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SEXUAL BEHAVIOUR AND CONTRACEPTIVE USAGE AMONG IN-SCHOOL ADOLESCENTS IN NIGERIA: EVIDENCE FROM ISIALA NGWA NORTH, ABIA STATE

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ABSTRACT: *The aim of this study was to find out the relationship between sexual behaviour and contraceptive usage among adolescents in senior secondary schools in Abia State, Nigeria. Some 300 students were purposively selected from two secondary schools in Abia state. Structured questionnaire was used for data collection and data analysis was done using descriptive statistics. findings showed that majority of the students (approx. 57%) in the two schools were already involved in sexual activity. Results of the study also indicated that majority of the adolescents have heard about contraceptives predominantly (>70%) from the internet, however, their level of knowledge of contraception is low (<60% of the maximum point on scale of measure) and perception of use of contraceptives poor (≤46% of the maximum point on scale of measure). Further result shows that the use of contraceptives by the adolescents was very low ((≤17% of the maximum point on scale of measure). The most common contraceptive used among the respondents is the condom (31%). The study recommends a more intentional contraception intervention that will affect the knowledge and attitude of the adolescents positively.*

KEYWORDS: Sexual behaviour, Contraceptives, Adolescents, Sexual activity

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INTRODUCTION

Human sexual behaviour is a diverse phenomenon. It occurs in different physical locations and social contexts which consists of a wide range of specific activities and is perceived differently by different people. An individual engages in sexual activity on the basis of a complex set of motivations and organizes that activity on the basis of numerous external factors and influences (Janet, 2003). A surge of sexual interest occurs around puberty and continues through adolescence (teenage years between 13 and 19). This heightened adolescent sexuality is caused by a number of factors, including body changes, sexual hormones, social forces, and rehearsal for adult gender roles (Eder, Evan, and Stephen, 1995). Late adolescence (15-19 years) is particularly important as sexual debut and experimentation often take place during this period (Dixon-Mueller, 2009). Early Sexual activity is associated with the risk of contracting HIV and other sexually transmitted diseases (STDs) and unplanned pregnancy (Pettifor, et al., 2004, Ersin & Bahar 2009, Papaharitou, et al., 2011).

It has however been observed by some researchers like (Cobb, 2001) that most adolescents in the United State of America are surprisingly misinformed about their own reproductive capabilities. In Africa, many adolescent girls believe it is not necessary for them to take precautions because they are too young to get pregnant or because they have not had sexual intercourse enough times to become pregnant. Again, it has also been observed that the use of contraceptive is not popular with teenagers because of ignorance, insufficient sex education and other reasons (Cobb, 2001).

Adolescents constitute about 20 percent of the world's population with about 85 percent of them in developing countries (WHO, 2001). Okonofua in 2000 observed that sub- Saharan African countries have larger proportion of adolescents than any region in the world. Previous studies showed that showed that many African adolescents engage in risky sexual activity without protection and most had had their first sexual debut through a subtle coercion by their partner (WHO, 2008; Melesse et al., 2020). This practice commonly resulted in sexually transmitted infections (STIs), Human Immunodeficiency Virus, unwanted pregnancy and unsafe abortion (Barbin, Kemp, Obung, 1995). Studies within Nigeria have demonstrated increasing rate of premarital sex and decline in age of sexual debut among adolescents contrary to our moral and cultural values (Adegbenga, Morenike, Sunday, & Adebayo, 2002).

Despite the increase in contraceptive use in African society today, unwanted pregnancy still prevails amongst adolescents. The availability of contraceptives does not guarantee the fact that adolescents are free from teenage pregnancy as the low knowledge and use of contraceptive have made many adolescents victims of unwanted pregnancy. Contraception is practiced for pregnancy planning, limiting the number of children, controlling the world's population and other health related benefits. Improper sexual behaviour has a lot of implications for contraception. possible factors influencing improper sexual behaviour among adolescents in developing countries may include high poverty level, adoption of Western norm of sexual liberty, gradual erosion of traditional norms/values, Lack of Parental Control, Mass Media Urbanization and Tourism (Okpani, 2000).

