



Assessment of Sexual Health practices and experiences of In-School Adolescents in a Rural Community in Rivers State, Nigeria

Oku, AO^{1,2}; Fajola, A¹; Obiagwu, PN^{1,3}; Alali, A¹; Adetula B¹; Ogunlaja, AO^{1,4}; Gabriel, O¹; Ejiogu M¹

¹Department of Community Health, Renaissance Africa Energy Company, Port Harcourt, Nigeria,

²Department of Community Medicine, Faculty of Clinical Sciences, University of Calabar, Calabar, Cross River State, Nigeria.

³Department of Pediatrics, Bayero University, Kano, Kano State, Nigeria.

⁴Department of Obstetrics & Gynaecology, Bowen University, Iwo, Ogbomoso, Nigeria

Abstract

Context: Adolescents' sexual health practices have emerged as a major public health concern. Several studies report that adolescents engage in unhealthy sexual behaviour that predisposes them to reproductive health problems. This study therefore aimed at assessing the sexual health practices and experiences of in-school adolescents in a rural community in Rivers State.

Materials and Methods: A cross-sectional analytical study among 231 in-school adolescents in Edagberi Better land community of Rivers State was conducted. Community Secondary school Edagberi is one of Renaissance Africa Energy Company supported schools. A self-administered adapted WHO Sexual Health assessment of practices and experiences (SHAPE) questionnaire was used to elicit information and data analyzed using SPSS version 25.0.

Results: The mean age of respondents was 14.4 ± 2.13 years. The prevalence of sexually exposed in-school adolescents was (14.3%) with mean age at first sexual intercourse of 13.6 ± 2.84 years. The main reasons for indulging in sexual activity were just for pleasure 48.5%, watched it on television/ internet 33.3% and forced by someone 33.3%. More students initiated sexual activity early (90.9%), had multiple sexual partners (51.5%) and engaged in unprotected sex (36.3%). Predictors of sexual exposure were male sex (OR 2.98; 95% CI 1.24 -3.92), being > 14 years (OR 1.86 95% CI 0.62- 0.82) and from a polygamous family (OR 2.13; 95%CI 0.13-0.87).

Conclusions: With 14.3% of adolescents engaging in sexual activity, the authors recommends that appropriate sexual and reproductive health interventions targeted at male students, older than 14 years and from a polygamous family should be implemented.

Key words: Adolescents, sexual experiences, risky sexual behaviour, in-school, rural, Rivers State

Introduction

Adolescent sexual and reproductive health (SRH) remains a major global public health priority due to its profound impact on health and development. The World Health Organization defines adolescents as individuals aged 10-19 years, representing approximately 1.3 billion people - about 16% of the world's

Corresponding Author:

Oku, AO

Department of Community Health, Renaissance Africa Energy Company, Port Harcourt, Rivers State, Nigeria,

afyokuene@gmail.com

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population.¹ This developmental phase marks a transition from childhood to adulthood and is characterized by rapid physical, emotional, and psychosocial changes that heighten their vulnerability to poor SRH outcomes.² During this period, adolescents often display growing sexual curiosity and may engage in experimentation that

exposes them to unsafe sexual behaviours.³

Globally, unsafe sex was ranked the fifth leading behavioral risk factor for disease burden in 2019, contributing over 46 million disability-adjusted life years (DALYs).⁴ Risky sexual behaviours (RSBs) - including early sexual debut, unprotected intercourse, and multiple sexual partnerships - significantly increase susceptibility to sexually transmitted infections (STIs), unintended pregnancy, and other reproductive health challenges.⁵ Factors that predispose adolescents to RSB include inadequate SRH knowledge, peer pressure, cultural norms discouraging contraceptive use, poor parental communication, substance abuse, exposure to sexual content, and domestic or sexual violence.⁶⁻¹¹

