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Research Article

Pattern and predictors of sexual behaviour among adolescents in Ibadan, South West, Nigeria

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Abstract

Background: Adolescents are usually strong and known for vitality but reproductive and sexual issues constitute challenges to their health and well- being. Sexual choices are controlled by interaction of factors surrounding the adolescents' existence.

Aim: The study investigated the pattern and factors affecting sexual behaviour among adolescents in Ibadan, South West, Nigeria.

Method: A cross sectional study was conducted among sexually active adolescents at two Family Medicine Practice Clinics after obtaining ethical approval. Data was collected on sexual behaviour, socio demographic and family characteristics using interviewer administered questionnaire. Data was analysed with SPSS version 18 and test of association was done using chi-square and multiple logistic regression at 5% level of significance.

Results: The mean age of sexual debut was 18.82 + 2.804 years, with age of onset being a year earlier among male respondents compared to females. Higher proportion of males (50.9%) had intercourse before age 16 and were involved in sex with multiple partners (71.2%). Females accounted more for inconsistent condom use (67.7%) and transactional sex (73.3%). Predictors of unsafe sexual behaviour were non- tertiary education (OR= 2.05, Confidence Interval: 1.096-3.848), lower social class OR: 2.721, Confidence Interval: 1.422-5.308 and conflict- oriented family types (OR= 1.894 Confidence Interval: 1.036-3.462).

Conclusion: The findings showed different pattern of sexual behaviour among adolescents. Factors that predicted unsafe sexual practice were low education, poverty and family dysfunction. Ameliorating these factors will reduce risky sex pattern and related morbidities among adolescents' population.

Introduction

Health related behaviours among young people are influenced by factors in which they live, learn and grow up [1]. Sexual attitudes and practices among adolescents are influenced by interaction of both personal and proximal factors which include socio-cultural, family structures and functions where they grow [2-6].

Adolescents are at different developmental stages with those in early period struggling with self- identity while the older adolescents from age eighteen years seek for intimacy [7]. Desire for intimacy and its associated odds for sexual involvement increase with age of adolescents [8-11]. Early exposure to sexual activity is not without risk, particularly the younger aged adolescents 15 -19 years practised more harmful sex as regards inconsistent condom use compared to 20-24 years old adolescents [12].

Sexual behaviours also vary with the gender of adolescents, for instance the average age of sexual debut among males may be earlier than that of females [8,13]. Likewise proportion of sexually active males are more than females [8,9]. However young females are more likely not to use condom and engage transactional sex for gain than their male counterparts [13,14].

The socioeconomic class of a young person influences sexual behaviour [14]. For instance, belonging to middle and low socioeconomic strata affect onset of sexual intercourse

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and use of condom [10,15,16]. Female adolescents from poor family background in attempt to meet basic needs involve in commercial sex for monetary gain [14]. Study showed that higher percentages of abortions and teenage mothers were accounted for by poor young females [17].

Religion as an institution that promotes morals and abstinence control sexual practices, religious Latino boys and girls were less likely to report premarital sex, relative to African American and non-Hispanic Whites [18]. Others studies also showed religion offered protection against risky sexual behaviour by delaying early sexual debut and promotion of condom use [14,19,20].

Similarly, families where adolescents dwell and grow have been related to sexual choices [21,22]. Abstinence from sexual intercourse was associated with growing up in supportive families [23]. Good family functioning helps with safe sexual practice such as regular use of condom and maintaining relationship with steady partners among sexually active adolescents [23,24]. In contrast, poor parental support and prominent family conflicts lead to involvement in higher risky sexual behaviour with its resultant consequences [24,25]. This was evidenced in a comparison study where pregnant young females reported higher family conflict and less of cohesion than those not pregnant [24].

1.2 In addressing the reproductive health issues and in meeting the sustainable development goals' blueprint of reducing global health challenges which remained pervasive among young population in Nigeria, it is important to study the social and family characteristics contexts affecting sexual choices in this environment, thus the study assessed the pattern of sexual behaviour and its predictors among adolescents in Ibadan, Southwest, Nigeria.

Materials and methods

Study setting and population

A hospital based cross sectional study was carried out among sexually active adolescents between age 15-24 years, at two Family Medicine Clinics located at two Government Secondary Health Care that were selected from Government Secondary Hospitals in Ibadan Metropolis in Nigeria through computer based simple randomization.

Study participants/process

A total of 1480 respondents were screened for sexual activity using Adolescent Sexual Activity Index an 11 item scale [26]. Respondents with a score of 8 and above were considered sexually active out of which those that gave consents were recruited into the study using consecutive sampling until 370 sexually active respondents required as calculated from previous study [44] were enrolled.

Respondents were selected from each centre based on proportionate allocation from adolescents' record at each centre and the study lasted 4 months.

