

Qualitative Analysis of Adolescents' Sexual Behaviour in Ogun State, Nigeria: Implication for HIV/AIDS Policy

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Abstract

Combating HIV/AIDS globally, especially among young people is of economic and public health priority, as such, special focus has been given to it in the Millennium Development Goals. This study was designed to analyze adolescents' sexual behaviour among secondary school students in Sagamu-Remo, Ogun state, Nigeria. Using purposive selection, Remo Divisional High School (coded R1) and Remo Secondary School (coded R2) selected and 400 students were randomly selected from each school to participate in the study. Data collection was done using structured questionnaire. The data were analyzed using descriptive statistics. Mean age, for respondents' in R1 and R2 groups respectively, were 15.22 ± 1.78 and 15.54 ± 1.46 . Although about 80% of the respondents were not yet sexually experienced as at time of survey, however, 29% male and 11% female have had sex. About 14% (male) and 6% (female) did not use condom during last coitus. Most of the sexually active respondents had their first sexual experience at ages 14 (male) and 16 (female). The majority (93%) of the respondents have never been screened for HIV/AIDS despite their awareness of the existence of the virus. Further analysis showed none existence of coercion to sex among the respondents, however, low levels of confidence were reported for performing important sexual risk avoidance tasks particularly in the case of sexual abstinence (58% for R1 group and 63% for R2), ability to convince their partner with respect to condom usage (60% for R1 and 58% for R2) and refusing sexual demands from the opposite sex (47% for R1 and 53% for R2). The need to incorporate of HIV/AIDS education into the school curricular and co-curricular activities in the secondary school education policy is recommended.

Keywords: HIV/AIDS, Adolescents, Sexual behaviour, Nigeria.

1. Introduction

The prevalence of HIV/AIDS, like many other diseases in sub-Saharan Africa, has created a severe obstacle to social and economic development and sustainability in many of the developing countries as the resources needed for economic growth are diverted into disease prevention, control, and treatment activities (Moerman *et al.*, 2003; Bertozzi *et al.*, 2006). According to USAID (2011) report, Nigeria has an HIV prevalence of 3.6%. This translates to about 2.95 million people (1.2 million male and 1.75 million female) living with the virus in the country. About one third of this population are adolescents between ages 13 and 19 years (Noar, 2008; WHO, 2013) yet there many more who do not know they are infected. Given the factors that contribute to the spread of the disease, which is both socio-cultural and behavioural in nature, the vulnerability of the adolescents is particularly high and this has implications on current and future contributions of this class of citizens to national growth and development.

Since the adoption of the Millennium Declaration and the Millennium Development Goals in 2000, they have become the framework for development and the method for developing countries and their development partners in their quest of sustainable development for all. One of the core Millennium Development Goals (MDGs) is to reduce avoidable death in low-income countries from diseases such as HIV/AIDS (UN, 2007; Easterly, 2009). Despite official development assistance from the rich countries, the Sub-Saharan African region has lagged far behind in the human development indicators. Even though the time set for the achievement of the MDGs is 2015, the region is yet to be on track to achieve a single target of the Millennium Development Goals (Schaefer, 2004; WHO, 2013). *The macroeconomic effects of HIV/AIDS on the MDGs reduced the possibility of achieving all other goals. This is because AIDS-related illness have drastically affected household economies, reducing human capital, agricultural productivity, and labor supply, and in turn reversing progress towards meeting other development challenges* (Galavotti *et al.*, 2001; Bachmann and Booyesen, 2003; Fauci, 2007). From this standpoint, efforts at understanding the dynamics that threaten the sustainability of the local systems in stemming the threat of HIV/AIDS will help to identify appropriate interventions and policies to halting the current rapid spread of HIV/AIDS.