A global survey involving 244,863 students aged 13–17 years from 68 countries reported a 16.2% prevalence of sexual experience, with substantial regional variation.¹² In Ethiopia, risky sexual behaviors ranged from 13% in Humera to 71.21 % in Addis Ababa among secondary school teenagers who had begun sexual contact.¹³ In Nigeria, studies report that between 19% and over 60% of adolescents have initiated sexual intercourse,¹⁴⁻¹⁷ and at least 47% have engaged in RSB.⁷ Motivations for sexual initiation range from pleasure, curiosity, and peer influence to coercion and transactional exchanges.^{6,14,18,19}

Despite increasing global attention to adolescent SRH, research and interventions are largely concentrated in urban locations, leaving rural adolescents – who may have limited access to health information and services – relatively underserved. Understanding sexual practices, experiences, and risk patterns among in-school adolescents in rural communities is essential for designing context-appropriate prevention strategies.

This study assessed the sexual health practices and experiences of in-school adolescents in a rural community in Rivers State, Nigeria, and identified factors associated with sexual exposure.

Materials and Methods

Study Design:

This cross-sectional analytical study was conducted among 231 in-school adolescents in Edagberi Betterland community, Ahoada West Local Government Area, Rivers State.

Study Setting

Community Secondary School (CSS) Edagberi Betterland, established in August 2022, has a student population of 1200, supported by 40 teaching and 11 non-teaching staff. The school benefits from Renaissance Africa Energy Company's (formerly Shell Petroleum Development Company) corporate social responsibility initiative, including a school sick bay, a water treatment plant, and Water, Sanitation and Hygiene (WASH) facilities commissioned in June 2025. A School Health Club was launched in 2023, alongside health education programmes.

Study Population

All consenting students present during the commissioning of the school's Sick Bay and WASH facilities were eligible to participate.

Sample size calculation

Cochran's formula for a single proportion was used, yielding a minimum sample size of approximately 230.

Minimum Sample size (n) = $z^2 pq / d^2$

z = Standard normal deviate = 1.96

p = Prevalence of sexual exposure among in-school adolescents in Yenogoa Bayelsa State (21.1%).¹⁷

q = 1 - P = 78.9%

d = Degree of accuracy - 5%

n = Minimum sample size

$n = 1.96 \times 1.96 \times 0.21 \times 0.79 / 0.05 \times 0.05 = 254.9$

Incorporating 10% non response rate =

$254.9 / 0.9 = 283$

Applying the formula for populations less than 10,000 (our total study population was 1200) the sample size was adjusted to 229.58 approximately 230.

Eligibility criteria

Inclusion: Students aged 10-19 years who provided assent and whose parents/guardians provided consent.

Exclusion: Students absent from school on the study days, SSS3 students who had completed examinations and stopped attending school, and those acutely ill.

Sampling Technique – All students who met the inclusion criteria were selected using Stratified

sampling technique after proportionate allocation was used to determine the number of students to study per class. Each class represented a stratum. Proportionate allocation was derived by dividing the sample size by the total number of students in the school (230/1200) which constituted the sampling fraction. This fraction was applied to each class to determine the number of students to study per class as follows.

$$JSS1 = 230/1200 \times 270 = 51.7 = 52$$

$$JSS2 = 230/1200 \times 197 = 37.7 = 38$$

$$JSS3 = 230/1200 \times 193 = 36.9 = 37$$

$$SSS1 = 230/1200 \times 250 = 47.9 = 48$$

$$SSS2 = 230/1200 \times 162 = 31.1 = 31$$

$$SSS3 = 230/1200 \times 130 = 24.9 = 25$$

$$\text{Total number of students} = 52 + 38 + 37 + 48 + 31 + 25 = 231$$

Thereafter simple random sampling by balloting was used to select the students per class.

Data Collection

A semi-structured, self-administered adapted WHO Sexual Health assessment of practices and experiences (SHAPE) questionnaire was used. The SHAPE tool includes a set of priority questions related to sexual practices, behaviours and health-related outcomes that are relevant and comprehensible to the general population. The questionnaire is a combination of interviewer-administered and self-administered modules, intended to be used across diverse global contexts. It comprised of the following sections:

- **Section A:** Socio-demographic characteristics
- **Section B:** Awareness of Risky Sexual Behaviour
- **Section C:** Sexual practices and preferences
- **Section D:** Factors influencing sexual practices.

