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SEXUAL HEALTH KNOWLEDGE AND RISKY SEXUAL BEHAVIOURS OF IN-SCHOOL ADOLESCENTS IN IFELODUN LOCAL GOVERNMENT AREA OF KWARA STATE



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Abstract

The rising incidence of Sexually Transmitted Diseases especially among adolescents has continued to cause apprehension for various stakeholders. Varying measures have been devised to promote sexual health knowledge of this age group with the aim that such would facilitate development of healthy sexual behaviours. Based on this, this study examined the sexual health knowledge and risky sexual behaviours of in-school adolescents in Ifelodun Local Government Area of Kwara State considering the influence of gender. The study was a descriptive survey of correlational type. A total of 385 randomly selected respondents participated in the study. A researcher-designed questionnaire with reliability coefficient of 0.80 was used to collect data for the study. The statistical tools employed in handling information gathered were percentage, Pearson's Product Moment Correlation and t-test. The findings of the study revealed high level of sexual health knowledge among the respondents (86.7%) and that one out of five adolescents are involved in risky sexual behaviours. Appraisal of the null hypotheses revealed significant relationship between the sexual health knowledge and risky sexual behaviours of the respondents ($r = 0.45$) and considerable gender variation in the sexual health knowledge of in-school adolescents ($t = 2.98$ significant at .003). It is therefore recommended that school counsellors and other stakeholders should continue to sensitise students on sexual education especially the female. They should also embrace comprehensive sexuality education that will further reduce engagement in risky sexual behaviours among this age group.

Keywords: Sexual Health Knowledge, Risky Sexual Behaviour,
In-school adolescents

Introduction

The prevalence in the Sexually Transmitted Diseases (STDs) among adolescents and youth has continued to be a major source of concern to parents, teachers and professionals in the health sectors among other stakeholders. This could not be divorced from the fact that adolescents engaged in risky sexual behaviours (Akande, 2013; Echendu, Joseph, Nkemakolam, Chima, Akinsewa & Ejike, 2011). It has been observed that there has been rising trend in the involvement of in-school adolescents in risky sexual behaviour (Ugoji, 2014). Studies (Akande, 2013; Echendu, et al., 2011) have confirmed that unsafe sexual conduct is linked with young people. These dangerous sexual conducts include: hasty initiation into sexual deeds, sexual intercourse with numerous partners, minimal and non-constant usage of condoms, consumption of drugs and liquor to improve sexual performance, anal sexual intercourse and mouth to genital contact. It is unfortunate that

many adolescents do not perceive these unsafe sexual conducts while indulging in it as perilous sexual practices. Similarly, Nnebue, Chim, Duru, Ilika, & Lawoyin, (2016) and Durowade, Babatunde, Omokanye, Elegbede, Ayodele, Adewoye et al (2017) have found increasing rate of premarital sex and decline in age of sexual debut among adolescents contrary to Nigeria moral and cultural values.

The aftermaths of risky sexual conducts include contraction of Sexually Transmitted Diseases including HIV/AIDS, stigmatisation after contracting the disease, unintended pregnancies, unsafe abortion, early childbearing, poverty, prolonged reproductive region contagions, sterility and death (Aji, et al, 2013; Akande, 2013; Ugoji, 2014). It is in an attempt to prevent these devastating consequences that sexuality education has been advocated. Sexuality education is designed to train youngsters for secure, fruitful, rewarding existence in an atmosphere where

Sexually Transmitted Infections including HIV, unplanned pregnancy, gender-based cruelty and gender discrimination have continued to threaten human health (UNESCO, 2018). It is however noticed that even with sexual health education put in place, many youngsters are inadequately equipped with competencies needed to manage their lives and arrive at reasonable determinations about their sexuality and relationships with high sense of maturity.

Roudi-Fahimi and El-Feki, (2011) have observed that both male and female have different level of exposure to the various sources of information which affect their sexual health knowledge. Females in some part of Africa are at more risk as they have less access to information sources outside their homes.

Sexual health has been illustrated by the Pan American Health Organisation, (2000) and WHO, (2006) as a condition of physical, emotive, perceptual and social security regarding sexuality; it is beyond non presence of ailment, dysfunction or infirmity. Sexual health entails a convinced and dutiful tactic to sexuality and sexual relationships, in addition to the chances of experiencing agreeable and secure sex, free of intimidation, unfairness and cruelty. Sexual health knowledge can be described as the level of consciousness of an individual regarding his/her sexuality as well as his/her level of insight into ways of securing his/her wellbeing. There are several perspectives into human sexuality, which includes; biological perspective, personal perspective, social perspective.

