

Sexual Behaviour among Out-of-School Youths in Olorunda Local Government Area, Osun State, South Western Nigeria

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Abstract

Background/Objectives: Out-of-school youth constitute a significant proportion of all youths in Nigeria and their reproductive well-being is important. Knowledge of their sexual behaviour is important for programmatic interventions. This study was conducted to describe the sexual practices among out-of-school youth in Olorunda Local Government Area (LGA), Osun State, Nigeria.

Methods: The study employed a cross-sectional descriptive design. A pre-tested, self-administered, semi-structured questionnaire was used to elicit information from 400 out-of-school youth who were recruited by multi-stage sampling. Data was analysed using SPSS package. Univariate and bivariate analyses were also done.

Results: There were 192 (53.3%) males and 168 (46.7%) females and 233 (64.7%) had secondary education. Two hundred and fifty seven (71.4%) of the respondents had ever had sex, 184 (71.6%) of which were sexually active. The mean age at first sex was 17.2 ± 0.79 years, 62 (33.7%) currently had multiple sexual partners, 48 (18.3%) practiced transactional sex, while 78.6% ever used condom.

Conclusion: It was therefore concluded that majority of out-of-school youths in Olorunda LGA are sexually experienced and also practice risky sexual behaviour. Educational interventions and behaviour change communication that can make them to adopt safer sexual practices should be undertaken and sustained among them.

Keywords - sexual behaviour, out-of-school youth, sexual practices, South-Western Nigeria

I. INTRODUCTION

Young people aged between 10 and 24 years account for about 30% of the world's population and a significant proportion of every country's total population [1]. In Nigeria they account for 32.0% of Nigerian's projected 206 million people [2]. Young people are a heterogeneous group of persons. At the lower end of the age range, they consist of pre-teenage girls and boys, most of whom are not yet sexually active. At the upper end, they consist of physically and sexually mature young women and

men, virtually all of whom have been sexually active for several years and in many cases have children of their own.

The period 10-24 years includes and transcends adolescence. As the period offers the young people a window of opportunity for healthy development into productive and responsible adults, it equally brings a lot of challenges which can be detrimental to their health and well-being [1]. Due to their desire to explore, peer pressure, family and other societal factors/influences at this phase, a lot of young people explore their sexuality and make wrong sexual and reproductive health choices [1], [3]-[5]. They engage in risky, unprotected, premarital sex which brings a lot of poor health outcomes like unwanted pregnancies, abortions, sexually transmitted infections including HIV/AIDS and so on [6]-[10].

Out-of-school youths are young people who are not in school for one reason or the other. Some reasons for this includes; awaiting admission, lack of funds to start and or to complete schooling, cultural beliefs, gender inequality, post-graduation and socio-political unrest. Others are peer pressure leading to criminal and cult activities which may result in expulsion. Ignorance has also been found to be a cause in developing countries. A sizeable proportion of this population group are occupied as apprentices-training as artisans (for example, carpenters, mechanics, barbers, hairdressers, electricians, tailor and so on), in commercial transportation and some are involved in unwholesome activities which includes hooliganism, prostitution, drug abuse and robbery. Some are unemployed and can be found at home, in bars, car parks, nightclubs and undisclosed locations [11].

Studies abound on sexual and reproductive health challenges of in-school youths [1], [7]-[9]. There are also policies, programmes and strategies focusing on youths that are in school; implemented by governmental and non-governmental organizations [12]. However, out-of-school youths are being relatively ignored despite the fact that they constitute a very high risk group. Therefore there is a need to study this group with an aim of providing the necessary data to assist in policy formulation and in the implementation of intervention strategies.

The study was therefore conducted to assess the sexual behaviour of out-of-school youths in Olorunda LGA, Osun State South western Nigeria.

II. METHODOLOGY

A. Study Location: The study was conducted in Olorunda Local Government Area (LGA), one of the 30 LGAs in Osun State, South Western Nigeria. The LGA has a land coverage of about 600 square per kilometre and is bounded by Irepodun LGA and Egbedore LGA on its east, Osogbo LGA at the southwest, Ifelodun LGA to the west, and Odo-Otin LGA to the northwest. The headquarters of the LGA is located at Olonkoro, in Osogbo. The LGA is made up of 11 wards, with 4 rural communities which include Ota-Efun, Oba-Ile, Oba-Oke and Ilie; and an urban area which is Igbona-Osogbo. Olorunda LGA has a population of 195,829 people (projected from the 2006 population census [13]). The major religion of the inhabitants is Islam and Christianity and most of them are involved in farming, trading and commercial transportation.