With decreasing age of menarche and onset of sexual activity, young people are exposed early to unplanned and unprotected sexual intercourse leading to unwanted pregnancies and invariably abortions especially very common in many Sub-Saharan African countries where

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persistent high rates of unmet need for family planning and low rates of contraceptive use are reported (Okonofua, 1995 & West off, 2001).

Teenage pregnancy is an important public health issue because they are associated with maternal, fetal, and neonatal adverse outcomes. Teenage girls who get pregnant are likely to drop out from school and teenage parents are unlikely to have the social and economic means to raise children (Whitaker & Gilliam, 2008). Further, unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries.

Adolescent Sexual Behaviour and Use of Contraception: Global View

Levels of reported sexual intercourse by adolescents in the United States decreased during the 1990s for both sexes after increasing for the previous 2 decades (Centers for Disease Control and Prevention, 2000). The Centers for Disease Control and Prevention's 2005 Youth Risk Behavior Surveillance Summary indicated that less than half (46.8%, down from 49.9% in 1999) of all high school students reported having had sexual intercourse in their lifetimes, and approximately one third (34.3%, down from 37.5% in 1991 and 36.3% in 1999) of all students reported having sexual intercourse during the 3 months preceding the survey and are considered currently sexually active (Hamilton and et al, 2005). Each year, almost 850000 adolescent girls become pregnant. The adolescent pregnancy rate has dropped steadily over the past decade. As of 2004, it was estimated that approximately 41.2% of all pregnancies are to adolescents 15 to 19 years of age Singh and Darroch, (1999). Since 1991, the adolescent birth rate has declined by 33%, the lowest rate ever reported for the nation. The pregnancy rate for 15- to 17-year-olds has dropped by 43% to 22.1% of all pregnancies (Singh and Darroch, 1999). Approximately 20% of abortions are in adolescents, although these rates continue to decrease (Santelli et al., 2007).

Decreases in pregnancy rates are thought to reflect a decrease in reported rates of sexual intercourse and an increase in reported use of longer-acting, more effective contraceptive agents (Kirby et al 2007). Over the last decade, evaluations of curricula suggest that those with a comprehensive approach to sexuality education have been effective in improving sexual behaviors and, thus, may also contribute to this trend (Kirby et al, 1991).

Despite these declining rates of pregnancies and births, adolescent childbearing (22% of women report giving birth before age 20) is still more common in the United States than in other developed countries such as Great Britain (15%), Canada (11%), and France (6%) Brooks-Gunn, Furstenberg, (1984). Providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners (Santelli et al., 2000). In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity (Moore et al 1996).

Two school-based studies that demonstrated a delay of onset of sexual intercourse used a comprehensive approach to sexuality education that included a discussion of contraception (Beach, 1994). Race, ethnicity, age, marital status, education, income, requirements for confidential care, and fertility intentions have all been demonstrated to affect contraceptive choice. Trends in methods of contraception used by adolescents over the past 2 decades show an increase in oral contraceptive pill (OCP) use and an increase in male condom use (English et al 2003). Over the years, the number of adolescents reporting OCP use has remained stable

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at approximately 18% to 20% (Pete-McGadney, 1995). Use of injectable contraception by adolescents 15 to 19 years of age has increased from 0% to 13% between 1988 and 1995. A 9% decrease in contraceptive-failure–related pregnancies is attributed to the shift to longer-acting birth control methods (DiClemente, 2001)

Adolescence And Contraception in Nigeria

Adolescence is a period of rapid physical and emotional development, a challenging period during which major changes such as growth, mental and psychological development take place (Kotdawala, 2004). World Health Organization (WHO) defines adolescents as people between the ages of 10 to 19 years. According to World Health Organization (2008), about 16 million women of 15 to 19 years old give birth each year, which is equivalent to 11% of all births worldwide. Nigerian culture forbids adolescent pregnancy because it is seen as a disaster to all concerned; that is, the girl, her family, the health services, the education authorities and society in general. As a matter of fact, the society norms do not permit unmarried girl to get pregnant irrespective of their ages. But the adolescents in the western part of the Nigeria are constantly faced with increased social changes that make many of them vulnerable to early sexual exposure with associated pregnancy and induced abortion.

