

SEXUAL BEHAVIOUR AND CONTRACEPTIVE PRACTICES AMONG OUT- OF - SCHOOL ADOLESCENTS IN A SUBURBAN, SOUTHWESTERN, NIGERIA

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ABSTRACT

Early sexual debut and high rate of risky sexual behaviour that occur in adolescent, particularly when associated with inconsistent or non-use of contraception, predispose them to serious short and long term health consequences. Most studies on adolescent's behaviour were carried out on school students, whereas the out- of- school adolescents are the most vulnerable to high risk sexual activities. A descriptive cross sectional study design with the aid of a pretested, semi-structured questionnaire administered on 720 out- of-school adolescents selected by using stratified random sampling technique was done. Data was analyzed using statistical package for social sciences (SPSS version 20). Five hundred and eighty two (82.2%) of the respondents have had sexual intercourse. The mean age of sexual debut was the same in the two sexes, 15.1 ± 2.03 years, with minimum age of 9 and 10 years in female and male respectively. More male respondents had multiple sexual partners compared to the females ($p=0.001$). The contraceptive usage was low among the respondents and the commonest contraceptive used was condom. The fear of side effects particularly on future fertility was the commonest drawback to contraceptive usage. Influence of living with parents on promoting sexual abstinence is statistically significant ($p=0.001$) but there was no contraceptive education provided by their parents/guardians. In conclusion, there was low usage of preventive methods, in term of condom and other contraceptives, which can mitigate the health consequences of out-of-school adolescents' risky sexual behaviours. More health promotion programs on adolescents' sexuality and contraceptive uses should be intensified.

KEYWORDS: Contraception, out-of-school adolescent, sexual behaviour, Nigeria.

INTRODUCTION

Adolescents, according to WHO, are those between ages of 10 -19 years. It is the period of transition from childhood to adulthood.^[1] Physiologically, the changes in reproductive organs that occur in the life of adolescents often serve as a motivating force in their quest to experiment with sex. Some of the adolescents naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may change partners frequently and have more than one partner in the same time period or engage in unprotected sex.^[2] These risky sexual activities make this group disproportionately affected by reproductive morbidities including STI/HIV, sequelae of STI like ectopic pregnancy, infertility; unwanted pregnancies and their complications.^[3,4,5,6] Early sexual debut predisposes adolescents to human papilloma viral infection and later development of cervical cancer.^[4]

Singh et al^[7] reported that nearly half (48.6%) of adolescents aged 15-19 are sexually active in Nigeria. About 1 in 5 of sexually active females and 1 in 12

sexually active males had already engaged in sexual intercourse by the age of 15. According to the 2008-09 Nigeria Demographic and Health Survey (2008-09 NDHS),^[8] more than one third (37%) of Nigerian adolescents aged 15-25 years have engaged in sexual activities, and by age of 19, 36% of the girls have given birth.^[7,8,9] Early sexual activity, particularly when associated with inconsistent or non-use of contraception, has serious short and long-term health consequences, and such activity happens before young people are developmentally equipped to handle the consequences. This might have accounted for high teenage pregnancy rate of 27% in Nigeria.^[9] In over half of first pregnancies, the mother is unmarried, and those pregnancies are 2.4 times more likely to be reported as unintended, compared with repeat pregnancies.^[9] Teenage pregnancies are associated with maternal, fetal and neonatal adverse outcomes.^[9,10]

Concerns regarding the implications of this behaviour have led to increasing interventions particularly for in-school adolescents. Though many studies have been

carried out to determine the sexual behaviour of adolescents in Nigeria, most of these studies are conducted among adolescents in secondary/tertiary institutions and also failed to address the issue of contraceptive usage.^[11-16] However, the out-of-school adolescents are more vulnerable since the majority of them are singles, young adults who easily fall prey to exuberance coupled with the liberal nature of the large community that predisposes them to high risk sexual behaviours with negative health outcomes.^[5]

This study is therefore focused on the sexual behaviour, attitude and usage of contraception among out-of-school adolescents. This will assist the policy maker in formulating and implementing methods of eradicating/reducing teenage pregnancies among out-of-school adolescents and also will help to reduce the scourge of sexually transmitted infections, unintended pregnancies and simultaneously unsafe abortion.

METHODOLOGY

A community based cross sectional descriptive study was used to achieve objectives of the study. The target population was out-of-school adolescents in Olorunda Local Government area in Osun State, South Western Nigeria. It consists of eleven wards with estimated population of 112,500, and it has both sub-urban and rural communities.

Stratified random sampling technique was used to select eligible respondents and this was done in two stages.

