

Effect of Health Education on Sexual Behaviour of Students of Public Secondary Schools in Ilorin, Nigeria

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Abstract

In many African societies, young men and women have different interest, motivations and strategies for engaging in premarital sexual relationships. Because of these differences, young men and women have different patterns of sexual behaviour which include sex with non-marital partners, transactional sex, multiple partners, sex with more than one non-marital partners and non-use of condom and hence, they are exposed to different reproductive health risks.

This quasi-experimental study was carried out in 6 public secondary schools in Ilorin, Kwara State to determine the effect of health education on risky sexual behaviour of students of public secondary schools in Ilorin. The study was carried out in three stages; the baseline, intervention and post-intervention among two groups of adolescent secondary school students, designated as study and control groups. The baseline was conducted with the use of pre-tested semi-structured questionnaires which were self-administered to 262 adolescent students in the study group and 259 in the control group. A post intervention assessment was carried out among both the study and control groups three months after the intervention using the same instrument used at baseline.

All respondents were between 10-19 years (Mean=15.63±2.11), 53% were males and 74.9% were Yoruba by ethnicity. Forty seven point six percent of the respondents were Christians. On the whole, 28.2% of all respondents are sexually active with significantly more males than females having initiated sexual activity ($p<0.05$). About 24.2% of all respondents have ever received gifts in exchange for sex, while 45% have more than one sexual partner. Condom use at first sexual intercourse was reported by 42.3% of all respondents. There was a significant decrease in sexual activity at post-intervention ($p<0.05$) for the study group and a significant increase in condom use ($p<0.05$). The intervention generally had significant impact on contraceptive use and on risky sexual practices.

Reproductive health policy and youth programmes should be designed specifically to target adolescents in order to bring about a change in risky sexual behaviour and motivate them to understand the need for a healthy reproductive life.

Keywords: Health Education, Sexual Behaviour, Secondary School, Ilorin

Introduction

Adolescents constitute about 20% of the world's population. Eighty five percent of these adolescents live in the developing countries. Of these, about 16% live in Africa.^{1,2} In Nigeria adolescents constitute 18% of total population of 126 million.³ As many as 50% of these adolescents have initiated sexual activity with age at first sexual intercourse ranging from 14-18 years across geographical zones. Also 14% of the females and 26% of males engage in risky sexual practices, which include sex with non-marital partners, transactional sex, multiple partners, sex with more than one non-marital partners and non-use of condom.^{3,4}

In 1990, the demographic and health survey in Nigeria revealed that 16% of the sexually active adolescent females aged 15-19 years were reportedly single.⁵ Young men and women in sub-Saharan Africa often exhibit different patterns of sexual behaviour. In many African societies, young men and women have different interest, motivations and strategies for engaging in premarital sexual relationships for various reasons including the enhancement of their marriage prospects,^{6,7} proving their fertility to their future husbands,⁸ and for financial benefits.^{6,9} Men on the other hand are more likely to engage in sexual relationships before marriage for sexual experience and sexual satisfaction. Having multiple partners is often a means for a young man to gain social status and respect among his peers.^{6,7} Because of these differences, young men and women have different patterns of sexual behaviour and hence, they are exposed to different reproductive health risks. This study was conducted to determine the effect of health education on sexual behaviour of students of public secondary school in Ilorin.

Materials and Methods

This was both a cross-sectional and a quasi-experimental study carried out in 3 stages viz: Pre intervention, Intervention and Post-intervention. It was designed to assess the effectiveness of health education on risky sexual behaviour of the study group. The study was carried out from January 2006 to June 2006

In the pre-intervention stage, Interviewer administered structured questionnaires were administered to both the study and control groups to generate quantitative data. In the intervention stage, respondents in the study group were given health education sessions consisting of lectures, film show and IEC materials. At the post-intervention stage, the same questionnaire used in the pre-intervention stage was administered again to the study and control groups to determine the effect of the health education on risky sexual behaviour of the study group. Post-intervention data was collected after 3 months.

Multistage sampling technique was used to select 521 (A total of 262 respondents were interviewed at the pre-intervention stage for the study group, while 259 were interviewed for the control group. At post-intervention, 257 and 255 respondents were interviewed for the study and control group respectively) respondents from 6 public secondary schools (3 schools for study and 3 schools for control). The quantitative data obtained was fed into a computer and analysis was done with EPI-INFO version 6 software. The results were displayed in tables and charts. Cross tabulation of variables were also done. Chi-squared test was used to test for significant associations between variables. A p-value of less than 0.05 was considered as statistically significant.