Generally, despite reported increase in contraceptive use by adolescents in Nigeria, up until present time, the goal of 36% prevalence by 2018 has not been met (Danimoh et al., 2021; Dambo, Jeremiah & Wallymahmed, 2017). Further, despite this increase, consistent use of any contraceptive method remains a challenge for most adolescents.

A study was carried out on Adolescents' Contraceptive Use and Pregnancy History. The study showed that 27% of the adolescents had been pregnant and 52% of adolescents used non effective contraception (i.e. condoms inconsistently or no method. Paukku, Quan, Darney and Raine (2003). However, the Abia State Government operates private and state schools and the levels are at Primary, Junior Secondary School (JSS), Senior Secondary School (SSS) and tertiary institution. All children are offered basic education with special focus now on the first nine years. But the adolescents felt not properly taught and guided on how to lead their sexual life neither from school nor from their parents Gadisa (2004). As a result of this, Nigerian children often resort to books, films and peer group influence to learn sexual communication because little or no reference is made to reproductive health or reproductive rights in schools or at home. But they are always criticized by the adult populace and this act of criticism makes the youth feel threatened and sometimes impairs their ability to function normally (Adepoju, 2005)

METHODOLOGY

The population of the study comprised only the Senior Secondary School Students in selected Secondary schools in Isiala Ngwa metropolis. The schools were selected based on the large population of students. The distribution of the selected schools by population of students in the senior class is presented below:

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Table 1: Population Distribution of the Respondents

SCHOOL	SS1	SS2	SS3	TOTAL
Ntigha grammar School (NGS)	144	149	129	422
Umuha Community Secondary School (UCS)	275	851	571	1,697
TOTAL	419	1000	700	2119

Source from: *The Principal of both secondary schools through the school student book*

The research instrument used for data collection in this study includes a questionnaire. The questionnaire consists of set of questions designed by the researcher to gather relevant information, which was designed to be answered by the respondents. The analysis would enable the researcher to provide answers to research questions raised.

The questionnaire was administered to 150 students in the SS 1- 3 classes in the two (2) Senior Secondary Schools making a total of 300 respondents in all. The data gathered were analysed using descriptive statistics.

RESULTS AND DISCUSSION

Demographic Information of Respondents

The result of the respondents' demographic characteristics are reported using bar graphs. These results are also presented by the two selected schools.

Results as shown in Figure 1 shows that the majority of the respondents were within the age range of 18-20 years in both schools that is 62.7% for NGS and 56.0% for UCS.

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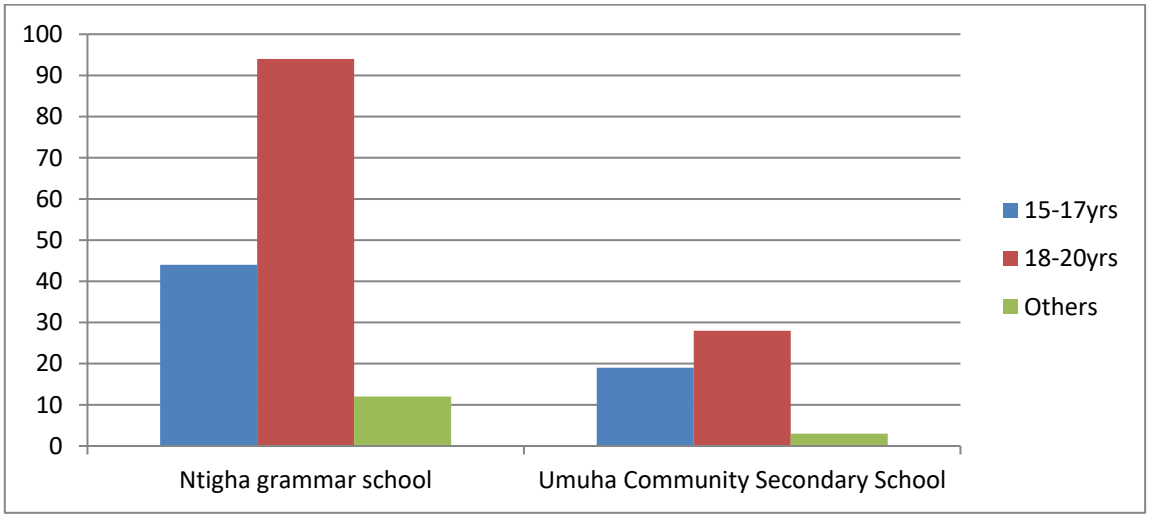

