
**SEXUAL BEHAVIOUR AND ATTITUDES TO SEXUAL BEHAVIOURAL OUTCOMES
AMONGST SECONDARY SCHOOL STUDENTS IN EDO STATE**

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ABSTRACT: *Senior secondary students are usually in their early and late teenage years; this period encompasses pubertal development with sexual characteristics that are explored by them. This study is thus aimed at assessing sexual behavior vis-à-vis behavioral outcomes amongst secondary school students in Edo state. This cross sectional study was conducted on 462 students in some secondary schools in Edo state using a multistaged sampling technique. Results: The mean ages of the subjects were 15.31 ± 3.87 and 16.11 ± 2.97 for females and males respectively. 33% of respondents indulge in watching sex movies; however this percentage were predominantly males accounting for 24%. This percentage was closely followed by more males (20.6%) indulging in sex than females (7.8%). At the age of 13 years males and females had the same percentages (4.6%) in terms of indulging in sexual intercourse, at 14 and 15 years more males involved in sex than females. More than half of the respondents (55.6%) reported being shy to ask for condoms for sex despite the fact that 89.6% of respondents did not approve of premarital sex. Similarly 52.8% of respondents feel shy to see a doctor or nurse when they are faced with the challenge of sexually transmitted disease. Conclusion: Males across the teenage years were more exploitative in indulging in sex than their female counterparts. We therefore recommend enlightenment on safe behavioral approach to sex and sexual outcomes amongst secondary school students to forestall unwanted pregnancies and sexually transmitted disease.*

KEYWORDS: Secondary School, Students, Sexual behavior

INTRODUCTION

In many developing countries and most of the underdeveloped countries, formal sex education in school mostly does not exist; if it exists, then mostly found to be inadequate. Lack of proper sex education often leads to unprotected sex, unintended pregnancy, and sexually transmitted diseases (Kar et al., 2015). Coital and non-coital sexual behaviors, place adolescents at a risk for undesired

consequences such as sexually transmitted disease acquisition and pregnancy. Trends in adolescent sexual behavior are changing, and health care professionals must be aware of these trends to provide necessary medical care and education to this population (Feldmann and Middleman, 2002). Adolescent have been described to be at a high risk for STIs due to a combination of behavioral, biological and social factors (Omozuwa and Asien, 2019) Cognitive markers of sexual desire emerge during early puberty, including identifiable sexual thoughts and sexual attractions. About 25% of young adults report “thinking a lot about sex” at the age of 11–12 years (Larsson and Svedin, 2002). A surge of sexual interest occurs around puberty and continues through adolescence (Madan, 2013). During early adolescence, an individual migrates from the latency phase to the the genital which is subsequently maintained. The sexuality, which remains quiescent during the latency phase, becomes active during the genital phase. Studies have shown that adolescent explore various means of expressing sexual behaviors which are usually associated untoward outcomes (Ott, 2011).

Difficulties associated with the sexual approaches and encounters are a major challenge in adolescence. These difficulties are usually associated with negative reproductive health outcomes. This study is thus aimed at assessing sexual behavior vis-à-vis behavioral outcomes amongst secondary school students in Edo state.

METHODOLOGY

Study design

This cross-sectional study was conducted in the month of May through July 2018 with a total of 480 Senior Secondary School Students in Edo state. Edo state is a cosmopolitan state located in southern Nigeria; its capital is Benin City.

Sample size determinations

The sample size was calculated using the Leslie Fischer’s Formula for the calculation of sample size in population $>10,000$ $n=Z^2 \cdot p \frac{1-P}{d^2}$ by considering the parameters, 95% confidence interval.

Anticipating a response rate of 80% we got 480 as sample size.

Sampling Technique

A Multistage sampling technique was used to select 2 schools from the 3 senatorial districts in Edo state. . In each of the school selected, only Students in the Senior Secondary School (SSS) were enrolled into the study.