1.1 Adolescents and sexual behaviour

There is growing awareness that the spread of HIV/AIDS is influenced by economic and social conditions, and that the economic consequences of the disease can be influenced by policies and institutions that affect behaviour. Sexual behaviour determinants of HIV transmission among adolescents are often difficult to study and identify. For cultural and religious reasons, sex is traditionally a very private subject in Nigeria, as in many other African nations (Ekott, 2003). The ideas of discussing sex with the adolescents, particularly girls, are not considered

culturally acceptable (Ajuwon, 2002). It is of recent that young people received little or no sexual health education, which has proved a major barrier to behavioural interventions aimed at reducing rates of HIV and other STIs. The lack of accurate information about sexual health has fostered myths and misconceptions, contributed to rising transmission rates, and helped fuel the stigmatization and discrimination of people living with HIV and AIDS (PLWHA) (Friedman, 1993; Aggleton and Rivers, 1999)

One of the most important reasons why young people are denied adequate access to information, sexual health services and protective resources such as condoms, derives from the stereotypical and often contradictory ways in which they are viewed, it is popularly believed that all young people are risk-taking pleasure seekers who live only for the present. Such views tend to be reinforced by the uncritical use of the term adolescent (with its connotations of “storm and stress”) (Aggleton and Warwick, 2008).

Orji and Esimai (2005) carried out a survey of 300 male and female secondary school students within the age group of 13 and 19 years in Ilesha, southwest Nigeria. The outcome measures include prevalence of sexual activity, age at first sexual debut, circumstances leading to first sexual debut, number of sexual partners and family planning use. The study showed that out of the 300 students studied, 50% were sexually active, the predominant age at first coitus was between 15 and 19 years, and circumstances leading to sexual debut included mutual agreement, coercion and curiosity.

Dongurum, Marcus and Osagbemi (2009) carried out a study that examined the sexual behaviour of adolescents in Qua’an-Pan Local Government Area of Plateau State. Their findings revealed that 61.8% of the respondents were engaged in sexual activity before the age of 15 years, 66.7% had sexual intercourse with more than one partner, and only 16.9% used condom at first sexual intercourse. Almost all the respondents have heard of STDs/HIV and AIDS, but there were some misconceptions on the basic knowledge of the mode of transmission and prevention.

Clearly, there is the established nexus between sexual behavioural patterns and adolescents’ vulnerability to HIV/AIDS infection and behaviour varies with personal and environmental characteristics. Thus, effective intervention policy cannot be achieved without thorough evaluation of the sexual behavioural patterns of the target population. It is against this backdrop that this study assessed the sexual behaviour among secondary school students in Sagamu-Remo, Ogun state, Nigeria. In this study, following UNAIDS (2010), adolescents have been defined as individuals ranging in age between 13 and 19 years.

2. Methodology

The study was carried out in Sagamu- Remo, Ogun state, Nigeria. The multi-stage sampling was employed to select 800 participants from two model public secondary schools (Remo division high school subsequently called R1 and Remo secondary school subsequently called R2). The first stage was the purposive selection of the two schools followed the random selection of 400 students from each of the schools.

Structured questionnaire was designed to collect data on respondents’ demography, age at first sexual debut, sexual risk practices and sexual coercion. The data collected were subjected to descriptive statistics analysis. Frequency distribution was used to describe results.

3. Results and Discussion

3.1 Demographic Characteristics of the Participants

Table 1. Distribution of demographic characteristics of the participants

VARIABLES	R1 N=400		R2 N=400	
	Frequency	Percent %	Frequency	Percent %
Mean Age ($\bar{X} \pm SD$)	15.22±1.78		15.54±1.46	
Study Groups				
▪ SS 1	202	50.50	252	64.50
▪ SS 2	198	49.50	142	35.50
Gender:				
▪ Male	202	50.50	207	51.75
▪ Female	198	49.50	193	48.25
Religion:				
▪ Christian	284	70.65	282	70.5
▪ Islam	116	29.35	118	29.5

Source: Field Survey, 2013

From Table 1, the mean age for R1 and R2 were 15.54±1.46 and 15.22±1.78 respectively. Gender distribution

was 50.25% males and 49.75% females in R1 while in R2, was 51.75% male and 48.25% females. It was also observed that the majority of the respondents from R1 (95.03%) and R2 (95.0%) are from the Yoruba ethnic group. Christians also formed the greater proportion of the R1 (70.65%) and R2 (70.5%) schools.

