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Full Length Research Paper

Risky sexual behaviour among undergraduates in Rivers State, Nigeria: A descriptive survey

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Abstract

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The concern to explore risky sexual behaviour among youths has been on the increase in Nigeria following frequent reports of sexual abuse among young people. The aim of the survey is to determine the practice of risky sexual behaviour among students of tertiary institutions. Cross-sectional survey was conducted using a questionnaire adapted from World Health Organisation survey instrument to collect data on the practice of risky sexual behaviours among year one and year two Medical and Nursing undergraduate students at two tertiary institutions in Rivers State, Nigeria. A total of 280 participants were randomly selected. Descriptive analysis and multiple regression was carried out using SPSS version 21.0, statistical significance was p value of ≤ 0.05. About 33.6% of the participants reported to have had sexual contact prior to this survey. About 14.9% of this number had first intercourse at age ≤15 while over 44% have ≤3 lifetime sexual partners. In addition, only 29.8% recently had intercourse in the last two to six months. Undergraduates engage in risky sexual behaviours and there is need for continuous and intensified public health strategies on health education and reproductive health services to address the sexual and reproductive health needs of undergraduate students.

Keywords: Risky sexual behaviours, practice, undergraduate students, youth, tertiary institutions.

INTRODUCTION

The experience of many individuals proves that years spent in the University are for curiosity and experimentation. It is often one's first exposure to freedom and independence, providing increased opportunity to make personal choices. The majority of undergraduates are single and being young adults exhibit lots of youthful exuberance. This coupled with the liberal atmosphere of campus life predisposes them to high risk sexual behaviour. Consequently, this age group is at an increased risk of becoming infected with sexually transmitted infection (STIs) and Human Immunodeficiency Virus (HIV). In addition, other factors like peer pressure, lack of life experience, lack of knowledge, early sexual debut, multiple sexual partners, alcohol and drug use heighten the risk of contracting these diseases (Rahnama et al. 2011, 128-134).

Sexually Transmitted Infections and HIV/AIDS, teenage pregnancy and illegal abortion are associated problems of premarital sex, however, the wide spread seem not to be of concern to this group as majority of sexual intercourse among adolescents are unprotected. Studies across the globe, Africa and Nigeria have recorded increasing incidence

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of sexually transmitted infections associated with increasing sexual activity among adolescents (Gitonga, Sinyard, and Gachuiri 2012, 8-12; Shiferaw et al 2011).
There are familiar contributory factors as Osuala, Ogbu and Udi in 2020 suggests that the social activities of teens and young adults are predisposing factors to risky sexual behaviour compared to adults, due to peer pressure or influence. Their study opined that the attendant health implications of risky sexual behaviours are reasons for the rising prevalence and global trend of concern. They concluded that participants expressed thirst for information and remedies to reduce the incidence of risky sexual behaviours among young adults. The study by Makwe and Ahmad in 2014 found a low rate of using condom, irrespective of the reported high level of utilization when engaging in high risk sex.
Moving on, across-sectional study conducted by Henok, Kassa, Lenda, Nibret and Lamaro in 2015 among regular Students of Mizan-Tepi University, South West Ethiopia recorded that Students of higher institutions are assumed to be exposed to many risky sexual behaviors. However, little was explored about the knowledge, attitude and practice of risky sexual behavior and condom utilization on the context of higher education institutions in Ethiopia. Over one third of in-school and 41.4% out-of-school youths reported unprotected sex during the 12 months period prior to interview. More than one third of in-school youths (37.1%) accounted to have two and more than two lifetime sexual partners compared to 32.6% youths who are not in school. Out-of-school youths feel that they are at higher risk of getting HIV than in-school youths (AOR = 2.93; 95% CI: 1.45, 4.35). Youths who had high family connectedness were less likely to commence sexual activity and have multiple sexual partners than their counterparts (Negeri 2014).
Makwe and Adenyumain 2014 observed that knowledge and attitude towards STIs including HIV/AIDS may help predict sexual behavior in relation to the use of protective measures in engaging in any sexual activity among students in tertiary institutions. Many undergraduates, who commence sexual relations, do not take protective measures to avoid infection, thereby exposing themselves to the risk of infection with HIV/AIDS. Reports reveal that protective behavior among young adults in Nigeria is poor. Another report documented that many young adolescents do not perceive their behavior or that of their sexual partners to be risky, and this lack of risk perception is more challenging when the negative outcomes are not immediately obvious (Meekers, Klein and Foyet 2001).
Meekers, Klein and Foyet in 2001 outlined a number of activities that characterize risky sexual behaviour which in their view includes having multiple sexual partners, frequently changing partners, engaging obvious risky partners (such as commercial sex workers), not using any protective measure, especially not using condoms and early sex initiation among others. According to a study in 2015, young people within 15–19 year are 32% less likely to use condom than those aged 20–24 years (Berhan and Berhan 2015, 9).
Consequently, it has become crucial to ameliorate activities targeted at curtailing the menace of high risky behaviour to sexual issues among undergraduates, who are part of repository of the future productive human resources. Therefore, the study was carried out to determine the practice of risky sexual behaviors among undergraduate Nursing and Medical students of the University of Port Harcourt and PAMO University of Medical Sciences to provide information that would guide appropriate planning and public health interventions that will curb the menace among youths.

