



Sexual practices and risky sexual behaviours among public secondary school adolescents in a local government area in Ekiti State, Nigeria

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Abstract

Background: Sexual practices and risky sexual behaviours among adolescents have great consequences on their health, well-being, and career prospects. We assessed sexual practices and risky sexual behaviours among public secondary school adolescents in Ido/Osi Local Government Area, Ekiti State, Nigeria.

Methods: A cross-sectional study was conducted among 400 in-school adolescents selected using multistage sampling. Data was obtained using semi-structured self-administered questionnaires developed by the researchers after consulting several literatures. Data was analyzed using IBM SPSS software version 25.0.

Results: The mean age \pm standard deviation of the respondents was 14.5 ± 2.0 years and 55.5% of them were females. About one-third, 31.3% of respondents have had a boyfriend/girlfriend. Out of these, 41.2% and 5.0% had 2 and 3 boys/girlfriends respectively. About one-quarter, 23.2% had ever touched someone's genitals (vagina or penis) while 22.6% had ever masturbated.

About one-fifth, 22.1% of the respondents had been exposed to sexual intercourse, during their first sexual intercourse, 75.0% had it willingly, 17.9% were self-persuaded and 7.1% had forced sex. Out of the sexually exposed, 9.5% had their first sexual experience with a stranger, 16.7% had multiple sexual partners, 25.0% inconsistently made use of condoms and 46.4% had engaged in sex in exchange for material/ financial gains.

Conclusion: About a third of the adolescents have had a partner while one-fifth have been exposed sexually with a huge proportion (25%) at risk of sexually transmitted infections and unwanted pregnancy due to their inconsistent use of condoms. We recommend sex education in secondary schools as well as strategies that will encourage safe sexual practices among adolescents.

Keywords: Adolescents; risky sexual behaviours; secondary school; sexual debut; sexual practices; Nigeria.

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Introduction

Sexual practices of adolescents have great consequences on their health and career prospects.¹ The World Health Organization (WHO) describes the adolescent period as the stage of development between 10-19 years.² This is a period of fast growth, adventure and inquisitiveness.³ Adolescence is an

important transition stage that helps to establish a good foundation in sexuality development for a sound adult life.⁴ In addition, during this transitional phase adolescents need to develop the capacity for self-control and responsible actions and also develop ability to maintain intimate relationships for adulthood.⁵

Therefore, this is a crucial period when adolescents become sexually active and begin to demystify their sexuality. Adolescents at this period are prone to be easily influenced by friends and people they look up to.⁶ Peer group influence is extremely important during adolescence. The desire of adolescents to engage in sex is strongly influenced by their social context in which peers play a major role.⁷ Also, about half of adolescents get their source of knowledge about sexuality from school.⁸

Adolescents often engage in high-risk behaviour such as cigarette smoking, drinking, illicit sex and substance use.⁹ Risky sexual behaviours are becoming a major menace among adolescents globally, especially in sub-Saharan Africa.^{10,11} According to the National Family Health Survey (NFHS),¹² high-risk sexual behavior is defined as sexual intercourse with somebody who is neither a spouse nor a cohabitating partner. Factors that predispose to high-risk sexual behaviours include early sexual debut, cultural practices, drug abuse and illiteracy. The average age for sexual debut has been reported in Nigeria to be 13 years.¹³

Adolescents are particularly vulnerable to participating in risky sexual behaviors that could put them at risk for many health issues.¹⁴ The WHO and the Center for Disease Control and Prevention have reported also diverse health dangers and outcomes associated with unprotected sexual activity among adolescents which include Human Immunodeficiency virus infection/Acquired Immune Deficiency Syndrome (HIV/AIDS), dropping out of school, unwanted pregnancy, sexually transmitted diseases, unsafe abortion, and psychological problems.¹⁵

Studies in Ethiopia showed that a considerable number of students had practiced risky sexual behaviours with a level ranging from 23%¹⁴ to 49%¹⁶. Previous studies conducted among adolescents in sub-Saharan Africa have documented increasing premarital sexual activities.¹⁷ Globally, 55,000 adolescents died from AIDS in 2016, largely as a

result of risky sexual behaviours, while 2.1 million adolescents between the ages of 10 to 19 years had HIV infection.¹⁸

