PREVALENCE AND PATTERN OF ADOLESCENT SEXUAL ACTIVITIES IN NIGERIA: IMPLICATIONS FOR UNMET NEED FOR CONTRACEPTIVE USE

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Abstract- The number/percent of sexually active adolescents who do not want children or who want to delay their sexual debut by two or more years, but who lack the social support to resist sexual initiation is increasing. Many adolescents do not have the ability or social support to resist pressure to have sexual relations, negotiate safer sex or protect themselves against unintended pregnancy and STIs, young people ages 15 to 24 are the fastest rising group of HIV cases in the world at 6,000 new cases every day. In sub-Saharan Africa, two thirds of HIV-positive young adults are young women. This study was a descriptive cross sectional study of Northern Cross River State of Nigeria. The area is made up of five Local Government Areas (Obudu, Obanliku, Bekwarra, Ogoja and Yala). The study used both male and female adolescents who are in and out of school including those learning a trade, house helps, dropouts, nursing adolescents. Results showed that a majority of the respondents, eighty-two percent are students. Data indicated that adolescent sexual debut is comparatively young. This explains why there is a high sexual permissiveness in this part of the country. Eighty percent of respondents had had sex at their eighteenth birthday. The lack of social support and sex education affects the ability and disposition of young people to the use of contraception. An improvement in this regard will help in changing this trend.

Keywords- Adolescents, Pattern and Prevalence, Contraception, Unmet Need, Nigeria.

I. BACKGROUND/ STATEMENT OF PROBLEM

Adolescence represents a transition from childhood to adulthood with features including secondary sexual growth, changes in hormonal milieu, emotional, educational, cognitive and psychological development (Qlukoya et al, 2002; Olukoya et al 2001; Connel, 1990). They are adventurous in all spheres of human endeavours including sexual practices (Element et al, 2001).

Sexual and reproductive behaviour during adolescence and young adulthood, whether within or outside marriage have immediate and long term consequences, many of which can be emotional or physical. Yet in many countries including Nigeria taboos about sexuality and social norms such as child marriage and early sexual initiation, pose strong barriers to providing young people with information and services they need (International Women Health Coalition; 2008).

Many adolescents do not have the ability or social support to resist pressure to have sexual relations, negotiate safer sex or protect themselves against unintended pregnancy and STIs, young people ages 15 to 24 are the fastest rising group of HIV cases in the world at 6,000 new cases every day. In sub-Saharan Africa, two thirds of HIV-positive young adults are young women (IWHC 2007; WHO, 2001).

Studies showed that many adolescents engage in risky sexual activity without protection and most had their debut through a subtle coercion by their partner. The 2003 Nigeria Demographic and Health Survey (NDHS) show that early marriage is wide spread in Nigeria with the highest proportions in the Northern regions of the country where the level of unmet need is also highest. Nonetheless, these adolescents remain invisible on the radar of sexual and reproductive health policy and programming (Makinwa – Adebusoye 2006).

The concept of unmet need describes adolescents' sexual reproductive activities and access to contraception services and information on reproductive health issues. Studies have undertaken assessment of married and in-school adolescents sexual activity and unmet need for contraception in Nigeria (Morhason – Bello et al,. 2008, Makinwa – Adebusoya, 2006, 1995, 2001; IWHC, 2008; Ashford, 2003; Onifade, 1999) but very little has been done to capture those adolescents especially in rural areas who are neither married nor in-school to determine their status relating to their sexuality and unmet need status. This study was undertaken to access and capture this often 'invisible' group.

The number and percent of sexually active adolescents who may not want any more children or who want to delay their sexual debut by two or more years, but who are not using a contraceptive method is increasing.

It is against this background that the study undertook to determine the prevalence & Pattern of sexual activity among adolescent, determine the ages at

which adolescents enter into sexual activity/sexual debut, identify the implication of this state of affairs on the level of the unmet need for contraception status.

II. METHODOLOGY

The study is a descriptive cross sectional study of Northern Cross River State of Nigeria. The area is made up of five Local Government Areas (Obudu, Obanliku, Bekwarra, Ogoja and Yala). The study used both male and female adolescents who are in and out of school including those learning a trade, house helps, dropouts, nursing adolescents.

