Journal of Child & Adolescent Behavior

ISSN: 2375-4494

Ejike, J Child Adolesc Behav 2015, 3:5
DOI: 10.4172/2375-4494.1000243

Research Article Open Access

Sexual Behaviour and Sex Practices among Secondary School Students in Enugu

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Received date: August 10, 2015, **Accepted date:** August 31, 2015, **Published date:** September 04, 2015

Abstract

The study aimed to evaluate the sex practices of secondary school students, to high-light risk behaviors and suggest behavioral changes necessary for preventing and/or reducing HIV transmission. 1009 multi-staged sampled secondary school students aged 10-20 years completed the anonymous interviews. 221(21.9%) of them reported having had sexual intercourse prior to the interview. There were more males than female's ($p<0.001$). 221 of the students have been sexually active in the past 12 months while 70 were active in the past 4 weeks. The median sex frequency was 2 times and highest among the 14-15 year olds. The age for first sexual intercourse peaked at 12 years for both sexes, more males than girls ($p<0.03$). The 16-17 year olds were the most sexually active with 75(33.9%) of them (7.4% of the study population) affirming they had sexual exposure. 98.2% of the sexually active student practiced high risk sexual behavior; more than 5 sexual partners per student, had sex with married people, accepted money for the sexual relationship and did not know their sexual partners well. A substantial number of the students knew that their sexual partners had other sex partners. A good number also practice homosexuality and lesbianism. Appropriate information about sexuality education and the negative consequences of early sexual exposure, STIs/HIV/AIDS and teenage pregnancy should be provided in public schools.

Keywords: AIDS; Sexual behavior; Transmission

Introduction

Childhood and youth are both periods of accelerated learning, and a time during which young people can acquire the necessary knowledge, attitude, values, and skills that can help them to maintain healthy behaviour, and avoid behaviours that put them or others at risk [1-5]. Secondary school students represent a sexually active group [2]. Their sexual behaviour will influence the spread of HIV to others at risk. They are also at a vantage stage of development in which they are receptive to information and intervention. Furthermore, schools represent strategic institutions where STI/HIV/AIDS prevention and health promotion education should begin [2,3]. The prevalence of adolescent STI's including HIV/AIDS, pregnancy and school dropout rates are high in Nigeria [6,7]. In response to this, Nigeria's reproductive health policy focuses on preventing risky sexual behaviours during adolescence. Part of the obstacles to the programme is inadequate and incomplete information on the sexual knowledge, attitudes and behaviours of adolescents [4] and partly because it is not taught in a formal setting. Given the early age at which many young people become sexually active, there should therefore be special emphasis on early information and education of pre adolescents and adolescent boys and girls, both in school and out of school. As adolescents mature and become sexually active, they face serious health risks with regard to STI's. Most face these risks with too many sexuality myths, too little factual information, guidance about sexual responsibility and access to health care [4]. In the early days of HIV/AIDS epidemic, national AIDS programmes and community groups seeking to stem the tide of HIV spread had no choice but to experiment with prevention programmes. The was no way of knowing with certainty what prevention strategies would work best, especially for convincing people to change their sexual or other risk behaviours. After more than a decade and half of experience, what does work is to create a supportive social environment in which people can be informed about the whole range of options for safe sexual behaviour. The aim is to encourage them to assume responsibility for their own behaviour and give the necessary social and health services support. What is more, these have been found to work in a matter of months, not the years or even decades once believed necessary to change human behavior [2]. With these in mind, the study was embarked on in the hope that the findings from the study will provide useful data that can help in the fight against HIV infection and AIDS.

Subject and Methods

The study was undertaken in secondary schools in Enugu metropolis the capital of Enugu State of Nigeria. Institutional approvals were obtained from the schools and the students were adequately briefed. The study was conducted from October - December 1997. The subjects were students in Junior Secondary 2 (JS2) classes through Senior Secondary 3 (SS3). They were selected by multi staged simple random sampling. From each class 20-25 students were selected by simple random ratio until the required sample size was obtained. Volunteers were used to administer the questionnaires anonymously and to ensure confidentiality. The questionnaire used was a modification of the 'Model' KABP instrument proposed by WHO's Global programme on AIDS with specific concerns of African researchers in mind [7]. The data was entered into a portable computer using EPIINFO 6 software. Descriptive and analytical methods were used. Data is presented in tables and charts for clarity and chi squared test applied where necessary.

Result

1009 Students age 10–20 yrs completed the questionnaire, 221(21.9%) of the respondent indicated they had sexual intercourse before the interview. One hundred and forty one (63.8%) of these were males and 80(36.2%) were females; the difference was statistically significant (p<0.001).

The age at first sexual intercourse commenced at 12 years for both sexes, more boys than girls (p<0.03) but then increased steadily with increasing age of the students (Figure 1). Peak age for sex in females is 15 while for males it is 17 yrs. The 15-18 year olds were the most sexually active with 84(38.0%) males and 55 (24.88%) females (13.77% of the study population) affirming they had sexual exposure. There is a sharp drop in sexual debut after the age 18 in females and 19 in males.