Secondary school usually serves as a new environment for a lot of adolescents coming from different primary schools, to join and widen their social connections, which usually leads to the development of new sexual behaviors.¹⁹ In Ethiopia, risky sexual behavior among secondary school students is significant ranging from 13% to 71% among the students.²⁰ A study from Zambia also reported that 72% of teenagers engaged in risky sexual behaviors²¹ while a study done in Cross Rivers, Nigeria reported a high prevalence of risky sexual behaviour of 41.5%.²² A study carried out to determine risky sexual behaviour among senior secondary school students in an urban community in South West Nigeria reported that 23.0% of the respondents had at least one risky sexual behaviour.²³ Additionally, a higher proportion of male students reported engaging in pornography (25%) and masturbation (8.6%).¹ There was also poor use of contraceptives with 70% of the sexually active students engaging in sexual intercourse without contraceptives.¹ In another study in Enugu State, Nigeria, among students in public secondary schools, 61.1% of the sexually active students engaged in sexual relationships for monetary gain.²⁴

Thus, this study assessed sexual practices and risky sexual behaviour among public secondary school adolescents. Considering that Ekiti State is a state where sexual matters are treated with utmost sensitivity and sex is not usually discussed openly due to socio-cultural factors, this study therefore, assessed the extent of risky sexual behavior among secondary school adolescents in Ido/Osi Local Government Area of Ekiti State, Nigeria. Furthermore, findings from this study will become useful recommendations to assist school administrators and stakeholders in the field of sexual and reproductive health to develop effective preventive strategies that will decrease the incidence of adverse sexual and reproductive health problems in adolescents. It will also help to generate additional research questions for future studies.

Materials and Methods

The study was a cross-sectional study involving adolescents in secondary school in Ido/Osi Local

Government Area, Ekiti State, Nigeria. The Local Government Area is one of the sixteen local governments in the State and it is bounded to the east by Ijero Local Government Area, to the south by Irepodun/Ifelodun Local Government Area and Moba as well as Ilejemeje Local Government Areas to the north. The Local Government Area consists of thirteen major towns, eleven wards, and several farmsteads. It has an average population of 239,600 people.²⁵ There are 20 health facilities in the Local Government Area including one Federal Teaching Hospital and a General Hospital. Ido/Osi Local Government Area has 15 public secondary schools and these schools offer health services in the form of first aid services and nursing bays for observation.

The study population included all adolescents in public secondary schools, in the Local Government Area. Students less than 10 years of age and greater than 19 years of age were excluded. This study also excluded students with communication barriers and language deficits.

The sample size was determined using Leslie Fisher's formula.

$$N = Z^2 pq / d^2$$

where:

n is the sample size

Z is the standard normal deviate at 95% confidence interval, 1.96

p is the proportion of adolescents with early sexual exposure in a previous study was 34.3%²⁶

q is the complement probability, 1-p (0.657)

d is the degree of accuracy desired and is usually set at 0.05.

$$N = 1.962 \times 0.343 \times 0.657 / 0.05 \times 0.05 \\ = 346$$

To compensate for non-response (NR), assuming a 10% non-response, the sample size (Ns) was calculated as follows, using the formula.

$$N_s = N / (1 - NR) \\ = 340 / (1 - 0.10) \\ = 385$$

This was rounded up to 400 and used for the study.

A multistage sampling technique was used to select eligible participants. The technique was in three stages. The first stage involved the selection of 6

public secondary schools from 15 through simple random sampling by balloting. The second stage involved the selection of school class arms through simple random sampling by balloting. In each secondary school, one arm out of the list of arms in each class level was selected. Proportional allocation of questionnaires was done for each selected arm per class in each selected secondary school. In the third stage, the list of all students in the selected class arm was obtained and respondents were selected through systematic sampling technique with the first respondent chosen using the table of random numbers. Details of the selection are in Table 1.

Data was obtained using semi-structured self-administered questionnaires developed by the researchers according to the specific objectives of the study and after consulting several literatures. The questionnaire was structured into sections including a section on the socio-demographic data of respondents, as well as sections on sexual practices and risky sexual behaviour among the respondents. Eligible respondents were informed about the purpose of the study and the procedure for filling out the questionnaires was explained to them. The questionnaires were filled within 15 minutes and data from all the schools were collected over one week.

