

Risky Sexual Behaviour and Contraceptive Use Among Young Adults in Public Colleges of Education in Ogun State, Nigeria

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Abstract

Despite the benefits of contraception, young adults still engage in Risky Sexual Behaviour (RSB), which predisposes them to various sexual health-related challenges. Risky Sexual behaviour increases the prevalence of sexually transmitted infections, abortion, and unplanned pregnancy among others. This study examined risky sexual behaviour and contraceptive use among young adults in public Colleges of Education in Ogun State. One hundred and ninety-nine young adults from two colleges of education in Ogun State were included in this study utilizing the multi-stage sampling technique. This study used a control experimental design with a pretest and posttest. Two research questions were raised and answered. Three validated and reliable instruments were also used for data collection. These include Knowledge of Contraceptive Methods (KCMQ) ($\alpha = 0.67$). Utilization of contraceptive methods (UCMQ) ($\alpha = 0.87$) and Risky Sexual Behaviour (RSBQ) ($\alpha = 0.82$). technique. Data collected were analyzed, using descriptive statistics of Mean and Standard Deviation to answer the research questions. The analyses of findings revealed a significant difference between the pre-knowledge of contraceptive methods and the post-knowledge of contraceptive methods. The participants' use of contraceptives before and after the treatment showed significant differences as well. Reproductive health education for young adults should be strengthened, and youth-friendly units should be established at the Nigeria Colleges of Education Health Center. For the inclusion of school-based contraceptive use education as curriculum innovation techniques, health educators should cooperate with the Ministry of Education. This is required to make them aware of the necessary abilities, information, and utilization of suitable contraceptive methods.

Keywords: Contraceptive, Knowledge, Utilization, Young Adult

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Introduction

Young adults are known for having a high level of sexually linked curiosity. This makes the, more likely to explore and express their sexual feelings in front of their peers without using discretion, making them more susceptible to STIs. Young adults are exposed to a variety of unhealthy behaviors that could endanger their long-term and physical well-being due to their degree of curiosity, trivialization of important life concerns, and poor risk perception. (Okpokumoku *et al.*, 2017). Rumens (2012) asserts that young adults in their adolescence and early adulthood regularly switch relationships, are very concerned with their physical and sexual attractiveness, and tend to show increased interest in the opposite sex. College students are a crucial group that is exposed to a variety of risky behavior since they fall into the young age category. Living away from their parents gives some students more independence, which might lead to more opportunities for irresponsible sexual activity (Anyanwu & Okeke, 2015).

Risky sexual behavior can be described as the engagement in sexual activities that may result in unintended health outcomes such as unwanted/ unintended pregnancy and abortion. The majority of tertiary institution students in Nigeria are young adults between the ages of 16 and 30. (some are often above this limit). Due to their young age, which is sometimes marked by a high degree of emotional immaturity, these students are frequently subjected to unplanned and unprotected sexual encounters, which can result in unexpected pregnancies, abortions, and STDs (Bitzer, 2016). The nations of Africa have been severely afflicted since the 1980s, since human immunodeficiency virus was discovered. Despite extensive HIV/AIDS awareness, prevention, and management campaigns, young people who are sexually active and in the highest socioeconomic level tended to be the most vulnerable victims. Young people exhibit more risky sexual behavior because they lack the necessary knowledge and are typically unemployed. Unintended pregnancies, unsafe induced abortions, and early childbearing are only a few of the outcomes of risky sexual behavior among young people (Odi *et al.*, 2020).

Due to socialization, attitudinal disposition, socio-personal, cultural, environmental, and behavioral factors, illiteracy, peer-related issues, the use of psychotropic substances, the negative influence of social media, and exposure to other anti-social and risky behaviors, young people are particularly vulnerable to the scourge of HIV/AIDS. Young people's susceptibility, acceptability, or resistance to dangerous sexual behavior is frequently influenced by the compelling force that pushes them to submit to the rules and underlying economic,

sociocultural, and driving forces as portrayed by society. Early and quick physiological maturation, which is typically lacking the associated emotional and mental capacity to successfully control their mentality, is another important component that has a significant impact on RSB in young people. Also, ignorance of sexual relations, especially heterosexual relation as well as late marriage extended the latitude of freedom of sexuality and the frontiers of HIV/AIDS among young adults (Upreti & Acharya, 2020).