Instruments included both quantitative and qualitative – A structured questionnaire was used to collect quantitative data sets while Focus – Group Discussion (FGD) and Indepth Interview (IDI) were conducted. Data generated were coded into the Statistical Package for the Social Sciences (SPSS) and analysed. The study sought and got approval from the states' ministry of health ethical committee. The study also took serious note of the Helsinki's Declaration on research involving human subjects.

III. RESULTS

This study was undertaken to assess adolescent sexual activities in relation to their unmet need for contraception. This was done with a view to correlating the implication for their unmet need status and how it affects the spread of sexually transmitted diseases (STDs) in the Northern Cross River State. The study was carried out among young people of age 10-20. This category falls into the adolescent age strata. Questions explored socio demographic variables, sexual debut and its circumstances, prevalence and pattern of sexual activity and their general knowledge and utilization of contraception.

Table 1: Socio-Demographic Characteristics of Respondents

Category		Frequency	Percentage (%)
Sex:			
	Male	341	46.4
	Female	394	53.6
Marital Status			
	Single	620	84.4
	Married	87	11.8
	Divorced	22	3.0
	Widowed	6	.8
Religion			
	Catholic	582	79.2
	Protestant	129	17.6
	Muslim	17	2.3
	ATR	7	1.0
Educational Qualification			
	Primary	68	9.3
	Secondary	524	71.3
	NCE	122	16.6
	B.Sc (+	21	2.9
Occupation			
	Artisan	101	13.7
	Student	606	82.4
	Worker	28	3.8
Age			
	< 14	80	10.9
	15-17	248	33.7
	18-20	291	39.6
	21 >	16	15.6
Area of Residence			
	Urban	498	67.8
	Rural	237	32.2

Most of the respondents have at least secondary education. This has implication for change as education is a catalyst for change hence education should inform high knowledge about STDs.

A majority of the respondents, eighty-two percent are students. This shows that most of them are still in school learning about their environment and themselves in order to be situated properly in their society. The age category of respondents is instructive. Adolescents are within the age bracket indicative and over eighty percent of them fall within this framework. The implication is that responses given here are going to fall within the ambit of young people. This will reflect the average perception of adolescents generally and those in Cross River State North specifically. Most of the adolescents are found in urban areas. This is because almost eighty percent of the respondents reside in urban areas. Urbanism impact positively on our knowledge of certain issues and it is expected that these results will be influenced by the location of a majority of the respondents.

IV. PREVALENCE, PATTERN AND AGES OF ADOLESCENTS SEXUAL ACTIVITY

This section explored young people's responses on the frequency of coitus, coital initiation and the ages at which they are initiated. It is common knowledge that coital frequency is correlated with exposure to unintended pregnancy and the contact and or spread of Sexually Transmitted Diseases. The persons who expose these young persons to sexual initiation also play a very dominant role in the perception of the young in relation to whether they liked the experience or not. Forced sexual initiation is known to have negative scars on the psychic composition of adolescent and early initiation has always left them with problems that often manifested in later life.

The present study depicted that the pattern of sexual activity among adolescent is similar to the national pattern. The prevalence of adolescent sexual activity is also common place.

Data indicated that adolescent sexual debut is comparatively young. This explains a high sexual permissiveness as is common in this part of the country.

This is because eighty percent of respondents had had sex at their eighteenth birthday. This is very informative especially as it relates to the adolescent sexuality. Only fifteen percent of the respondents had their sexual initiation at about nineteen years and above.

Table 2: Prevalence, Pattern and Age of Sexual Initiation

Category	Frequency	Percentage (%)
Age at first sex:		
< 18	625	85.0
19 >	110	15.0
Have you ever had sex?		
Yes	237	32.2
No	498	67.2
Was it with a regular partner?		
Yes	280	38.1
No	455	61.9
Were you forced?		
Yes	96	13.1
No	639	86.9
Did you like the experience?		
Yes	264	35.9
No	471	64.1
Would you have refused if you had a chance?		
Yes	333	45.3
No	402	54.7

Though it is common to find respondents giving socially desirable answers, the ones given in relation to the prevalence, pattern and sexual initiation presents an illumination to the perception of young people about themselves and their sexual activities.