Collection Technique

Data were collected from respondents using a pretested, self-administered structured questionnaires developed from a pilot study. The questionnaires were i. Watch sex films; ii. Sexual history; iii history of Sexual harassment or rape; iv. Age at first sexual experience; v. opinion about sex to partners vi. Opinion about premarital sex; vii. Use of condoms; viii. Solution to an unwanted pregnancy; xi. Sources of treatment for STI

Ethical Considerations

Informed consent and ethical clearance were obtained from participants and the Edo state Ministry of Health respectively.

Statistical analysis

Results were presented as mean \pm S.E.M and percentages using statistical package for socio sciences SPSS version 21.0.

RESULTS

Of the 480 questionnaires distributed for the study, 462 were filled correctly and returned, making a response rate of 96.3%. Tables 1 -3 shows sexual behaviors across gender, teenage years and high school grade. Figures i-x sexual behaviours and outcomes.

Table 1: ASSOCIATION BETWEEN SOME SEXUAL BEHAVIOR AND GENDER

Variables	Response	Gender (N=462)						X ²	Df	P value
		Male		Female		Total				
		N	%	N	%	N	%			
Watch sex films	Yes	111	24.0	42	9.0	153	33	38.893	1	0.000
	No	129	27.9	180	39.1	309	67			
Ever had sex	Yes	95	20.6	36	7.8	131	28.4	30.887	1	0.00
	No	145	31.3	186	40.3	331	71.6			
Sexually harassed or raped before	Yes	10	2.2	23	5.0	33	7.1	6.670	1	0.010
	No	230	49.8	199	43.1	429	92.9			
Age at first sexual experience	13	6	4.6	0	0.0	6	4.6	8.411	3	0.038
	14	44	33.6	23	17.6	67	51.1			
	15	33	25.2	13	9.9	46	31.1			
	16	12	9.2	0	0.0	12	9.2			

Table 2: ASSOCIATION BETWEEN SOME SEXUAL BEHAVIORS & EARLY/ LATE TEENAGE YEARS

Variables	Response	EARLY PUBERTAL PERIOD & TEENAGE YRS						X ²	Df	P value
		Age range (N=462)								
		14-16		17-19		Total				
		N	%	N	%	N	%			
Watch sex films	Yes	23	5.0	130	28.1	153	33.1	8.099	1	0.004
	No	83	18.0	226	48.9	309	66.9			
Ever had sex	Yes	20	4.3	111	24.0	113	28.4	6.095	1	0.014
	No	86	18.6	245	53.0	331	71.6			
Sexually harassed or raped before	Yes	2	0.40	31	6.70	33	7.1	5.730	1	0.017
	No	104	22.5	325	70.3	429	92.9			
Age at first sexual experience	13	1	0.81	5	3.8	6	4.6	8.733	1	0.033
	14	16	2.22	51	38.9	67	51.1			
	15	3	.3	43	32.8	46	35.1			
	16	0	0	12	9.2	12	9.2			

Table 3: ASSOCIATION BETWEEN SPECIFIC SEXUAL BEHAVIOR AND SENIOR SECONDARY SCHOOL STUDENTS BY CLASS

Variables	Respo nse	SENIOR SECONDARY SCHOOL CLASS								X ²	df	P value
		<i>Class of respondent</i>										
		SS1		SS2		SS3		Total				
		N	%	N	%	N	%	N	%			
Watch sex films	Yes	61	13.2	63	13.6	29	6.3	153	33.1	3.187	2	0.203
	No	102	22.1	154	33.3	53	11.5	309	66.9			
Ever had sex	Yes	33	7.1	29	8.4	59	12.8	131	28.4	93.510	2	0.000
	No	130	28.1	178	38.4	23	5.0	331	71.6			
Sexually harassed or raped before	Yes	10	2.2	7	1.5	16	3.5	33	7.1	24.185	2	0.000
	No	153	33.1	210	45.5	66	14.3	429	92.9			
Age at first sexual experience (n=131)	13	1	0.8	4	3.1	1	0.8	6	4.6	43.450	6	0.000
	14	22	16.8	23	17.6	22	16.8	67	51.1			
	15	2	1.5	8	6.1	36	27.5	46	35.1			
	16	8	4	4	5.1	0	0	12	9.2			