Stage 1: Selection of 6 wards, 3 in rural and 3 in sub-urban, was done by balloting.

Stage 2: In each of the selected wards, lists of the communities were compiled and 2 communities were selected from each of the 6 wards using simple random sampling technique. Overall, a total of 12 communities, 6 rural and 6 sub-urban, were included in the study.

Ethical clearance was obtained from Olorunda Local Government Authority where the study was carried out. A pre-tested semi-structured questionnaire was administered to eligible respondents in the selected communities.

Data analysis was done using Statistical Package for Social Sciences (SPSS) windows version 21 (International Business Machine, USA). Tests for statistical significance were carried out using Chi square tests for proportion with $p < 0.05$ considered to be significant.

RESULT

A total of 720 questionnaires were administered but only 708 respondents gave full information for analysis. The socio-demographic distribution of the respondents is shown in Table 1. The minimum age of the respondents was 12 years of age while the maximum age was 19 years with mean age value of 17.4 years and standard deviation of ± 2.2 years. Among the respondents, 55.1% were male while 44.9% were females and only 27.1% were married with equal distribution among the two sexes ($p = 0.916$). All Nigerian major tribes were found among the respondents, though majority, 77%, were of Yoruba ethnic group.

Table 1 also reveals that most of the respondents engaged in various money venture activities, males were predominantly artisans (19.5%) while females engaged more in trading (15.3%). On the level of education, 14.1% of the respondents never attended school, 37.6% stopped their education at primary level, 44.9% stopped at secondary education and 3.4% stopped at the tertiary level. Most of the respondents (54.8%) were not living with their parents especially the males while 45.2% of the respondents (mostly females) lived with their parents and this is statistically significant ($p = 0.009$).

Table 1: Percentage distribution of Respondent by their Socio-Demographic Characteristics.

Variables	Frequency {N (%)}			P value
	Male	Female	Total	
Age				
Young Adolescent (11 -14years)	48 (6.78)	32(4.52)	80(11.30)	0.349
Old Adolescent (15 – 19 years)	342(48.30)	286(40.40)	628(88.70)	
Sex	390(55.1)	318(44.9)	708(100)	
Marital Status				
Single	260(36.72)	206(29.10)	466(65.82)	0.916
Married	104(14.69)	88(12.43)	192(27.12)	
Engaged	26(3.67)	24(3.39)	50(7.06)	
Ethnicity				
Yoruba	304(42.94)	234(33.05)	538(76.99)	0.528
Igbo	56(7.91)	50(7.06)	106(14.97)	
Hausa	16(2.26)	24(3.39)	40(5.65)	
Others	14(1.98)	10 (1.41)	24(3.39)	
Occupation				
Apprentice	72(10.17)	58(8.19)	130(18.36)	
Transport worker	56(7.91)	2(0.28)	58(8.19)	
Hawking	24(3.39)	2 (0.28)	26(3.67)	
Hairdresser	2(0.28)	32(4.52)	34(4.80)	

Trading	28(3.96)	108(15.25)	136(19.21)	
Full housewife	-	10 (1.41)	10(1.41)	
Farming	8(1.13)	Nil	8(1.13)	
Artisan	138(19.49)	64(9.04)	202(28.53)	
Ever attended school				
Yes	322(45.48)	286(40.39)	608(85.87)	0.036
No	68(9.60)	32(4.52)	100(14.12)	
Level of education				
None	68(9.60)	32(4.52)	100(14.12)	
Primary	154(21.75)	112(15.82)	266(37.57)	0.082
Secondary	154(21.75)	164(23.16)	318(44.91)	
Tertiary	14(1.98)	12 (1.69)	26(3.67)	
Living with parents				
Yes	152 (21.47)	168(23.73)	320(45.20)	0.009
No	238(33.61)	150(21.19)	388(54.80)	
Ever had sexual intercourse				
Yes	326 (46.04)	256(36.16)	582 (82.20)	0.45
No	64(9.04)	62(8.76)	126(17.80)	

N = numbers of respondent

% = percentage

Also, 582(82.2%) of the respondents agreed that they have had sexual intercourse while 17.8% of the respondents never had. The minimum age of sexual exposure in the respondents, as shown in figure 1, was 9 years old in female and 10years in male. The mean age of sexual debut was the same in both sexes, 15.1years with standard deviation of ± 2.03 years. Engaging in frequent sex was more common among the male respondents (table 2) with many of them having multiple sexual partners (36.3%) compared to 16% of female and this is statistically significant ($p=0.001$).

than males ($p = 0.001$). The frequency of contraceptive usage in the respondents was low, only 7.9% always used contraceptives.