All the researchers were trained by the lead investigator and participated in data collection. The training focused on the components of the questionnaire, understanding the study objectives and procedure, in addition to anticipated problems that may arise during data collection and their solutions. The validity of the research instrument was ensured by subjecting the instrument to peer review by the researchers and other experts from the Community Medicine Departments of Federal Teaching Hospital, Ido-Ekiti, and Afe Babalola University Ado-Ekiti, Nigeria. Forty (10%) questionnaires were pretested at Christ School, Ado-Ekiti, in the Ado Local Government Area of Ekiti State, about 20 miles from Ido/Osi Local Government Area.

The questionnaires were checked for errors and completeness. Completely filled questionnaires were sorted and coded. This was subsequently entered and analyzed using IBM SPSS software version 25.0. The results were presented using frequency tables and charts. Categorical variables

were summarized as frequencies and proportions while continuous data were presented as means and standard deviation.

We informed the authorities of schools about the objective of our study and obtained permission to collect data. Ethical clearance (ERC/2021/07/23/613B) was obtained from the Ethics and Research Committee of Federal Teaching Hospital, Ido-Ekiti, Nigeria. Informed consent was obtained from parents of the students by sending a consent form to them, through their children in the selected classes a week before data collection. Assents were also verbally sought from respondents before participating in the research. Personal information like names, school names, and addresses were not included in the questionnaires to prevent linking the data to any particular individual. All records and relevant materials were assessed only by authorized personnel.

Results

Four hundred (400) questionnaires were administered to assess sexual practices and risky sexual behaviour among secondary school adolescents. Out of the 400 questionnaires, three hundred and eighty (380) of these questionnaires were returned completely filled, and analyzed, giving a response rate of 95%.

The mean age ± standard deviation of the respondents was 14.5 ± 2.0 years and 55.5% of them were females. The majority of the respondents were Christians (83.7%), Yoruba by tribe (87.4%), lived with their parents (93.7%), and were from a monogamous family setting (90.0%). More than half of the respondents were in senior secondary class (57.6%). Details of sociodemographic characteristics are in Table 2.

Table 3 shows respondents’ sexual practices. About one-third, 31.3% of respondents have had a boyfriend/ girlfriend. Out of these, 41.2% and 5.0% had had 2 and 3 boys/ girlfriends respectively, all of them had had intimate contact with their boyfriend/girlfriend, and 73.1% had ever kissed their boy/girlfriend(s). About a quarter, 23.2% had ever touched someone’s genitals (vagina or penis) while 22.6% had ever masturbated.

Figure 1 shows that 22.1% of the respondents had been exposed to sexual intercourse and Figure 2 shows that out of the sexually exposed respondents

Table 1: Proportional allocation of questionnaire

Selected public school	Selected class arm	Population	Allocated questionnaire
Oganganmodu G/S, Ido	JS 1A	162	19
	JS 2C	150	17
	JS 3D	175	20
	SS 1A	142	16
	SS 2C	167	19
	SS 3D	137	16
Osi Community H/S, Osi	JS 1A	80	9
	JS 2B	59	7
	JS 3D	78	9
	SS 1B	73	8
	SS 2C	80	9
	SS 3D	57	7
Ekiti Parapo College Ido	JS 1C	108	12
	JS 2D	150	17
	JS 3A	115	13
	SS 1B	121	14
	SS 2D	135	15
	SS 3A	129	15
Notre Dame G/S, Usi	JS 1D	135	15
	JS 2D	166	19
	JS 3A	121	14
	SS 1C	127	15
	SS 2D	111	13
	SS 3A	100	11
Babalola Borishade H/S, Usi	JS 1A	86	10
	JS 2B	72	9
	JS 3A	44	5
	SS 1C	76	9
	SS 2D	68	8
	SS 3A	56	6
Ora community	JS 1D	44	5
	JS 2C	44	5
	JS 3B	27	3
	SS 1A	37	4
	SS 2D	39	4
	SS 3A	35	4

Table 2: Socio-demographic characteristics of respondents

Variable	Frequency (N = 380)	Percentage (%)
Mean age ± SD	14.5 ± 2.0 years	
Gender		
Male	169	44.5
Female	211	55.5
Class		
JSS 1 – 3	161	42.4
SSS 1 – 3	219	57.6
Religion		
Christian	318	83.7
Islam	62	16.3
Ethnicity		
Yoruba	332	87.4
Others	48	12.6
Type of family		
Monogamous	342	90.0
Polygamous	38	10.0
Who you live with		
Parents	356	93.7
Guardian/ Relative	24	6.3
Father’s level of education		
Primary	39	10.3
Secondary	97	25.5
Tertiary	244	64.2
Mother’s level of education		
Primary	28	7.4
Secondary	115	30.2
Tertiary	237	62.4
Guardian’s level of education (n = 24)		
Primary	5	20.8
Secondary	6	25.0
Tertiary	13	54.2