Biological perspective is focused on physical and or physiological characteristics of an individual which is relatively stable across societies (Diamond, 2002; Little & McGivern, 2012); Personal perspective is the individual connotations of the interactive and sexual connections as well as independent knowledge and need for closeness and seclusion (WHO, 2006; UNESCO, 2018). It also encompasses the individual's willpower to manage one's own body.

Social perspective sexuality as pointed out by Little and McGivern (2012) refers to the construct best simply understood within the flexibility of faiths, traditions, deeds and uniqueness of a society. The anticipation that regulates sexual behaviour varies widely across and within the societies. Various societal and traditional factors have been identified as important issues to be focussed on in sexuality education as they connect

extensively with characteristics of relationships and susceptibility. These factors comprised gender and authority disparities, socio-economic issues, ethnicity, HIV status, incapacity, sexual initiation and self sexual role (UNESCO, 2018).

Researchers (Darroch, Singh & Frost, 2001; Wang Chenn, Xu, Miao, Wu, & et al, 2015) linked the pervasive prevalence in sexually transmitted diseases and increased risky sexual behaviour to lack of sexual health knowledge particularly in adolescents. Sexual health knowledge is the art of learning about cognitive, emotional, social, interactive and physical aspect of sexuality (WHO, 2010). Adolescent usually lack the necessary knowledge of sex particularly in areas such as contraception or sexually transmitted diseases (WHO, 2010) which predispose them to risky sexual behaviour hence, the introduction of sexuality education into the school curriculum..

Sexuality education has been introduced into Nigerian education curriculum for several years. It has however been observed that only a handful of children and adolescents obtained adequate groundwork for their existence which endow them to manage and attain knowledgeable resolutions regarding their sexuality and affiliations liberally and sensibly (UNESCO, 2018). The implementation of this curriculum could vary for schools in diverse locations especially in Nigerian rural and suburban communities that lack enough teaching personnel. It has also been noticed that some cultural factors could lead to omission or avoidance of certain pertinent topics in sexuality education curriculum which could reduce the efficacy of this curriculum in facilitating positive sexual behaviours and promoting healthy living. Awareness about sexuality can be obtained from various sources, formal (school) and informal (parent, peer, media etc). These varying and contending sources of information could lead to confusion and predispose adolescents to varying risky sexual behaviours. It is on this basis that this study explored the sexual health knowledge and risky sexual behaviours of in – school adolescents in Ifelodun Local government Area of Kwara State. The study also aimed at finding out whether male and female in-school adolescents are on the same page in their sexual health knowledge and risky sexual behaviours.

Research Questions

This study was guided by these questions:

1. What is the level of the sexual health knowledge of in-school adolescents in Ifelodun Local Government Area of Kwara State?
2. What are the risky sexual behaviours of the in-school adolescents in Ifelodun Local Government Area of Kwara State?
3. Is there any relationship in the sexual health knowledge and risky sexual behaviours of the in-school adolescents?
4. Will the sexual health knowledge of the in-school adolescents vary on the basis of gender?
5. Will the risky sexual behaviours of in-school adolescents vary on the basis of gender?

Hypotheses

1. Sexual health knowledge would not significantly relate to the risky sexual behaviours of in-school adolescents.
2. Gender would not significantly influence the sexual health knowledge of the in-school adolescents.
3. Gender would not significantly influence the risky sexual behaviours of the in-school adolescents.

Methodology

The study is quantitative in nature; it adopted descriptive survey of correlational model. The researcher administered questionnaire to collect data for the investigation without manipulating the characteristics of the respondents as they occur in them.

The population of the study comprised of all in-school adolescents in Ifelodun Local Government Area estimated at 12,801 (Kwara State Annual School Census, 2016) while the target population comprised of in-school adolescents in five selected secondary schools in Ifelodun Local Government Area. The sample size for the study is 385 based on research Advisor (2006) using the simple random sampling techniques to select five big secondary schools in Ifelodun Local Government Area. The total number of 77 students was selected across JSS and SSS classes in each of the five selected schools.

The instrument used for data collection was a self-designed questionnaire titled "Sexual Health Knowledge and Risky Sexual Behaviours of In-school Adolescents Questionnaire". The instrument consists of three sections A, B and C. Section A was designed to elicit information on each respondent's gender. Section B and C consists of 20 items each which sought information on the sexual health knowledge and risky sexual behaviours of in-school adolescents. The instrument was validated by five experts in the Department of Counsellor Education, University of Ilorin while the reliability was determined through test re-test procedure yielding a reliability coefficient of 0.80. Section A was analysed using percentages while section B and C were scored using 4 points Likert-type rating scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1). In section B, the highest score any respondents could get on level of sexual health knowledge is 80 while lowest score is 20. The range of score is 50; respondents who scored below 50 were considered having low knowledge of sexual health meanwhile any respondent who scored above 50 was considered as having high level of sexual health knowledge. For section C, the mean score was 2.50. However, any mean score ranging from 2.50 and above was adjudged as risky sexual behaviour of in-school adolescents in Ifelodun Local Government Area.