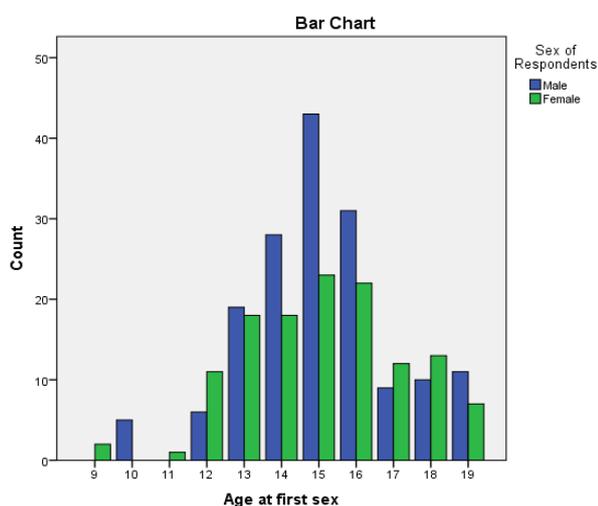


Figure 1: Bar chart showing the age at sexual debut among Respondents.

Among the respondents that have exposed to sexual intercourse, 496 (85.2%) were aware of contraceptives but most of them were familiar with male condoms (table 2). The use of condoms at sexual debut was low (26.8%) but there was increase use of it in subsequent sex (50.9%). Use of other types of contraceptives was low (10.0%), there were significant usage in females more

Table 2: Pattern of Sexual Risk Behaviour and Contraceptive usage among the sexually active Respondents. N = 582.

Variables	Male	Female	Total	P -value
How often do you have sex				
Frequently	112(19.24)	68(11.68)	180(30.92)	0.185
Seldom	114(19.59)	80(13.75)	194(33.34)	
Rarely	100(17.18)	108(18.56)	208(35.74)	
Number of sexual partners				
Single	116(19.93)	162(27.84)	278(47.77)	0.001
Multiple	211(36.25)	93(15.98)	304(52.23)	
Awareness of contraceptives				
Yes	282(48.45)	214(36.77)	496(85.22)	0.326
No	44(7.56)	42(7.22)	86(14.78)	
Use of condom at first sexual intercourse	114(19.59)	76(13.06)	190 (26.8)	0.177
Condom usage in last sex	154(26.46)	142(24.40)	296 (50.86)	0.049
Use of other types of protection	14 (2.41)	44(7.56)	58(9.97)	0.001
Frequency of contraceptive usage				
Always	24(4.12)	22(3.78)	46(7.90)	0.661
Seldom	24(4.12)	20(3.44)	44(7.56)	
Rarely	126(21.65)	84(14.43)	210(36.08)	
Never	124(21.30)	158(27.15)	282(48.45)	

Apart from condom, the commonest contraceptive used by the female respondents or the partner of the male respondents was emergency oral pills (table 3). Some of them (12.89%) also use unconventional methods like vaginal douching after sex, drink of saline solution, traditional methods etc. The mass media is the

commonest source of information on modern contraceptives for 40.4% of the sexually active respondents. The fear of side effects and fear of its effect on future fertility are the commonest setbacks towards the usage of modern contraceptives (table 3).

Table 3: Contraceptive Practices among sexually active respondents.

Practices	Male	Female	Total
Types of Contraceptive used			
Unconventional	10(1.72)	65(11.17)	75(12.89)
Condom	154(26.46)	142(24.40)	296(50.86)
OCP	1(0.17)	12(2.06)	13(2.23)
Emergency pill	10(1.72)	27(4.64)	37(6.36)
Injectables	3(0.52)	4(0.68)	7(1.20)
Implant	-	1(0.17)	1(0.17)
IUCD	-	-	-
Sources of information on contraceptives:			
Parents/Guardian	-	-	-
Older relations/Masters	25(4.29)	10(1.72)	35(6.01)
Peers	65(11.17)	45(7.73)	110(18.90)
Sexual partners	85(14.60)	88(15.12)	173(29.72)
Family planning clinic	30(5.15)	5(0.86)	35(6.01)
Radio/Television	120(20.62)	115(19.76)	235(40.38)
Factors affecting usage			
Fear of side effects	56(9.6)	181(31.1)	237(40.7)
Fear that it can leads to infertility	120(20.6)	223(38.3)	343(58.9)
Fear of adults disapproval	136 (23.4)	132 (22.7)	268(46.1)
Too embarrassed to source for it	201 (34.5)	206 (35.4)	407(69.9)
Lack of fund	220(37.8)	232(39.9)	452(77.7)
Unprepared for sex	96(16.5)	92(15.8)	188(32.3)

DISCUSSION

Nigeria Demographic and Health Survey, 2009, found that 48.6% of the adolescents aged 15-19 are sexually active.^[8] This is lower than the findings in this study in which 82.2% of the respondents are sexually active and most of them were more than 15years of age, 51.5%.