An interviewer administered-structured questionnaire was used to obtain data from sexually active respondents after obtaining informed consent while maintaining utmost privacy and confidentiality.

Socio-demographic Characteristics

Questions that answered objectives of the study were asked on bio-data such as age, level of education, family type and characteristics. Economic class was determined using Ogunlesi classification of social class for adolescents [27].

Pattern of sexual behaviour

Sexual behaviour assessment focused on age at first sexual intercourse, number of sexual partners over 12 months, consistency of condom uses and sex in exchange for money, gift or kind. Sexual behaviour was dichotomised into Safe and Unsafe. Risky sex was classified based on sexual debut on or before age 16 years, irregular condom use, transactional sex and multiple sexual partners. Respondents with absence of the aforementioned measures were classified as having safe sex.

Family functioning

Relationship within the family environment was assessed using Family Relationship Index (FRI) [6], a two-point scale which dichotomised quality of family interaction into Support Oriented and Conflict Oriented families after compilation of respondent raw scores on a standard scale.

Data analysis

Descriptive analysis of socio-demographic characteristics, pattern of sexual behaviour was done using measures like proportions, means. Pattern of sexual behaviour was further disaggregated by gender and was represented by a bar chart. Chi square was used to test association between socio-demographic, Family type and function with pattern of sexual behaviour. Multiple Logistic regression was used to test predictors of sex behaviour. Statistical level of significance was set at a p value of ≤ 0.05.

Ethical clearance

The study was conducted after ethical clearance was obtained from the University of Ibadan/University College Hospital Institutional Ethical Committee (UI/EC/11/0083) and Oyo State Ethical Review (AD/13/479/256). Each study participant was recruited based on ethical principles for the guidance of physicians in medical research.

Results

Sociodemography of respondents

Table 1 shows the mean age of the respondents was 21.86±2.112 years, majority 315 (85.1%) of them were aged 20-24 years. Females accounted for a higher percentage 235 (63.8%) with a mean of male to female ratio was 1;1.8. Highest proportion of the respondents 229(61.9%) had tertiary education and more 319 (86.2%) belonged to Yoruba tribe. More of them 223 (60.3%) practised Christian Religion and they were predominantly from monogamous family background 224

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(65.9%). About half 186(50.3%) of the participants belonged to the lower social class.

Pattern of sexual behaviour among respondents

Table 2 below shows that overall mean age of sexual debut among the respondents was 18.82 ± 2.804 years. Fifty-nine (15.9%) of the respondents had their first sexual intercourse before sixteen years while 311 (84.1%) had sexual debut later. Majority 235 (63.5%) of the respondents failed to always use condom during intercourse. Less than one-fifth 15.9% had multiple sexual partners in the past 12 months and 45 (12.2%) of the participants engaged in transactional sex.

Pattern of sexual behaviour disaggregated by gender

Assessment of sexual activity between male and female respondents shows the mean age of sexual debut was 18.31 ± 2.707 years and 19.12 ± 2.613 years among males and females respectively. A higher proportion (50.9%) of males had early first sexual intercourse compared to females 49.1%. Females accounted more for inconsistent condom use 67.7% while males were 32.3%. The male respondents accounted for a higher percentage 71.2% of adolescents with multiple sexual partners compared to females 28.8%. More females 73.3% engaged in transactional sex than males 26.7% Figure 1.

Table 1: Socio- demographic Characteristics of Respondents N=370.

Variable	Frequency (n)	Percentage (%)
Age		
15-19	55	14.9
20-24	315	85.1
Sex		
Male	134	36.2
Female	236	63.8
Level of education		
Less than secondary school	11	3.0
Secondary	130	35.1
Tertiary	229	61.9
Religion		
Christianity	223	60.3
Islam	147	39.7
Ethnic group		
Yoruba	319	86.2
Igbo	23	6.2
Hausa	3	0.8
others	25	6.8
Family of origin		
Monogamous	244	65.9
Polygamous	126	34.1
Social class		
Upper	81	21.9
Middle	103	27.8
Lower	186	50.3

Table 2: Pattern of Sexual Behaviour Among Respondents (N=370).

Variable	Frequency (n)	Percentage (%)
Age of sexual debut		
<16 years	59	15.9
≥16 years Mean 18.82 ± 2.804 years	311	84.1
Condom use during intercourse		
Always	135	36.5
Not Always	235	63.5
Number of sexual partner		
Single	311	84.1
Multiple	59	15.9
Transactional Sex		
Yes No	45 325	12.2 87.8