When discussing the epidemic of risky sexual behavior among young adults, Nwankwo and Nwoke (2009) noted a lack of access to accurate information, a dearth of and limited availability of youth-friendly health services, peer pressure, the family's shifting influence as a reliable source of information on sex issues, poverty and gender, and power imbalances. The tendency for risky sexual behavior among students in tertiary institutions and other young adults in society is increased by some parents' conservative views as a result of indoctrination, religious prejudice, cultural bias, especially the deification of and refusal to discuss sex with their children, resource limitations, involvement in sexual relationships for financial gain, among other factors. The resulting effect frequently manifests itself in complications during childbirth, particularly in relatively young mothers, social rejection and marginalization, difficult economic conditions, attrition from school, and other situations.

Family planning is the way of thinking and living that is adopted willingly upon the basis of knowledge, attitude, and responsible decision by individuals and couples, in order to promote the health and welfare of the family group, and thus, contribute effectively to the social development of a country (Omran, 2012). Family planning, according to another expert committee, is the practice of avoiding unplanned pregnancies, controlling the spacing between pregnancies, managing the timing of births with respect to the parents' ages, and determining the number of children to have (Lawrence & Ness, 2017).

Millions of women and children in both developed and developing nations, including Nigeria, benefit from it, and it is also one of the health treatments with the highest return on investment. Family planning boosts survival rates, enhances the health of millions of people, and aids in achieving societal objectives. Family planning aids women in avoiding unplanned pregnancies, illegal abortions, and childbearing that could endanger their own and their children's health. It's also important to remember that contraception aids people in deciding whether to start a family, reduces unplanned pregnancies, prevents maternal and child deaths, and stops abortions (Anate *et al.*, 2021).

Family planning services include educational, comprehensive medical, or social activities that give people—including minors—the freedom to decide for themselves how many children they want to have and how far apart they should be spaced from one another. It offers advantages for the health and happiness of families, women, and children everywhere. This keeps potential parents healthy and prevents them from becoming parents before the period of their choosing. Family planning also includes teaching teens about sexuality with refusal skills and keeping them from having children before they are ready (Ross & Smith, 2011).

The current strategy in the contraceptive program is to give a "cafeteria choice," or all available techniques from which an individual can select in accordance with his or her needs and preferences, and to encourage family planning as a way of life (Aliyu & Onwuchekwa, 2018). Utilizing contraceptives has to do with techniques for controlling the volume, frequency, and spacing of human births. It gives people the chance to be in charge of their life without being constrained by societal and sexual norms. These approaches include abstinence, breastfeeding amenorrhea, billing method, and baseline body temperature charts as natural contraceptives. (Smoley & Robinson, 2012).

Hormonal methods involve the use of medications (hormones) to prevent ovulation. This includes the contraceptive pill (combined oral tablets, progesterone-only pills), Depo-Provera injections, and Norplant. Intrauterine devices are a non-hormonal alternative (IUDs). To stop the fertilized egg from implanting in the uterine lining, these devices are placed into the uterus (Copper T). Additionally, there are barrier techniques that stop the sperm from reaching the egg, such as male and female condoms, the cervical cap, and the diaphragm. Finally, there are permanent techniques such as bilateral tubal ligation in females and vasectomy techniques (in males) (Adegbite & Adenuga, 2020).