Table 1: Sociodemographic Characteristics of the Respondents

Variables	Study group (%) (N=262)	Control group (%) (N=259)	p-value
Agegroup (in years)			
10 – 11	5 (1.9)	6 (2.3)	P=0.5025 $\chi^2=3.34$
12 – 13	27 (10.3)	37 (14.3)	
14 – 15	87 (33.2)	93 (35.9)	
16 – 17	99 (37.8)	85 (32.8)	
18 – 19	44 (16.8)	38 (14.7)	
Sex			
Male	135 (51.5)	141 (54.4)	0.5629
Female	127 (48.5)	118 (45.6)	$\chi^2=0.33$
Ethnic Group			
Yoruba	192 (73.3)	198 (76.4)	0.8522 $\chi^2=0.79$
Hausa	42 (16.1)	37 (14.3)	
Ibo	14 (5.3)	13 (5.0)	
Others	14 (5.3)	11 (4.3)	
Class			
JSS 1	17 (6.5)	22 (8.5)	0.7739 $\chi^2=2.52$
JSS 2	32 (12.2)	28 (10.8)	
JSS 3	34 (13)	31 (12.0)	
SSS 1	66 (25.2)	61 (23.6)	
SSS 2	63 (24.0)	51 (19.7)	
SSS 3	50 (19.1)	56 (21.6)	
Religion			
Christianity	126 (48.1)	122 (47.1)	0.8903
Islam	136 (51.9)	137 (52.9)	$\chi^2=0.02$

Table 2: Respondents who are Sexually Active and those who used Condom at First Sexual Active

Variable	Study (%)	Control (%)
Ever Had Sex		
	(N=262)	(N=259)
Yes	80 (30.5)	67 (25.9)
No	182 (69.5)	192 (74.1)
Ever Had Sex By Gender		
Males	50 (62.5)	44 (65.7)
Females	30 (37.5)	23 (34.3)
	p = 0.0016 $\chi^2=10$	p = 0.0003 $\chi^2=13.6$
Used Condom At First Sexual Intercourse		
	(N=80)	(N=67)
Yes	33 (41.2)	29 (43.3)
No	47 (58.8)	38 (56.7)
Number of Partners Ever Had		
1	33 (41.3)	34 (50.7)
2 – 4	47 (58.7)	21 (31.3)
> 4	0 (0)	12 (18.0)

Table 3: Sexual Partners had in the Past 3 Months

Nos of Partners in the Last 3 Months	Pre-Intervention			Post-Intervention		
	Study(%) (N=80)	Control(%) (N=67)	p-value	Study(%) (N=77)	Control(%) (N=64)	p-value
0	8 (10.0)	11 (16.4)	0.2480 $\chi^2=1.33$	30 (40.0)	8 (12.4)	0.0002 $\chi^2=13.46$
1	36 (45.0)	22 (32.8)	0.1329 $\chi^2=2.26$	27 (35.1)	20 (31.4)	0.6323 $\chi^2=0.23$
2 – 4	36 (45.0)	26 (38.9)	0.4488 $\chi^2=0.57$	19 (24.7)	26 (40.6)	0.0431 $\chi^2=4.09$
>4	0 (0)	8 (11.9)	0.0049 $\chi^2=7.91$	1 (0.2)	10 (15.6)	0.0011 $\chi^2=10.69$

Table 4: Respondents who had received Gifts in Return for Sexual Intercourse and Frequency of Sexual Intercourse

	Pre-Intervention		Post-Intervention	
	Study (%) (N=80)	Control (%) (N=67)	Study (%) (N=77)	Control (%) (N=64)
Received Gifts For Sex				
Yes	22 (27.5)	14 (20.9)	24 (31.2)	13 (20.3)
No	58 (72.5)	53 (79.1)	53 (68.8)	51 (79.7)
	p = 0.4624	$\chi^2=0.54$	p = 0.2053	$\chi^2=1.6$
Frequency of Sexual Intercourse				
Weekly	17 (21.3)	11 (16.4)	16 (20.7)	10 (15.6)
Monthly	28 (35.0)	32 (47.8)	24 (31.2)	31 (48.4)
Once In 3 Months	35 (43.7)	24 (35.8)	37 (48.1)	23 (36.0)
	p = 0.2904	$\chi^2=2.47$	p = 0.1119	$\chi^2=4.38$

Table 5: Respondents Who used Condom at Last Sexual Intercourse

Used Condom	Pre-Intervention		Post-Intervention	
	Study (%) (N=72)	Control(%) (N=56)	Study (%) (N=47)	Control(%) (N=56)
Yes	35 (48.6)	28 (50.0)	40 (85.1)	29 (51.8)
No	37 (51.4)	28 (50.0)	7 (14.9)	27 (48.2)

Pre: p = 0.8761 $\chi^2=0.02$ df=1 Post: p = 0.0003 $\chi^2=12.83$ df=1

Results

The modal age for the study group is 16 – 17years age group, constituting 37.8% of respondents in the study group, while that for the control group is 14 – 15 years age group, constituting 35.9% of the respondents in the study group. The mean age for the study and control group is 15.84±2.269 and 15.42±1.95 respectively. More than half of the respondents, 51.5% and 54.4% in the study and control group respectively were males, while the females accounted for 48.5% and 45.6% in the study and control groups respectively.