This might probably due to the fact that these respondents were out of school and might be easily influenced by their trainers or financially induced by adults. The mean age of sexual debut in these out of school adolescents (15.1years) and the age range of sexual debut of 9 to 19years are the same with findings

in other studies done.^[6,10] Several other studies have reported high rates of pre-marital sexual activities among Nigerian adolescents.^[11-16] Physiologically, the changes in reproductive organs that occur in the life of adolescents often serve as a motivating force in their quest to experiment with sex. Some of them naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may change partners frequently and have more than one partner in the same time period or engage in unprotected sex. Like their counterparts in school as reported by some studies, some of these adolescents (52.2%) also have multiple sexual partners, though more common among the male. Yet most of them do not protect themselves during such sexual activities. These findings correlate with those of other Nigerian researchers^[17-19], that risky sexual behaviors are associated with young people. These risky behaviors include: early debut in sexual activities, sex with many partners, low and inconsistent use of condoms, use of drugs and alcohol, anal sexual intercourse and mouth to genital contact. These risky sexual activities make this group disproportionately affected by reproductive morbidities including STI/HIV, unwanted pregnancies and their complications.^[4,16,20]

It was revealed in this study that the use of condoms at sexual debut was low (26.8%) but there was increase use of it in subsequent sex (50.9%) in both sexes. This is still lower than the finding in the study conducted on health behavior in school aged children (HBSC) by Durex, 2012, that condom use during last sexual intercourse was reported by 76% of the girls and 79% of the boys.^[21]

Despite the high level of sexual activities among these out of school adolescents, the usage of contraceptives is very low (10%), though there is high level of awareness (85.2%). This is similar to earlier findings among the in school adolescents in Nigeria^[22,23] but much lower than what obtained in Zimbabwe^[24] and Western world. However, the finding in this study showed a little appreciable increase in contraceptive usage over what obtained in Nigeria in 1992^[5] where only 1% of sexually active youths used contraceptives but is similar to finding in a recent study among secondary school students.^[25] Whereas the hormonal contraception use among 15 years Slovak girls steeply increased from 3% in 2006^[26] to 22% in 2010 and 26% in the HBSC study of 2010.^[27]

Majority of the sexually active respondents got information on contraceptives through radio and television as also reported in studies on in-school adolescents.^[8,24,28] This shows that electronic media, particularly radio which has a larger coverage to the rural communities, have important role to play in disseminating information on contraceptives to the populace. Unfortunately information disseminated by mass media is insufficient because of time constraint on their side.

The impact of family values on adolescent sexual behaviours and contraceptive usage has been well documented.^[29,30] This study also shows a significant influence of living with parents on sexual abstinence among the out of school adolescents. According to previous studies, a high level of parental monitoring and support are found to be associated with a later age of first sexual intercourse^[31]; with a more consistent contraceptive use^[32]; with a more consistent condom use^[33]; and with lower levels of STIs.^[34] It is not surprised that parents /guardians of these out of school adolescents contribute nothing to their knowledge on contraceptives in this study since it is culturally unacceptable in this part of the world for parents to do that, believing that contraceptive usage will promote immorality among the youths. There is a need for family sensitive programs and parental empowerment^[30] in order to stem the challenges of adolescent life in Nigeria. Parents/guardians should also be encouraged to involve in family life education for their wards.

The barriers to contraceptive usage among the sexually active respondents in this study were found to be multi factorial but majorly due to lack of fund and 'too embarrassed to source for it'. This agrees with earlier published studies among the in-school adolescents.^[15,22,25] Despite that the contraceptives are highly subsidized in this environment by many non Governmental organizations, majority of these adolescents couldn't afford it because they were apprentice and didn't engage in any meaningful source of income. However, a study showed that provision of free contraceptives alone doesn't guarantee its usage.^[22] Fear of side effects, as also reported by other study,^[24] especially that it can leads to future infertility were also found to be high in this study particularly among the female adolescents. Therefore, it is important that more information is disseminated to the adolescents to allay their fears.

CONCLUSION

Despite the high rate of risky sexual behaviour among the out of school adolescents as shown in this study, the contraceptive usage is low. There is a need for Government and Non Governmental organizations to embark on aggressive strategies to empower young adolescents to play a greater part in sexual and reproductive responsibilities. Parents/ Guardians should also be trained on family life education in order to impart this on their wards earlier in life. Family planning clinics should also be encouraged to be youth friendly.

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