Two hundred and seventeen (98.2%) of the sexually active 221 students, 138(63.5%) males and 79(36.4%) females reported having 1–5 sex partners in the past 12 months. Fifty one (36.9%) males and 29(36.7%) females reported having one sexual partner in the 12 months (Table 1). Frequency of sexual intercourse was higher for boys than girls in the past 12 months (p<0.001).

Males (No%)		Females (No%)	Total (No%)
No of partners in the past 12 months			
1	51(36.9)	29(36.7)	80(36.8)*
2	59(42.5)	33(41.7)	92(42.3)*
3	9(6.5)	5(6.3)	14(6.4)
4	5(3.6)	2(2.5)	7(3.2)
5	14(10)	10(12.6)	24(11.0)**
Total	138(63.50)	79(36.4)	217(100)
*P < 0.001, ** p = 0.98			

Table 1: Sexual bebaviour of 217 students who had sexual partners within 12 months of recruitment.

Males (%)		Females (%)	Total (%)
Sexual intercourse in the past 4 weeks	47(67.1)	23(32.9)	70(100)
Sex frequency in the past 4 weeks Once	18(38.2)	10(43.4)	28(40.0)
2-3	25(53.1)	11(47.8)	36(51.4)
4-5	3(6.3)	1(4.3)	4(5.7)
>5	1(2.1)	1(4.3)	2(2.8)

Table 2: Sex frequency of 70 students who had sex within 4 weeks prior to recruitment.

Seventy students, 47(67.1%) males and 23(32.9%) females reported having sex in the past 4 weeks prior to recruitment. The reported median frequency over the four weeks was 2 times and sexual activity was highest among the 14-15 year olds (Table 2).

A substantial number of respondents reported high-risk sexual behaviour, i.e. 5 or more sex partners' 14(10.1%) males and 10(12.6%) females (p=0.98); 48(21.7%) having sex with married partners 28(12.6%) boys and 20(9.0%) girls, while 18(8.2%) did not know the marital status of their partner. One hundred and thirty five of the sexually active students (61.1%) agreed they received money for the sexual relationship they had. Of these, males 87(64.4%) significantly outnumbered females 48(35.5%). Twenty-six (11.8%) of the boys had practiced homosexuality, while 15(6.8%) girls had practiced lesbianism. Ninety-four (42.5%) of the respondents were familiar with their first sexual partner while 87(39.3%) responded that their first partner has remained their regular partner. Also, 77(34.8%) of the students were aware that their sexual partner had other sex partners.

Two hundred and ninety six (29.3%) of the respondents did not know that abstinence was prime to HIV prevention. Two hundred and twenty four (22.2%) did not know that unprotected sexual intercourse facilitates HIV transmission. Five hundred and fifty (54.5%) of the respondent agreed they would remain faithful to their partner. Less than half of the respondents would ensure that their prospective spouse would be HIV negative (Figure 1).

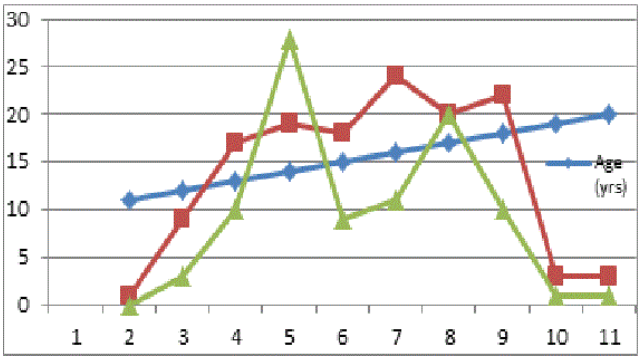

Figure 1: Age and Gender Distribution of Respondent Who Had Sexual Exposure Before Interview. X – axis 1-10 represents 11- 20 years.

Discussion

The findings confirm that the respondents in this study population are sexually active (22.0%) and engaged in high-risk sexual behaviours. This may imply urgent sexual health needs of these adolescents as evidenced by number of respondents affirming that they were sexually active. That intervention should begin early is suggested by the young age at which sexual activity is begun. At age 12, few of the respondents had started sexual activity. This may also suggest early sexual experimentation and/or coercive sex. This study also confirms the speculation that young people of today are beginning sexual activity earlier than past generations. Earlier studies [4] did not show any trend; clearly this study shows that the age at first sexual intercourse has dropped from16.6 years [8-10] to 12 yr for boys and girls aged 10-19 years. This study also shows that if appropriate intervention is mounted that more adolescents can postpone sexual debut till after the

age of 20 years and this should begin early before the age of 10 years. This study also documents several forms of high-risk sexual behaviours of the respondents. Prominent among these are the findings of sexual networking between married women and secondary school boys, which has not been reported before, as well as boys accepting money for sex if not related to over reporting of sexual activity by the boys. Young males (teenagers) having sex with married women are rather a new development and may require further investigation. Lack of sexual satisfaction within marriage and younger women marrying older men for quest of comfort and security may be reasons that should be considered and addressed.