Sexual behavior is influenced by societal norms and gender power dynamics, which can lead to favorable or negative changes in young adults, particularly in their reproductive lives. For instance, in some countries, institutions, and practices, such as sexual behavior, family planning, marriage, and female genital mutilation, among others, are used to reinforce norms and views about what roles men and women should play in society (Haberland & Rogow, 2015). Pre-marital sex is increasingly widely encouraged (without a prior HIV test), which leaves sexual partners vulnerable to infections associated with sex. Sexual activities are significantly influenced by gender differences. For instance, it is expected of females during sexual interactions to be passive and receptive. Many women lack the power and negotiating skills necessary to engage in safe sex, which puts them at risk of unexpected pregnancy and abortion (Yakubu & Salisu, 2018; Njoku, 2018). In contrast, men tend to take sexual risks and have the authority to manipulate a variety of sexual partners without taking appropriate precautions. Young individuals are more likely to have HIV as a result of this. The observations stated above show that young adults who are male and female have uneven power relationships. Unfair access to sex

education, resources, and services is to blame for this predicament. One of the important problems facing developing nations is the uncontrolled population growth and the development of sexually transmitted diseases, which are the results of risky sexual behavior and poor contraceptive technique usage. As a result, the world population has been increasing steadily, currently reading above 7.4 billion, with more than 71 percent of people living in developing nations. It is predicted that this trend will continue, with the population of the world expected to exceed 8 billion in 2024 and 10 billion in 2050 (Worldometer, 2019). Young individuals are more likely to be exposed to a variety of risks and the associated repercussions when they lack the ability to think critically, analyze options, and consider various behavioral options in connection to adopting the most acceptable attitude among sexual alternatives (Omolade, 2014). In order to stop the increase in unwanted pregnancies, STDs, and abortions, continuous awareness is necessary, and young individuals must have better access to and availability of contraceptive devices. According to Olugbenga-Bello *et al.*, (2011), current contraceptive methods should be used and accepted if unwanted pregnancies, abortions, infant deaths, and pregnancy-related mortality are to be avoided. Additionally, in industrialized nations, more than half of all couples and young adults use contraceptives to prevent, delay or limit future pregnancies, but the need for contraceptive use keeps rising as the population of individuals of reproductive age rises. (Gribble, 2012).

RESEARCH QUESTIONS

- i) What is the level of risky sexual behavior before and after treatment of young adults in Colleges of Education in Ogun State?
- ii) What is the level of Knowledge of contraceptive methods before and after treatment among young adults in Colleges of Education in Ogun State?

METHODOLOGY

The participants are second-year students from the College of Education in Ogun state. They were drawn from the two public colleges of Education in Ogun state. A total of 200 respondents were drawn from two public colleges of education in Ogun State. Random sampling method was used to select five (5) schools namely: School of Arts and Social Sciences, School of Education, School of Languages, School of Science Education, and School of Vocational Education from each college while the fish bowl sampling technique was used to group the school into the experimental control group. One hundred students from five schools served as the experimental while 100 served as the control group. The two groups consist of (132 females and 68 males, At the last stage 1 opted out of the research making a total sample size of 199. The pretest-posttest experimental control group quasi-experimental design. A self-developed Likert-type questionnaire was used as an instrument for the study. The questionnaire elicited statements on each of the variables studied and responses were expected on: strongly agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The instrument was subjected to Cronbach alpha and a reliability coefficient of $r=0.86$ was obtained. The experimental group was instructed on contraceptive utilization knowledge and risky sexual behavior package which lasted for eight weeks. Posttest was administered to experimental and control groups after the intervention program has been completed. The completed copies were coded and analyzed with the use of descriptive statistics of frequency and percentages for section A and analysis of co-variance for section B of the instrument while the pre-test score served as the covariate.

Research Question 1: What is the level of risky sexual behaviour before and after treatment of young adults in Colleges of Education in Ogun State?

