

**Sexual activities of post secondary students versus illiterate traders and market attendants
of same age group.**

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Running Title:sexuality according to educational status of youths

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Summary:**Background**

Implementation and promotion of adolescent sexual and reproductive health requires that population based data on sexual behaviour be properly documented and used for effective public health interventions. Hitherto, most studies have looked at sexual behavior with the associated risks and complications among educated youths because of easy access while overlooking the uneducated youths who are likely to be more vulnerable. Therefore the need to provide comprehensive data and bridge this gap necessitated this study.

Objective:

This questionnaire-based survey aimed to assess sexual activities among educated and uneducated youths and compare them, while secondarily assessing their source of information on reproductive health and awareness of complications of unsafe sex.

Study design and setting:

Women's Health Attention Focus (WHAF), a non governmental organization dedicated to the promotion of health and rights of women and children carried out a cross sectional, descriptive study of sexual activities of educated and uneducated youths using a semi structured qualitative questionnaire. The study was carried out in Ilorin, a cosmopolitan city in north central Nigeria.

Methodology:

Trained questionnaire administrators interviewed the respondents after a multistage systematic sampling method. The questionnaire was coded and analysed with EPI info 6.0 and STATA

version 13.0 and statistical analyses was done using Student T test, chi square for trend test and fishers exact test. Significant level was set at 0.05.

Results:

Older friends were significantly the source of information on reproductive health ($P < 0.01$) while teachers, radio, TV and newspapers were significant as sources of information for the educated youths ($p < 0.01$, $P < 0.001$, $p < 0.01$, $p < 0.01$). There was a major difference in the types of sexual activities with the educated Youths more significantly engaged in less risky sexual activities of kissing, breast fondling and masturbation while the uneducated youths are significantly more involved in risky vaginal and anal sex with Chi square for trends $p = 0.460$ showing different trends in the two study groups. The uneducated group less aware of STIs and unwanted pregnancy as complications of unsafe sex use ($p < 0.001$ and $p < 0.05$) while there was no significant difference in the awareness of HIV/AIDs which was well known to the two groups of youths.

Conclusions:

The uneducated have very narrow source of information essentially from senior friends and are more significantly involved in higher risky sexual behavior of vaginal intercourse and anal sex. The uneducated youths were also less aware of HIV/AIDs and STIs as complications of unsafe sex. There is therefore need to innovate community based sexual and reproductive healthcare for the uneducated using their senior friends in the community and ensure education for all youths including sex education in the school curriculum.

Key words: sexual health information; sexual activities; risks

Introduction:

There are about 2 billion people between 10-24 years old in the world, close to 85% of these young men and women live in developing countries¹. The youths in Nigeria account for 32.0% of Nigerian's 140 million people and nearly half (48.6%) of adolescents aged 15-19 are sexually active². About 1 in 5 of sexually active females and 1 in 12 sexually active males had already engaged in sexual intercourse by the age of 15. Findings from National AIDS and Reproductive Health Survey show that the median age of sexual debut among youths is 17 years in females and 21 years in males².

Data from the 2013 Nigeria Demographic and Health Survey (NDHS) shows that 28.3% of the population of Nigeria are between the ages of 10-24 years while 38% of women and 21% of men between 15-49 years are uneducated and are also likely to be poor². Most studies in the past have excluded the uneducated youths and this large group have therefore been represented in this study to bridge the gap.

Sexual activity is usually an outcome of normal physiological changes occurring in youths, it is characterised by rapid, growth and development with the attainment of secondary sexual characteristics occurring under the influence of sex hormones³. Physiologically, the changes in reproductive organs that occur in the life of adolescents often serve as a motivating force in their quest to experiment with sex⁴. Other factors are pressure from peer groups, increasing socio economic problems which result in pressures on young people to exchange sex for money, glamorization of sex in the mass media without equally highlighting the associated risks and permissive attitude of society towards premarital sexual relations for boys as part of their predatory sexual socialization.

Adolescents also share certain characteristics that distinguish them from other generation. Such characteristic include, desire for independence, zealousness, radicalism, rebellions, curiosity, sexual risk behaviours, etc⁵. These risky sexual activities make this group disproportionately affected by reproductive morbidities including STI/HIV, unwanted pregnancies and their complications^{4, 6, 7}.

In Nigeria, researches have confirmed that risky sexual behaviour is associated with young people. These risky behaviors include: early debut in sexual activities, sex with many partners, low and inconsistent use of condoms, use of drugs and alcohol, anal sexual intercourse and mouth to genital contact^{4, 8, 9}.

For sundry reasons the sexual health of the youth in Nigeria, or their state of physical, emotional, mental and social well-being related to sexuality, leaves much to be desired, especially against the backdrop of the HIV/AIDS epidemic¹⁰.