Figure 1: Distribution of Respondents in the 2 schools by age

From Figure 2, result shows that the majority of the respondents were Male. Some 76.0% from NGS and 70.0% from UCS were male,

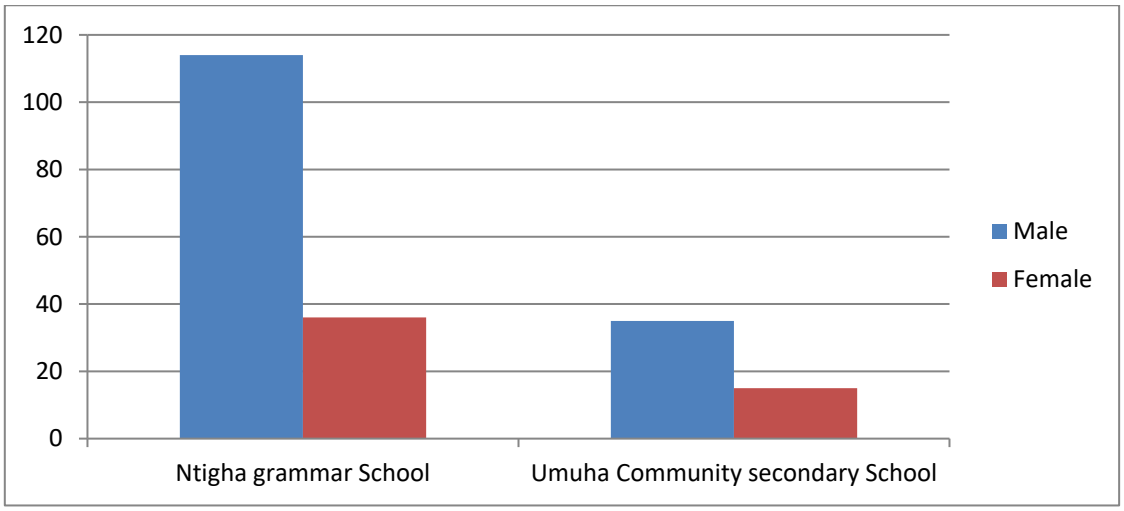

Figure 2: Distribution of Respondents in the 2 schools by gender

From Figure 3, result shows that most of the respondents were from the Yoruba ethnic group. This represents 78.7% for NGS and 74.0% for UCS.

