

**FORMS OF SEXUAL CONDUCTS AND RISK PERCEPTION OF ADOLESCENTS IN SCHOOL AND OUT OF SCHOOL IN PLATEAU STATE, NIGERIA****Envuladu Esther Awazzi<sup>1\*</sup>, Anke van der Kwaak<sup>2</sup>, Zwanikken Prisca<sup>2</sup>, Osagie Ize Anuoluwapo<sup>3</sup>, Okoh Elizabeth Onyi<sup>3</sup>, Ekponimo Sylvia Uyai<sup>4</sup>**<sup>1</sup>Department of Community Medicine, Faculty of Medical Sciences, University of Jos, Nigeria.<sup>2</sup>Royal Tropical Institute, KIT Health, Mauritskade 63, 1092 AD Amsterdam, The Netherlands.<sup>3</sup>Department of Community Medicine, Jos University Teaching Hospital, Jos, Nigeria.<sup>4</sup>Education as a Vaccine, 2 Kutsi Close, off Aminu Kano Crscent Wuse 2, Abuja.**Corresponding Author:- Dr. Envuladu Esther Awazzi**

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**ABSTRACT**

**Background** Although heterosexual sex has consistently been reported as the commonest type of sex in Nigeria, research findings are now providing evidence that adolescents also engage in other forms of sexual practices including same sex practice **Methodology** The study was a qualitative exploratory study using focus group discussion among adolescent between the ages of 18 and 19 years in two Local government areas of Plateau state, Nigeria. The adolescents were purposively selected from schools and communities with the assistance of a local NGO working with adolescents in the state and the youth leaders in the communities. The FGDs were divided into those in school and those out of school and separated into males and females. **Results** The study found that both adolescents in school and out of school initiate sex as early as 10 to 15 years. Contrary to popular opinions, adolescents in this study revealed that they engage in different forms of sexual conduct ranging from penetrative vaginal sex, oral sex, anal sex, sex with more than one partner at a time and masturbation. However, the sexual conducts differ slight among those in school and those out of school and also differ based on the sex. While those in school had sexual partners mostly of the same age group, those out of school especially the females had sexual partners that are much older than they are referred to as either sugar daddies or sugar mummies. Other sexual partners were teachers, strangers, prostitutes and close family members. **Conclusion** This study concluded that a number of adolescents in Nigeria are sexually active with different sexual conducts based on their context. Some of their sexual practices are quite unsafe which calls for further research especially on interventions that will ensure healthy sexual life among adolescents in Nigeria.

**KEYWORDS:** Adolescents, sexual conducts, risk perception, in school, out of school, Nigeria.**INTRODUCTION**

Adolescents exhibit different forms of sexual conducts, some of which could be safe while others may be unsafe in terms of risk to transmission of STI, HIV and unintended pregnancy. Quite a number of studies conducted in the southern and southwestern part of Nigeria have reported that a significant number of adolescents have already initiated sex.<sup>[1,2,3]</sup> Although heterosexual sex has consistently been reported as the commonest type of sex in Nigeria, research findings are now providing evidence revealing that adolescents also engage in same sex practice.<sup>[4,5]</sup> The forms of sexual practices commonly documented are penetrative vaginal sex followed by oral sex, masturbation and anal sex practices either between opposite sex or same sex.<sup>[4,5,6]</sup> The report of the National HIV sero-sentinel survey in Nigeria conducted in 2014 showed that not only that adolescents initiate sex early, but about half of both males and females have concurrent sexual partners.<sup>[4,7]</sup>

other studies have documented multiple sexual partners and nonconsensual or forced sex among adolescents.<sup>[3,5,8]</sup> This usually correlates with poor negotiating skills and inconsistent condom use.

