

SEXUAL BEHAVIOUR AND KNOWLEDGE OF CONTRACEPTIVES USE AMONG IN - SCHOOL ADOLESCENTS IN AKURE METROPOLIS OF ONDO STATE NIGERIA

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Abstract: This study investigated the sexual behaviour and Knowledge of contraceptive use among male and female adolescents in Akure metropolis of Ondo State. The study also investigated the influence of parental control on adolescents' sexual behaviour as viewed by the adolescents themselves. The subjects used for the study were 300 students selected using stratified random sampling technique from 10 secondary schools in Akure Metropolis of Ondo State. The instrument, a self-designed questionnaire titled Sexual Behaviour and Contraceptive Use Questionnaire and validated by a test expert was administered personally by the researcher. The researcher postulated three hypotheses and tested them at 0.05 level of significance. The data collected were analyzed using t-test. Results of the findings revealed that there were significant differences in the three hypotheses tested. Boys were more involved in Sexual behaviour than girls. Although, this may be as a result of cultural restrictiveness on sex where girls may refuse to tell the truth of their sexual activities for fear of stigmatization. Hence the null hypotheses were rejected. Based on the findings of the study, it was recommended among other things that sex education should be introduced into the Senior Secondary School curriculum. Counsellors should emphasize behavioural counselling techniques for modification of students' anti – social behaviour like premarital sex. Moral instruction and health talk should be organised by School Counsellors to ensure that the students know the consequences of pre-marital sexual activities and contraceptive use.

Keywords: Sexual Behaviour, Contraceptives Use, In-School Adolescent, Counselling Intervention, Contraception.

Introduction

In the Traditional African setting, sex is regarded as being a sacred matter which many people dare not discuss not to talk of teaching it. Virginity was held in high esteem among the traditional Nigerians, the virginity of bride is a pride to the two families and such virginity is broken at the first sexual intercourse of the couple and it is greeted with joy and festivities. The last two decade had witnessed an increasing moral connivance at sexual behaviour across culture, nations and ages with the adolescents at the forefront of involving in varieties of pre – marital sexual activities. The proliferation of Information and Communication Technology (ICT) has also given a new dimension and dramatic global influence on human existence such that majority of youths patronises online dating sites for sexual experimentation and even seeing online sexual behaviour as normal and healthy part of late adolescent development (Ndidi, 2015). The resultant effect is the high rate of promiscuity, unwanted pregnancy, untimely death from unsafe abortion and increase in dropout rate among the adolescents. Some are left with consequences that are regretted for many years at adulthood and despite the guilty feelings one can conclude that sex is in while virginity is out.

The period of adolescence is a time of opportunity, a period of rapid physical growth, endocrine changes, cognitive development and increasing independence and active participation in a more complex world (Habeeb and Fatema, 2016). Adolescents also form the potential workforce of any nation and they are vulnerable to juvenile delinquency, sexually transmitted diseases, single parenting and other forms of anti – social behaviours (Ogbonna 2015). Odeigah, Rasaki, Ajibola et.al (2019) in their study in Sub – Saharan African countries conclude that adolescent sexual activity is characterized by a high level of premarital, often multiple, short-term, and casual sexual relationships combined with inconsistent, incorrect, or non-use of contraceptive devices. Without mincing words there abound evidences of high rate of adolescents' involvement in various forms of sexual behaviour and activities such as masturbation, kissing, petting, coitus sex, breast and genital fondling. In a related study Sharma and Vishwakarma (2020) while comparing sexual behaviour among adolescent boys and young men from 2005/06

to 2015/16 in India reported that high-risk sexual behaviour has increased among adolescent boys (64 to 70%) and young men (18 to 27%). The trend of live-in relationship has increased among adolescent boys of rural areas (0.6 to 6.0%) as well as in urban areas (3.1 to 10.9%) over the last 10 years. Adolescent boys having 10th and above years of schooling (AOR = 1.98; $p < 0.01$), residing in urban areas (AOR = 2.23; $p < 0.01$), and belonging to the affluent class of households (AOR = 1.41; $p < 0.05$) were more likely to engage in high-risk sexual activity than the young men. Nicaragua has the highest number of adolescents pregnancies in Latin America with adolescent fertility rate of 109 births per 1000 females aged 15–19, against the Latin American with average of 79 births (UNFPA, 2013). The implication is that pre - sexual activities are no longer strange among the adolescents and neither is it restricted to only those in urban area. Findings from Uganda demographic health survey indicated that premarital sex is common, with at least one in every five young females aged 15–24 being sexually active (Uganda Bureau of Statistics, 2012). Adejimi, Omokhidon and Ola Olorun (2020) reported in their study a significant difference in sexual activity among male and female adolescents with males having more records of initiating sexual activities than females. Boys by their nature are more adventurous than girls and are more likely to try out new experiences in sexual activities (Izagbara, 2001) while boys under 18 were more frequently sexually active than their female peers (Decat, De Meyer, Jaruseviciene et.al, 2014).