3.2 Distribution of age at First Sexual Intercourse among respondents

Table 2. Distribution of Age at First Sexual Intercourse among Students

VARIABLES	R1		R2	
	Male (n=202) Freq (%)	Female (n=198) Freq (%)	Male (n=193) Freq (%)	Female (n=207) Freq (%)
Have ever had Sex	68 (33.7)	20 (10.1)	47 (24.4)	26 (12.6)
Age first Had Sex				
11				
12	10 (14.8)	2 (10.0)	6 (12.8)	2 (7.7)
13	9 (13.2)	1 (5.0)	7 (14.9)	2 (7.7)
14	4 (5.9)	2 (10)	3 (6.4)	4 (15.4)
15	14 (20.6)	3 (15)	10 (21.3)	4 (15.4)
16	12 (17.6)	4 (20)	8 (17.0)	2 (7.7)
17	10 (14.8)	5 (25)	7 (14.9)	9 (34.6)
17	9 (13.2)	3 (15)	6 (12.8)	3 (11.5)

Source: field survey (2013)

Results in Table 2 present information on respondents' sexual experience, for both the males and the females in the two schools selected for the study. About 34% and 24% of the male respondents (in R1 and R2 respectively) reported that they have had sexual experience, while approximately 10% and 13% of the female respondents' in R1 and R2 respectively have had sex at one time or the other. The result further showed that the majority of the male (21%) in both groups had their first sexual experience at age 14. Similarly, the majority of the female in R1 (25%) and R2 (35%) had their first sexual experience at the age of 16. This result is consistent with previous studies (Orji and Esimai, 2005; Dongurum *et al.*, 2009) which establishes the prevalence of sexual activities among adolescence less than 17 years of age. The inability to make informed decision regarding family planning and to take adequate protective measures during coitus predisposes this young people to risks of infections.

3.3 Sexual risk practices among respondents

Analysis on sexual risk practices among the respondents was carried out and result reported in Table 3.

Table 3. Sexual risk practices among respondents

Statements	R1 (n=400)		R2 (n=400)		Total	
	Yes	No	Yes	No	Yes (%)	No (%)
Sexual risk practices						
I used condom the last time I had sex*	37	51	26	47	63 (39)	98(61)
I can abstain from sex until I get married	388	12	392	8	780 (98)	20 (2)
I have been screened for HIV before	27	373	26	374	53 (7)	747(93)
I have engaged in passionate petting	23	357	19	381	42 (5)	758(95)
I have been forced by a friend for sex	50	350	45	355	96 (22)	705(88)

*n= 88 and 73 for R1 and R2 groups respectively

Source: computed from field survey (2013)

In general, both groups have similarities in their sexual risk practices with slightly disparate results. This confirms consistency across the population. Specifically, the response to their use of condom shows that most of those who have become sexually active (61%) did not use condom the last time they had sexual relation. Furthermore, the majority (93%) have not been screened for HIV. However, most of them (98%) reported desire for sex abstinence till marriage. Also, some 95 percent of the respondents claimed that they have never engaged in unwanted passionate petting and 88 percent reported that they have never experienced being forced to have sex. This result confirms the findings of Aggleton and Warwick (2008) that many adolescents are risk-taking pleasure seekers and strengthens the need to position policy to further highlight and intensify awareness and intervention targeting this class of the society.

3.4 Sexual coercion among respondents

To corroborate the findings on sexual risk practices among the respondents', further analysis for sexual coercion was carried out and result is as presented in Table 4.