The study was conducted in Olorunda Local Government Area (LGA), one of the 30 LGAs in Osun State, South Western Nigeria. Olorunda LGA consists of eleven political units known as wards; three out of which are rural settlements while the remaining eight (8) are part of Osogbo metropolis. Health services in the LGA are rendered by private and government institutions. Ladoke Akintola University of Technology (LAUTECH) Teaching Hospital is in the LGA.

B. Study Design

This was a cross sectional descriptive survey.

C. Study Population

This consisted of male and female out-of-school youths aged 14-25 years in Olorunda LGA

D. Sample Size Determination

The Leslie Fisher's formula for estimating single proportions was used to calculate the sample size [14]. Assuming a 95% level of confidence, a prevalence of sexual behaviour of 63% and a maximum acceptable difference from true proportion of 5%, the minimum estimated sample size was 358 [15]. However an additional 10% was added (in case of incompletely filled questionnaires) and 394 respondents were then selected to participate in the study. A total of 400 respondents were eventually interviewed.

E. Sampling Technique

Multi-stage sampling procedure was used to recruit respondents into the study.

Stage 1: The 11 wards in the LGA were first stratified into rural and urban. Out of the 8 urban wards, 5 were selected using simple random

sampling while out of the 3 rural wards, 1 ward was selected using simple random sampling.

Stage 2: A list of the communities in each of the chosen wards was then obtained. Using simple random sampling technique, one community was selected from each ward. The selected communities were: Ayetoro, Igbona, Atelewo, Oluode, Sabo and Ilie.

Stage 3: Locations of commercial activities, for example, shops and barbing salons etc in each of the selected communities were identified and enumerated. Starting from the centre of the community, every third shop was selected.

Stage 4: From each of the selected shops, simple random sampling (balloting) was used to select one consenting eligible youth who was then interviewed. 66 questionnaires were administered in each of the communities.

F. Data Collection Instruments and Methods

The study was pre-tested among out-of-school youths in Egbedore LGA which was not used for the study. The questionnaire was semi-structured and mainly interviewer administered though it was self-administered by the educated ones. The questionnaire elicited information on: socio-demographic characteristics of the respondents, their awareness about HIV/AIDS and their sexual behaviour.

G. Data Analysis

Data was collected manually, checked for errors and entered into a microcomputer. Data was analysed using the Statistical Package for Social Sciences (SPSS) version 20. Univariate variables were presented in form of tables and figures. The Chi-square test was employed to determine the association between socio-demographic and dependent variables. Level of significance was put at p value < 0.05 .

H. Ethical Issues

Approval to conduct the research was obtained from the appropriate authorities of Ladoke Akintola University Teaching, Osogbo, Nigeria. In the rural ward, permission to carry out the study was obtained from the Baale (village head) and village youth association executives. Verbal informed consent was obtained from the youths. The questionnaire was filled anonymously and confidentiality was maintained. Collected data were stored in cabinets which were only accessible to the researchers.

III. RESULTS

Out of the 400 questionnaire administered, 360 were fit for analysis giving a response rate of 90.0%. Table 1 shows the socio-demographic characteristics of the respondents. Majority of the respondents were between the age group 18-21 years 312 (86.7%); males 192 (53.3%), Muslims 211 (58.6%), had secondary education 233 (64.7%) and were single

279 (77.5%). Most of them were employed sales personnel 133 (37.0%).

Table 2 shows the sexual behaviour of the respondents. Two hundred and fifty seven (71.4%) respondents have had previous sexual exposure. Out of these, 202 (78.6%) had ever used condom, 184 (71.6%) had sex in the last six months prior to the survey and 47 (18.3%) had ever had transactional sex.

Table 3 shows the age at first sexual exposure among sexually experienced respondents. One hundred and thirty five (52.5%) of the respondents had their first sexual exposure between 16 and 20 years; the average age at first sexual exposure was 17.2 ± 0.79 years.