Table 1: Level of Risky Sexual Behaviour before and After Treatment among Young Adults in Colleges of Education in Ogun State

Items	Control				Experimental			
	Before		After		Before		After	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
1	2.11	.842	2.12	.842	1.91	.871	1.31	.465
2	2.46	.793	2.56	.793	2.23	.898	1.10	.306
3	2.63	.724	2.53	.724	2.24	.927	1.07	.255
4	2.46	.793	2.36	.793	2.18	.896	1.11	.321
5	2.13	.861	2.03	.861	1.95	.888	1.14	.347
6	2.14	.815	2.24	.815	1.76	.835	1.18	.390
7	2.57	.756	2.38	.756	2.21	.891	1.06	.234
8	2.54	.793	2.52	.793	2.02	.927	1.11	.321
9	2.03	.885	2.01	.885	1.75	.838	1.28	.450
10	2.41	.833	2.36	.833	2.03	.908	1.13	.334
GM & SD	2.348	.223	2.311	.204	2.028	.186	1.149	.084

Table 1 shows; that if 2.0 are taken as bench mark for a high sexual risk, for control pre-test, out of ten

items, all of them have mean values greater than 2.0, likewise for control post-test. For experimental pre-test, there are six items out of ten that have Mean greater than 2.0 with the remaining four close to 2.0 and for experimental post-test, all the ten items are less than 2.0. All of them have Grand Mean greater than 2.0, except the experimental post-test whose Grand Mean is 1.1490. The implication of this is that they all had high levels of sexual risk behavior before treatment. However, that of the experimental group decreased after treatment, which might be associated with the treatment given to them.

Research Question Two: What is the level of knowledge of contraceptive use before and after treatment among young adults in Colleges of Education in Ogun State?

Table 2: Knowledge of Family Planning Methods before and after Treatment among Young Adults in Colleges of Education in Ogun State

Items	Control				Experimental			
	Before		After		Before		After	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
11	1.96	.207	1.95	.226	1.89	.321	1.98	.151
12	1.83	.377	1.84	.369	1.60	.493	1.90	.306
13	1.63	.486	1.62	.489	1.36	.482	1.79	.407
14	1.82	.385	1.80	.399	1.54	.501	1.75	.437
15	1.60	.492	1.58	.496	1.29	.455	1.79	.407
16	1.58	.496	1.58	.496	1.52	.503	1.59	.495
17	1.47	.502	1.46	.501	1.16	.370	1.75	.437
18	1.56	.498	1.54	.500	1.28	.450	1.70	.460
19	1.40	.492	1.43	.497	1.39	.491	1.79	.407
20	1.73	.445	1.75	.435	1.61	.491	1.83	.380
21	1.86	.351	1.84	.369	1.76	.430	1.87	.334
22	1.82	.385	1.80	.399	1.86	.347	1.91	.291
GM & SD	1.689	.173	1.683	.168	1.521	.235	1.804	.104

It can be observed from Table 2 that if 1.5 Grand Mean is taken as the benchmark for a good knowledge of contraceptives knowledge, for the control pre-test, out of twelve items, ten have mean values greater than 1.5, likewise for the control post. For the experimental pre-test, there are seven items out of twelve that have means greater than 1.5, and for the experimental post; all the twelve items are greater than 1.5. All of them have Grand Mean greater than 1.5, with the experimental post having the highest Grand Mean of 1.8042. The implication of this is that they all have knowledge of contraceptive methods but that of the experimental group increased because of the treatment they were exposed to.

Discussion of Findings on Research Questions

The finding from the study revealed that the level of risky sexual behavior was high among the participants (Young adults in Colleges of Education) before the intervention. However, there is a decrease in the level of participants' risky sexual behaviour after the intervention. This shows that the intervention (contraceptive utilization intervention) had a significant influence on the level of participants' risky sexual behavior. This finding is in line with the study of Ugoji (2014) who revealed that high levels of risky sexual behavior among young adults could be a result of unbridled experimentation, peer influence, access to uncensored information through westernization, the mass and social media and the internet. The finding also corroborates the finding of Taiwo, Omole & Omole. (2014) that enlightened College students on the consequence of risky sexual behaviour is a post-reflective evaluation of sexual experiences and incorporates training that will help them in coping with sexual urges and reduce highly risky sexual behaviour to a greater extent. Also, in harmony with the finding of this study is the claim of Ayinmor, Uzobo, Teibowei & Fred (2020) further affirmed that continuous sensitization of young people about the risk of sexual behavior and moral value will regulate individual standards of healthy living among their peer.

