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Sexual Behaviour, Knowledge of Contraceptive Use and Reproductive Health of Senior Secondary School Adolescents Attending Public Schools in Abak L.G.A, Akwa Ibom State

by

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Abstract

The study examined the sexual behaviour, knowledge of contraceptive use and the reproductive health of senior secondary school adolescents in Abak L.G.A. of Akwa Ibom State. The descriptive survey design was used for the study. Respondents used in the study comprised 200 senior secondary school adolescents attending public secondary schools. A researchers-structured questionnaire was used for data collection. Validity and reliability was ascertained using Cronbach alpha coefficient and a coefficient of .82 was obtained. Simple percentage was used to analyze the data. The study revealed that the sexual behaviour, knowledge of contraceptives and use as well as the reproductive health knowledge of the adolescents were rather poor due to lack of information. Based on these findings, it was recommended among others that sexuality educational programmes be developed and introduced in our secondary schools to enhance behaviour modifications of the adolescents in Nigerian secondary schools.

Key Words: Adolescents, Sexual Behavior, Contraceptive Knowledge, Contraceptive Use and Reproductive Health.

1. Introduction

Adolescent sexual and reproductive health is a global health issue that has attracted a lot of concern from many international organizations. Report shows that sexual and reproductive ill-health account for 20 per cent of the global burden of ill-health for women and 14 per cent for men (DFID, 2004 in Kalu, Ene, Eze- Ufodiana and Nwagu, 2015). Nigeria, one of the developing nations of the world, is faced with dramatic population explosion of young people of school age. UNESCO in Oparaeke and Oyenuga (2011) noted that young people of which the adolescents of school age belong, all over the world have common needs which include the achievement of full and healthy development, positive and stable family life, an understanding about their bodies which includes emotional and physical capacities that enable them to have sexual relations and reproduce. UNESCO further expressed that with these assets, young people are more likely to succeed in school, have quality of life and relationship and contribute to the economy and productivity of their countries, concluding that without meeting these needs, they face interrupted schooling, personal insecurities, ill-health and diminished economic opportunities.

All has not been well as desired by UNESCO. This dramatic explosion of the youth population has placed much financial burden on the economy of the nations, especially, in developing countries and as such these needs are neglected and the youths are faced with a lot of challenges especially in the area of reproductive health. Nwajei and Nabofa (2012) posited that these challenges are not only peculiar to Nigeria alone but to many African countries and attributed them to the characteristics of their developmental age (adolescence).

The National Guidelines Task Force (1996) described adolescence as the period of psychosexual development between onset of sexual maturity (puberty) and early adulthood during which people define their self-identity, sex roles and relationship with other persons; while UNDP/UNFPA/WHO/World Bank (2002) considered adolescence as a time of transition from childhood to adulthood during which there are physical changes associated with puberty. In support, Odelola (2004) submitted that the tremendous and rapid spurt of growth and body changes taking place in the adolescents make them vulnerable to reproductive health problems. These, the WHO/UNFPA/UNICEF in their joint statement and Brown, Jejeebhoy, Shah and Yount (2001) tagged ‘the worsening status of their reproductive health,’ while Advocates for Youths (1995) and Federal Ministry of Health (1995) declared their sexual behaviour a global concern.’

Reproductive health is all about life enhancing processes and how to nurture them in the face of adversities. Reproductive health has been defined by WHO as a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. Considering youth's sexual behaviour, Olaniyi (2004) posited that it is the most exciting part of life, but however, if not properly managed could lead to aberration of socially acceptable sexual behaviours and reproductive health problems. Olaniyi further explained that sexual experience in adolescence has its roles in their biological development stating that the arousal of sexual feelings is a common phenomenon in the daily life of the adolescents particularly, after the pubertal stage. Sexual behaviour, according to Crystal (1990) depends on societal restrictions and the level of cultural permissiveness which dictate the modes of sexual practices, hence Anikweze (1998) explained that though the biological determinants may have strong influence on individuals' sexual behaviour, the agents of socialization such as the family, peers, religious institutions and mass media have powerful repressive effects on it. Olaniyi buttressed that the development of heterosexual behaviour during adolescence is natural and the development of a satisfactory sexual relationship is a significant milestone in the emotional life of the adolescents.