Table 4 shows the number of sexual partners among sexually experienced and sexually active respondents. Among the sexually experienced respondents 148 (57.6%) had more than two lifetime sexual partners while among the sexually active ones 62 (33.7%) had more than two current sexual partners.

Table 5 shows the relationship between sex and some sexual practices among respondents. There was a statistically significant association between respondents' being sexually experienced, ever use of condom and sex. When compared, respondents that were males were more likely to have ever had sex ($p = 0.003$) and were more likely to have ever used condom than those who were females ($p = 0.002$).

TABLE 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Socio-Demographic Characteristics	Frequency n=360	Percentage
Age group (years)		
14 – 17	45	12.5
18 – 21	312	86.7
22 and above	3	0.8
Sex		
Male	192	53.3
Female	168	46.7
Religion		
Islam	211	58.6
Christianity	143	39.7
Traditional	6	1.7
Educational Status		
No formal Education	32	8.9
Primary Education	39	10.8
Secondary Education	233	64.7
Tertiary	56	15.6
Marital Status		
Single	279	77.5
Married	73	20.3
Divorced	8	2.2
Occupation		
Employed sales persons	133	37.0
Petty traders	86	23.9
Artisans	77	21.4
Others	64	17.7

TABLE 2
RESPONDENTS' SEXUAL BEHAVIOUR

Sexual Behaviour	Yes (%)	No (%)
Ever had sex (n=360)	257 (71.4%)	103 (28.6%)
Ever used condoms (n=257)	202 (78.6%)	55 (21.4%)
Had sex in the past six months (n=257)	184 (71.6%)	73 (28.4%)
Ever had transactional sex (n=257)	48 (18.7%)	210 (81.7%)

TABLE 3
AGE AT FIRST SEXUAL EXPOSURE AMONG SEXUALLY EXPERIENCED RESPONDENTS

Age at first sex (years)	Frequency	Percentage
5-15	73	28.4
16 – 20	135	52.5
21 – 25	49	19.1
Total	257	100

TABLE 4
NUMBER OF SEXUAL PARTNERS AMONG SEXUALLY EXPERIENCED AND SEXUALLY ACTIVE RESPONDENTS

No of lifetime sexual partners	Frequency	Percentage
1	109	42.4
2	69	26.8
3	22	8.6
≥4	57	22.2
Total	257	100
No of current sexual partners		
1	122	66.3
2	38	20.7
3	7	3.8
≥4	17	9.2
Total	184	100

TABLE 5
RELATIONSHIP BETWEEN SEX AND SOME SEXUAL PRACTICES AMONG RESPONDENTS

Practices	Male (%)	Female (%)	Total (%)	χ^2	P value
Ever had sex					
Yes	150(58.4)	107 (41.6)	257 (100.0)	9.14	0.003
No	42 (40.8)	61 (59.2)	103 (100.0)		
Total	192 (53.3)	168 (46.7)	360 (100.0)		
Sex in last 6 months					
Yes	108 (58.7)	76 (41.3)	184 (100.0)	0.326	0.568
No	40 (54.8)	33 (45.2)	73 (100.0)		
Total	148 (57.6)	109 (42.4)	257 (100.0)		
Ever used condom					
Yes	121 (59.9)	81 (40.1)	202 (100.0)	9.67	0.002
No	20 (36.4)	35 (63.6)	55 (100.0)		
Total	141(54.9)	116 (45.1)	257 (100.0)		
Age at first sexual exposure (years)					
≤ 20	127 (60.7)	82 (39.3)	209 (52.1)	2.65	0.103
21-24	23 (47.9)	25 (52.1)	48 (18.7)		
Total	150 (100.0)	107 (100.0)	257 (100.0)		

IV. DISCUSSION

Sexually risky behaviours are sexual activities that may expose an individual to the risk of infection with HIV and other sexually transmitted infections. Unfortunately a lot of our youth take these risks without thinking of the consequences. This study observed that nearly three-quarters of the respondents were sexually experienced (ever had sex). This is similar to what was reported by other researchers both within Nigeria nationally [16], in some of the regions [7], [17] and outside Nigeria [18]. It however

contrasts with the reports of some other studies in which far lesser proportions of the respondents were sexually experienced [19]-[21]. In this study about six out of ten males were sexually experienced compared to four out of ten of their female respondents which contrasts with the report of a Brazilian study where the proportion of females was more compared to the males [22] other studies reported a preponderance of males over females being more sexually experienced [16], [19]-[21].