A majority of the respondents in both the study and control groups were Yoruba by ethnicity constituting 73.3% and 76.4% respectively. This is followed by the Hausa ethnic group accounting for 16.1% and 14.3% in the study and control groups respectively. Other ethnic groups include Ibo, Nupe, Egbira and Baruba all accounting for 10.6% of the respondents in the study and 9.3% in the control groups. Respondents who are Christians in the study group constituted 48.1% while the Muslims accounted for 51.9%. However, Christians are in the majority in the control group constituting 62.5% of the control respondents. There is no statistically significant difference in the distribution of respondents between the study and control groups by age, sex, ethnic group and religion (p>0.05).

Thirty point five percent and 25.9% of respondents in the study and control groups had initiated sexual intercourse as at the time of the study. This represents about a third of respondents in the study and control groups. On the whole, 28.2% of all respondents (Study + Control) are sexually active. A greater proportion of sexually active respondents in the study group are males accounting for 62.5% compared to females 37.5%. In the control group however, 65.7% of sexually active respondents are males while 34.3% are females. There is also a statistically significant difference in the distribution of sexual activity by gender in both groups ($p < 0.05$).

Of those who had initiated sexual intercourse, 58.8% of the sexually active study respondents did not use condom at first sexual intercourse while 56.7% of control respondents did not use condom at first sexual intercourse. There was no significant difference in rate of condom use between the two groups at first sexual intercourse ($p > 0.05$).

At pre-intervention, 27.5% of sexually active study respondents had ever received gifts in return for sexual intercourse, a relatively lower proportion of sexually active control respondents, 20.9% gave a history of similar risky sexual behaviour. There was no statistically significant difference in proportion of both study and control respondents who had received gifts in return for sexual intercourse at post-intervention. ($p > 0.05$)

More than 20% of the sexually active study respondents and 16.4% of the sexually active control respondents engage in sexual intercourse at least once a week, compared to 35% and 47.8% of the sexually active study and control respondents who have sexual relations at least once in a month. However, a majority (43.7%) of the study respondents who are sexually active only have sexual intercourse once in three months as compared to 35.8% of the sexually active control respondents. At post-intervention, there was no significant change in the frequency of sexual intercourse in both study and control groups ($p > 0.05$).

More than half of the sexually active respondents in the study group (58.7%) have had between 2 – 4 sexual partners since sexual initiation compared to 31.3% of sexually active control respondents. Those who have only one sexual partner represent 41.3% and 50.7% of the sexually active study and control respondents respectively. None of the sexually- active study respondents has more than four sexual partner. However, 18.7% of the sexually-active control respondents have more than 4 sexual partners.

An assessment of the number of the sexual partners had in the preceding 3 months before the study revealed that 45% and 38.9% of the sexually active study and control respondent respectively had 2 – 4 sexual partners while 45% and 32.8% had only one sexual partner. However, 10% and 16.4% of the sexually active respondents in the study and control groups did not engage in sexual intercourse. At post-intervention, there was a statistically significant increase in the proportion of study respondents that did not engage in sexual intercourse in the three months preceding the post intervention survey ($p < 0.05$).

Of those that were sexually active in the preceding 3 months, 48.6% of those in the study group used condom at last sexual intercourse compared to 50% of those in the control group. There was a significant increase in the proportion of sexually active respondents in the study group at post-Intervention that used condom at last sexual intercourse ($p < 0.05$)

Discussion

Several studies have documented that sexual activity among adolescents is high and increasing.^{5,10,11} Premarital sex occurs and appears to be increasing as adolescents delay marriage for the purpose of acquiring formal education.^{5,10,11} In this study, about a third of the respondents in both study and control groups representing 30.5% and 25.9% respectively had initiated sexual activity at pre-intervention. Overall, 28.2% of all the respondents had initiated sexual intercourse. This finding is similar to that of a previous study that was done in Ilorin among in-school adolescents.¹² It is however slightly lower than most of the first intercourse survey reports for adolescents in many other parts of the country. For instance, some studies report 40% of adolescents school girls in Lagos,¹³ 63% of in-

school adolescents in Ilorin,¹⁴ 55% of in-school adolescents in many south eastern areas of the country,¹⁵ 35.3% of in-school adolescents in Ibadan,¹⁶ 32.7% of adolescents in Niger¹⁷ and 52% of adolescents in Ghana¹⁸