Table 3: Sexual practices among the respondents

Variable	Frequency N = 380	Percentage (%)
Ever had a boyfriend/ girlfriend		
Yes	119	31.3
No	261	68.7
How many have you had (n = 119)		
1	64	53.8
2	49	41.2
3	6	5.0
Ever had any intimate contact with your girl/boyfriend (n = 119)		
Yes	119	100.0
Ever kissed your girl/boyfriend(s) (n = 119)		
Yes	87	73.1
No	32	26.9
Ever touched someone's genitals		
Yes	88	23.2
No	292	76.8
Ever masturbated		
Yes	86	22.6
No	294	77.4

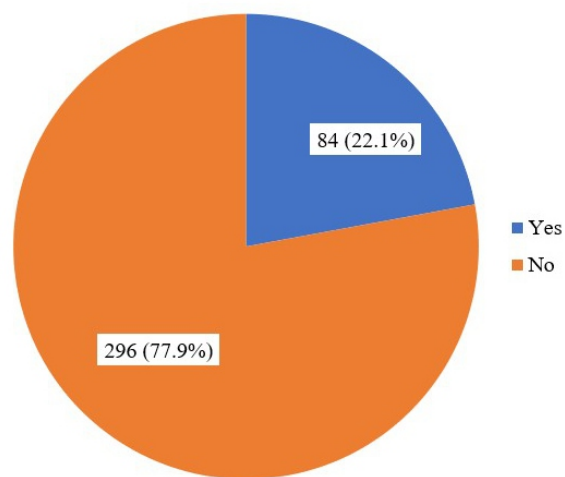


Figure 1: Respondents' level of sexual exposure

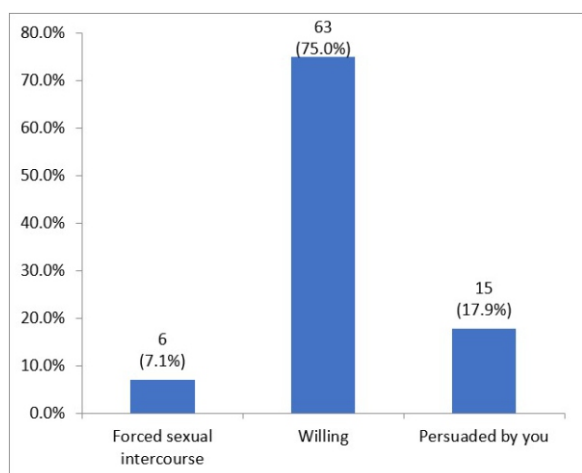


Figure 2: Nature of sexual debut of the respondents

Table 4: Risky sexual behaviour among the sexually exposed respondents (n=84)

Risky sexual behaviour	Frequency (n = 84)	Percentage (%)
Partner at sexual debut		
Boy/ Girlfriend	76	90.5
Stranger	8	9.5
Number of sexual partners		
1	70	83.3
≥ 2	14	16.7
The last time you had sex		
Some days ago	30	35.7
Some weeks ago	10	11.9
Some months ago	23	27.4
Last year	21	25.0
Frequency of condom use		
Always	63	75.0
Often	5	6.0
Sometimes	16	19.0
Ever had sex in exchange for material/financial gains		
Yes	39	46.4
No	45	53.6
What gain, if YES (n=39)		
Financial gain	6	15.4
Sex for marks	6	15.4
Sex for favours	13	33.3
Material gains (phones etc)	14	35.9

three-quarters (75.0%) engaged in the activity willingly, 17.9% were self-persuaded while 7.1% had forced sexual intercourse during their first sexual intercourse.

Table 4 shows that 9.5% of the sexually exposed had their first sexual experience with a stranger, and 16.7% had a multiple sexual partner. Over a third, 35.7% of sexually active still had sex some days ago, 75.0% always make use of condoms while 25.0% use condoms inconsistently and 46.4% had engaged in sex in exchange for material/financial gains. Out of these, 15.4% had it for money and marks, 33.3% for favours, and 35.9% for material gains such as phones.