On the level of contraceptive knowledge among the participants before and after the intervention. It was observed that the participant's level of knowledge of contraceptives was very low among the control group when compared with those in the treatment group. Also, it was observed that participants in the intervention group had high knowledge of contraceptives used. This is because those in the intervention group were exposed to different contraceptive methods with their uses which make them be more enlightened about the process, compared with those in the control group. This finding is in agreement with the submission of Arinze-Onyia, Aguwa & Nwobodo (2014) that after the intervention, although awareness of Emergency Contraceptive was similarly increased in both groups, knowledge summary of emergency contraceptives was significantly higher in the study group than among the controls. This is not strange, as people are more likely to understand better what is seen and touched than what is only heard of. This was further affirmed by Ahmed, Sule, Abolaji, Mohammed & Nguku, (2017) that knowledge of contraceptive use was high among the respondents as a result of exposure to

the contraceptive method, thus reducing possible unintended and unwanted pregnancies among these groups of students. Also, Bankole & Onasote (2017) submitted that awareness of contraception, among undergraduates, was high but to increase the adoption of contraception correct and adequate information about contraceptive methods must be delivered to the students. Similarly, Somba, Mbonile, Obure & Mahande, (2014) found that most of the students have knowledge of contraception, but the rate of contraception use is still low.

CONCLUSION

The study underscores a comprehensive understanding of contraceptive utilization among young adults in the public College of Education, Ogun state, Nigeria. This became necessary in order to enhance healthy sexual relationships among young adults and their productive life. Contraceptive utilization intervention provides clear evidence that there is a wide range of educational tools which can effectively increase young adults' knowledge and enhances their attitude toward practicing safe sex. The intervention enables young adults to make an informed decision about their choice of contraceptives. Exposing young adults to various types of contraceptive methods would motivate them to voluntarily select the choice of contraceptive methods. This is important in order to minimize the level of indiscriminate risky sexual behaviour and its attendant consequences. The intervention will empower young adults to attain the climax of their academic careers without social or sexual dictate.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are, therefore, made;

1. There is the need to re-orientate College Students on Reproductive health education in order to equip them with requisite skills and knowledge of contraceptive utilization. This will enhance their sexual life and promote a harmonious relationship with the opposite sex.
2. Efforts should be made to establish a youth-friendly unit in Nigeria Colleges of Education this will serve as an avenue to counsel and eliminate the adoption of quackery services and provision of appropriate contraceptive devices. On one hand, the student representative councils (SRC) should adopt reproductive health education as part of their co-curricular activities, this will encourage College students to realize the fact that, the usage of contraceptives will promote their productive life and empower them to achieve their academic career
3. The inclusion of young adult males as an active participant in contraceptive utilization intervention is hereby proposed; this to a large extent, create gender balance as a key factor in influencing the decision-making process than focusing on women as the only prime agent of contraception.

