feel shy to discuss about sex in sex education classes	0 (0.0%)	112 (41.0%)	161 (59.0%)	Agree

The findings from the study on sexuality education overall rating revealed that majority (77.3%) of the students had good

knowledge, 20.1% had average knowledge and 2.6% had a fair knowledge of sexuality education.





**Figure 1: Adolescents' knowledge of sexuality education**

**Table 3: Adolescents' sexual behaviour /practices**

Statements	No	Yes	Modal Response
Do you have a boy/girl friend	125 (45.8%)	148 (54.2%)	Yes
If yes, I do so because: I am of age	104 (38.1%)	168 (61.9%)	Yes
My friends have	189 (69.2%)	84 (30.8%)	No
In preparation for marriage	221 (81.0%)	52 (19.0%)	No
To feel loved	161 (59.0%)	112 (41.0%)	No
For financial support	197 (72.2%)	76 (27.8%)	No
I practice Kissing	211 (77.3%)	62 (22.7%)	No
I practice Masturbation (Self stimulation of genitalia)	199(72.9%)	74 (27.1%)	No
I practice Hugging	200 (73.3%)	73 (26.7%)	No
I practice Sexual intercourse	163 (59.7%)	110 (40.3%)	No
I practice Homosexuality/lesbianism	180 (65.9%)	93 (34.1%)	No
Have you ever been pregnant/impregnated your girl friend	157 (57.5%)	116 (42.5%)	No
Have you ever had an abortion committed or taken your girlfriend for an abortion before	137 (50.2%)	136 (49.8%)	No
A girl can get pregnant from first experience of sexual intercourse	135 (49.5%)	138 (50.5%)	Yes
Adolescents can get sexually transmitted infections such as HIV/AIDS from engaging sexual intercourse	119 (43.6%)	154 (56.4%)	Yes

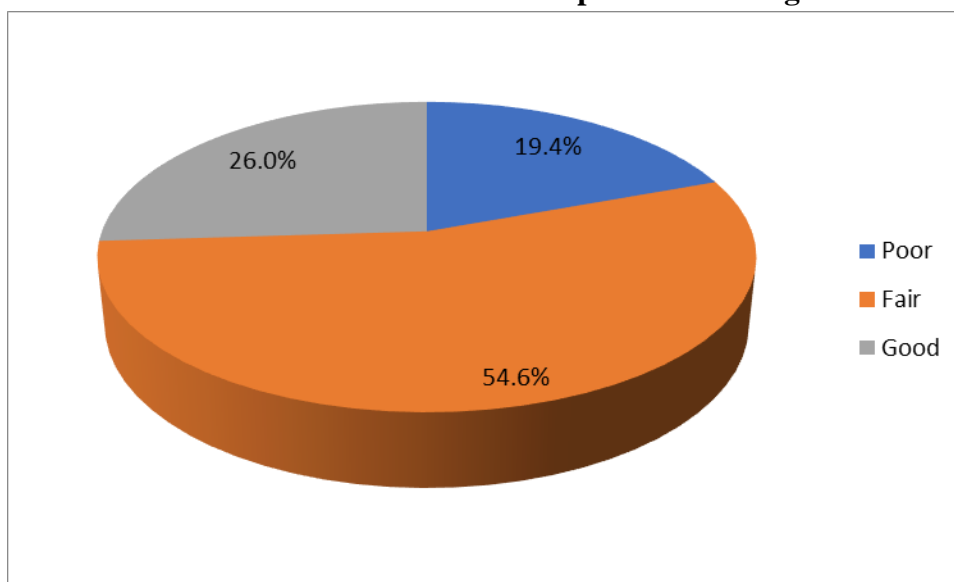
Majority, 54.2% reported to be in a relationship while 61.9% believed to be of age to be in a committed relationship, 81.0%

started a relationship in preparation for marriage. The prevalence of premarital

sexual intercourse was 40.3 % while 34.1% engaged in homosexuality and lesbianism. Out of the 273 respondents, 42.5% agreed to a previous pregnancy/ impregnated a girlfriend during the relationship, only 50.5% reported that a girl can get pregnant from first experience of sexual intercourse.

Almost half of the students 49.8% agreed to having an abortion committed or taking girlfriend for an abortion. Finally, 56.4% agreed that an adolescent can get sexually transmitted infections such as HIV/AIDS from engaging in unprotected sexual intercourse.

### **Categorization of adolescents' sexual behaviour /practices among the students**



**Figure 2: Adolescents' sexual behaviour/practices.**

The findings from the study on sexual behaviour overall rating revealed that 26.1.1% practiced safe age-appropriate sexual behaviour, majority (54.6 %) of the students engaged in fair sexual practices, and 19.6% had poor age-appropriate sexual practices.

For analysis, **Pearson's chi-square test of association was used to test** the relationship between adolescents' sexuality education and their sexual behaviour. The data analysis on the relationship between adolescents' sexuality education and their sexual behaviour was done using chi-square for 3 x 3 matrixes. The result showed that there was significant relationship between

adolescents' knowledge of sexuality education and their sexual behavior [ $\chi^2 = 16.69$ ,  $df = 4$ ,  $p < .002$ ] as participants with poor sexual behaviour were those with low sexuality education knowledge (19.4%), and those with high knowledge of sexuality education had good sexual behaviour. This showed that the higher the knowledge, the better the sexual behaviour of the students. To understand the influence of gender on knowledge of sexuality education among adolescents t-test for independent samples was used. The result revealed that there was no significant difference in knowledge of sexuality education [ $t(271) = -.851$ ,  $p > .05$ ] between male and female students. This

implies that gender did not have significant influence on their knowledge of sexuality education.