Contrary to the culturally acceptable sexual behaviours, the contemporary adolescents have implicated themselves in all sorts of sexual misbehaviours which Ejembi and Otu (2004) attributed to globalization of communication, glamorization of sex in the media and breakdown of traditional systems of sexual control. These, Niche and Kineme (2001) earlier explained led to the declining age at sexual debut, increasing sexual activity characterized by unstable short-term unions and multiple sex partners among the adolescents.

Unfortunately, the adolescents engage in these risky sexual behaviour with poor knowledge of the consequences due to lack of information about the implications or sexuality education which Nwajei and Nabofa (2012) described as the process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. The authors enlightened that sexuality education encompasses sexual development, reproductive health, interpersonal relationships, affection, body image and gender roles. With this poor knowledge they hardly take any precautions to protect themselves against adverse consequences of unprotected sex which include vulnerability to sexually transmitted diseases including HIV/AIDS, teenage pregnancy and all its complications like unsafe abortions which

WHO (2014) reported that every year some 3 million girls aged 15 to 19 undergo unsafe abortion. WHO (2012) earlier noted that the adolescents' psycho-social health is very poor due to abandonment, lack of support, rejection and school drop-out, leading to no educational qualification with eventual loss of employment opportunities and an end result of poverty.

WHO Fact Sheet (2014) submitted that adolescent pregnancy is a major cause of maternal and child mortality with a vicious cycle of ill-health and poverty, a major obstacle for achieving the 5th Sustainable Development Goal which is the reduction of maternal mortality and this was the focus of the Global Strategy for Women's and Children's Health launched by the United Nations' Secretary-General in 2010 which addressed the importance of the health and welfare of adolescent girls in order to achieve SDG 5. It is these ill consequences resulting from adolescents poor reproductive health knowledge that led to the World Health Assembly in May 2010 to adopt a resolution urging member states to accelerate actions to improve the health of young people through these specific measures;

- i. reviewing and revising policies to protect young people from early child-bearing,
- ii. providing access to contraception and reproductive health care services,
- iii. promoting access to accurate information on sexual and reproductive health (WHO Fact Sheet, 2010).

Adolescents' reproductive health problems on the other hand, have been attributed to poor contraceptive knowledge and use. Contraception is the intentional prevention of pregnancy by using contraceptive devices. Omo-Aghoja *et al.* (2009) rightly agreed that a significant proportion of maternal deaths in Nigeria are due to complications of unsafe abortion which are responses to unwanted pregnancies that could have been prevented by effective contraceptive programming. In their study the authors discovered that contraceptive usage remains poor despite high levels of awareness with only 13% of sexually active Nigerian women currently practicing effective contraception. This they attributed to the persistent pronatalist culture of the people, religious preaching which discourage contraception, poor availability and distribution of contraceptives and women's fear of contraceptive side effects. Thus, the prevailing consequences on reproductive health of the adolescents as documented by WHO (2012) have a threatening effect on national development efforts; more so, as the global community focuses on achieving the Sustainable Development Goal 5, developing programmes that are responsive to the reproductive health concerns of adolescents/youths are of paramount importance.

Following reports of adolescents' sexual behaviour, characterized by early initiation of sexual activity, non-use of contraceptives - in tandem with these, is the high prevalence of reported sexually transmitted diseases (STDs) and poor reproductive health behaviours and outcomes. Although much has been documented on the area of reproductive health in other locations, studies have not been carried out in the study area. These put together have informed the investigation of the sexual behaviour, knowledge of contraceptives and reproductive health outcomes of senior secondary school adolescents attending public secondary schools in Abak Local Government Area of Akwa Ibom State.