Table 4. Sexual coercion among respondents

Sexual coercion statements	R1 (n=400)		R2 (n=400)		Total	
	Yes	No	Yes	No	Yes (%)	No (%)
I have received unwanted touching from an opposite sex	31	369	24	376	55 (7)	745(93)
I engaged in breast touching	46	354	34	366	80 (10)	720(90)
I have received money in exchange for sex	102	298	76	324	178 (22)	622(78)
I enjoy holding hands when walking with my boyfriend/girlfriend	269	131	268	132	537 (67)	263(33)
I have been lured to sex	30	370	33	367	63 (8)	737(92)

Source: computed from field survey (2013)

Results in Table 4 shows that the majority of the respondents have not previously received unwanted touching that suggest sexual intension (93%), have not engaged in breast touching (90%), have not received money in exchange for sex (78%) and have not been previously lured to sexual relationship by their partners(92%). However, most of them (93%) said they enjoy holding hands with their partners while taking a walk in public. Responses to statement on sexual coercion showed an overwhelmingly negative response. This corroborates the previous findings (Table 3) that adolescents often willingly practice sexual risk behaviours.

3.5 Level of confidence in performing sexual risk avoidance tasks

Results as presented in Table 5 shows level of respondents' confidence in performing sexual risk avoidance tasks.

Table 5. Level of confidence in performing sexual risk avoidance tasks

Statements	Confidence level (n=800)			
	R1		R2	
	Low Freq (%)	High Freq (%)	Low Freq (%)	High Freq (%)
I can convince my boy/girl friend that I want to abstain from sex	232 (58)	168 (42)	252 (63)	148 (37)
I can convince my boy/girlfriend to use condom	240 (60)	160 (40)	232 (58)	168 (42)
I can go to a store to buy condom	60 (15)	340 (85)	80 (20)	320 (80)
I can discuss issues on HIV and AIDS with my friend	120 (30)	280 (70)	48 (12)	352 (88)
I have confidence to say No when my boy/girlfriend demands for sex.	188 (47)	212 (53)	212 (53)	188 (47)

Source: computed from field survey (2013)

From the results, respondents' level of confidence is in performing sexual risk avoidance tasks is low particularly in the case of sexual abstinence (58% for R1 group and 63% for R2 group), ability to convince their partner with respect to condom usage (60% for R1 group and 58% for R2 group) and refusing sexual demands from the opposite sex (47% for R1 group and 53% for R2 group). However, the majority claim to have high confidences in discussing HIV issues with their boyfriend/girlfriend (70% for R1 group and 88% for R2 group), and can go to a store to buy condom (85% for R1 group and 80% for R2 group). Although it is difficult to establish a precise confidence level on the basis of this data alone, however, it can be inferred that the lack of confidence exhibited in performing some of the examined sexual risk avoidance tasks is enough indication that the respondents are vulnerable to HIV/AIDS.

4. Conclusions and recommendations

This study analyzed the sexual behaviour of selected adolescents in Shagamu Ogun state Nigeria. Two secondary schools were selected and a total of 800 students were finally selected for the study from the two schools. The demographic factors examined in this study include age, gender and religion affiliation of the respondents. Also, age at first sexual debut, sexual risk practices, sexual coercion and respondents' confidence in performing sexual risk avoidance tasks were measured. .

Based on the results, special attention, by policy makers, should be given to intensifying and redesigning the HIV/AIDS awareness projects targeting adolescents in Nigeria. The incorporation of HIV and AIDS education into the school curricular and co-curricular activities in the secondary school education policy is pertinent and can be a successful way of influencing behavioural changes in the adolescent from an early stage of life that will reduce HIV risks. Schools should invest in mentorship and health counseling to improve adolescents' confidence in performing sexual risk avoidance tasks. Research into effective intervention measures to corroborate existing awareness campaigns should be encouraged.

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