It is reported that the rate of newly acquired HIV infections are the highest in the 15-25 years age- group and that this group accounts for about 60.0% of the global total of HIV infected persons and the highest sero- prevalence rate of HIV in Nigeria is in this age-group⁴. Unwanted pregnancy is also a consequence of sex intercourse, especially unprotected sex. Two out of every 5 secondary school girls interviewed in a study admitted to at least one previous pregnancy¹¹. Over 80% of patients presenting at Nigerian hospitals with abortion related complications are adolescent girls¹². In fact, unsafe induced abortion has been described as a school girls, problem in Nigeria¹².

Population based data on these risk behaviours at the national, state, and local levels can help monitor the effectiveness of public health interventions designed to protect and promote the health of youths nationwide¹³.

Objective:

This questionnaire-based survey aimed to assess the sexuality and sexual activities of educated and uneducated youths and compare them with the intention to providing information that will assist in improving public health interventions that will protect and promote the health of youths locally and nationally.

Methodology;

Women's Health Attention Focus (WHAF), a non governmental organization dedicated to the health and rights of women and children carried out the study. The study population consisted of students of the kwara state college of education and kwara state polytechnic both post secondary institutions serving students from all over the federation of Nigeria. . The participating uneducated youths were from two markets, the Baboko and the Ipata markets and they were screened not have attended any formal education.

All participating respondents were between the ages of 15 – 24 years, which falls into the definition of youth according to the United Nations. One hundred and thirty educated and 127 uneducated.

The study was cross sectional and descriptive, using quantitative research methods. A semi structured questionnaire was used to interview participants. Staggered staging multistage random sampling to achieve the desired correction for age and regard.

The Iyaloojas (market women leaders) provided list of shops numbers and systematic multistaged sampling of selected stores that have young people in attendance as well as youths hawking wares enlisted. The multistaged structure of the sampling was corrected for socio-

demographic and biological data of the recipients to have a balanced sampling from the two groups being interviewed.

The questionnaire was pretested twice in the school and only in each of the markets after which it was edited to validate it.

The main areas covered by the questionnaire were demographic data and information on sexual knowledge, attitude and sexual behaviour.

Undergraduates medical students were trained using the WHO guide¹⁴ and they subsequently conducted the interview.

The questionnaire area coded and analysed with EPI into 6.0 and stat a version 5.0 statistical analyses was done using T test, chi square for trend test and fishers exact test.

Significant level was set at 0.05.

Written consent was obtained from the provost of the college of education and from the two leaders of the market women and men association in the markets used. also were applicable consent was obtained from parents and guardians of participants.

The purpose of the study was explained to all participating youths and consent obtained.

The Kwara State ministry of health approved the study as the overall supervising ministry for health care in the State.

Results:

A total of 257 questionnaires were completed (130 educated and 127 uneducated) out of 260 questionnaires distributed, giving a response rate of 98.8%. Respondents were between the ages of 15 - 24 years with the average age of educated youths being 18.3 compared to that of uneducated youths 18.5. Male respondents were more in both groups. 55% of educated

respondents and 57% of uneducated respondents. A higher percentage of youths were Muslims, 60% of educated youths and 63% of uneducated youths, as seen in table 1.

Table 2 shows that parents, and peers were not significant for any of the groups in terms of been source of information on reproductive health. However, older friend was for the uneducated ($P = 0.01$) while teachers, radio, TV and newspapers were significant sources for the educated youths ($P = 0.01$, $P = 0.001$, $P = 0.01$, $P = 0.01$).

Table 3 reveals that the frequency of kissing was highest among educated and uneducated youths, 71% and 59% respectively. This was followed by masturbation in accounting for 58% and 37.8% respectively. The important finding in table 3 however is the highly significant trend between the two groups showing that the educated youths are less likely to be involved in the more risky intimate sexual activity of vaginal and anal intercourse while the uneducated are more likely to be involved with less risky behaviours of kissing, breast fondling and masturbation with a Chi square for trend of 0.460.

Table 4 shows that the knowledge of HIV as a complication of unprotected sex was highest among educated and uneducated sex youths with no statistical significance. However the uneducated were less aware of STIs and unwanted pregnancies as complications of unsafe sex ($P = 0.001$ and $P = 0.05$).