1.1 Research Questions

The study attempted to answer the following questions:

1. What is the sexual behaviour of senior public secondary school adolescents in Abak Local Government Area?
2. Do the senior public secondary school adolescents in Abak Local Government Area have knowledge of contraceptives?
3. Are senior public secondary school adolescents in Abak Local Government Area knowledgeable in contraceptive use?
4. What is the reproductive health knowledge of senior public secondary school adolescents in Abak Local Government Area?

2. Methodology

The study adopted the descriptive survey design. The population for the study comprised all adolescents in public senior secondary schools in Abak Local Government Area of Akwa Ibom State. The simple random sampling technique was employed to select 5 public secondary schools out of 10 and 20 male and 20 female students from Senior Secondary Three (SS3) with a total of 40 students from each of the selected schools, thus making a total of 200 respondents. The SS3 students were considered as they were thought to be the most experienced set in the secondary school.

Table 1: Distribution of Respondents

S/N	Schools	M	F	Total
1	Nigerian Christian Sec. School, Ukpom	20	20	40
2	Comprehensive Sec. School, Ikot Oku Mfang	20	20	40
3	Mcintyre Sec. Comm. School, Utu Abak	20	20	40
4	Comprehensive Sec. School, Midim	20	20	40
5	Community High School, Afaha Obong	20	20	40
Total		100	100	200

The instrument used for the study was a researchers-structured questionnaire titled Sexual Behaviour, Knowledge of Contraceptive and Contraceptive Use and Reproductive Health of Adolescents (SBKCCRHA) which was validated by experts in Health Education from the Department of Physical and Health Education, University of Uyo, Uyo. The reliability of the instrument was ascertained by administering it to 20 senior secondary school adolescents in Comprehensive Secondary School, Uyo Local Government Area of Akwa Ibom State. The results were subjected to a Cronbach alpha coefficient analysis and a coefficient of .82 was obtained. The questionnaire was administered by the researchers to the respondents with 4 research assistants and the ‘drop and collect’ method was employed.

3. Data Analysis

Responses from the questionnaire were sorted and coded to facilitate analysis. The descriptive statistics of percentage was used to analyze the responses.

4. Results

Table 2: Sexual Behaviour of Senior Public Secondary School Adolescents in Abak

S/N	Variables	Frequency	Percentage
1.	Never had sex .	74	37
	Have had sex before	126	63
	Had sex before 15 years	38	19
	Had sex before 19 years	88	44
	Have more than one boy/girl friend	36	18
	Have only one boy/girl friend	90	45
	Have sex for pleasure	101	50.5
	Have sex for experimentation	25	12.5
	I am always excited when it comes to having sex	90	45

Table 2 reveals that 74 (37%) of the respondents never had sex, 126 (63%) claimed they had sex before with 38 (19%) having their first sex before 15 years, while 88

(44%) had their first sex before 19 years. 36 (18%) had more than one boy friend, 90 (45%) had only one boyfriend, 101 (50.5%) claimed they have sex for pleasure, 25 (12.5%) for experimentation and 90 (45%) accepted being excited when it comes to having sex.

Table 3: Knowledge of Contraceptives by Senior Public Secondary School Adolescents in Abak

S/N	Variables	Frequency	Percentage
1	I have never heard of contraceptives	30	15
2	I have knowledge of contraceptives If yes, which of these do you know about?	170	85
3	Condom	170	85
4	Contraceptive pills	162	81
5	Injectables	30	15
6	Withdrawal method	98	49
7	Having sex only during safe period	28	14
8	Intra-uterine contraceptive device (IUCD)	41	20.5

From Table 3 on knowledge of contraceptive, 30 (15%) respondents claimed they never heard of contraceptives, 170 (85%) accepted they have knowledge of contraceptives, 170 (85%) know condom as a contraceptive, 162 (81%) know contraceptive pills, 30 (15%) injectables, while 98 (49%) know about the withdrawal method and 28 (14%) had knowledge of safe period and 41 (20.5%) knew about intra-uterine contraceptive device.