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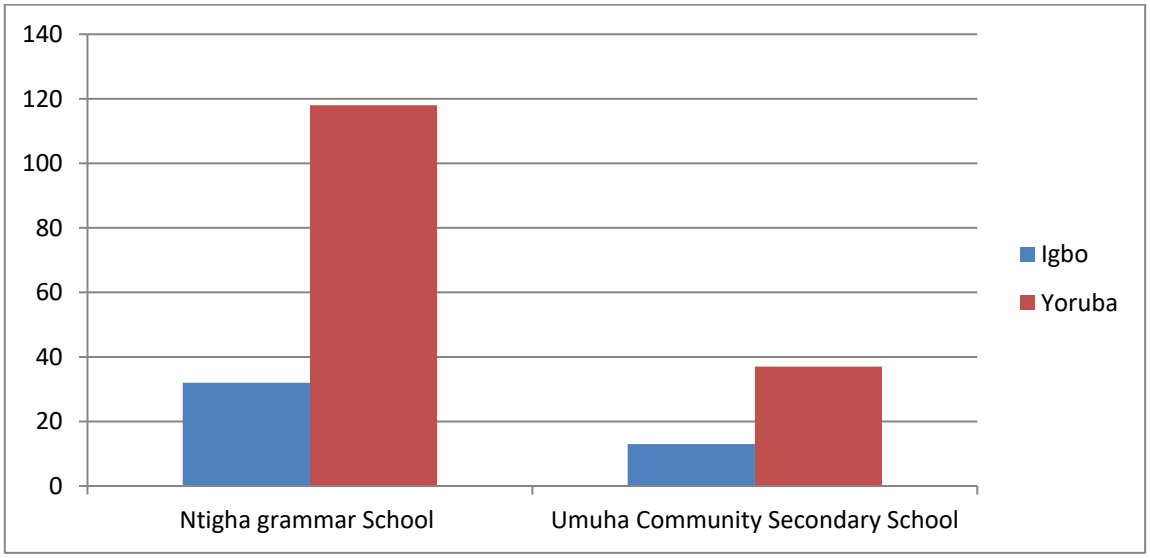

Figure 3: Distribution of Respondents in the 2 schools by ethnicity

Result also showed that most of the respondents were Christian. As shown in Figure 4, about 52.7% and 54.0% of the respondents in NGS and UCS were Christians.

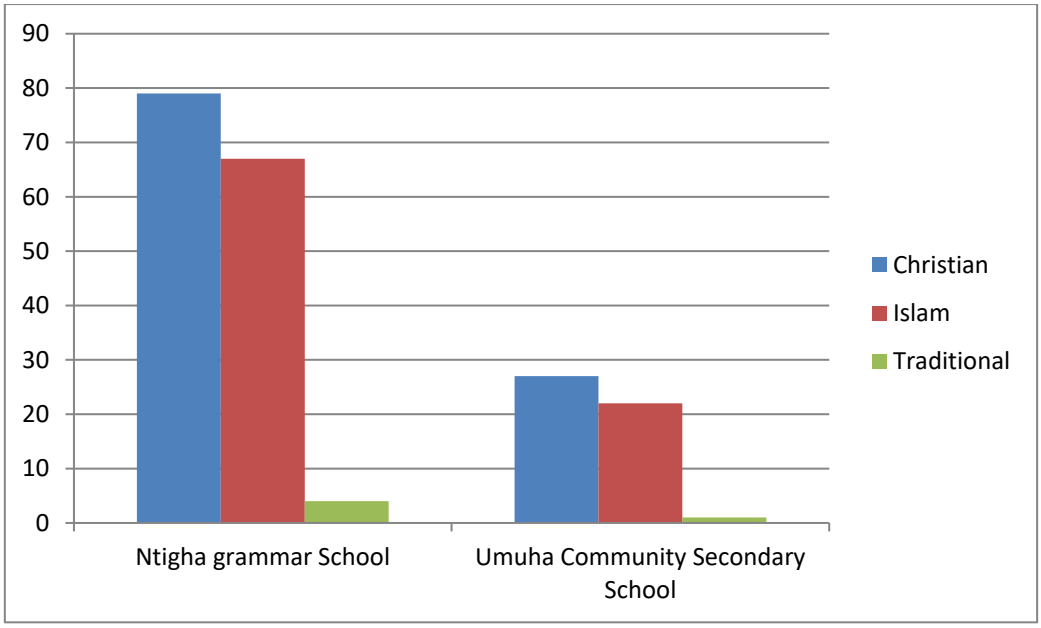

Figure 4: Distribution of Respondents in the 2 schools by Religious Affiliation

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Result in Table 2 indicates that respondents in both schools were very much aware of contraception (81.3% and 68.7% for NGS and UCS respectively). This result is contrary to Awusabo-Asare et al. (2006) which shows that there has been positive improvement in awareness of contraception among adolescents in Nigeria over the years, however, this may not translate to positive perception and use of contraceptives.