Therefore, while sexual activity is now considered a part of normal behaviour and development, it must be noted that such activities may be associated with negative outcomes which may be regretted even at later life if not well managed (Maswikwa, Richter, Kaufman, & Nandi, 2015). Owuamanam and Bankole (2013) opined that sexually active adolescents may contact Sexually Transmitted Diseases (STDs) such as HIV/AIDs, increase the number of street children and destitute. Pre – marital sexual intercourse has also be found as sources of increase in the risk of acquiring HIV infections, sexually transmitted infections (STIs) and unintended teenage pregnancy (Magnusson, Masho&Lapane, 2011) (Noel, Geary, Tucker, Wedderburn, Noel,Waszak et.al 2012).Moloney(2009) in a related study in Nicaragua found out that many pregnant teenagers would seek unsafe and risky backstreet abortions, due to the prohibition of such an act under all circumstances. Abortion done under contaminated environment by unqualified practitioners may result in permanent infertility, fistula, chronic pelvic and back pains (Umar and Haruna, 2015) which are becoming more popular among the promiscuous adolescents.

Studies have revealed that sexual behaviour can be determined by diverse factors and in different contexts that may influence attitudes, knowledge, skills and norms (Pilgrim & Blum 2012) and such factors may be categorised into internal and external. Internal factors refers to those within the control of individual which may include hormones and chemical changes in the body system while external factors which may include parental influences, peer group pressure, type of school, gender difference, mass media and social groups to which the adolescent belong. Research revealed that girls are more likely to report parental and peer pressures, moral concerns for fear of unwanted or untimely pregnancy and fear of STIs as motivations for postponing sexual initiation while boys experiences less pressure rather they are often encouraged by peers or male relatives (including fathers) to have sex to prove their manhood (Rani, Figureora and Anisle, 2003). Comparing the influence of types of school attended Adejimi, Omokhidon and OlaOlorun (2020) reported a significantly higher proportion of girls in coeducational schools as haing involved in sexual intercourse with the opposite sex and with multiple sexual partners than those who attended non – coeducational schools. They also did not found any significant difference in the sexual behaviour among boys from coeducational and non- coeducational schools. Female adolescents who smoked cigarettes and used marijuana had a significant likelihood of sex with multiple partners than male adolescents (Shayo&Kalomo, 2019).

Exposure to mass media, friends, and peer pressure without sufficient knowledge of prevention had inspires many adolescents to indulge in hazardous ways of life such as smoking, alcohol or drug use, and sexual activity which may result in some of the consequences mentioned earlier. Most of these adolescents face the risks and consequences of their actions with little or no guidance and counselling about sexual responsibility, health care services and sex education. Many of them who are unable to tolerate the period between puberty and marriage may result into use of contraceptives which when not accurately used can expose them to a more serious future dangers.

Contraception is a deliberate use of artificial devices to prevent the occurrence of pregnancy. The motive is for such devices to disrupt the normal process that leads to pregnancy. The choice and use of contraceptive vary widely depending on type of health facility, geopolitical location, religious teachings, availability and information, and within urban or rural settings (Abeshi, Ago, Njoku&Emechebe. 2017). Identified and common varieties of