Results

The demographic data of the respondents as well as answer to research questions 1 and 2 were obtained using percentages, means and rank order analysis while Pearson's Product Moment Correlation and t-test statistical tools were used to verify the formulated hypotheses at 0.05 alpha levels.

Table 1: Percentage Distribution of Respondents Based on Gender

Variables	Freq.	%
Male	159	41.3
Female	226	58.7
Total	385	100

Table 1 shows the distribution of respondents by gender. The table shows that 159 (41.3%) of the respondents were male while 226 (58.7%) of the respondents were female. This implies that female participated more than male in the study.

Research Question 1: What is the level of the sexual health knowledge of in – school adolescents in Ifelodun Local Government Area of Kwara State?

Table 2: percentage distribution of respondents based on sexual health knowledge

Level	Freq.	%
Low	51	13.3
High	334	86.7
Total	385	100

Table 2 indicates respondents' level of sexual health knowledge. The table indicates that 334 (86.7%) of the respondents had high level of sexual health knowledge, while 51 (13.3%) of the respondents had low level of sexual health knowledge. This findings indicates that majority of the respondents have high level of sexual health knowledge.

Research Question 2: What are the risky sexual behaviours of the in – school adolescents in Ifelodun Local Government Area of Kwara State?

Table 3: Percentage Distribution of Respondents' Risky Sexual Behaviours

S/N	As for me:	Agree	Disagree
		Frequency (%)	Frequency (%)
1	having sex without condom once in a while is not a big deal	48 (12.5%)	337 (87.5%)
2	having multiple sex partners is worthwhile to guide against disappointment	35 (9.1%)	350 (90.9%)
3	engaging in early sexual intercourse is necessary to avoid fibroid	25 (6.5%)	360 (93.5%)
4	bringing oneself to orgasm by using objects is a welcome idea	93 (24.2%)	292 (75.8%)

Hypothesis Two:

Gender would not significantly influence the sexual health knowledge of the in – school adolescents in Ifelodun Local Government Area of Kwara State

Table 5: Mean, Standard Deviation and t- value of the Respondents' Expression on the Sexual Health Knowledge Based on Gender

Gender	N	Mean	SD	Df	Cal. t value	P-value
Male	159	55.59	3.23	383	*2.98	.003
Female	226	54.71	2.52			

*Significance <0.05 alpha level

Table 5 shows the calculated t-value of 2.98 with corresponding p-value of .003 which is less than 0.05 alpha levels. Since the calculated p-value is less than 0.05, the hypothesis which stated that there is no significant difference in the sexual health knowledge of in-school adolescents in Ifelodun Local Government Area of Kwara State on the basis of gender is therefore rejected.

Hypothesis Three: *Gender would not significantly influence the risky sexual behaviours of the in-school adolescents in Ifelodun Local Government Area of Kwara State*

Table 6: Mean, Standard Deviation and t- value of the Respondents' Expression on the Risky Sexual Behaviours based on Gender

Gender	N	Mean	SD	Df	Cal. t value	P-value
Male	159	37.56	5.50	383	1.69	.091
Female	226	39.12	10.62			

Table 6 shows the calculated t-value of 1.68 with corresponding p-value of .091 which is greater than 0.05 alpha levels. Since the p-value is less than .05, the hypothesis which states that there is no significant gender difference in the risky sexual behaviour of in-school adolescents in Ifelodun Local Government Area of Kwara State is therefore accepted.

Discussion

The study revealed that majority of the in-school adolescents in Ifelodun Local Government Area Kwara State has high level of sexual health knowledge. The finding of this study is in line with the submission of previous studies (Brooks, et.al. 2012; Koyama, et al, 2009) found increasing level of sexual health knowledge among youths. The study revealed that despite the high level of sexual health knowledge, twenty percent of the in-school adolescents still engaged in various forms of risky sexual behaviours. This is in line with previous studies (Aderinola, 2013; Adetayo, 2015; Ajide & Balogun, 2018; Akande, 2013; Hussein, 2013; Wagbatsoma & Okojie, 2006) who found that in-school adolescents exhibit risky sexual behaviours.