Table 4: The Degree of Contraceptive Use by Senior Public Secondary School Adolescents in Abak

S/N	Variables	Frequency	Percentage
1	Never used at all	30	15
2	Occasionally	144	72
3	Regularly	26	13
4	Only withdrawal method	28	14
5	Conceptive pills	30	15
6	Only safe period	20	10
7	Condom only	65	32.5
8	Condom and contraceptive pills Injectables	17 10	8.5 5

Table 4 on contraceptive use showed that 30 (15%) never used contraceptives at all, 144 (72%) use contraceptives occasionally, while 26 (13%) used it regularly which is rather low. In considering the method or type of contraceptive, 28 (14%) used the withdrawal method, 30 (15%) used contraceptive pills, 20 (10%) safe period, while 65 (32.5%) used condom only, 17 (8.5%) combined condom and contraceptive pills, while only 10 (5%) respondents used injectables among these senior secondary adolescents.

Table 5: Reproductive Health Knowledge of Senior Secondary Adolescents in Abak

S/N	Variables	Frequency and Percentage	
		Yes	No
1	One can get a reproductive tract infection through sexual intercourse	160 (80%)	40 (20%)
2	A woman is likely to be pregnant if she has sex in the middle of her menstrual cycle	49 (24.5%)	151 (75.5%)
3	Use of condom can reduce the risk of acquiring sexually transmitted diseases	150 (75%)	50 (25%)
4	Contraception is to prevent pregnancy	60 (30%)	140 (70%)
5	Having sex with many people exposes one to STDs including HIV/AIDS	150 (75%)	50 (25%)
6	Menstruation is a sign of sexual maturity in females and one who has menstruated can get impregnated	161 (80.5%)	39 (19.5%)
7	Masturbation is a sign of male sexual maturity and so can impregnate a girl	129 (64.5%)	71 (35.5%)
8	Teenage pregnancy can cause prolonged labour with complications like:		
	- death from maternal exhaustion		
	- obstetrical fistulae	30 (15%)	170 (85%)
	- still birth	- (0%)	200 (100%)
	- death from ruptured uterus	10 (5%)	190 (95%)
	- low birth weight or premature delivery	- (0%)	200 (100%)
	- school drop out leading to poor job opportunities and poverty	- (0%)	200 (100%)
		182 (91%)	18 (9%)

Table 5 on reproductive health knowledge revealed that 160 (80%) respondents out of 40 (20%) claimed knowledge of STDs being spread through sexual intercourse, 49 (24.5%) out of 151 (75.5%) knew that one could get pregnant if one had sex in the middle of her menstrual cycle indicating very low knowledge, 150 (75%) out of 50 (25%) knew that condom can reduce the risk of contracting STDs. 60 (30%) out of 140 (70%) knew that contraception prevents pregnancy, 150 (75%) out of 50 (25%) knew that having many sex partners exposed one to STDs including HIV/AIDS. 161 (80.5%) out of 39 (19.5%) knew that menstruation was a sign of sexual maturity and that one who had menstruated could get pregnant. 129 (64.5%) out of 71 (35.5%) knew that masturbation was a sign of male sexual maturity; 30 (15%) out of 170 (85%) knew that teenage pregnancy could cause maternal death, none of the respondents knew about obstetrical fistulae, 10 (5%) out of 190 (95%) knew of still birth, none knew of ruptured uterus and low birth weight and premature delivery; and 182 (91%) out of 18 (9%) knew that teenage pregnancy could cause school drop-out, poor job opportunities and poverty.

5. Discussion of Findings

The study shedded some light on the sexual behaviour, knowledge of contraceptives, usage and reproductive health of senior secondary school adolescents of public schools in Abak Local Government Area of Akwa Ibom State, Nigeria. Concerning their sexual behaviour, a high percentage of the adolescents 63% had indulged in sexual intercourse before the study compared to 37% who never experienced sex before. 19% had sexual intercourse before 15 years of age and 44 % before 19 years of age. The outcome could possibly be as a result of the semi-urban nature of the area and early exposure of the adolescence to pornographic activities. This is in line with Ejembi and Otu (2004) who explained that the contemporary adolescents have implicated themselves in all sorts of sexual misbehaviours which they attributed to globalization of communication, glamorization of sex in the media and breakdown of traditional systems of sexual control.