REFERENCE

- Adegbite, S. B., & Adenuga, E. A. (2020). Perceived Influence of Family Planning Education on Maternal Health among Reproductive-Aged Women in Ijebu Zone of Ogun State Nigeria. *Journal of Education in Black Sea Region*, 5(2), 103-111.
- Ahmed, Z. D., Sule, I. B., Abolaji, M. L., Mohammed, Y., & Nguku, P. (2017). Knowledge and utilization of contraceptive devices among unmarried undergraduate students of a tertiary institution in Kano State, Nigeria 2016. *The Pan African Medical Journal*, 26.
- Aliyu, B., & Onwuchekwa, C. (2018). Birth control: Contraceptive drugs/pills and methods in the last decades. *Tropical Journal of Obstetrics and Gynaecology*, 35(3), 233-240.
- Anate, B. C., Balogun, M. R., Olubodun, T., & Adejimi, A. A. (2021). Knowledge and utilization of family planning among rural postpartum women in Southwest Nigeria. *Journal of Family Medicine and Primary Care*, 10(2), 730.
- Anyanwu, F. C., & Okeke, S. R. (2015). Factors predicting condom use among undergraduates in a Nigerian university. *Global Journal of Educational Research*, 14(1), 41.
- Arinze-Onyia, S. U., Aguwa, E. N., & Nwobodo, E. (2014). Health education alone and health education plus advance provision of emergency contraceptive pills on knowledge and attitudes among university female students in Enugu, Nigeria. *Nigerian journal of clinical practice*, 17(1), 100-105.
- Ayinmoro, A. D., Uzobo, E., Teibowei, B. J., & Fred, J. B. (2020). Sexting and other risky sexual behaviour among female students in a Nigerian academic institution. *Journal of Taibah University Medical Sciences*, 15(2), 116-121.
- Bankole, O. M., & Onasote, A. O. (2017). Awareness and sources of contraception information among female university students in Nigeria. *Information Development*, 33(2), 199-209.
- Bitzer, J. (2016). The Female Sexual Response: Anatomy and Physiology of Sexual Desire, Arousal, and Orgasm in Women. In *Management of Sexual Dysfunction in Men and Women* pp. 199-212. Springer, New York, NY.
- Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of*

- adolescent health*, 56(1), S15-S21.
- Lawrence, H. C., & Ness, D. L. (2017). Planned Parenthood Provides Essential Services That Improve Women's Health. *Annals of Internal Medicine*, 166(6), 443-444.
- Nwankwo, B. O., & Nwoke, E. A. (2009). Risky sexual behaviours among adolescents in Oweri Municipal: predictors of unmet family health needs. *African Journal of Reproductive Health*, (13) 135–145.
- Odi, A., Atama, C. S., Igwe, I., Idemili-Aronu, N. J., & Onyeneho, N. G. (2020). Risky sexual behaviours among adolescent undergraduate students in Nigeria: does social context of early adolescence matter? *The Pan African Medical Journal*, 37.
- Okpokumoku, S. E., Nwose, E. U., & Nwajei, S. D. (2017). Sexual behaviour, knowledge and use of contraceptives among undergraduate students. *Journal of Health Science Research*, 10-17.
- Omran, A. R. (2012). *Family planning in the legacy of Islam*. Routledge.
- Ross, J., & Smith, E. (2011). Trends in national family planning programs, 1999, 2004 and 2009. *International perspectives on sexual and reproductive health*, 125-133.
- Rumens, N. (2012). Queering cross-sex friendships: An analysis of gay and bisexual men's workplace friendships with heterosexual women. *Human Relations*, 65(8), 955-978.
- Smoley, B. A., & Robinson, C. A., (2012). Natural family planning, *Journal of American family physician* .86 (10), pp 924-928.
- Somba, M. J., Mbonile, M., Obure, J., & Mahande, M. J. (2014). Sexual behaviour, contraceptive knowledge and use among female undergraduates' students of Muhimbili and Dar es Salaam Universities, Tanzania: a cross-sectional study. *BMC women's health*, 14(1), 1-8.
- Upreti, Y. R., & Acharya, D. (2020). Premarital Sexual Behaviours among Secondary School Adolescents: A Cross-sectional Study in Kathmandu. *Journal of Health Promotion*, 8, 39-52.
- Yakubu, I., & Salisu, W. J. (2018). Determinants of Adolescent Pregnancy in Sub-Saharan Africa: A Systematic Review. *Reproductive health*, 15(1), 15.