contraceptive devices include the male and female condom, oral contraceptives pills, implants, injectables, intrauterine devices (IUD), vasectomy and male and female sterilization. Santrock (2005) observed that adolescents who have sex before they are 16 years old are often ineffective user of contraceptive, which often puts them at risk for adolescent pregnancy and sexually transmitted infections. It was observed that most of the adolescents that are sexually active and those that started sexual activity before age 18 years had knowledge of contraception with low rate of contraceptive use. It was also observed that adolescents (aged 15 – 19) have the lowest contraceptive use rates and the highest unmet need for family planning (Izagbara, Wekesah et.al 2018) While Morris (1995) reported that adolescent boys use contraceptive more than their female. Another related study revealed that adolescents from poor neighborhood of Managua in Nicaragua initiate sexual activity at early ages and only few of them consistently use contraceptives and among sexually active adolescents, 43% of the boys and 54% of the girls mentioned that they used a modern contraceptive shortly before the survey. Condoms, OCs and injectables were the methods most frequently relied upon (Decat, De Meyer, Jaruseviciene et.al, 2014). In Uganda, knowledge of any contraceptives was almost universal (99.6 %) with only 22.1 % knew about female condoms. Perceived acceptability of contraceptive use at the Makerere University (93 %) or being beneficial to male partners too (97.8 %) were high. Nearly 70 % had ever engaged in sexual intercourse and 62.1 % reported sexual intercourse in the past 12 months while 46.6 % reported current contraceptive use, with male condoms (34.5 %) being the commonest methods (Nsubuga, Sekandi, Sempeera&Makunbi, 2016). This study therefore, finds out the sexual behaviour of in – school adolescents, their knowledge of contraceptive devices and contraceptive use was also determined

Statement of the Problem

In many cases, the context in which adolescent pregnancy and sexual promiscuity occurs makes it difficult for many adolescents to complete school and leads to adverse socio-economic consequences in later life. There are also high rate of mortality among adolescents as a result of trying to abort unwanted or untimely pregnancies. Available statistics shows that more adolescents are contacting STDs like gonorrhea, syphilis and even HIV/AIDs. It can therefore be asserted that engagement in sexual practices may have great impact and relationship with school functioning. It is assumed that schooling with distraction and time spent on social activities like engaging in pre-marital sexual activities among adolescents appears incompatible. Akure the capital of Ondo State is an urban centre full of social activities thus cases of lack of commitment to schooling, high school dropouts among male and female students cannot be ruled out and some of such cases may be linked with premarital sexual activities and other pleasurable events that lead to it. Although there are advocacies and intensified campaigns from churches, media organizations, government and non-governmental agencies to reduce moral decadence in areas of pre – marital sexual activities but the cankerworm remain unabated as rate of promiscuity is becoming more noticeable in the town. This leaves one to wonder and ask questions as to what influence these bizarre sexual behaviours.

Therefore knowing and having empirical data on how these variables operate and how guidance counsellors as helping professionals will help in deciding what effort and programme need be put in place as to reduce the wastages this is costing the society. The study will also provide useful information for adolescents' sexual and reproductive health educators, administrators and healthcare providers.

Purpose of Study

This study investigated the sexual behaviour among In- School adolescents male and female in Akure Metropolis. The study also examined the knowledge of the adolescents on available contraceptive devices. The involvement of the adolescents in contraceptive use was also determined.

Research Hypotheses

The following hypotheses were formulated and tested for the study.

- i) There is no significant difference in the sexual behaviour of male and female adolescents in Akure Metropolis of Ondo State.
- ii) There is no significant difference in the knowledge of male and female adolescents toward contraceptive devices in Akure Metropolis of Ondo State.

- iii) There is no significant difference in male and female adolescents' involvement in contraceptive use in Akure Metropolis of Ondo State.

Research Method

The descriptive research method was used for this study. The population comprised all In-school adolescents in Government owned Senior Secondary School III, within the age of 15 – 19 years in Akure Metropolis of Ondo State. Akure is the Capital town of Ondo State in South West Nigeria. It is a densely populated area with series of infrastructural amenities. The four single schools (2boys and 2girls) were purposively selected while six co-educational schools were randomly selected to make a total of ten schools for the study. Thirty students (15boys and 15 girls) each were selected from the 10 schools using stratified random sampling technique to make a total of 300 adolescents used as sample for the study. A self-designed questionnaire titled Sexual Behaviour and Contraceptive use (SBCQ) was used to collect information for the study. The instrument contained 35 items divided into three sections. The Section A, requires the Bio - data of the respondents, Section B and C consists of four rating scale ranging from Strongly Agreed, Agreed, Disagreed and Strongly Disagreed aimed at getting information on the sexual behaviour/involvement and Section C is on their knowledge of contraceptive devices and the Use of such devices. The validity and reliability of the instrument were established by experts in Test and Measurement. After obtaining permission and consent of the School Principals the instrument was administered personally by the researcher with the help of the school counsellors. The responses were collected and subjected to inferential statistical analysis using t-test method.