Table 2: Distribution of Respondents by Awareness and Source of Awareness of Contraception

	Schools	
	NGS	UCS
	Frequency (%) (n = 150)	Frequency (%) (n = 150)
Awareness of contraception	122 (81.3%)	103 (68.7%)
*Source of awareness of contraception**	*With n = 122*	*With n = 103*
Internet (including social media)	90 (73.8%)	92 (89.3%)
Parent or guidance	50 (40.9%)	60 (58.3%)
School	58 (47.5%)	52 (50.5%)
Religious centre	42 (34.4%)	40 (38.8%)
Healthcare centre	60 (49.2%)	62 (60.2%)

* Multiple response available

Furthermore, the result shows that most of the respondents sourced information regarding contraception via the internet (73.8% and 89.3% for NGS and UCS respectively). Since the content of what is uploaded on the internet and/or social media platforms are largely unstandardized and unreliable, most of the adolescents are exposed to different unfiltered information regarding contraception through the internet. This is contrary to the report of Odumegwe (2002), who observed parent and/or guidance as the major source of awareness of contraception.

The respondents were assessed based on some activities or behaviour which is usually associated with sexual relations or that predisposes them to unplanned sex.

Table 3: Distribution of Respondents by Sexual activities/behaviour drivers

Statements (Representing different activities)	NGS		UCS	
	Frequency YES (%)	Frequency NO (%)	Frequency YES (%)	Frequency NO (%)
I attend clubs and parties before now	62 (41.3%)	88(58.7%)	19(38.0%)	31(62.0%)
I smoke cigarette occasionally	8(5.3%)	142(94.7%)	3(6.0%)	47(94.0%)
I have close relationships with the opposite sex	99(52.7%)	71(47.3%)	25(50%)	25(50%)

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I have an existing intimate relationship with an opposite sex e.g. sexual cuddling, hugging, kissing and pecking	91(60.7%)	59(39.3%)	28(56.0%)	22(44.0%)
I talk freely about sex with opposite sex	63(42.0%)	87(58.0%)	22(44.0%)	28(56.0%)
I watch pornographic pictures and video	63(42.0%)	87(58.0%)	28(56.8%)	22(44.6%)
I have more than one boyfriend / girlfriend	70(46.7%)	80(53.3%)	25(50%)	25(50%)
If I have the opportunity, I will like to express my love to my boyfriend / girlfriend through sex	43(28.7%)	107(71.3%)	13(26.0%)	37(74.0%)
I derive pleasure during sex with an opposite sex	42(28.0%)	108(72.0%)	15(30%)	35(70%)
I have been involved in a sexual activity	86(57.3%)	64(42.7%)	28(56.8%)	22(44.6%)
Overall level (Max = 20)	*Mean = 8.1±1.5 (40.1%)*		*Mean = 8.3±2.2 (41.4%*	

The result of this assessment as presented in Table 3 shows that, for NGS respondents, most of them have existing intimate relationship with the opposite sex (61%) and have previously been sexually active (57%). for UCS respondents, most of them have existing intimate relationship with the opposite sex (56%) and have previously been sexually active (57%).

The construct measuring sexual behaviour was constructed on a 20-point rating. The respondents in NGS and UCS had a mean score of 8.1±1.5 (40.1% of the maximum point on scale of measure) and 8.3±2.2 (41.4% of the maximum point on scale of measure) respectively. This result indicates that the level of sexual activities among the respondents is less than average, however, their sexual activity level is worrisome since they are not yet at sexual liberty. This rate of sexual activity is similar to the rates reported in other studies by the Ghana Demographic and Health Survey (GDHS [1998 & 2003]), and further higher as reported by Agyei et al (2000), and Tweedie & Witte (2000)

The respondents were assessed based on their level of knowledge of contraceptives, their perception of contraceptive use, and their use of contraceptives. The result of the assessment is presented in Table 4. The construct measuring level of knowledge was measured on a 20-point scale rating while the construct measuring perception of contraceptive use was measured on a 50-point scale rating. The construct measuring use of contraceptives was measured on a 16-point scale rating.