These proportions are a cause for concern that will require appropriate interventions.

Although the mean age at first sexual intercourse in this study was 17 years, about a quarter of the respondents had actually initiated sex below the age of 15 years, with some initiating sex as early as five years. Studies conducted in different parts of the world gave different proportions. For example, in Nigeria [23] and Ghana [24], more than half of the respondents aged 15 to 19 had early sexual debut; in the United States of America [25], [26] it ranged between 5% to about a quarter while in Ethiopia [20], less than a fifth of the respondents had early sexual debut. Environmental and cultural differences can account for the varying proportions reported. Many of the early sexual initiations may actually be coerced and can be both psychologically and physically damaging on the victims [27]. This underscores the need for parents to monitor their children more closely and sexuality education to be introduced at very early ages both at home and in schools. Armed with the right information, the youth will be enabled to navigate through their transition to adulthood and make informed decisions about their reproductive health.

Among those that had earlier sexual debut, the males were more compared to the females. The exposure increases with age among the older adolescents but are more among the females. The proportion of males with early sex debut in this study is similar to that which was reported among Black American males [26], [28] and Nigerian youth [17], [29]. The fact that exposure to sex increases with increase in age is also supported by the two Nigerian studies [17], [29]. Therefore, where resources are limited, the mid and late adolescents should first be target for intervention.

Approximately seven out of ten respondents, who had initiated sex, were sexually active in the last 6 months preceding the survey. This finding is lower than the 8 out of ten reported from a nationally representative study [16] but higher than the three out of ten reported in South-South Nigeria [7] as being sexually active. The longer period of 12 months used as reference period might account for more respondents being sexually active in the nationally representative study as opposed to the six months used in this study and three months used in the other study since other studies used reference periods of three to six months. These high levels of premarital sexual activities predispose our youth to the dangers of sexually transmitted infections (STIs) including HIV/AIDS and unwanted pregnancies with the entire sequel, among the females.

A third of the sexually active ones had more than one sexual partner. This proportion is lower than the findings of studies conducted among youth in Nigeria which equally reported that close to, or more than half of the youth studied had multiple sexual partners [7], [16], [23]. Having multiple sexual partners has

considerable implications for sexual and reproductive health, including HIV and other STI transmission and is one of the factors driving the HIV scourge among youth. About four out of five sexually experienced respondents in this study ever used condom and the males significantly used condoms more than the females. This is similar to the findings of other studies conducted in South East and South- South of Nigeria [1], [30] but contrasts with that reported in Iran [31]. Ever use of condom does not proffer much benefit, consistency is the key. Better use of condom among males is also supported other studies [31], [32]. Inability of female youths to negotiate condom use always put them at a disadvantage and increases the risk of infections and pregnancy among them.

Nearly one-fifth of the sexually active respondents claimed to have received or given favours, gifts or money in exchange for sex. This is similar to the findings among corps members in Nigeria [16] and in-school adolescents in Ilorin [33] but lower than the two-fifths reported among some older youth in Nigeria [34] and Tanzania respectively [35]. Some young men patronize commercial sex workers and give money or gifts in exchange for sex with younger women. Economic hardship, desires to live big and use expensive things also encourage younger women and men to practice transactional sex with older and richer men and women respectively [16], [35]. This may put them at increased risk of contracting STIs, including HIV/AIDS and the females at increased risk of unwanted pregnancy, early childbearing as well as abortion.

V. CONCLUSION

Majority of out-of-school youths in Olorunda LGA had initiated sex and were also sexually active. A sizeable proportion among them had multiple sexual partners, practiced transactional sex and had unprotected sexual intercourse. More male respondents were sexually experienced, sexually active and used condom than their female counterparts. Sexuality education should be commenced at early ages both at home and at school to prevent children from becoming victims of sexual coercion. Educational interventions and behaviour change communication that can make youth to adopt safer sexual practices should also be undertaken and sustained among out-of-school youth in Olorunda LGA.

A. Study Limitation

Information obtained about sexual behaviour among the respondents could have been under reported or falsified due to the sensitive nature of the questions, even though adequate measures were taken to ensure confidentiality.

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