Testing the Hypotheses

Hypothesis I: This hypothesis seeks to establish whether there is any significant difference in sexual behaviour among male and female adolescents in Akure Metropolis of Ondo State.

Table I: Summary of the difference in the sexual behaviour of male and female adolescents in Akure Metropolis of Ondo State

Group	N	X	SD	DF	t-cal	t-table
Male	150	16.56	1.96	298	3.23	1.96
Female	150	15.87	1.70			

$$P = < 0.05$$

The result revealed that male adolescents had a mean score of 16.56 and a standard deviation of 1.98 while female adolescents had a mean score of 15.87 and a standard deviation of 1.70. The observed value (t-calculated) was 3.23 while the table value (t-critical) was 1.96. The t-test showed a significant difference in male and female adolescents involvement in sexual behaviour at $P = < 0.05$ with a $df = 298$. Hence, the null hypothesis was rejected.

Hypothesis II:

This hypothesis states that there is no significant difference between knowledge of male and female students toward contraceptive devices. The hypothesis was formulated to find out the knowledge of male and female adolescents on the available contraceptive devices. The result was as shown below.

Table II: Difference between Knowledge of male and female student's attitude towards sexual Contraceptive devices.

Group	N	X	SD	Df	t-cal	t-table
Male	150	7.18	1.09	298	3.05	1.96
Female	150	11.43	1.73			

The result of the hypothesis showed a mean score of 7.18 for male, 7.44 for girls with the standard deviation as 1.09 and 1.11 respectively. The t-calculated is 2.05 and the t-value is 1.96 at $P = < 0.05$ with a degree of freedom at 298. Hence the hypothesis was rejected.

Hypothesis III:

The hypothesis tests whether there is significant difference in the contraceptive use among male and female adolescents in South West Nigeria.

Table III: Summary of the difference in the contraceptive use among male and female adolescents in Akure South Local Government Area of Ondo State.

Group	N	X	SD	DF	t-cal	t-table
Male	150	11.13	1.22	298	2.01	1.96
Female	150	11.43	1.73			

$$P = < 0.05$$

From the table above male adolescents engaging in the use of contraceptives had a mean score of 1.13 a standard deviation of 1.22 while the female adolescents involved in contraceptive use had a mean score of 11.43 and a standard deviation of 1.37. The t-cal. was 2.01 and the t-table was 1.96. Since the t-cal is greater than Table, the null hypothesis was rejected.

