



Pattern and perception of risky sexual behaviour among young people in South-West Nigeria

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KEYWORDS

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ABSTRACT

Background

Young people constitute a fifth of the global population and have been identified as a group that are vulnerable to risky sexual behaviour. Consequences of such behaviour may include Sexually Transmitted Infections (STIs) including HIV/AIDS and can have deleterious effects on their current and long term reproductive health. This study described the pattern, perception and risk factors influencing risky sexual behaviour among students in the first year of a tertiary institution in South- West Nigeria.

Methodology

The study entailed a quantitative cross sectional survey among a total sampling of 222 first year students. Information was collected on types of risky sexual behaviour viz: sexual intercourse without the use of condoms, multiple sexual partners, early sexual debut and sex under the influence of alcohol. Perception of sexual risky behaviour was scored and categorized into good and poor. Data were analyzed using descriptive statistics and bivariate analysis with level of significance set at 5%.

Results

More than half of the respondents were male (55.1%) and sexually active (54.6%). A fifth had early sexual debut (20.8%), 40.8% had multiple sexual partners, 23.3% had sex under the influence of alcohol while 34.2% didn't use condoms at the last sexual encounter.

About half of the respondents had poor perception of risky sexual behaviour (51.8%).

Gender and age were associated with sexual activity ($p < 0.05$) while males were more likely to have a poor perception of risky sexual behaviour.

Conclusion

Interventions targeted at addressing the perception of risky sexual behaviour among students are advocated.

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INTRODUCTION

Young people constitute a fifth of the global population and have been identified as a group that is vulnerable to risky sexual behaviour. Risky sexual behaviour is characterised by

involvement in sexual activities that may expose an individual to deleterious reproductive health outcomes. Such behaviour can be assessed through a variety of indicators such as engaging in unprotected sexual intercourse, having multiple

sexual partners, early sexual debut, sexual intercourse for rewards, forced sexual intercourse and having sex under the influence of alcohol or cocaine.² It can also be defined according to the nature of the partner such as intravenous drug user, HIV positive individual and non exclusive partner.³ The consequences of such behaviour may include STIs including HIV/AIDS and can have deleterious effects on their current and long term reproductive health.

Worldwide, the prevalence of risky sexual behaviour among young people varies across countries. A survey in the United States found that 38% of male 12-21 year olds had multiple sexual partners in the three months preceeding.⁴ A review of studies in some countries in Africa revealed that the prevalence of youth aged 15-24 years, who have had sex before the age of 15 varies from 3% in Rwanda to 27% in Guinea among females and from 4% in Ghana to 31% in Namibia among males. Similarly, youth reporting condom use ranged from 14% in Mali to 75% in Botswana among females and from 30% in Ethiopia to 88% in Botswana among males.⁵ About one in three unmarried young men reported they had two or more sexual partners in Benin, Guinea, Togo, Gabon and Tanzania.⁵

A study in Nigeria reported that about 33.6% of young people between the ages of 15-19 years had had sexual intercourse and only 31.8% reported using a form of protection before sex.⁶ Similarly, another study in south west Nigeria revealed that condom use at first intercourse was 32.2%.⁷

In a bid to promote healthy sexual behaviour among young people in Nigeria, the Federal Government through the Federal Ministry of Education introduced Family Life and HIV Education into the national school curriculum to span from primary through to tertiary levels of education. Although very laudable, the implementation has so far been mainly at the late primary as well as the secondary school levels with less attention being paid to older adolescents and younger adults.⁸

Risky sexual behaviour among young people has

been found to be a predictor of future reproductive health outcomes and hence the need to identify such patterns as well as establish interventions as necessary.⁹ The age range of late adolescence and young adulthood in which most young people begin tertiary education is prime for identification of such behaviour as it is relatively easier to carry out interventions in the structured environment of the school setting and before such behaviours become lifelong habits. It can also be regarded as a window of opportunity before the influences of peer pressure in a new school environment have the opportunity to take root.

This study therefore aims at documenting the pattern, perception and factors influencing risky sexual behaviour among first year students of a tertiary institution in south west Nigeria.