Adolescents who engage in sex have sexual partners who are either within their age range or partners much older than they are. Age mixing however is reported more among females than males. Others report having sex with friends, strangers or relatives.<sup>[4,5,7,9]</sup>

Despite the sexual activities of adolescents and the range of sexual partners, findings from some studies conducted in north central and northern part of Nigeria revealed a poor knowledge of contraceptive among adolescent.<sup>[10,11,12]</sup> Likewise, more than 50% of adolescents in southwestern Nigeria had poor knowledge of contraceptive with male condom being the most popularly known contraceptive among them.<sup>[13,14,15]</sup>

Condom use has reportedly been low among adolescents, 70% of sexually active adolescents in a study in Plateau state said they never used condom during sexual intercourse despite being sexually active. This is a high predictor of unintended pregnancy and transmission of STI/HIV.<sup>[4,8,16]</sup>

Although knowledge may be a predictor of contraceptive use, it is not always the case as reports have it that even among adolescent who have knowledge of safe sex practice, less than one third of the sexually active use contraceptives while other studies report less than 10% actually practice safe sex by using condoms.<sup>[12,13,14,17,18]</sup>

Some adolescents in Nigeria have wrong perception about safe sex and the risk of acquiring HIV/STI or even getting pregnant, this has been documented to determined their likelihood to engage in safer sexual practice.<sup>[19,20]</sup> The attitude of adolescents towards premarital sex and their perception that insistence on condom use is an indication of lack of trust has been reported to be predictive of their unsafe sexual practices.<sup>[8]</sup> Also, the misconception among adolescents that one is unlikely to get pregnant or be infected with STIs during first sexual exposure is the reason they engage in casual and unprotected sex.<sup>[21,22]</sup>

Some have argued that the sexual conduct of adolescents differ according to the context in which they live while others still have denied that adolescents are sexually active and even if so, are only restricted to certain known sexual conduct. This study therefore was aimed at exploring the various sexual conduct of adolescent with the aim of providing relevant stakeholders with adequate information that will inform appropriate intervention to ensure a healthy sexual life among adolescents in Nigeria

## METHODOLOGY

### Study design

It was a qualitative exploratory study. A focus group discussion was conducted among adolescents who were between the ages of 18 and 19 years.

### Study area

The study area was plateau state, Nigeria. Plateau state is one of the 36 states in Nigeria, it is divided into 17 Local government Areas (LGAs). Jos North and Bassa LGAs were selected through a simple random sampling technique out of the four LGAs around Jos the capital of the state. Tudun wada ward in Jos north and Bassa ward in Bassa LGA were selected purposively for the study to represent urban and rural communities with concentration of adolescents.

### Study population

The study population was adolescent males and females divided, in school and out of school

### Sampling Method

The researcher collaborated with Voice for the girl child, a local NGO working with adolescents in Plateau State to identify adolescents who were willing and gave their consent to participate in the study.

Two schools were identified, one in Jos North LGA and one in Bassa LGA. Permission was taken from the schools and we were allowed to interact with the students in the absence of the school authority and a list of senior students from ages 18 to 19 years was generated and subsequently, those who gave consent were selected to be part of the study.

For adolescents out of school, we worked together with the youth leaders in the selected communities in Jos North and Bassa LGAs to identify and select adolescents who gave consent to be part of the study.

A total 8 FGD were conducted, 4 FGD with adolescents in school and 4 FGD with adolescents out of school. The selection ensured homogeneity in the group by separating them base on sex and educational status (in school and out of school) for the FGD. Informed written consent was obtained from adolescents who were 18-19 years before including them in the study.

### Data collection

Eight FGD were conducted, 4 FGD in Jos North LGA and 4 FGD in Bassa LGA. The FGD in each of the LGA was further categorized into males and females, in school and out of school. The FGD in schools were conducted in an empty class room after school hours while the FGD with adolescents out of school was conducted in the community at the most convenient place chosen by the participants that provided enough privacy and freedom to speak, the discussion lasted for about 2 hours each using an FGD guide. Visual images were used to initiate discussion and elicit responses from the participants.

The FGD explored the sexual conduct and experiences of adolescents, their sexual partners and their perception of risky sexual practices. With the permission of the participants, an audio tape recorder was used to record the discussion while a note taker took notes to compliment the recordings

### Data processing and analysis

The data processing began right from the time of data collection by ensuring all relevant questions have been asked and information gotten. At the close of every day after the FGD the team met together to share notes, compare notes and tape recording. The information from the FGD was categorized according to the themes and codes were assigned to the responses.

The information was summarized based on similar responses in a matrix form and triangulated to cross check for internal consistency and reliability.