Results

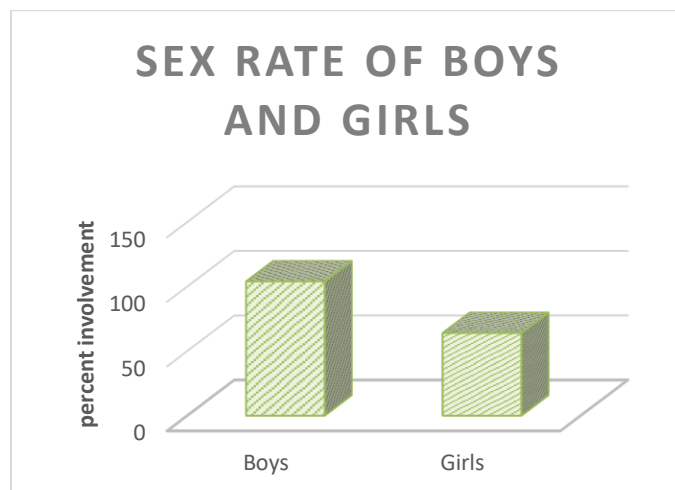


Figure 1: Sex Rate between Boys and Girls

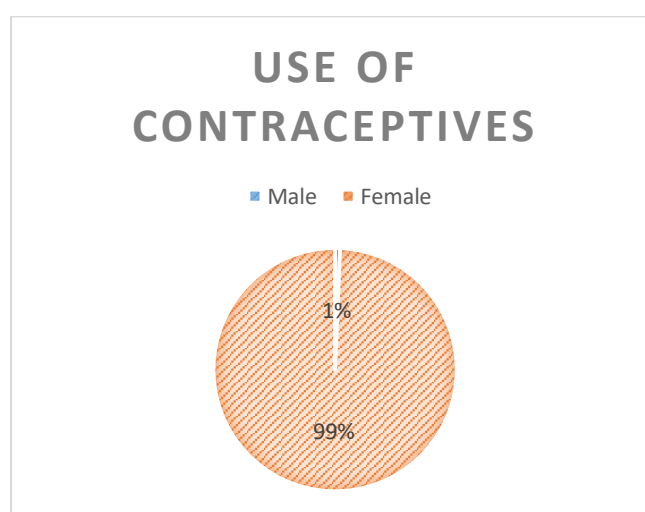


Figure 2: Use Of Contraceptives among Male and Female Under-Aged

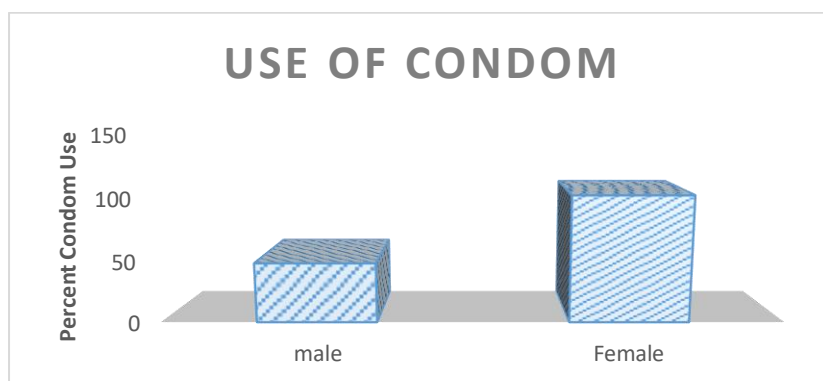


Figure 3: Condom Use Rate

Discussion

The result revealed that male students were more involved in sexual behaviour than their female counterparts. This is in line with the findings of Adejimi, Omokhidon and OlaOlorun (2020) who claimed that adolescent boys initiate sex and are more likely to be sexually active than their female counterparts. Further analysis of the result revealed that 104 out of the 150 males sampled indicated that they had involved in at least one form of sexual behaviour ranging from kissing, petting, genital fondling, and masturbation to sexual intercourse. The result showed that 69% of those who said yes had sexual intercourse with more than one partner. Over 70% of the students claimed that they had their first sexual experience between age 15 and 16. On the other hand only 67 out of the 150 females sampled indicated that they had engaged in at least one form of sexual behaviour with majority claiming that they engaged more in kissing than other forms of sexual activities. Only 48% of the respondent claimed to have engaged in sexual intercourse with over 60% of them indicating that they had their first sexual experience at about age 14-15 years. This also agreed with the study conducted by (Decat, De Meyer, Jaruseviciene et.al, 2014) who reported that boys under age 18 are more sexually active than their female counterparts. While it can be confirm from the study that boys reported having multiple partner majority of the girls affirmed that they have just one sexual partner at a time. Undoubtedly, there are cultural reasons for the variation in male and female involvement in sexual behaviour. The reasons girls gave in this study for not engaging in sexual activities frequently include, fear of becoming pregnant which may lead to inability to complete their education and the fear of contacting deadly disease like AIDS and sexually transmitted diseases (STDs). Some of them claimed that they were Christians and their religion forbids premarital sexual behaviours. The difference in rate of involvement between male and female may be due to secretive nature of girls when it comes to discussing sensitive issues like sex and fear of been tagged a promiscuous individual. The permissiveness on the part of boys and pressure from peers may be responsible for more involvement on their part. This confirms the work of (Rani, Figuorella and Anisile, 2003) that adolescent boys are more encouraged to sexual activities by peers to prove their manhood.

This study revealed that there was a significant difference in the knowledge of male and female towards contraceptive devices. It was discovered that female adolescents have more knowledge of the various contraceptive devices despite their low rate of contraceptive use. About 99% of the total female respondents claimed to have heard of various methods of preventing pregnancy. The most common method they know was condom followed by oral pills and withdrawal or periodic abstinence while a higher percentage of male respondents indicated that they are familiar with male condom more than other contraceptive devices. On source of information about contraceptive devices many of the adolescents reported that they got the knowledge on these methods through their friends, television, and radio advertisement and through governmental and non-governmental organizations campaigning against HIV/AIDS.