Discussion:

The mean ages were 18.3 and 18.5 of educated and uneducated youths respectively, this was similar to 18.1 years and 19.0 from a study by Fagbamigbe et al, but was lower than 20 for males and 21 for females from a similar study done in Bida and 21.85 years from another done in South west, Nigeria^{15, 16, 17}. Males accounted for a higher percentage of respondents in contrast to

females accounting for more respondents in similar study done in Benin-city¹⁸. The reason for this is not really understood. Kwara State is in the North central zone of Nigeria and more Muslims are present in this region, hence more Muslim respondents. However the differences in the sociodemographic characteristics were corrected for with multistage sampling and therefore they were not statistically significant.

Among the respondents, there was high level of information about sex, mostly from informal sources-parents, peers and siblings. This is similar to the observation from other regions of the country^{17, 19, 20}. Dependence on peers for sex information puts the average adolescent at risk of gross misinformation. There was however a statistically significant source of information for the uneducated from the older peers or associates who are like supervisors to the uneducated traders and even though they may currently give wrong information but their positions can be explored for community penetration when initiating or strengthening existing ASRH services among the local or semi-urban communities. The current educational policy in Nigeria does not provide for integration of sexuality education in the school curriculum²¹. School sex education had been reported as poor since teachers were often too embarrassed and ill-prepared to broach the subject with the students²² and continuation of the advocacy for a formal integration of sexual and reproductive health in the curriculum of various levels of education in the country is essential.

Critical in promoting reproductive health of the adolescents is a planned process of sex education that will foster acquisition of factual information, formation of positive attitude, beliefs and values as well as the development of skills to cope with sexual pressure¹⁷. Getting the baseline information right is key for a successful and impactful intervention in adolescent sexual and reproductive healthcare services, the non inclusion of some groups and overlooking key

community motivators was said to be responsible for the not too successful intervention in Latin America^{23,24}.

Kissing and other forms of less risky sexual activities were commoner among inschool youths and less of sexual intercourse while the reverse was found among the uneducated meaning that that education in itself might have protected against serious risky sexual activities like sexual intercourse both vaginal and anal in this study.

Most respondents were aware that unprotected sex will lead to HIV infection, in keeping with a study done among school girls in Portharcourt, Nigeria²⁵. This may be due to the massive campaigns by governmental and non-governmental agencies on the use of male condom in the prevention of HIV/AIDS²⁶. There was poor knowledge of STIs and unwanted pregnancy among the uneducated youths making them more at risk of these complications and therefore scaling up of efforts in community reproductive healthcare for adolescents like the one for Latin America will be beneficial for the poor communities in Nigeria also.

Conclusion

There was a significant difference in the source of information on reproductive health between the educated and uneducated youths and also significant difference in the types of sexual activities engaged in between the two groups. The uneducated have very narrow source of information essentially from senior friends and are more significantly involved in risky vaginal intercourse and anal sex. The uneducated youths were also less aware of HIV/AIDs and STIs as complications of unsafe sex. There is therefore need to innovate community based sexual and reproductive healthcare for the uneducated using their senior friends in the community and ensure education for all youths including sex education in the school curriculum.

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Table 1: Demographic characteristics of respondents.

Variable	Educated		Uneducated		P
	N = 130	%	N = 127	%	
Age (years)	Mean 18.3		Mean 18.5		
	Range 15 - 24		Range 15 - 24		
Male	72	55	72	57	NS
Female	58	45	55	43	NS
Muslim	78	60	80	63	NS
Christian	52	40	47	37	NS

Table 2: Source of information on reproductive health.

Source	Educated		Uneducated		P
	N 130	%	N 127	%	
Parents	78	60	70	55	NS
Siblings	72	55	74	58	NS
Older friends	32	25	64	50	$P < 0.01$
Peers	78	60	83	65	NS
Teachers	32	25	0	0	$P < 0.01$
Radio	13	10	19	15	$P < 0.001$
TV	12	9	0	0	$P < 0.01$
Newspaper	9	7	0	0	$P < 0.01$

A respondent could have more than one source of information.

Table 3: Sexual activity carried out by respondents.

Sexual activity	Educated		Uneducated		Total
	N 130	%	N 127	%	
Vaginal intercourse	26	20.0	45	35.0	71
Oral sex	9	6.9	6	4.7	15
Anal sex	0	0	4	3.1	4
Kissing	93	71.5	76	59.8	169
Breast fondling	66	50.8	34	26.8	100
Masturbation	76	58.0	48	37.8	124

A respondent can have more than one sexual activity.

Chi square for Trend $P=0.460$ showing significant different trend in both groups.

Table 4: knowledge of complications of unprotected sex

Complications	Educated		Uneducated		P
	N 130	%	N 127	%	
STI	58	44.6	27	21.3	$P < 0.001$
HIV	101	77.7	95	74.8	NS
Unwanted pregnancy	72	55.4	40	31.5	$P < 0.05$

A respondent could be knowledge of more than one complication.