Abstinence is the main safe sex practice being promoted for young people. In as much as it is prime and practicable for HIV prevention, it is not an alternative practice to many young people. This is especially so, since quest for education ensures many years in school and possibly away from parental guidance and delays marriage. Offering young people good options to choose from have had positive impact in HIV prevention in situation where sexual networking is common [11,12]. Promotions of safe sex practice become urgent and have an important place in the promotion and control of HIV prevention.

Condom use is vigorously being promoted but young people are unable to freely obtain a condom. Either because of prejudiced attitudes of the larger community, or they are unable to afford them or do not know where to get them. Young people are further embarrassed should condom be found in their possession. Young people are not socially equipped to negotiate condom use or safe sex practice in the context of social networking.

Lack of factual information about AIDS and sex education constitutes part of the problems in STI/HIV/AIDS promotion. Protected sexual intercourse, mutual faithfulness and HIV screening of intending spouses among other STI/HIV/AIDS education must be taught in a formal setting or context in schools. Sex education is yet to find a place in the school's curriculum. Yet sex practice and age at first sexual intercourse is common and dropping year by year.

Safe Sex Practice means ability to express sexuality in ways that prevent the transmission of HIV infection. The best protection is to choose sexual activities that do not allow semen, vaginal fluid or blood to enter the vagina, anus, and mouth or to touch the skin where there is an open sore [1,2,12].

Therefore sexual abstinence and postponement is closest to the above definition and remains of prime consideration in interrupting transmission of STI/HIV/AIDS. However for those who cannot or lack the will or want to continue sex practices, specific safe sex practices includes [1-5]

- A monogamous relationship that is mutual and faithful
- Condom use at every sex act
- Non penetrative sex
- Avoiding sex when one has a genital ulcer or wound.

Safe Sex Practices including abstinence may have limited utility for many girls because sex may be corrosive or forced.

Conclusion

There is a trend to early, risky and increasing sex activity among the respondents of this study population. Factual information and preventive messages are inadequate among these young people. Lack of sexuality education in any formal setting especially in schools may be an important contributory factor. Concerted effort should be made to package culturally acceptable, factual and comprehensive STI/HIV/AIDS interruption, prevention and promotion messages at every opportunity to young people.

Recommendations

- Findings from this study suggest urgent need for the implementation of sexuality education programmes amongst secondary school students by Government, education authorities, religious bodies, parents, NGO's and the entire community.
- Establishment of school and community clinics where reproductive health services and counseling can be obtained.
- Training of Peer educators on SEX/STI's/ HIV/AIDS. This has been found to be very effective in reaching young people both in and out of school.
- Development of culturally acceptable communications through entertainment media. Young people are easily reached through this medium.

References

1. (1995) UNESCO Regional seminar on HIV/AIDS and education within the school system for English speaking countries in eastern and southern Africa. Harare, UNESCO.
2. (1992) Guide to planning of health promotion for AIDS prevention and control. WHO AIDS series 5.
3. Bor J (1992) Use of Norplant for teen-agers could pose AIDS problem. Sun.
4. McCauley AP, Salter C, Kiragu K, Senderowitz J (1995) Meeting the needs of young adults. Popul Rep J : 1-43.
5. Liskin L, Church CA, Piotrow PT, Harris JA (1989) AIDS education- A beginning. Population Reports Sept. Series L No 8 The John Hopkins School of public health, Baltimore, USA.
6. Slap GB, Lot L, Huang B, Daniyam CA, Zink TM, et al. (2003) Sexual behaviour of adolescents in Nigeria: Cross sectional survey of secondary school students. BMJ 326: 15.
7. Carballo M, Cleland J, Albercht GA (1989) A cross National study of patterns of sexual behaviour. J of Sex Research 26: 287-299.
8. Feyisetan B, Pebley AR (1989) Premarital sexuality in urban Nigeria. Stud Fam Plann 20: 343-354.
9. Nichols D, Ladipo OA, Paxman JM, Otolorin EO (1986) Sexual behavior, contraceptive practice, and reproductive health among Nigerian adolescents. Stud Fam Plann 17: 100-106.
10. Orubuloye IO, Caldwell JC, Caldwell P (1991) Sexual networking in the Ekiti district of Nigeria. Stud Fam Plann 22: 61-73.
11. Anastesia J, Gage-Brandon, Meekers D (1993) Sex, contraception and childbearing before marriage in sub-sahara African. Int Famil Plann Perspect 19: 14-18.
12. Bullough B, Bullough V (1991) Contraceptives for teenagers. J Pediatr Health Care 5: 237-244.