Five trained research assistants supported questionnaire administration. Students completed questionnaires confidentially without peer discussion.

Data Management:

Completed questionnaires were reviewed daily for completeness. Data were analyzed using SPSS for windows version 25. Descriptive statistics summarized variables. Chi-square tests assessed associations between categorical variables, and binary logistic regression identified independent

predictors of sexual exposure. The significant p value was set at < 0.05 .

Ethical consideration

Ethical approval was obtained from the Rivers State Ethical Review Committee. Parental consent and student assent were obtained. Participants experiencing distress received counselling.

Results

The study included 231 in-school adolescents. The mean age was 14.4 ± 2.13 years, most ($n = 133$, 57.6%) were aged 10-14 years, and 135 (58.4%) were female. A majority lived with their parents ($n = 182$, 78.8%) and identified as Christians ($n = 224$, 97.0%). (Table1). Regarding their parents, a higher proportion were married 120(51.9%), in a monogamous relationship 161(69.7%) attained Secondary level of education father 124(53.7%) and mother 101(43.7%) and were in the skilled manual 74(34.2%) and skilled non- manual 116(50.2%) occupational type (Table 2).

A quarter of the students ($n = 58$, 25.1%) had social media accounts, primarily Facebook ($n = 26$, 43.3%). The relationship status showed that most of the adolescents admitted not being in a relationship 197(85.3%). However, less than a third of the students possessed a smart phone 54 (23.4%), (Table 3).

Awareness of RSB was high at 65%, with major

Table 1: Socio-demographic Profile of respondents

Variable	Frequency(n=231)	Percentage
Age (years)		
10-14	133	57.6
15-19	96	41.6
> 20	2	0.8
Mean $\pm$ SD	14.4 $\pm$ 2.13	
Sex		
Male	96	41.6
Female	135	58.4
Level of study		
JSS1	52	22.5
JSS2	38	16.5
JSS3	37	16.0
SSS1	48	20.8
SSS2	31	13.4
SSS3	25	10.8
Religion		
Christianity	224	97.0
Islam	4	1.7
Traditional	3	1.3
Reside with		
Parents	182	78.8
Relation	27	11.7
Grandparents	19	8.2
Guardian	3	1.3

Table 2: Socio-economic status of Respondents Parents/ Guardian

Variable	Frequency (n=231)	Percentage
Parents Marital status		
Married	120	51.9
Single	50	21.6
Divorced	14	6.1
Separated	27	11.7
Widowed	20	8.7
Family type		
Monogamy	161	69.7
Polygamy	70	30.3
Mother's highest Level of education		
Non-formal	19	8.2
Primary	38	15.5
Secondary	124	53.7
Tertiary	50	21.6
Father's highest level of Education		
Non-formal	11	4.8
Primary	31	13.4
Secondary	101	43.7
Tertiary	88	38.1
Father's Occupation Type		
Professional	22	9.5
Managerial and Technical	36	15.6
Skilled Non-manual	71	30.7
Skilled manual	79	34.2
Retired	3	1.4
Unemployed	4	1.7
Late	16	6.9
Mother's Occupation Type		
Professional	15	6.5
Managerial and Technical	6	2.6
Skilled Non-manual	116	50.2
Skilled manual	91	39.4
Retired	1	0.4
Late	2	0.9