Assessment of socio -demograhic characteristics and sexual behaviour

Table 3 shows that unsafe sexual behaviour among respondents aged 15-19 years was 83.6% compared to 70.8% which was observed among respondents aged 20-24 years. This association was significant at a p value of 0.049. A higher percentage of females 73.3% engaged in risky sexual behaviour but 71.5% males engaged in unsafe sex. However, this was not statistically significant. Social class and pattern of sexual behaviour had significant association, those from lowest social class accounted for most proportion of unsafe sex 83.3% compared to respondents from upper social class 53.3% at p<0.001. Higher proportion of respondents with risky sexual behaviour had below tertiary education (86.5%) while respondents with tertiary education accounted for 64.2%, p = <0.001. Also, a significant statistical difference was observed between respondents who were Muslims compared to Christians. 82.3% of Muslims practiced unsafe sex while 66.4 % of Christians accounted for same, p=0.001. Also, a higher proportion of adolescents from polygamous families (81.0%) accounted for risky sexual behaviour compared to those from monogamous family (68.4%). The association was significant at p value =0.01.

Influence of family functioning on sexual behaviour

Table 4 shows there was a significant association between Family Functioning and sexual behaviour pattern. More proportion of respondents 231(75.2%) from conflict oriented family functioning engaged in unsafe sex behaviour compared to 38(60.3%) from support oriented family functioning type p=0.015.

Predictors of risky sexual behaviour

Multiple logistic regression was carried out to test the independent effect of socio-demographic characteristics and family relationship index on pattern of sexual behaviour among the studied population. The findings indicated that the respondents who had less than tertiary education were 2.053 times more likely to engage in risky sexual behaviour

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than those with tertiary education p=0.025. Respondents from lowest social class were about 3 times more likely to practice risky sexual behaviour than those from upper class, and this difference was significant at p value of 0.003. Adolescents from conflict-oriented family functioning were 1.894 times more likely to practice risky sexual behaviour than those from support oriented-families p=0.038. However, no statistical difference was observed in sexual behaviour between age, religion and family groups.

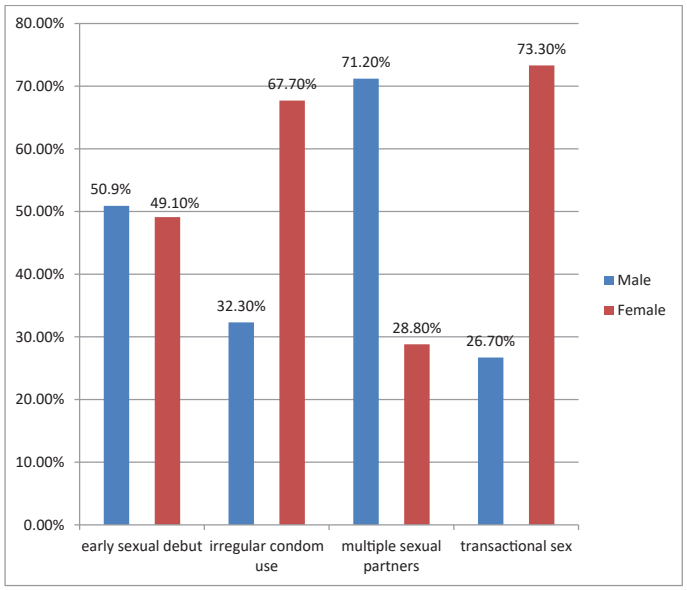

Figure 1: Differential Proportion of Sexual Behaviour Between Gender.

Table 3: Association between Socio-demographic Characteristics and Sexual Behaviour.

Variable	Level	Freq-Risky behaviour	Freq-Safe behaviour	χ^2	P value
Age					
	15-19 years	46(83.6)	9(16.4)	3.891	**0.049**
	20-24 years	223(70.8)	92(29.2)		
Sex					
	Male	96(71.6)	38(28.4)	0.119	0.730
	Female	173(73.3)	63(26.7)		
Level of Education					
	Non tertiary	122(86.5)	19(13.5)	21.931	**<0.001**
	Tertiary	147(64.2)	82(35.8)		
Family Structure					
	Monogamous	167(68.4)	77(31.6)	6.552	**0.010**
	Polygamous	102(81.0)	24(19.0)		
Religion					
	Christianity	148(66.4)	75(33.6)	11.350	**0.001**
	Islam	121(82.3)	26(17.7)		
Social Class					
	Lower	155(83.3)	31(16.7)	27.035	**<0.001**
	Middle	71(68.9)	32(31.1)		
	Upper	43(53.1)	38(46.9)		

Table 4: Association between Quality of Family Relationship Index and Pattern of Sexual Behaviour.

Variable	Level	Freq-Risky Behaviour	Freq-Safe Behaviour	χ2	P-value
Family-Relationship Index	Support-Oriented	38(60.3)	25(39.7)	5.869	0.015
	Conflict-Oriented	231(75.2)	76(24.8)		

Table 5: Logistic Regression of Factors associated with Risky Sexual Behaviour.