The information was transcribed and analysis using excel and the results was presented in text form.

### Quality assurance

Training: All the research assistants were trained for three days on adolescent sexual and reproductive health problems. The training included role-play on FDG using the instrument to familiarize with the data collection and correct any mistakes. The training included data collection in Hausa Language to establish that the research assistants understand the content.

**Translation of instruments:** The FGD question guides was translated to Hausa Language and back translated to English maintaining the standard and content of the guide. This is because some of the adolescents who are out of school may not understand or speak English well but Hausa is a common Language that is spoken in these communities.

**Pre-testing:** The instruments was pre-tested in Bukuru Gyel community in Jos south LGA, which is a different community before data collection, this enabled the researcher detect ambiguity which were corrected and also assisted with the competence of the research assistants in data collection

### RESULTS

This study has shown that irrespective of the category of adolescents, sex is being practiced. Sexual debut is between the ages of 10 to 15 years with some differences in the sexual conduct and experiences of the different groups of adolescents. The results also revealed a difference in the sexual partners of adolescents in school and that of those who are out of school

### Forms of sexual practices

While both adolescents in school and out of school said sex is a common practice among them and initiated from ages 10 to 15 years, the forms of sexual conduct reported were different for males and females, in school and out of school

Most of the females in school mentioned; romance, kissing and vaginal sex while a few mentioned anal sex, oral sex and sex with two sexual partners at a time.

The males in school mostly mentioned vaginal sex, masturbation, anal sex, oral sex and sex chat (through sharing pictures and having imaginary sex using their phones).

*“The commonest sex among adolescent is vaginal sex but males also have sex through the anus, two males can use a candle inside both of their anus and be having sex”* (Male in school)

*“It is common for females to masturbate using cucumber, carrot, snooker stick, or any object, even toys when they cannot see a man to have sex with or they hate men”*

*(Female in school)*

*“I as a girl can have sex with two guys at the same time, when one is having sex with me through the vagina, the other will be having sex through the anus, we call it two some.”* (Female in school)

The sexual experience of the adolescents out of school was slightly different. Both out of school males and females mentioned vaginal sex mostly. Anal sex and oral sex was not mentioned although a few said they have heard about it but not a practice among them.

Females out of school mostly reported, non-consensual forceful sex by older men or relations, transactional sex for monetary gains and rape by older men. This is a practice they complained is rampant.

*“Older men force females to have sex with them and threaten them not to tell anyone, rape is very common here”*

*(Female out of school)*

### Sexual partners

The sexual partners mostly revealed by females in school were young males, fellow females (“same sex”) and teachers. A few other females in school mentioned fathers, brothers and uncles as sexual partners. Majority of the males in school mentioned females who are either younger or of the same age and fellow males (“same sex”) while few of the males mentioned prostitutes and older women (sugar mummy).

*“Some fathers are having sex with their daughters, like my friend”*

*(Female in school)*

*“Some females prostitute, my cousin is doing it right now, right now she is there, they pay her, she stands out and people pick her for money”*(Female in school)

While the males out of school mostly mentioned young females as sexual partners, the females out of school mentioned older men (sugar daddy) and close relations living in the same house as sexual partners.

*“Females have their guys that they can have sex with but it is common to have sex with older men like your father as long as they can give you money, they are called sugar daddy or ATM”*(Female out of school)

*“My uncle got me pregnant but I could not tell anyone because he threatened me so I had to meet friends to help me abort the pregnancy. I almost died”*(Female out of school)

While males and females who are in school showed some knowledge of the risk of STI, HIV and pregnancy by describing some of the symptoms, route of transmission and preventive measures. The adolescent males and females out of school had poor knowledge of

STI and risk perception and even the females who knew the risk of unprotected sex, lacked the negotiating skills and the ability to insist on condom.