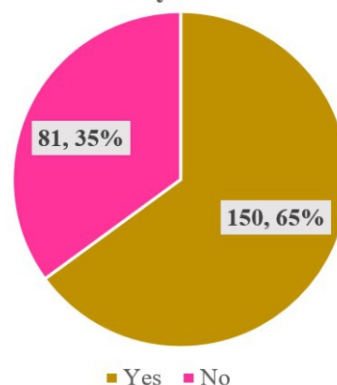
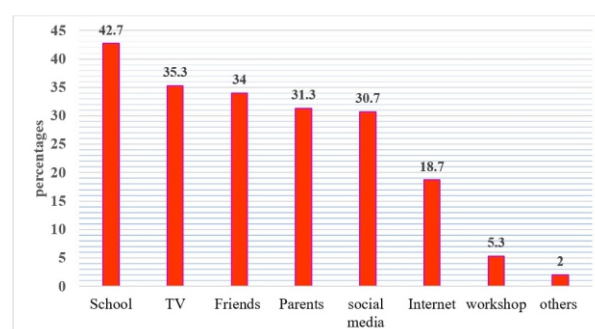
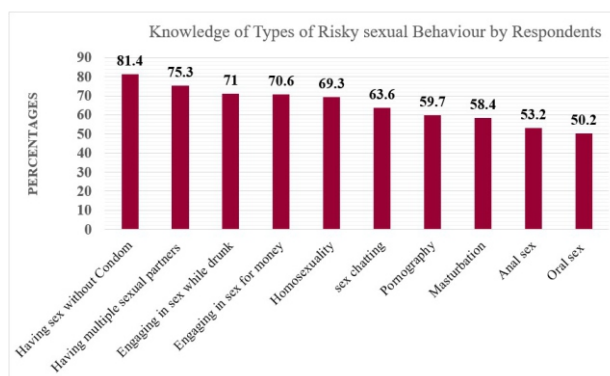
Table 3: Respondents Relationship status and social media account possession

Variable	Frequency	Percentage
Current Relationship status		
Dating/In a relationship	34	14.7
Single	197	85.3
Own a smart phone		
Yes	54	23.4
No	177	76.6
Social Media account		
Yes	58	25.1
No	173	74.9
Social media account type		
Face Book	26	43.3
WhatsApp	15	25.0
Instagram	2	3.3
Snapchat	6	10.0
TikTok	1	1.8
Twitter	2	3.3
Combination of accounts	8	13.3

information sources being school (42.7%), television (35.3%), and peers (34.0%) (Figure 1 and 2). The commonly reported forms of RSB the students knew were unprotected sex 81.4%, having multiple sexual partners 75.3% and engaging in sex under the influence of alcohol or drugs 71% (Figure 3).

The Sexual experience of the adolescents revealed that less than a fifth, 14.3% had engaged in sexual

intercourse with 48.5% of these adolescents having sex in the last 3 months (Figure 4). The mean age of sexual debut in this study was 13.6 ± 2.84 years, their preferred sexual partner was someone about their age 18 (54.5%), same sex 16(48.5%) or opposite sex 16(48.5%), vaginal sex 20(60.6%) and their first

Awareness of Risky Sexual Behaviour and sources of Information by Respondents**Heard Of Risky Sexual Behaviour****Figure 1: Awareness of Risky sexual Behaviour by respondents (N=231)****Figure 2: Respondents source of Information of Risky Sexual behaviour (RSB)****Figure 3: Knowledge of Types of Risky sexual behaviour identified by Respondents**

sexual encounter was with someone older of the opposite sex 14(42.5%)(Table 4) More adolescents who had sex admitted having one partner 16(48.5%),using a condom during their last sexual encounter 21(65.6%) with 12(24%) not using any form of protection. The use of alcohol or drugs before sex was reported by 24% while 39.4% experience of forced sex which occurred once in the

last 12 months among 50% of the victims. Sadly, very few respondents 11(4.8%) have tested for Sexual transmitted infections including HIV (Table