Variable	Odds Ratio	95% C.I.	p-value
Age			
15-19 years	1.480	0.660-3.316	0.341
20-24 years	1		
Level of Education			
Non tertiary	2.053	1.096-3.848	**0.025***
Tertiary	1		
Family of Origin			
Monogamous	1		
Polygamous	1.184	0.665-2.111	0.566
Social Class			
Lower	2.721	1.422-5.208	**0.003***
Middle	1.682	0.900-3.144	0.103
Upper	1		
FRI			
Support Oriented	**1**		
Conflict Oriented	1.894	1.036-3.462	**0.038***
Religion			
Christianity	1		
Islam	1.440	0.816-2.541	0.209

The variable for reference is the one with odds ratio of 1

Discussion

The mean age of sexual debut was 18.82 years in this study, this was close to the mean age recorded in the National Demographic Health Survey [28] and also with the work by Annete, et al. [29] in Uganda which was 18 years, but was much higher than the mean age of 15.4 years reported among American Adolescent Nationals by Aspy, et al. [30]. The observed difference could be attributed to cultural variation between developed and developing countries. The former society compared to the latter allows for early independence which can lead to premature decision making with regards to sexual activity.

Disparity was observed in the age of first sexual intercourse between male and female as was documented in few studies [20,31]. For instance, sexual debut was a year lower among male respondents compared to females. Also, use of condom was poor in this study just as it has been found by other studies [32-35]. Further analysis on the effects of socio-demographic factors, showed that females accounted for a higher proportion of irregular condom use, consistent with findings of both Wouhabe [35] in Ethiopia and Olasode in Nigeria [36]. Gender

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norms of male dominance during sexual activity and on decision for condom must have played a role. Another reason for low condom use among females in this study could be attributed to their involvement in transactional sex for money, gift or other gains which would reduce their ability to negotiate for protection during intercourse. Aforementioned observation buttressed the fact that unprotected sexual intercourse is preponderance as a cause of worsening reproductive health indices among young population in Nigeria.

Masculinity had influence on number of sexual partners, male respondents accounted for more involvement with multiple partners than females.

Role of age was observed as higher proportion of sexually active adolescents were seen after fifteen years of age confirming previous reports that sexual practice increases with age [9,32]. Although, younger adolescents had tendency to practice unsafe sex more than older adolescents in this study and this was in keeping with other studies [38,39]. Early aged adolescents are less likely to make informed decision and are more likely to involve in coercive sex and other associated risks. Early initiators have been shown to lack the ability to negotiate condom use during sexual intercourse [37,40] and have likelihood for multiple sexual partners from serial relationships before marriage [37,39].

Religion is an entity with values that protect against risky sexual behaviour [3,11,20,29], youths who practiced Christianity in this study had reduced engagement in risky sexual activity. Although, Isiugo, et al. observed that religion type had no effect on risky sex behaviour in a National survey [42].

Education as a factor showed that respondents with tertiary education were less involved in unsafe sexual behaviour, similar to other report that education confers an advantage on pattern of sexual activity [16].

Furthermore, the study revealed the importance of family characteristics on pattern of sex behaviour. Polygamy being embedded in conflict from partner rivalry accounted for higher proportion of youths with risky sexual behaviour [11,41,43,44]. Negative impact leads to pressure exposure from peers and eventual unsafe sexual practice [23,44,45]. Likewise, the quality of family functioning showed that adolescents from support oriented families were less likely to practice risky sex compared to ones from conflict families. Good family functioning improves bond and communication among family members, an interaction which promotes secured atmosphere to address age related health behaviour such as safe sex [6,18,22,24]

Lastly, poor economy in family was associated with the highest percentage of risky sex as found in some studies [16,14,42]. Poverty has been strongly linked with low education, inadequate information on condom use and likelihood of transactional sex for monetary gains [15,32]. Consistent effect of poverty and low education in predicting pattern of sexual practice emphasise their roles in unsafe sexual practice and sex related morbidities and mortalities in low income countries as Nigeria.

Conclusion

The findings showed that the pattern of sexual behaviour among adolescents were at variance of safe and unsafe sexual practice. The paradox observed with high inconsistent use of condoms in this study despite advancement in promoting contraception among young population globally showed a persistent gap in the health of adolescents and young people in Nigeria and Africa at large. Knowing that low level of education, poverty and poor family functioning were identified as predictors of unsafe sexual behaviour in this study. Strategies to improve on education and household finances should be effected in order to promote awareness and adoption of safe sexual practice among young population in this environment. Lastly comprehensive approach to adolescent care must explore family functioning in planning intervention for healthy social integration and safe sexual practice.

In addition, parents should seek help in dealing with family conflicts in order to provide home front that favour healthy sex behaviour. All stakeholders are keys to preventing risky sexual practice and its attendant health burden among young population.

Limitation

The cross- sectional nature of this study limits its ability to establish causal relationship between pattern of sexual activity and identified influencing factors.

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