METHODS

An institution-based descriptive cross-sectional study was conducted in two universities in Rivers State, Nigeria (University of Port Harcourt and PAMO University of Medical Sciences). A total of 280 students were selected from the study population of 491 using Yaro Yamanes sample size formula. Proportionate sampling technique was used followed by simple random sampling using balloting to select 189 medical students and 91 nursing students from the two institutions. The instrument for data was a validated questionnaire adapted as a guide from World Health Organization. The validity of the questionnaire was ensured by assessing the judgmental validity which included face and content validity. Validity was determined by assessing the agreement of the experts on whether or not the conceptual definition has been used appropriately in the tool. After obtaining permission, respondents were informed about the study and its objectives. They were told that the study is only for research purposes and their names will not be used. Participation was voluntary and study participants were free to withdraw at any level during the study. Any information provided by the respondents was treated as confidential. Oral consent was obtained from the participants while the Ethical Review Committee of the University of Port Harcourt, Rivers State, Nigeria issued an ethical clearance for the study (UPH/CEREMAD/REC/MM61/025). Data were collected using a pre-tested self-administered questionnaire with a reliability coefficient of 0.8. The filled questionnaires were collected by trained research assistants. The data collection procedure was supervised by the authors. Data was analysed using descriptive (mean, standard deviation and percentage) and inferential statistics (Chi-square, Pearson correlation coefficient and multiple regression). Chi-square was used to determine association between variables while Pearson correlation coefficient and multiple regression was used to determine relationship between

variables at 5% level of significance respectively. These methods of analysis were computed using Statistical Package for Social Sciences (SPSS) version 21.0.

RESULTS

Table 1 shows the socio demographic distribution of study participants. It reveals that more than 50% of participants are in the first year of study, mean age was 19.42±2.46. In addition, most of the respondents (55.4%) are of the Pentecostal, 0.7% practice African Traditional Religion while only 3 participants are married.

Table 2 revealed that out of 280 respondents only 94 (33.6%) ever had sexual contact, out of the 94 respondents who had sexual contact only 54 (57.4%) agrees that contraceptive method used often was condom, 30 (31.9%) agreed to regular contraceptive use, 23 (24.5%) agrees ever experienced condom breakage, while 12 (12.8%) indicated using drug enhancer for sex. In general, the Mean of responses are greater than the criterion mean of 2.0. Therefore, the grand mean of 2.23 with a corresponding percentage of 32.5% reveals that respondents significantly practice risky sexual behaviours.