Sexual Experiences of respondents

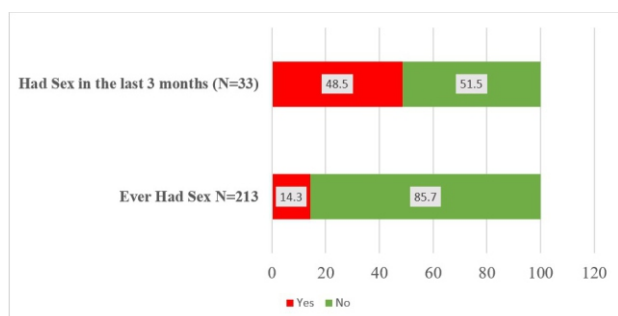


Figure 4: Sexual practice of respondents from birth and at 3 months

Table 4a: Sexual pattern, preferences and behaviour among respondents

Variable	Frequency	Percentage
Age at first sexual intercourse (years)		
<10	3	9.1
10-14	17	51.5
15-19	13	39.4
Mean ± SD	13.6±2.84	Range (6-18) years
Sexual Partner's Age preference		
Person about my age	18	54.5
Much older than me	12	36.4
Much Younger than me	3	9.1
Sexual Partner's preference		
Both sexes	1	3.0
Same sex	16	48.5
Opposite sex	16	48.5
With whom did you have your first sexual intercourse		
Older person of opposite sex	14	42.5
Same sex peer	11	33.3
Opposite sex peer	1	3.0
Younger same sex	1	3.0
Younger person of the opposite sex	6	18.2
Sexual Intercourse preference		
Vaginal	20	60.6
Anal	6	18.2
Oral	9	27.3
Masturbation	4	12.1
Homosexuality	8	24.2
Lesbianism	8	24.2
Anal/oral	1	3.0
Number of sexual partners since birth		
1	16	48.5
2	4	12.1
3	3	9.1
4	3	9.1
5	2	6.1
>5	5	15.1

Table 4b: Sexual pattern, preferences, and behaviour among respondents (N=33)

Variable	Frequency	Percentage
Number of sexual partners in the last 3 months		
0	3	9.1
1	19	57.6
2	6	18.2
3	1	3.0
4	1	3.0
>=5	3	9.1
Method Used to prevent pregnancy/STIs		
Natural method (withdrawal)	2	6.1
Birth control pills	2	6.1
Condoms	11	33.3
None	18	54.5
Condom use during last sexual episode		
No	12	36.4
Yes	21	63.6
Frequency of condom use		
Never	12	36.4
Sometimes	11	33.3
Very often	6	18.2
Rarely	4	12.1
Drugs/ alcohol use before sexual intercourse		
Yes	12	24.0
No	38	76.0
Tested for STDs other than HIV(n=231)		
Yes	11	4.8
No	184	79.8
Not Sure	36	15.6
Experience of forced sex		
Yes	13	39.4
No	15	45.5
Someone attempted but failed	5	15.1

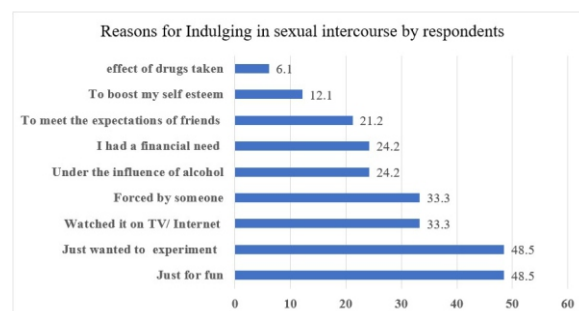


Figure 5: Respondents reasons for indulging in sexual intercourse (n=33)

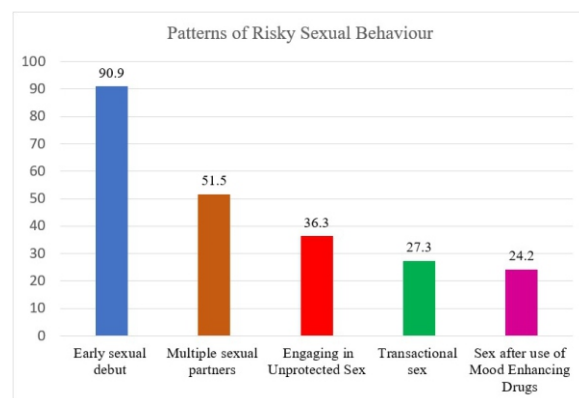


Figure 6: Patterns of Risky Sexual Behaviour practiced by respondents (N=33)

4B).