The result also showed that there was a significant difference in the use of contraceptive among male and female adolescents. Despite the high level of awareness of contraceptive devices among the respondent, the rate of involvement in use of contraceptive was low compare to their level of involvement in sexual activities. The result conform to the views of Izagbara, Wekesah et.al (2018) who observed that adolescents (aged 15 – 19) have the lowest contraceptive use rates and the highest unmet need for family planning. It was revealed in the study that female students were more involved in the use of contraceptive than their male counterparts. This contradicts the

findings of Morris (1998) who found out that boys are more involved in the use of contraceptive. Among the male respondents 32% indicated that they have used condom while 20% said they prefer the withdrawal method. On the other hand 45% of the female respondents reported that they have used condom, 18% claimed to have used oral pills while a large percentage of the female respondents claimed that they prefer periodic abstinence. The result is in tandem with the findings of Decat, De Meyer, Jaruseviciene et.al, (2014) who reported that Condoms, OCs and injectables were the methods most frequently relied upon by the adolescents.

As to reasons why they do not use contraceptive, many of the respondents indicated they were not interested based on the side effect, the scar of which might leave them barren for life. A larger percentage of the male respondents claimed that it is the responsibility of their partner to prevent themselves against unwanted pregnancies. Female respondents among other reasons claimed that they are ashamed of going to chemist to buy such devices as people around would take them for a flirt.

On general comments some of the adolescents indicated that they cannot discuss any issue on sex with their parents as they might be tagged to be promiscuous. About 86% of the respondents suggested that parents should not be too strict with their children on sex related issues as this may encourage the adolescents to look for facts about sex from other sources most especially the peer group.

Counselling Intervention

Counselling is a helping profession where trained people assist and guide clients to resolve personal, social and psychological problems. The consequences of sexual behaviour when not properly managed may result in social or psychological problem like, high rate of school dropout or depression. No wonder Federal Government on National Policy on Education adopted Guidance and Counselling as Social Service programme to assist secondary school students to resolve their conflicting issues (National Policy on Education, 2014 Section). Although teaching sexual health topics to adolescents may not be too easy as it may be incompatible with cultural norms, especially for adolescent girls who are not confident to disclose their sexual life ambitions, feelings, and preferences. In resolving issues relating to sexual behaviour and its consequences, Velavan (2020) suggested a four – pronged approach to comprehensive sexual health services; this includes promotive sexual health services, preventive sexual health services, treatment services and counselling services. While family physician, trained doctor or nurses were to provide such health services, trained teachers and school counsellors are to provide the promotive, preventive and counselling services (Velavan, 2020) (Barrow, Ahmed et.al, 2020). Inclusion of reproductive health education in schools curricula in addition to other sources of sex education had been found to be the best strategy for achieving quality reproductive health education among in-schools adolescents. Oye – Adediran et al. Counsellors can employ Albert Ellis Rational Emotive Behaviour Therapy (REBT) to assist the adolescents. This involves helping the adolescents to identify their irrational thinking about sex and contraceptive devices, disputing such distortions and helping them to form a new way towards enhancing a healthy sexual behaviour.

Conclusion

It can be inferred from the result of this study that In School adolescents are becoming more sexually active at early age than it used to be. Virginity which is highly revered among the traditional Africans is approaching a vanishing point. It can also be concluded that more adolescents are becoming aware of contraceptive devices but the rate of usage is still at the low ebb. It was discovered that the health care needs of the adolescents had suffered neglect thus the need for health care providers and trained Counsellors in Schools.

Recommendations

- The researcher suggests the following recommendations based on the findings of the study.
- 1) Sex education should be introduced into the secondary school curriculum. Emphasis should be placed on premarital chastity to enable them develop a strong self-concept.
 - 2) Moral instruction should also be inculcated into the school programme and should be made a compulsory subject for all students in order to catch them young.
- Furthermore, sexual orientation needs to be considered in terms of sexual behaviour to avoid potential discriminatory reporting, or the under reporting of potentially risky sexual behaviours.

- 3) School administrators should allocate periods on the time table for counselling programmes so that counsellors can have time to reach to all students rather than students with personal problems.
- 4) Mass media should intensify more on programmes and advertisements that will sensitize adolescents on consequences of early sexual activities.

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