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Table 4: Respondents' knowledge and perception of contraceptive, and use of contraceptives

Measured variable	NGS		UCS	
	Max point on scale of measure	Mean score ±SD (%)	Max point on scale of measure	Mean score ±SD (%)
Knowledge of contraceptive	20	11.9±1.9 (59.5%)	20	12.0±2.3 (59.9%)
Perception of contraceptive use for coitus	50	21.5±3.2 (43.0%)	50	23± 1.8 (46.0%)
Use of contraceptives	16	2.7±1.2 (16.9%)	16	2.7±1.6 (17.0%)

The result in Table 4 shows that the respondents in NGS and UCS, with respect to knowledge of contraceptive, had a mean score of 11.9±1.9 (59.5% of the maximum point on scale of measure) and 12.0±2.3 (59.9% of the maximum point on scale of measure) respectively. This indicates that their knowledge level is slightly above average despite the volume of information about contraceptive available and accessible to these adolescents. Further result in Table 4 shows that the respondents in NGS and UCS, with respect to perception of contraceptive use during sex, had a mean score of 21.5±3.2 (43.0% of the maximum point on scale of measure) and 23±1.8 (46.0% of the maximum point on scale of measure) respectively. This result indicated that the respondents scored below average in terms of their perception regarding the use of contraceptive which indicates poor perception. This result agrees with the findings of Berglund (1997), Feldmen, (1997) and Havanon, Inger & Sibon (1993). Also, result shows that the respondents in NGS and UCS, with respect to use of contraceptive during sex, had a mean score of 2.7±1.2 (16.9% of the maximum point on scale of measure) and 2.7±1.6 (17.0% of the maximum point on scale of measure) respectively. The low knowledge and poor perception of contraceptives coupled with their level of sexual activities place these adolescents at risk for sexually transmitted diseases and unwanted pregnancies. More alarming is their very low level of use of contraceptive judging by the fact that many of them were already sexually active. The most common contraceptives (see Table 5) used by the respondents in NGS and UCS were the condom (31% and 28% respectively) and traditional herbs (20% and 22% respectively). This result corroborates the previous reports of Okonofua (1995) and GYRHS (1998) that state that adolescents use of contraceptives is generally low. This establishes, generally, low trend in the use of contraceptives among adolescents in Nigeria

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Table 5: Common contraceptives used among senior secondary school Students

Contraceptives used	NGS		UCS	
	Frequency YES (%)	Frequency NO (%)	Frequency YES (%)	Frequency NO (%)
I use the male/female condoms	46 (30.7%)	104(69.3%)	14(28.0%)	36(72.0%)
I use the oral contraceptive (the pill)	19(12.7%)	131(87.3%)	7(14.0%)	43(86.0%)
I use the injections	23(15.3%)	127(84.7%)	7(14.0%)	43(86.0%)
I have practiced the withdrawal method	27(18.0%)	123(82.0%)	9(18.0%)	41(82.0%)
I have practiced the traditional method (herbal)	30(20.0%)	120(80.0%)	11(22.0%)	39(78.0%)
I use the diagraph method	19(12.7%)	131(87.3%)	7(14.0%)	43(86.0%)
I have practiced the sterilization method	27(18.0%)	123(82.0%)	9(18.0%)	41(82.0%)
I use the intrauterine device (UID)	11(7.3%)	139(92.7%)	4(8.0%)	46(92.0%)

CONCLUSION AND RECOMMENDATION

Despite the high rate of sexual activity in the group studied, the contraceptive usage rate is low. There is a need for aggressive advocacy about adolescent reproductive health before initiation of sexual activity and dissemination of information on family planning methods amongst the adolescents' population in Nigeria. Young people are among those at a high risk of contracting HIV, yet they do not perceive themselves to be at risk and are therefore, less likely to adopt protective measures. Promoting condoms' use and improving adolescents' confidence about purchasing and using them is pertinent to improve contraception in the study area.

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