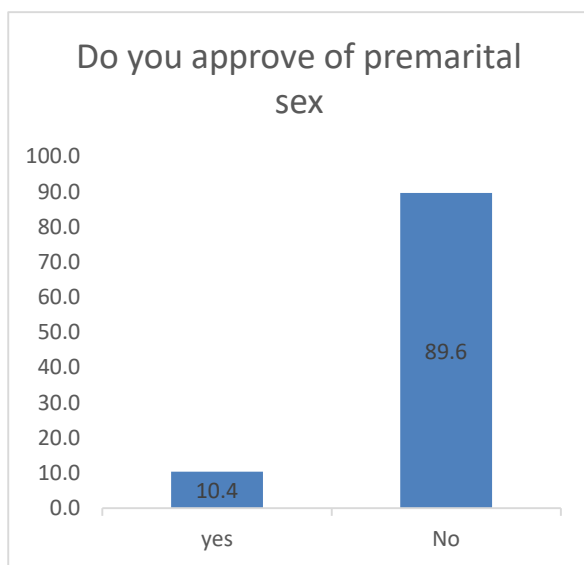


Fig i: assessment of premarital sex in respondents

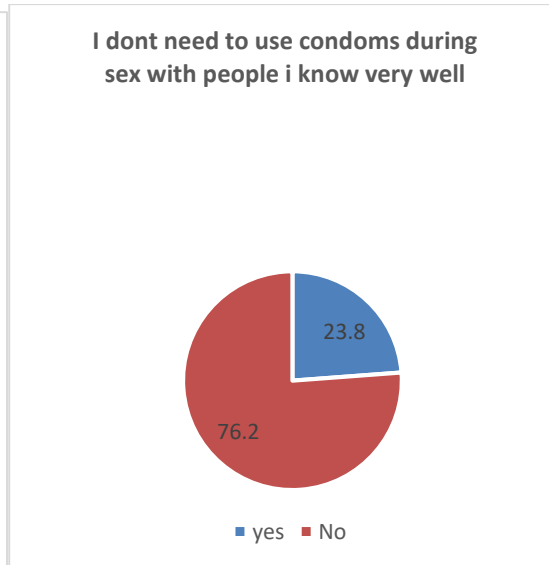


Fig ii: attitude to use of condom with familiar partners

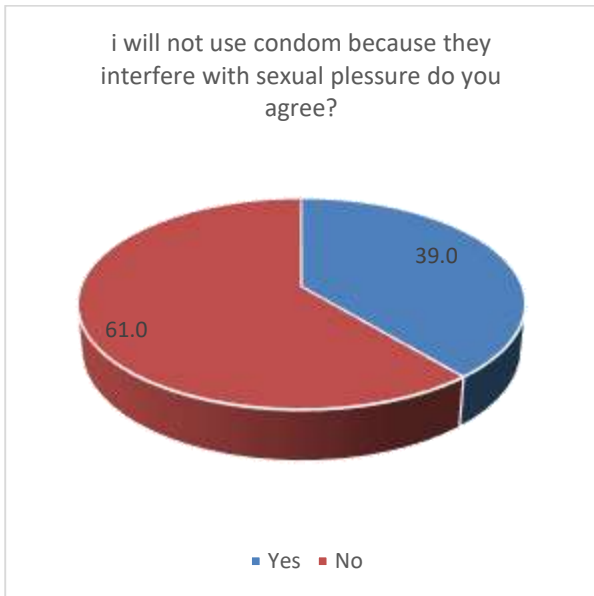


Fig iii: use of condom and sexual pleasure

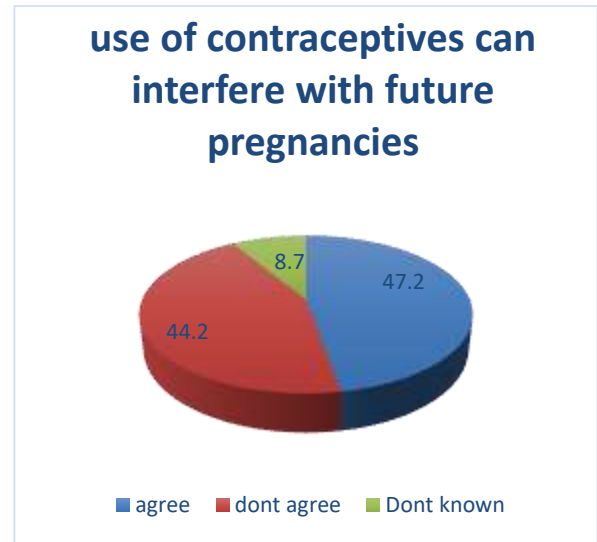


Fig iv: use of contraceptives and pregnancy

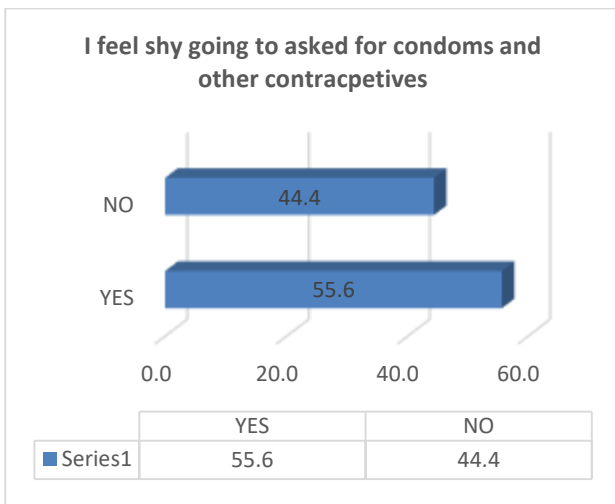


Fig v: attitude towards the use of condom

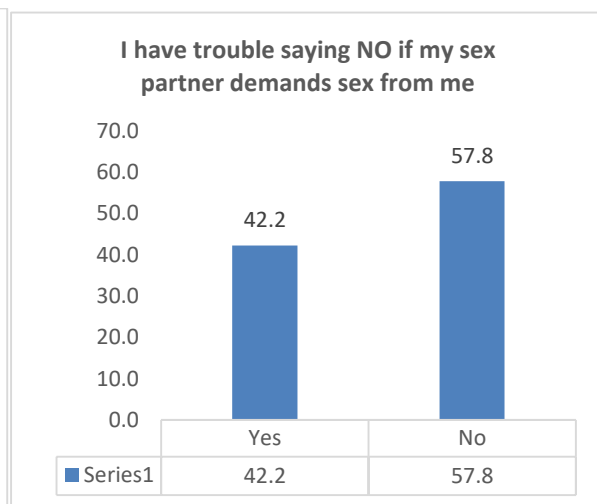


Fig vi: response to sexual demand from partner

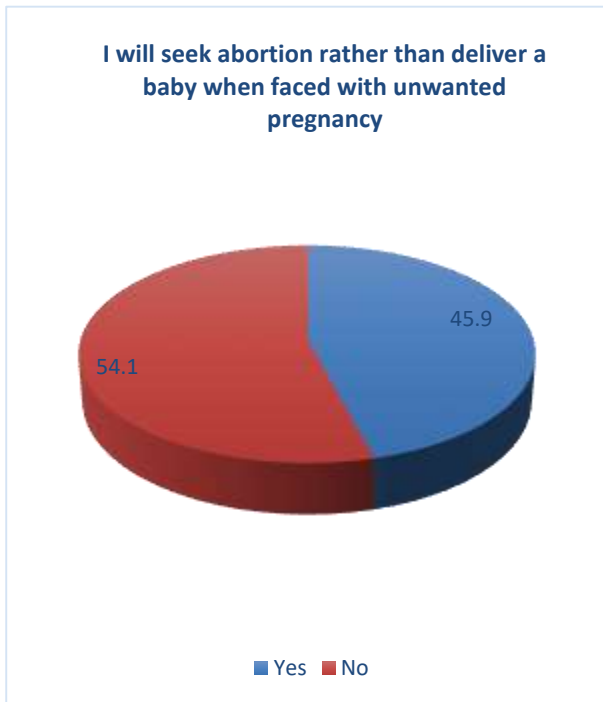


Fig vii: attitude towards an unwanted pregnancy

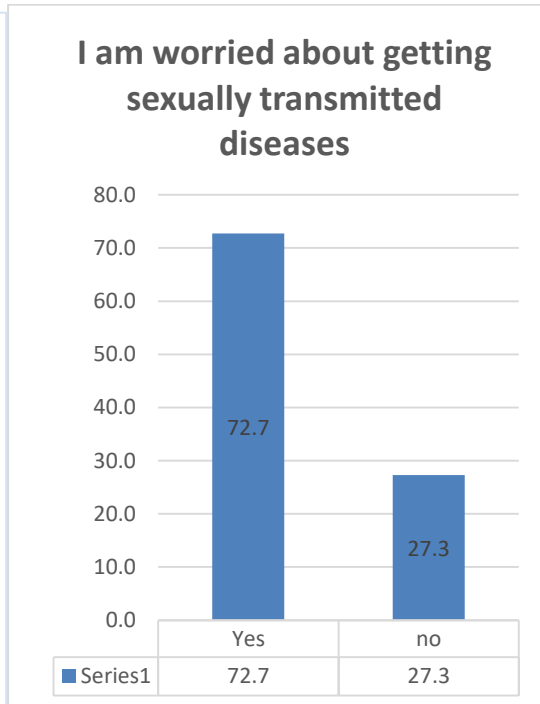


Fig viii: Concerns of respondents about STI

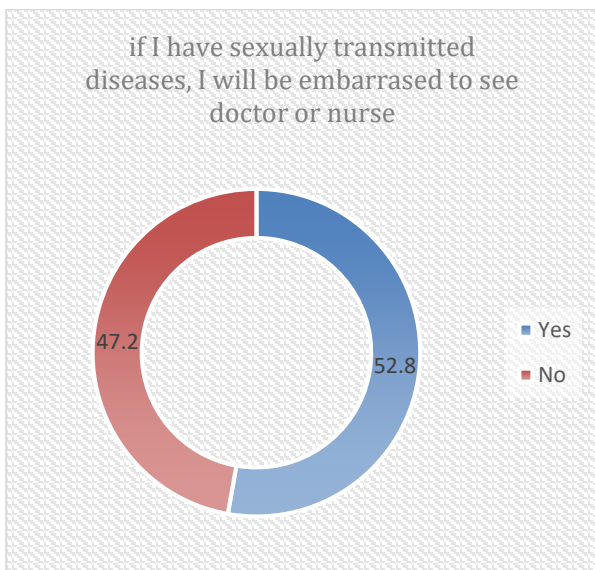


Fig ix: attitude towards seeking medical care after STI

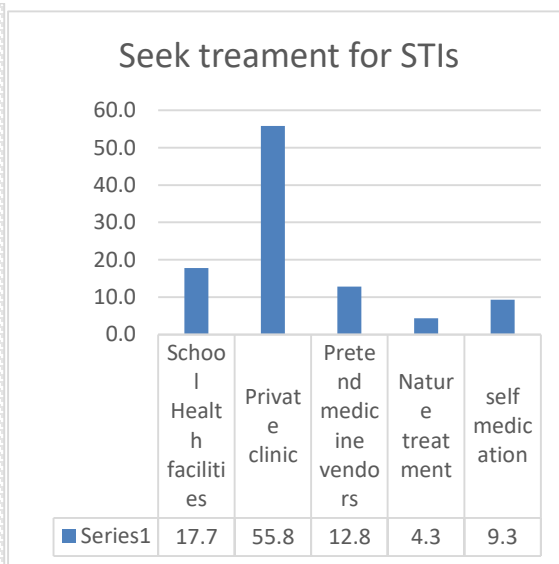


Fig x: source of treatment for STIs

DISCUSSION

Sexual behavior amongst teenagers can be described as a spectrum, with pornography at one end and indulging in actual sex at the other end. While initiation of sexual activity is a part of normal behavior and development, it may also be associated with negative outcomes. Teenagers and young adults can be confronted with sexual and reproductive health risks that are traceable to early, unprotected, or unwanted sexual activity (WHO, 2012). Early age of sexual behavior without due attention to the risks involved have also been associated with dire consequences (Maswikwa, Richter, Kaufman, & Nandi, 2015). From our