Discussion

This study assesses the prevalence of sexual practices and risky sexual behaviour among public secondary school adolescents in a local government area in Ekiti State, Nigeria. The response rate for this study was 95% which is similar to the response rate of a study conducted in Southern Ethiopia²⁷ in which the response rate was 95.7%, the reason for this similarity between the two studies is that both are institution-based study.

The majority of the respondents were of the Yoruba ethnicity which could be attributed to the fact that the study was conducted in the South-Western region of Nigeria in which the dominant ethnic group is Yoruba. Also, this study showed that more than half of the respondents' parents have a tertiary level of

education, this finding can be attributed to the cultural system of the Yorubas that gives priority to formal education. The majority (94%) of the respondents in this study live with their parents, this proportion is higher than what was obtained in studies conducted in Harari, Ethiopia (77%),²⁸ Southern Ethiopia (58%),²⁷ and Cross River, Nigeria (78%).²² This variation could be attributed to differences in the cultural setting in which the studies were carried out.

This study revealed that a third of the respondents attested to having had a partner, out of which all of them had intimate contact with their partners, the majority had kissed their partner, and about a quarter had touched someone's genitals and had masturbated. A study done in South-South Nigeria showed that 11.2% of adolescents practiced masturbation.¹ The Adolescent age is a period of exploration and personal discovery where they experiment and build future sexual behaviors. The hormonal drive and the development of secondary sexual characteristics during this period probably fuel the engagement in sexual relationships and activities.

Less than a quarter (22%) of the respondents in this study were sexually exposed, this is lower than the findings in public secondary schools in Cross River State, Nigeria and Wolaita Sodo, Southern Ethiopia where about 42% and 39% had been sexually exposed respectively.^{22,27} Most of the respondents in this present study live with their parents and thus might be more monitored reducing their chances of sexual exposure than those who do not live with their parents. Three-quarters of those who were sexually exposed had consensual sex, less than a tenth were forced, and about one-fifth were by persuasion. This finding is different from that of another study in Uyo, Nigeria where only 4% had sex for monetary gains, and 64% had sex for personal desires.¹ The study in Uyo was carried out among private secondary school students, who may have less concern for favors in exchange for sex, and also may have more sex education, and stricter guidance from parents and teachers.

Furthermore, this study showed that three-quarters of the sexually active respondents always make use of condoms during sexual intercourse, and a little above half of them believe that condoms are effective in preventing sexually transmitted

infections. This is consistent with the result of a study carried out in Colombia where condoms were used by about three-quarters of their respondents²⁹ and different from a study conducted in Harari, Ethiopia where only 13.6% made use of condoms.²⁸ A study in Ekiti State, Nigeria revealed a similar finding of about 79% condom use while another research in Kwara State, Nigeria found that more than half (56.9%) of sexually active in-school adolescents used condoms at their first experience.^{30,31} The high use of condoms in the present study could be attributed to public enlightenment as well as the high rates of HIV,³² other sexually transmitted infections and pregnancies amongst adolescents which is prevalent in Nigeria and as a result, lead people to make use of condoms.

One of the limitations of this study is the assessment of the sexual history of the respondents, discussions on sex are not often a welcome discussion, especially among non-peers and 'strangers' in the Yoruba ethnicity. This was mitigated by bringing this to the awareness of the data collectors during their training and also by assuring the respondents of confidentiality during the data collection process. Another limitation is the recall bias as respondents could claim not to recall or truly not recall some information.

Conclusion

This study found that about a third of the adolescents have had a partner while about one-fifth have been exposed sexually with the majority of it occurring willingly during the first exposure. Three-quarters of the sexually active always make use of condoms and this implies that they are protected against unwanted pregnancy and sexually transmitted infections. However, a quarter of the respondents are at risk of sexually transmitted infections and unwanted pregnancy due to their inconsistent use of condoms. This study therefore, strongly recommends the inclusion of sex education into the school curriculum of adolescents and also encourage other strategies that will enable safe sexual practices among them.

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Contributions from each Author:

John Olujide Ojo – Conceptualization, design, literature search, methodology, supervision and project administration, and manuscript editing. Read and approved the final draft.

Tope Michael Ipinnimo - Conceptualization, design, literature search, methodology, supervision and project administration, manuscript drafting, and editing. Read and approved the final draft.

Taiye Adeyanju Alao - Conceptualization, design, literature search, methodology, supervision and project administration, and manuscript editing. Read and approved the final draft.

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