*“Genital discharge and itching can be because of malaria, typhoid or toilet disease” (Male out of school)*

*“Unprotected sex can expose a guy to STI/HIV but the problem is that it is not easy to have access to condom” (male in school)*

*“I usually insist on condom so that I don’t get pregnant, I tell my boyfriend to show me is ID card (condom) or there is no show” (female in school)*

*“A girl cannot get pregnant during the first sexual intercourse” (Female out of school)*

*“Using condom for sex is risky so is better to have sex without it, risky sex is when you have sex with a girl menstruating and when you take codeine you cannot get a girl pregnant” (Male out of school)*

*“It is not always that you have condom when you want to have sex but when you suspect that the girl is sick you can even use nylon bag if you don’t have condom just to protect yourself” (Male out of school)*

*“It is not always that you can negotiate sex, if you don’t want him to be angry you just allow him have sex” (Female out school)*

## DISCUSSION

The responses gotten from this study concurred with the fact that adolescent in Nigeria initiate sex quite early. Both in school and out of school had similar responses agreeing with the findings from the literature.<sup>[23,24,25,26]</sup> It seems from this study and studies in Ibadan and Port Harcourt that females initiated sex a little earlier than males probably because females attain puberty a bit earlier than males and in some cases, females are forced into sex by older men.<sup>[27,28]</sup>

The reports of various forms of sexual practices ranging from penetrative vaginal sex to anal sex including “same-sex” were in line with findings from other studies. However, forced sex and rape was commonly reported among out of school females. It could be deduced that being out of school could have exposed them to being on the street or at the mercies of people who in the bid to help them take advantage of them. The experiences of these adolescents is similar to those of their peers in other parts of the country reporting forced sex among out of school adolescents.<sup>[29,30,31]</sup>

Few adolescent reported sex with more than one sexual partner either of the same sex or opposite sex; an example is a girl having sex with two males through

different routes at the same time. This has also been documented in few studies but the fear is the higher risk of unprotected sex during such sexual act.<sup>[32,33]</sup>

It was observed from this study that both females and males engage in transactional sex, though reported commonly among out of school female. This is against the popular belief that it is a practice among females. It is usually with partners much older, nicked name as either sugar mummy or sugar daddy with obvious power relation’s asymmetry but for the monetary benefit.<sup>[4,9,34]</sup>

Other sexual partners mentioned here which were not a common findings from studies were close relations/family members such as uncles, aunts, fathers and teachers. This is obviously a forced and non-consensual sex as reported by most of adolescents.<sup>[5]</sup> Although both sexes and groups reported multiple and concurrent sexual partners, it was commonly reported by out of school-females. Some studies have reported similar findings with unequal power relations, attributing less education and economic status as reasons for such practice.<sup>[7,9,35]</sup>

This study considered unprotected sex, inconsistent use of condom and multiple or concurrent partners as high risk sexual practice which makes adolescents vulnerable to STI/HIV and unintended pregnancy.<sup>[36]</sup> Some of the adolescents knew that having unprotected sex was risky but still went ahead anyway while others had a miss conception that first intercourse cannot lead to pregnancy or that it is only when a partner appears sick that sex with such a person is risky.<sup>[14,17]</sup> it is obvious that their poor perception of risk is a contributory factor to their risky sexual behavior.

Those in school seemed to have better knowledge of STI and HIV transmission and prevention than those out of school where someone thought that STI symptoms such as vaginal discharge and itching are symptoms of malaria and typhoid fever. Though the literature findings agreed with the result that those in school were more knowledgeable, the misconception documented here on STI was not found in the literature.<sup>[4,11,12]</sup> Having multiple and concurrent sexual partner was a common practice among all the groups but commonly practiced among females out of school.<sup>[30,37]</sup> Though some however did not perceive it as risky, it is definitely exposing them to STI/HIV and unintended pregnancy.

## CONCLUSION

This study has revealed that adolescents are obviously having sex irrespective of the context in which they live but express different sexual conduct. Different forms of sexual practices have been documented ranging from sex with opposite sex, “same sex”, penetrative vaginal sex, oral sex and anal sex. While some are having sex with their contemporaries, others are having sex with prostitutes, older men and women, teachers, parents and close relations. The wrong perception of adolescent on risky sexual practice and their poor knowledge on

STI/HIV as recorded in this study may contribute to the unsafe sexual practices among some adolescents.

These findings calls for the urgency in intervention such as the provision of accurate sexual and reproductive health information and services to adolescents to curb the spread of STI/HIV and prevent the occurrence of unintended pregnancy among adolescents

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