METHODOLOGY

This descriptive quantitative cross sectional study was carried out among students of the Oyo State College of Agriculture Igboora, Ibarapa-Central local Government Area of Oyo state in south west Nigeria. The College was established in August, 2006 and has 5 departments. A total sampling of first year National Diploma students was carried out which represented a total of 222 students. Data were collected using structured self administered questionnaires after pretesting. Information was obtained on sociodemographic characteristics of respondents, the practice of various types of risky sexual behaviour as well as their perception towards it. Modifications were made after the pretest to clarify areas of ambiguity. Sexual behaviour of students in the preceding three months was assessed.

Risky sexual behaviour in this study was defined as sexual intercourse without the use of condoms; sexual intercourse with multiple sexual partners, early sexual debut (before the age of 16years) and sexual intercourse under the influence of alcohol or psychoactive substances. Respondents were categorized as engaging in risky sexual behaviour if

they reported involvement in at least one of these types of risky sexual behaviour. Perception of risky sexual behaviour was scored and categorized into good and poor. Perception was assessed based on nine questions with each correct answer being assigned a score of one mark. Utilizing the methodology of published literature, the median score was taken as the cut off point for categorization.¹⁰ Scores of seven and below were categorized as poor perception. Poor perception was adjudged when the respondent agreed that it was acceptable to engage in behaviour that would predispose to risk of negative health consequences, be it the contraction of STIs or having an unwanted pregnancy in which case a score of zero would be awarded. Scores above seven were regarded as being synonymous with good perception. Institutional ethical review clearance was provided by the Ibarapa programme of the College of Medicine of the University of Ibadan. Permission was sought from the school authorities and verbal informed consent was sought from each of the students.

Data were collected and checked for completeness before computer entry and managed using the Statistical Package for Social Sciences version 16

with analysis being with the use of descriptive statistics and bivariate analysis. Level of significance was set at 5%.

RESULTS

Table I highlights the sociodemographic characteristics of the respondents. More than half of the respondents were male (55.9%) with majority being in the 20-24 year age group with a mean age of 20.57 ± 2.4 years. Virtually all the students were single (95.9%), of Yoruba ethnicity (95.5%) and were mainly from monogamous backgrounds (70.3%).

In total, 54.5% of the respondents were sexually active (Figure 1) and majority of these were in the age group 20-24 years 76(60.8%). More of the males 77 (62.1%) were sexually active.

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The mean age of sexual debut among the respondents was $17.5+3.4$ with this being 17 ± 3.5 years for males and 18.1 ± 2.9 years for females.

Table I: Sociodemographic characteristics of respondents

Variables	N= 222 (%)
Age (in years)	
15-19	79 (35.6)
20-24	125 (56.3)
≥ 25	18 (8.1)
Gender	
Male	124 (55.9)
Female	98 (44.1)
Religion	
Christianity	130 (58.8)
Islam	88 (39.8)
Traditional	3 (1.4)
Ethnicity	
Yoruba	210 (95.5)
Others	12 (5.0)
Family background	
Monogamous	154 (70.3)
Polygamous	65 (29.7)

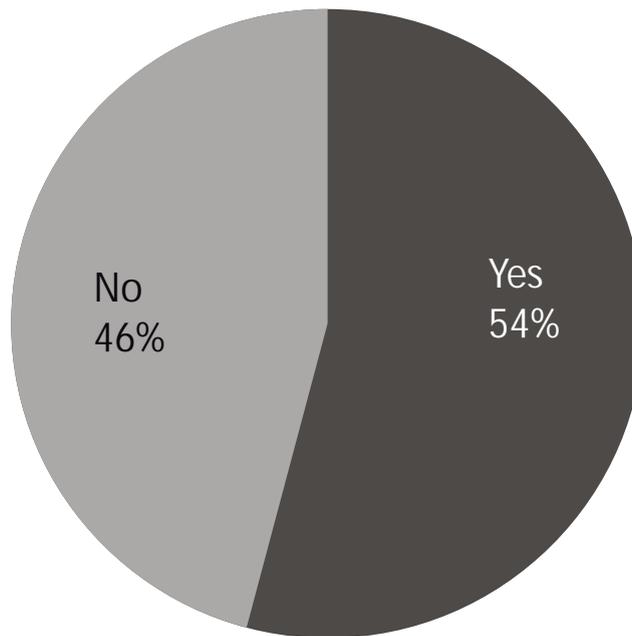


Figure 1: Sexual activity among respondents

About a fifth of sexually active males had their sexual debut before the age of 16 years (Table II).