study, the percentages of male and female subjects that indulged in sex at the ages of 13 and 16 years were the same, however more males than females were shown to have their first sexual intercourse at the age of 14 and 15 years (table 1). In males, greater pubertal/physiological development in terms of Tanner staging (Marshall & Tanner, 1970) was associated with greater sexual involvement. On the other hand, menstrual cycle in the females constantly reminds them of their reproductive capacity, this consciousness in addition to the associated insightful parental guidance and attention may account for the low percentage of sexual involvement in the female subjects. This is corroborated in the study where the virgin population was found to be younger in age, have the poor physical maturity, higher body mass index, more religious inclination, and often had perceived disapproval for sex during adolescence by parents (Halpern et al, 2006). However, despite this parental guidance and restrained sexual activity in females, our study showed that a higher percentage of females experienced sexual harassment and rape (table 2). Males are more sexually exploitative than females and this places the young female teens as victims in the hands of their peers and young adults. However, a limitation of this study is that the ages of the rapist were not considered.

From our study the spectrum of sexual behavior increased from early pubertal years to late teenage years, the percentage of respondents who watch sex movies and had indulged in sex were 5 % and 4.3 % respectively for early pubertal teens and 28.1 % and 24 % respectively for late pubertal teens (table 2). Accumulating evidence indicates that the media influence a variety of adolescent sexual behaviours (O'Hara et al., 2012; Pardun et al., 2005). Also the freedom of movement and independence at the later ages of puberty exposes teens to uncontrolled sexual behaviors. As can be expected, the percentage of respondents who have been raped or sexually harassed was also higher in this age group (table 2). A similar pattern was observed as the teens advanced in their senior secondary school classes (table 3).

From our study sexual behavior among teens did not reflect the over 80 % of subjects' disapproval for premarital sex (fig i). Among sexually active individuals young adolescents are less likely to use any contraceptive than older individuals (Jones et al., 2002). Additionally, when they use a contraceptive—particularly the pill or condom—they are less likely to use it correctly or consistently (Peterson et al., 1998). The use of condom as a means of contraception or prevention against sexually transmitted disease was dependent on familiarity with the person they are having sexual intercourse with. Besides familiarity being a factor for not using a condom, interference with sexual pleasure was also considered

an inhibition for the use of condom (fig iii). Others had their reservations for use for condom because they feel it's embarrassing going to get a condom (fig v).

The consequences of unprotected sexual intercourse ranged from STI to unwanted pregnancy. The treatment sources for STI included school health facilities, private clinics, patent medicines vendors, herbs and self-medication (fig x). Using herbs and self-medication for the treatment of sexually transmitted disease can have far reaching effect. A contingency plan in case of an unwanted pregnancy was to procure an abortion (fig viii). Again the fact that abortion is illegal, exposes them to various precarious conditions during its procurement.

As adolescents struggle to understand their emerging sexualities within the context of their complex social environments, the challenge for health care providers is to provide adolescents with the necessary anticipatory guidance to maintain optimal sexual health and to help adolescents avoid behaviors and expressions that place them at risk for negative consequences. Understanding sexuality as a normal and necessary part of adolescent development can help providers use a strength-based approach when counseling adolescents (Forcier, 2009).

CONCLUSION

Males across the teenage years were more exploitative in indulging in sex than their female counterparts. The approach to sexual behavior especially with the use of condom is counterproductive. We therefore recommend enlightenment on safe behavioral approach to sex and sexual outcomes amongst secondary school students to forestall unwanted pregnancies and sexually transmitted disease.

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