Niche and Kineme (2001) supported that these have led to a decline at age of sexual debut and increasing sexual activity. About 18% had more than one boy/girlfriend though about 45% had only one boy/girlfriend; while 50.5% had sex for pleasure, 12.5% had it for experimentation and 45% indicated excitement when it comes to having sex. In line with this, Olaniyi (2004) posited that the sexual

experience in adolescents has its roles in their biological development and that the arousal of sexual feelings is a common phenomenon in the daily life of adolescents particularly, after the pubertal stage. In addition, Niche and Kineme (2001) added that the adolescence is the developmental stage with increasing sexual activity characterized by unstable, short-term unions and multiple partners which is termed risky.

In assessing their knowledge of contraceptives, a high percentage of 85 claimed having knowledge of contraceptives while, about 15% claimed they had no knowledge. Knowledge according to Ejembi and Otu (2004) is one of the factors that shape attitudes which eventually influence behaviour. It was observed from the result that the high level of knowledge did not translate into positive reproductive health behaviours. Adolescents in the study area had knowledge of condom as indicated by 85% positive response to contraceptive pills knowledge ranked second by 81%. 49% knew of withdrawal method, safe period 14% and 20.5% claimed they had knowledge of IUCD.

Although the study revealed a fair knowledge of contraceptives, the usage did not measure up with the knowledge. About 15% of sexually active adolescents never used contraceptives, 72% claimed they used contraceptives occasionally with 13% who admitted they used it regularly. Among the methods used were withdrawal method, contraceptive pills, safe period, condom and injectable with condom being the most popularly adopted method with 32.5%. This result revealed poor usage of contraceptives by adolescents which was interpreted as risky sexual behaviour. This is in line with the views of the WHO (2010) which pointed out that unfortunately, the adolescents engage in risky sexual behaviour with poor knowledge of consequences and therefore hardly take any precaution to protect themselves against adverse consequences of unprotected sex which include vulnerability to sexually transmitted diseases including HIV/AIDS, teenage pregnancy and all its complications.

Consequently, the reproductive health knowledge of these adolescents in the study was high in some areas like contacting STD through unprotected sexual intercourse with a percentage of 80%, having multiple sex partners exposing one to the risk of STDs and HIV infections – 80.5% and menstruation being a sign of female sexual maturation and very poor in others like contraception being all about the prevention of pregnancy as indicated in 30% positive response, a woman may possibly be pregnant if she has sex in the middle of her menstrual cycle with 24.5%

positive response. In considering the complications of teenage pregnancy apart from school drop-out, loss of job opportunities and poverty which had a positive response of 91% against 9% negative response, these adolescents under study had a complete negative response to complications like obstructed labour, obstetric fistulae, premature and low birth weight babies. This is in line with joint statement of WHO/UNFPA/UNICEF (1998) and Brown et al, (2001) which they tagged the worsening status of their reproductive health and made it a global concern. Omo-Aghoja, Omo-Aghoja, Okonofua et al (2009) and WHO (2012) also in agreement highlighted that a significant proportion of maternal deaths in Nigeria are due to complications of unsafe abortion that could have been prevented by effective contraceptive programming.

6. Conclusion and Recommendations

The following conclusions were drawn; The sexual behaviour of adolescents attending public schools in Abak is poor and their knowledge of contraceptives was low.

Secondly, their level of contraceptive use is low with most of them using condom and natural method which they are too young to control and their reproductive health knowledge was equally very low.

Based on the above findings, the following recommendations were made: Development of sexuality educational programmes aimed at behaviour modification should be enhanced in Nigerian secondary schools and this should go in tandem with the provision of youth-friendly health services that respond to the reproductive health concerns of these adolescents.

Secondly, parents as first teachers and school teachers should be role models for emulation. They should also show friendly disposition so as to win the love, trust and confidence of these adolescents.

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