Of those who had early sexual debut, the most common reason given by respondents for this was that they were 'having fun' as described by 12

(48.0%) of them. (Figure 2)

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Table II: Sexual exposure of respondents by gender, age and timing

Variable	Sexual Exposure N=120	
	Yes (%)	No (%)
Gender		
Male	77 (62.1)	47 (37.9)
Female	43 (43.9)	55 (56.1)
Age (in years)		
15-19	30 (38.0)	49 (62.0)
20-24	76 (60.8)	49 (39.2)
≥25	14 (77.8)	4 (22.2)
Sexual debut	Before the age of 16 years (%)	16 years or older (%)
Male	18 (23.4)	59 (76.6)
Female	7(16.3)	36 (83.7)

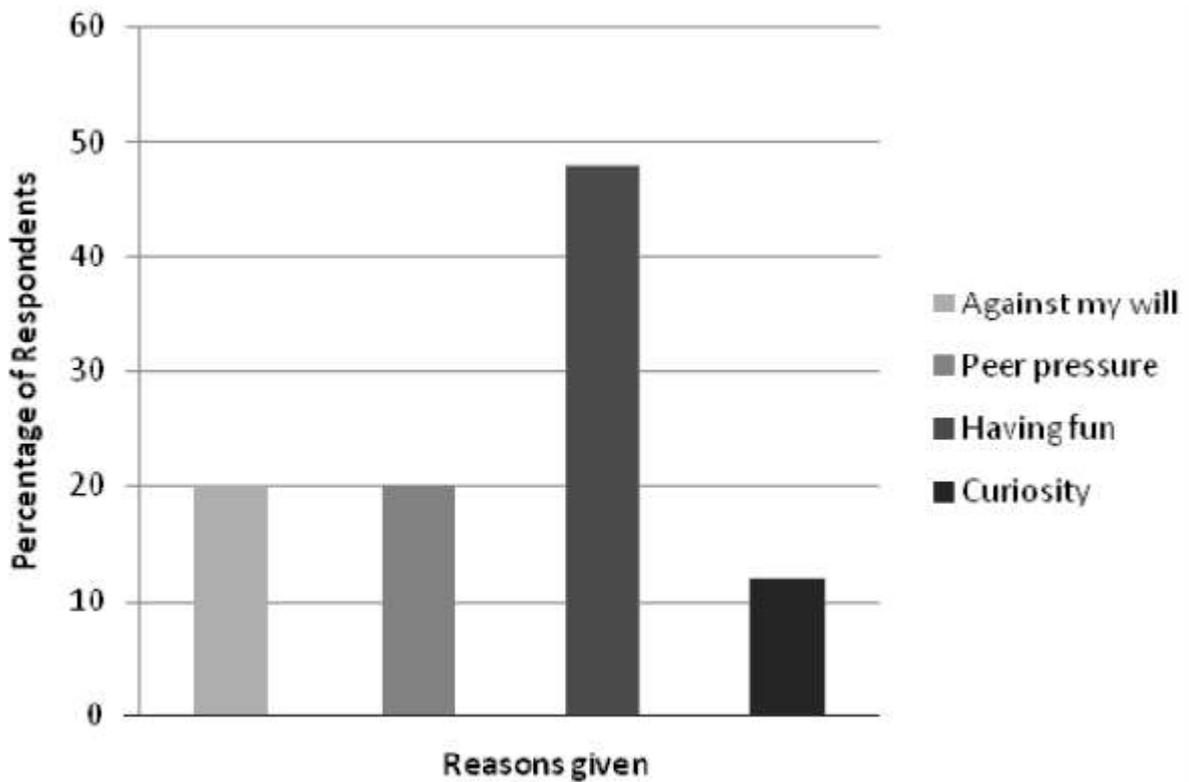


Figure 2: Reasons for early sexual debut

Overall, the prevalence of risky sexual behaviour (those that reported involvement in at least one form of risky sexual behaviour) was 101(84.2%). Among those who had engaged in risky sexual behaviour, 41(34.2%) have had unprotected sexual intercourse,

49(40.8%) had multiple sexual partners, 25(20.8%) have had sex before the age of 16 years and 28(23.3%) had sex under the influence of alcohol. (Figure 3).