The reasons given by the adolescents for engaging in sexual activity were just for fun and to experiment 48.5%, watched it on TV and internet 33.3%, was forced 33.3%, under the influence of alcohol 24.2% and had a financial need 24.2% (Figure 5).

Out of the sexually exposed, 45.4% engaged in risky sexual behaviour (RSB). The commonest form of RSB practiced by respondents in this study were early sexual debut 90.9%, having multiple sexual partners 51.5% and engaging in unprotected sex 36.3% (Figure 6).

Table 5: Association Between Socio-demographic characteristic and sexual Exposure by respondents

Variable	Sexual Exposure		Chi-square	p-value
	Yes Frequency (%)	No Frequency (%)		
Sex				
Male	26(27.1)	70(72.9)	30.0	<0.001*
Female	7(5.2)	128(94.8)		
Age (years)				
≤ 14	6(4.5)	127(95.5)	24.5	<0.001*
>14	27(27.6)	71(72.4)		
Level of study				
JSS	8(6.3)	119(93.7)	14.7	<0.001*
SSS	25(24.0)	79(76.0)		
Marital status (Parents)				
Single	20(18.0)	91(82.0)	2.43	0.12
Married	13(10.8)	107(89.2)		
Family type				
Monogamy	18(11.2)	143(88.8)	4.19	0.041*
Polygamy	15(21.4)	55(78.6)		
Mothers' highest educational attainment				
≤ Secondary	27(14.9)	154(85.1)	0.27	0.60
>Secondary	6(12.0)	44(88.0)		
Fathers level highest educational attainment				
≤ Secondary	22(15.4)	121(84.6)	0.37	0.54
>Secondary	11(12.5)	77(87.5)		

* significant p value

Table 6: Association Between other characteristics and Sexual Exposure by respondents

Variable	Sexual Exposure Ever Had Sex		Chi-square test	p-value
	Yes Frequency (%)	No Frequency (%)		
Ownership of a smart phone				
Yes	20(26.7)	55(73.3)	13.9	<0.001*
No	13(8.3)	143(91.7)		
Have a social media account				
Yes	18(29.0)	44(71.0)	15.1	<0.001*
No	15(27.6)	154(91.1)		
Heard of Risky sexual Behaviour				
Yes	27(18.0)	123(82.0)	4.82	0.028*
No	6(7.4)	75(92.6)		
Forced into sex				
Yes	6(60.0)	4(40.0)	FET	0.001*
No	27(12.2)	194(87.8)		
Received Sex Education				
Yes	27(14.9)	154(85.1)	0.27	0.60
No	6(12.0)	44(88.0)		

*=significant p value

Table 7: Predictors of Sexual Exposure by respondents

Variable	Odds Ratio	95% CI	p-value
Sex			
Male	2.98		
Female	1	1.24- 3.92	<0.001*
Age			
>14	1.86		
< 14	1	0.62- 0.82	0.024*
Family Type			
Polygamous	2.13		
Monogamous	1	0.13-0.87	0.024*
Possession of a smart phone			
Yes	0.92		
No	1	0.14-6.04	0.931
Own a social media account			
Yes	0.49		
No	1	0.08-3.16	0.45
Heard of Risky sexual Behaviour			
Yes	0.26		
No	1	0.80-6.98	0.12
Class			
SSS	0.65		
JSS	1	0.18-2.30	0.50

*=significant p value

Factors found to be significantly associated with sexual exposure on bivariate analysis were male sex, older than 14 years of age, being in the senior class, from a polygamous family. Others include being aware of RSB, owning a social media account and forced sex ($p < 0.05$) (Table 6). The independent predictors of sexual exposure among in-school adolescents in our study were being male, older than 14 years and being from a polygamous family at $p < 0.05$ (Table 7).

Discussion

Adolescence sexual and reproductive Health in Nigeria remains a critical public health concern, given the complex interplay of factors that shape young people's sexual health and experiences. It is a period of exploration and personal discovery characterized by experimentation and building of future sexual choices and behaviour. This study highlights key patterns in sexual practices among in-school adolescents in a rural Nigerian community.