In the present study, more males (62.5%), than females (37.5%) in the study group as compared to 65.7% males and 34.3% females in the control group had already had their first sexual relationship. This finding is consistent with reports of 40% females and 50% males adolescents in rural and urban Enugu, Kaduna, Lagos, Onitsha and Zaria who had already had their first sexual contacts.¹⁹ This present finding is also consistent with 36% females and 64% males in Niger¹⁷ and with results that more adolescent males than females in Ilorin had had their first sexual encounter by age 19.¹⁴

It was not surprising that boys were more sexually active than girls; boys are by their nature more adventurous and therefore, more likely to try out new experiences.²⁰ In Nigeria, the society exhibit double standards in sexual matters. While girls are encourage to be chaste, boys and men are not encourage to limit their sexual activity, but only to exercise discretion so that sexual pressures do not cause them to result to visiting commercial sex workers.²¹⁻²⁴ Even after marriage similar standards apply, little or no restriction are placed on the extramarital activities of the males, while females are confined to their homes, and in some cases chaperon on outings.

Previous studies have argued and reported that economic hardship is encouraging adolescent girls to become sexually active at an early age for economic reason.^{16,25,26-30} The findings of this present study revealed that 27.5% of the study and 20.9% of the control respondents had ever received gifts in return for sexual intercourse. This is in keeping with findings by Araoye et al¹⁴ who reported in a previous study in Ilorin among in-school adolescents that 22.5% and 12.2% of males and females respectively had been involved in commercial sex. However, Ajuwon³¹ and colleagues in Ibadan reported that 14.5% of adolescent males and a higher figure of 60.3% adolescent females had received gifts or money in exchange for sexual intercourse. The findings of this present study corroborate the results of earlier studies which suggest that in response to deteriorating economic conditions, many female adolescents, including those who are married, resort to risky sexual activities with older men in order to survive.³²

This finding also suggests that some adolescents engage in relationship that resembles a form of semi-prostitution. Some insight into how unsafe the circumstance at first sexual encounter was can further be perceived from information provided by respondents on utilization of condom at first sexual intercourse. Of those that were sexually active in the preceding 3 months before the survey, 48.6% of those in the study group used condom compared to 50% of those in the control group. There was a significant increase in the proportion of sexually active respondents in the study group that used condom at post intervention for sexual intercourse ($p < 0.05$) with slightly more females than males using it.

Previous studies however reported a higher prevalence of non- use of condom at first sexual initiation. Izugbara³³ in the southern part of Nigeria reported that 84% of males and 92% of females' adolescents did not use any form of protection at first sexual encounter. Also, Sunmola¹⁷ et al in Niger found that 65% of their respondents did not use any family planning device at sexual initiation. These statistics gives an indication of the risks of sexually transmitted infection including HIV/AIDS that adolescents are exposed to at first sexual intercourse. Coupled with this is the risk of unwanted pregnancies with its attendant problem of unsafe abortion and the various complications that can arise from it.

The rate of condom use at most recent sexual encounter for the sexually active respondents also depicts the high risky sexual behaviour in adolescents. Of those that were sexually active in the preceding 3 months before the study, about half of the study (51.4%) and control (50%) respondents did not use condom for those sexual encounters. This finding may be attributed to the low risk perception of adolescent's and their tendency for risk taking.

The proportion of respondents who used condom at last sex increased by 36.5% in the study group while there was a marginal increase of 1.8% in the control group. The increase in contraceptive

use was not entirely unexpected. A good reproductive health education should usually generate a demand for other services and referrals, especially personal counselling and health services. It is however noteworthy that despite the health education, about 15% of the study respondents still don't use condoms during sexual intercourse. This finding can perhaps be attributed to the fact that some adolescents are usually embarrassed to patronize health centres for reproductive health services and are usually disappointed by providers' reception and response to their needs.³⁴

Multiplicity of sexual partner was also reported as in other studies among Nigerian adolescents. While 58.7% of the study respondents had more than one sexual partner, 49.3% of the control respondents reported similar history for multiple partners. The rate reported in this present study was lower than those of previous studies.^{1,17,35-37} Also, 10% of the sexually active study respondents were not sexually active in the three months preceding the study compared to 16.4% of the sexually active control respondents. However, 45% and 38.9% of the sexually active study and control respondents had more than one sexual partner in the three months preceding the study.

At post-intervention, abstinence from sexual intercourse increased in the study group and also number of multiple partners reduced significantly ($p < 0.05$). This finding highlights the importance of Family Life Education as put forward by many authors³⁸⁻⁴⁰ who have found out that it is an important tool in reducing risky sexual behaviours among adolescents.

Adolescent reproductive health problems that are associated with commercial sex, multiple sexual partners and unprotected sexual intercourse as reported in this study include elevated risks of STIs and unplanned and unwanted pregnancies. The situation is further compounded by the fact that in many cases, young people do not seek immediate medical attention if any of these problems arise and when they do, they prefer to seek the services of unqualified personnel. This may result in severe consequences with life long complications.

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