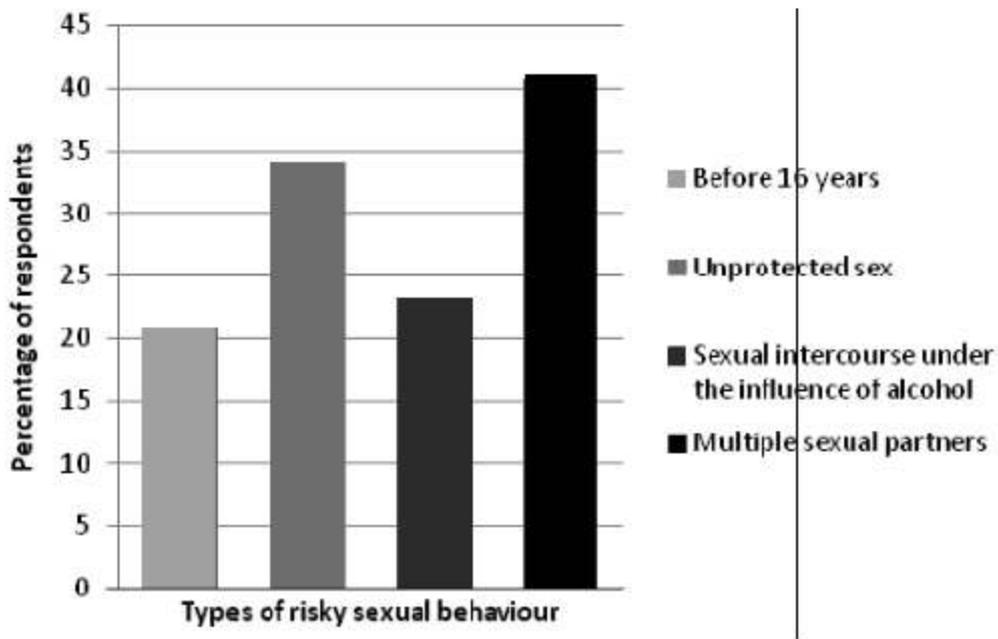


Figure 3: Pattern of risky sexual behaviour

Among these respondents, almost half, (48.3%) were engaged in one type of risky sexual behaviour, about a fifth, (21.3%) were engaged in two types of risky sexual behaviour, 11.7% had been engaged in three types of risky sexual behaviours while 2.5% had been engaged in all the four types of risky sexual behaviour. More than half of the respondents (56.3%) had a poor perception of risky sexual behaviours.

Gender and age were significantly associated with sexual activity with males and those in the 20-24 year age group more likely to be sexually active. ($p < 0.05$) (Table III)

Male respondents were significantly more likely to have a poor perception of risky sexual behaviour than their female counterparts. (Table IV)

Table III: Relationship between socio-demographic characteristics and sexual activity

Variable	Sexual Activity		p value
	Yes n (%)	No n (%)	
Age (in years)			
15-19	30 (38.0)	49 (62.0)	0.001*
20-24	76 (60.8)	49 (39.2)	
≥25	14 (77.8)	4 (22.2)	
Gender			
Male	77 (62.1)	47 (37.9)	0.005*
Female	43 (43.9)	55 (56.1)	
Family background			
Monogamy	85 (55.2)	69 (44.8)	0.485
Polygamy	35 (53.8)	30 (46.2)	

*Statistically significant at $p < 0.05$

Table IV: Relationship between some socio-demographic characteristics and perception of risky sexual behaviour

Variable	Perception of Risky Sexual Behaviour		p value
	Poor perception n (%)	Good perception n (%)	
Age (in years)			
15-19	46 (58.2)	33 (41.8)	0.122
20-24	73 (58.4)	52 (41.6)	
≥25	6 (33.3)	12 (66.7)	
Gender			
Male	63 (50.8)	61 (49.2)	0.042*
Female	62 (63.3)	36 (36.7)	
Family background			
Monogamy	84 (54.5)	70 (45.5)	0.351
Polygamy	38 (58.5)	27 (41.5)	
Timing of sexual debut			
< 16 years	14 (56.0)	11 (44.0)	0.232
≥ 16 years	43 (45.3)	52 (54.7)	

*Statistically significant at $p < 0.05$

Discussion

This study assessed the pattern, perception and factors influencing risky sexual behaviour among first year students in a tertiary institution. More than half of our respondents were sexually active. This finding was consistent with a study conducted by Imaledo et al among students in a tertiary institution in the south of Nigeria which showed that majority of respondents were sexually active.⁶ Most of the sexually active respondents in our study were males which was similar to a study done among students of a tertiary institution in Ilorin which found that more than half of the males were sexually active.¹¹ Overall, most of the sexually active respondents had engaged in at least one form of risky sexual behaviour in the three months preceding the study. This was similar to the results of a study by Abdulraheem and Fawole among students in a tertiary institution in North Central Nigeria which showed that about two thirds of the respondents were involved in one type of risky sexual behaviour or another.¹¹ Early sexual debut has been found to be associated with a higher risk of unwanted pregnancy and STIs including HIV.¹² This is because early sexual debut provides a potentially longer period during which individuals are exposed to these risks.