For instance, only about thirty-five percent of respondents accepted ever having sex yet all of them still responded to questions relating to sexual activity following from here, almost forty percent of respondents accepted to have had their first sex with a regular partner. This response does not only capture the status of their sexual activity, it also assesses the age at which adolescents enter into relationships that lead to sex. The data shows that they begin relationship quite young and this leads to having sexual debut.

A majority of adolescents enter into sexual relationships and they are not being forced into sexual debut. Data depicts that only about thirteen percent of respondents were forced into sexual initiation while almost ninety percent claimed that they were not forced. This finding is instructive as it shows that sexual activities are not forced into sexual initiation

About sixty percent of respondents also said they did not like the experience of their sexual initiation. This is apt because it is common knowledge that there is often excruciating pain and psychological agony associated with the breaking of the hermen and the introduction of the adolescent with their first sex. Apart from this, the initial fear of the unknown of the first time activity often elicit in the adolescent a feeling of fear.

It is also instructive as more than half of the respondents said that they would have gone ahead with their first sexual activity even if they had a chance of refusing. It is quite clear that young people enter into sexual relationship consciously and willingly. From the responses presented here, there has been no indication that adolescents have remorse or reservation on their sexual escapes. This finding is in line with other studies that have consistently and copiously shown that adolescent age is a period of high eroticism, adventure and "trying out". It is manifested in young sexual initiation, early marriage and dropout of school. It is this intentional, conscious and unhindered sexual interaction that exposes them to all risks associated with sexual activities. This include unintended pregnancy, transmission and contracting of sexually transmitted diseases (STDs), dropping out of school among others.

V. CONTRACEPTIVE USE AND FREQUENCY

The knowledge of contraception is not comprehensive until it is used and it is expected that when one has knowledge about a thing, it should bring about an action geared towards changing a trend or pattern.

Researches about knowledge and use of contraception have never shown a positive correlation. Data from the present study show the same trend. While about eighty percent of respondents claim that they know and have heard adequately about at least one method of contraception but this knowledge does not translate

to usage. Only about forty-five percent of respondents said that they use contraception or protection during sex. This is a great discrepancy with the knowledge of contraception. Following from here, it is plausible to conclude that though young people are constantly and consistently active sexually, they also have adequate knowledge of contraception but their use of contraception is very low.

Table 4: Contraceptive Use and Frequency

Category		Frequency	Percentage (%)
Have you ever used contraception?			
	Yes	349	47.5
	No	386	52.5
How often do you use them?			
	Always	478	65.0
	Often	240	32.6
	Sometimes	17	2.4
Which one do you use?			
	Condom	624	84.9
	Injection	68	9.3
	Pills	21	2.8
	IUD	9	1.2
	Drugs	13	1.8

Data further indicate that almost forty percent of respondents do not use contraception each time they have sex. This is an indication that a majority of adolescents are exposed to the risk of contracting sexually transmitted diseases. This is because the high percentage of non-use is dangerous to the prevention of STDs including HIV/AIDS.

The condom as indicated elsewhere is the commonest contraception that is used with over eighty percent. The use of a single method of contraception is not fool-proof and it is capable of exposing adolescents to infection. This situation is capable of endangering their lives.

VI. DISCUSSION/ IMPLICATION FOR UNMET NEED FOR CONTRACEPTION

The study showed that a majority of the respondents are single which is expected. This status also affects their occupation in relation to their ability to access reproductive health services. A majority of these persons are still in school and at different locations of rural and urban areas.

The major challenge in this regard exists in the constraining socio-economic status in relation to ability to access proper health services from qualified sources. There is also the challenge of ensuring balanced geographical distribution to allow adequate access of all population groups generally and adolescent in particular.

Adolescent sexual initiation is young. This is because young people get initiated very early in life. The consequence of this is that the risk of contracting and transmitting STDs is high and the unmet need for contraception becomes heightened. This situation makes adolescents become mothers and fathers too young and the risk of unintended pregnancy is increased. The problem of inability to afford protection against possible infection is increased.

CONCLUSION

The lack of social support and sex education affects the ability and disposition of young people to the use of contraception. It is as a result of this that young people do not use contraception frequently. The non-frequent use of contraception exposes them to a lot of risks including unintended pregnancy, contracting STDs and infecting others. An improvement in this regard will help in changing this trend.

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