The prevalence of sexual intercourse (14.3%) aligns with findings from studies in Abuja 20 and Thailand,²¹ but remains lower than rates documented in Ekiti, Enugu, Plateau, Bayelsa and Oyo states.^{9,17,19,22,23} Variations may reflect

differences in cultural norms, religious beliefs, parental supervision, school environments, and exposure to sexuality education. The relatively moderate prevalence observed in our study may reflect increasing awareness of the risks associated with early sexual activity, such as unintended pregnancy, STIs, and HIV/AIDS. It may also suggest that school-based and media-led campaigns promoting abstinence and safe sexual behavior may have had some positive influence. However, given that nearly one in seven adolescents have already initiated sexual intercourse, there remains a significant risk population that requires attention from educators, parents, and health policymakers. Nearly half of sexually active students engaged in RSB, consistent with findings from Ethiopia.²⁴ Lower figures were reported from Bayelsa State in Southern Nigeria.¹⁷ Despite high awareness of RSB observed in our study, early sexual debut, multiple sexual partnerships and unprotected sex were common. Limited access and parental involvement in sexuality education – identified in this and other Nigerian studies^{25,26} may contribute to adolescents relying on peers or media for information, often of questionable accuracy.

Age at sexual debut is an important indicator of Adolescent Sexual and Reproductive Health (ASRH) outcomes. The mean sexual debut age of 13.6 years is notably younger than the national pattern of 16 – 19 years²⁷ and aligns with observations from neighbouring Bayelsa State.¹⁷ Despite cultural and religious prohibitions against pre-marital sex, studies show that a substantial proportion of Nigerian adolescents are sexually active before age 18 years.^{9,10,15,17,19,23} Early initiation heightens risks of unintended pregnancy, HIV, and other STIs, particularly when first sex is unprotected, uninformed and involves older partners, as observed in our study. Motivations for sexual activity reflected curiosity, pleasure-seeking, media exposure, and coercion – patterns echoed in previous African studies.^{24,26,28-30} The significant proportion reporting forced sex underscores the need for enhanced child protection mechanisms.

Predictors of sexual exposure among adolescents

Male adolescents were significantly more likely to be sexually exposed, a pattern noted in other Nigerian and sub-Saharan studies.^{9,10,20,31-33} Gender norms that valorize male sexual experience may

partly explain this. Additionally, cultural expectations often equate masculinity with sexual experience, may further encourage risk-taking behaviors among male adolescents.³⁴ The observation that older adolescents were nearly twice as likely to have engaged in sexual intercourse compared to their younger counterparts in our study aligns with previous research.^{11,20} Older adolescents showed higher sexual exposure, consistent with established developmental models linking increasing autonomy and peer influence to sexual initiation.³⁵

Polygamous family structure independently predicted sexual exposure. Polygamous households may offer reduced parental monitoring and less cohesive communication, increasing vulnerability to risk behaviours.^{7,10,23} This association implies that family-structured interventions or strengthening parental monitoring/support in polygamous contexts may reduce sexual exposure risk.

Limitations

The cross-sectional design of this study limits the ability to infer causality between the identified predictors and engagement in sexual intercourse. In addition, the reliance on self-reported data may be subject to social desirability bias. Nonetheless, the study provides valuable insights into the social and demographic determinants of adolescent SRH in a rural Nigerian setting.

Conclusion

Although only 14.3% of the adolescents reported ever having sex, nearly half of these engaged in risky sexual behaviours – most commonly early sexual debut, unprotected sex, and multiple sexual partnerships. Despite good awareness of RSBs, risky practices persist. Key drivers of sexual activity included curiosity, pleasure, media influence, and coercion. Independent predictors of sexual exposure were male sex, age above 14 years, and polygamous family background. These findings highlight the need for comprehensive, context-appropriate SRH interventions in rural communities, including strengthened school-based sexuality education, improved parental engagement, and targeted support for vulnerable subgroups such as boys and adolescents from polygamous households.

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