In this study, it was discovered that up to a tenth of respondents had their first sexual intercourse before the age of 16. Although this is lower than what was reported by Zuma et al, it was similar to the findings of Harrison et al.^{13, 14} Our study also revealed a gender disparity in the timing of sexual debut with more males having an early sexual debut than females. This has been shown to be the picture in other African countries as well.^{13,15,16} The relatively permissive attitude to male sexual experimentation and initiation in the African culture may be responsible for this. The commonest reason why respondents in our study engaged in early sexual debut was for 'fun' and this may be an additional

reason why more males had early sexual debut as males are known to be more adventurous. However, this reason for engaging in sexual activity at an early age was somewhat contrary to findings of a study carried out among young people in Cameroon which had its main reason as curiosity¹⁷ and also contrary to findings by Okafor et al which showed that socioeconomic reasons accounted for early sexual debut.¹⁸ About a third of sexually active respondents in our study did not use a condom at their last sexual intercourse and this was consistent with a study done by Adebisi et al who reported a similar scenario.¹⁹ Condom use with every sexual act can significantly reduce the risk of STIs including HIV as well as unwanted pregnancy. Research has shown that the extent to which young people use condoms varies widely with inconsistent use being a common phenomenon.^{20, 21} Contextual influences have been found to play a prominent role in the predictors of condom use as well as consistency of use.^{21,22}

Even though our study did not primarily seek to determine the correlates of condom use, we determined the prevalence of unprotected sexual intercourse among our respondents as one of the patterns of risky sexual behaviour. More than a third of the respondents reported that they had unprotected sexual intercourse. This finding is consistent with that of Adih et al in Ghana²³ but contrary to what was observed by other researchers who reported higher proportions of those that had unprotected sexual intercourse in other parts of Africa.^{20, 24} The reasons for this disparity are not immediately clear but varying culturally acceptable sexual norms in these different locations might be responsible for this

Young people that have multiple sexual partners are less likely to use condoms during sexual intercourse as well as being at significantly increased risk of acquiring sexually transmitted infections including HIV through sexual networks.^{25,26} Our study showed

that more than a third of our respondents were involved in multiple sexual partnering with more males in this category than females. This is similar to what was found by Durojaiye²⁷ but at variance to what was observed by Daniyam et al where less than a tenth of respondents had multiple sexual partners.²⁸ The respondents in this case were medical students and the nature of the training they receive may be responsible for the difference in their sexual behaviour in this regard.

Our study showed that about a fifth of sexually active respondents had had sexual intercourse under the influence of alcohol and this is in contrast to what was observed by Kiene et al who reported higher proportions.²⁹ The use of alcohol among young people has been tied to indiscriminate sexual activity and the subsequent risks that this poses.²⁹ A possible explanation for this contrast is the fact that the intake of alcohol appears to be more socially acceptable among young people of either gender in developed countries as opposed to the male preponderance of alcohol intake in a country like Nigeria.

Less than half of the respondents had a good perception of risky sexual behavior and this is consistent with reports by other researchers.²⁷ This finding is of vital importance as perception is known to influence behaviour.³⁰ Modifying perceptions towards risky sexual behaviour among young people could therefore be seen as a key strategy to reducing risky sexual behaviour among them as well as its health consequences.

Conclusion and Recommendations

The findings from our study show a high prevalence and poor perception of risky sexual behaviour. Being sex related research, we acknowledge that social desirability bias and hence the possibility of under reporting of risky sexual behaviour serve as a limitation of our study. In spite of this, our findings

have implications for the design of reproductive health programs for young people. It is clear from the poor perception of these respondents towards risky sexual behaviour that current program thrusts may not be adequate. Interventions that address poor perception of risky sexual behaviour would play a role in reducing the prevalence of risky sexual behaviour and are advocated.

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