Aderinola (2013) maintained that despite the in-school adolescents acknowledgement that abstinence is worthy prior to marriage, monetary value prompt them to engage in premarital sexual activities. Researchers (Wagbatsoma & Okojie, 2006; Ajide & Balogun, 2018) reported that good knowledge of HIV/sexual health knowledge do not constantly translate into decrease in risky sexual behaviours. Ajide and Balogun (2018) found that possession of HIV knowledge did not deter adolescents from aiming to engage in high-risk sex practices. The reason for adolescents involvement in risky sexual behaviours in spite of appreciable level of sexual health knowledge could point to varying factors (such as peer influence, economic situation, culture, family setting, media and drug influences) that could also be responsible for involvement in risky sexual behaviours has revealed in literature (Aderinola, 2013; Ajide & Balogun, 2018, UNESCO, 2018) can be more influential for some adolescents involvement in risky sexual behaviours than sexual health knowledge.

The exploration of the association between sexual health knowledge and risky sexual behaviours is very significant. Hypothesis one revealed significant relationship between the two variables as depicted on Table 3. The findings of the study is partially in line with the submissions of Ajide and Balogun (2018) who found that good knowledge of HIV was connected with non-involvement in transactional sex while meagre knowledge was linked with the engagement in risky sexual behaviours. The researchers further noted that the respondents are not apprehensive of participating in romantic relationships with a well-known person and they were prepared to have unprotected sex with such people. If the desire to engage in risky sexual behaviours is supported by permissive environment, then involvement of adolescents in risky sexual behaviours is facilitated.

The outcomes of the study disclosed significant gender differences in the sexual health knowledge of the in-school adolescents. This implies that male and female respondents' were different in the level of their sexual health knowledge. This finding supports the study of Roudi – Fahimi and El-Feki (2011) who noted significant gender difference. They stressed further that males and females have different level of exposure to various source of information which affect sexual health knowledge. The reason for the variation in the knowledge level could be due to exposure of the male to various sources of sexual health information compared to their female counterpart.

Hypothesis two revealed no significant gender difference in the risky sexual behaviours of in-school adolescents in Ifelodun Local Government Area of Kwara state. This implies that male and female respondents do not differ in their risky sexual behaviours. The outcomes of the study were not in consonance with that of Odimegwe and Somefun (2017) who found significant gender difference in the risky sexual behaviours of their respondents. The researchers found 43% of male youths used condoms in their last sexual activity, compared to only 16% among females and a higher number of males (81%) had multiple sexual partners compared to females (35%).

A Study by Zuo Xiayun, et al. (2012) on gender differences in adolescent premarital sexual permissiveness in three Asian cities revealed that male respondents in each city held more permissive attitudes towards premarital sex than did females with both boys and girls expressing greater permissiveness to male premarital sexual behaviours. Boys also expressed more traditional attitudes to gender roles (condoning greater inequality)

than did girls in each city. The findings of this study vary from others that depict significant variation in the risky sexual behaviours of male and female adolescents probably because of female low level of sexual health knowledge as well as cultural and socio-economic factors. Female would have been more careful regarding their health if they are aware of things that would have jeopardised their health.

Conclusion

This paper considered the sexual health knowledge and risky sexual behaviours of in-school adolescents in Ifelodun Local Government Area. Basically, larger percentages of the in-school adolescents have high sexual health knowledge and one out of five respondents was involved in risky sexual behaviours. For instance, majority of the respondents do not view having sexual fantasies with pre-pubescent child as bad. This could predispose them to paedophilia if not addressed on time. A significant number of the participants have engaged in sexual intercourse due to peer pressure, involved in unprotected sex under drug/alcohol influence and they have multiple sexual partners. These could lead to teenage pregnancy as well as rise in the spread of Sexually Transmitted Diseases

Also, female depicted low level of sexual health knowledge than male. This could make them to be more vulnerable. Finally, the outcome of the study depicted significant relationship between sexual health knowledge and risky sexual behaviours.

Recommendations

Considering the outcomes of this study, the following recommendations were made:

School counsellors and other stakeholders should embrace comprehensive sexuality education that will not only address the cognitive aspect of sexual health knowledge but that which will endow adolescents with skills, attitudes and values necessary to make wise decisions regarding their health and dignity. Particular attention should be given to female that depicted relatively low knowledge.

Considering the fact that in-school adolescents depicted high level of sexual health knowledge and considerable involvement in risky-sexual behaviours, it is imperative for school counsellors to focus attention on equipping these adolescents on life skills (assertiveness and decision making skills) that will help them to take rational decision regarding their sexual and reproductive health. This is important as many of them get involved based on alcohol, drug or peer influences.

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