## DISCUSSION

This study explored the determinants of adolescents' sexuality education and sexual behaviour in Ibadan. We examined the responses of 273 students in a senior secondary school in Ibadan. The level of adolescents' sexuality education and sexual behaviour varies from study to study. However, knowledge of the pubertal changes was higher than general sexuality education questions. Regarding the discussions on sexuality education, the students found them boring. The students also reported that sexuality education was not the best way to educate adolescents about sexual activity as they feel shy discussing about sexual intercourse in classes. This finding disagrees with a reproductive health report that presented that adolescents were willing to discuss sexual matters with their parents and teachers<sup>23</sup>.

The students in this study had higher sexuality education level than their peers as reported in a study conducted in Ejigbo Local Government Area, Osun state Nigeria<sup>22</sup>. The findings on knowledge was however consistent with a similar study<sup>24</sup> where the sampled population had higher scores on knowledge of sexuality education<sup>23</sup>.

The students perceived opinions of sexuality education was also examined. The students' responses to sexuality education emphasized the need for another study as majority of the them found discussions on sexuality education boring and they implicated

shyness as a reason for not discussing about sexual intercourse in sexuality education classes. It was noteworthy that the students reported that they did not need sexuality education as almost half of the students believed that sexuality education was not the best way to educate adolescents about sexual intercourse. This is similar to a study conducted on knowledge and attitudes of sexuality amongst adolescents in Italy<sup>20</sup>, it was reported that only 9% of the respondents rated the sexuality education they received at school as good, 36% rated it poor and 23% considered it nonexistent.

From this study, majority of students engaged in relatively fair sexual behaviour, were in a relationship, sexually active and had abortion history. This is similar to the findings in a study<sup>23,22</sup> conducted in Nigeria among adolescents in Nigeria where majority of the participants asserted that they engaged in sexual intercourse. In a similar study among adolescents from two co-education schools in India, almost all the

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respondents reported to be sexually active . This is in contrast to the findings in a study among adolescents from a high school in Hong Kong where fewer percentage of adolescents confirmed in the study to be sexually active<sup>8</sup>. Also, researchers<sup>23</sup> reported lower percentage of premarital sexual intercourse among students in Nigeria. In this study almost half of the students had history of a previous pregnancy/impregnated a girl-friend during the relationship, as they believed that a girl could not get pregnant from first experience of sexual intercourse. This is similar to the report by adolescents from two co-education

schools in India on matters related to sexual experiences, where almost all the respondents reported that pregnancy can't be caused by single intercourse<sup>18</sup> and similar findings was also reported among adolescents in Plateau, Nigeria in 2016<sup>2</sup>.

Gender of the students had no influence on knowledge of sexuality education in this study. This is in contrast to the findings in study<sup>25</sup> carried out in Uganda where it was hypothesized that gender roles may hinder sexuality education in terms of restricting the amount of information that girls receive about sexuality in school thus, increasing their chances of contracting HIV, falling pregnant and losing educational opportunities.

### **IMPLICATIONS OF THE STUDY TO NURSING**

Comprehensive sexuality education would guide and direct young people into having a healthy and responsible sexuality and sexual life. From the perspective of mental health nursing, healthy growth and development among adolescents will boost their morale and self-esteem. This study shows that secondary school students have relatively fair knowledge of sexuality education but their attitudes and sexual practices is poor. The adolescents reported that sexuality education in its present form in schools is boring and agreed that shyness deters their active participation in sexuality education classes. Hence, the need for nurses to develop creative avenues for sexuality education for adolescents through the establishment of youth friendly clinics.

### **SUMMARY AND CONCLUSION**

This study described the relationship between adolescents' sexuality education level and sexual behavior in a selected secondary school in Ibadan. The reviewed literature confirms that adolescents' sexual behavioural practices present a major public health problem to the healthcare system and the society. The authors concluded by confirming high prevalence of poor sexual practices among our secondary school students.

Though this study found that the students in this study had good knowledge of sexuality, but a good percentage still lack the basic sexuality education which affected their sexual behavior. Also, the sexual behaviour overall rating majority of the students engages in fair age-appropriate sexual practices.

This study followed a rigorous data collection and analysis process, however, there are some limitations. The data collected were purely quantitative and we relied on the perceived responses of the students to the questions on sexuality and sexual behaviours which might not be a true reflection of their actual practices. A future survey might add qualitative methods for triangulation of data. Furthermore, the questionnaire used was only pretested but not a standardized tool thus, may be subject to measurement error. Lastly, results from this study are not generalizable as representing the general opinions of Nigerian adolescents. Further research is needed to broaden the scope of understanding sexuality education and sexual practices in Nigeria. It is believed that with information on sexuality education,

adolescents would be better prepared against unguarded sexual exploration, behaviour and consequential hazards.

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