From the 94 (33.6%) respondents whoever had sexual contact, 14 (14.9%) had first intercourse at age less or equal to 15 years, 63 (67.0%) had first intercourse at age 16-20 years and 17 (18.1%) at age greater or equal to 21 years as shown on Table 3.

More so, 42 (44.7%) of respondents had less or equal to three (3) life-time number of sexual partners, while 37 (39.4%), 6 (6.4%) and 9 (9.6%) had 4-6, 7-9 and 10 & above life-time number of sexual partners respectively as documented in Table 3. Furthermore, Table 3 shows that 54 (57.4%) of respondents had 1-2 number of casual sex partners, while 32 (34.0%) and 6 (6.4%) had 3-4 and 5 & above number of casual sex partners respectively. Regarding recency of sexual intercourse, Table 3 revealed that 35 (37.2%) of respondents posited to have had sexual intercourse less or equal to 1 month, while 28 (29.8%), 12 (12.8%) and 19 (20.2%) had last sexual intercourse at 2-6 months, 7-11 months and 12 month and above ago respectively.

In addition, Table 4 illustrates that awareness of risky sexual behaviour is significantly associated to its practice with a p value of 0.034.

Table 4 shows that participant's attitude to risky sexual behaviour significantly influence the practice of risky sexual behaviour, p= 0.35.

DISCUSSION

This study attempted to provide insights on the practice of risky sexual behaviour among undergraduate students. It also revealed the relationship between knowledge and practice of risky sexual behaviour as well as the influence of attitude on the practice of risky sexual behaviour. Table 1 show that most of the participants are at the early stage of their career, although the survey did not review the influence of year of study on respondents' risky sexual behaviour. In line with this observation, Berhan, Hailu, and Alano in 2011 documented that previous transnational systematic reviews focusing on Sub-Saharan Africa (SSA) indicates that better educated and wealthier individuals are at elevated risk for HIV transmission due to their risky sexual behaviour. However, the consistent association of risky sexual behaviour with higher level of education remains unclear. Out of 280 recruited as participants for the study, Table 2 revealed that 61.8% claimed that they have never had sexual intercourse. A study by Negeri in 2014 illustrates that 35.3% of in-school and 41.4% out-of-school youths had sex which is slightly similar to our findings recording 33.6% of undergraduates who have had sexual intercourse although there was no inclusion of non-undergraduates. The possible explanation for the disparity between the proportion of those who have or have not had sexual contact could be due to difference in knowledge of risky sexual behavior, sample size, study population, cultural and background difference.

Among the sexually active youths, a significant proportion (57.4%) of the participants in the present study indicated that protective method often used was condom, and only 31.9% claimed to use the contraceptive regularly. Study participants in Negeri (2014) had a closely similar report noting that greater than half, 52.7% of the sexually active youths ever used condom and only 42.7% of these claimed to have used condom consistently on their subsequent sexual encounters. On the contrary, Makwe and Ahmad in 2014 stated that among participants who perceived low and no risk, only 28.7% and 10.1% use condom regularly and occasionally respectively. Consequently, the inconsistent utilization of contraceptives especially condom among the participants suggests high risky sexual behaviours practiced among undergraduate students in tertiary institutions and emphasizes the need for change in behavior through services (such as information dissemination and education, communication, counseling) offered by peer educators and reproductive healthcare specialists.

The study further noted in Table 2 that more than half of the sexually active undergraduates claimed that they have never experienced condom breakage while only 17% seem to be unaware of their experience regarding breakage of condom during sexual contact. Again, this raises cause for concern. Although a huge portion of this group did not use drug enhancer for sex, the response mean of 2.03 shows that respondents significantly practice risky sexual behaviour which is not in line with findings by Negeri with the conclusion that youths who drink alcohol were three times more likely to engage in sexual activity than those who didn't drink (Negeri 2014). Negeri in 2014 further

Table 1. Socio-Demographic Distribution.

	Frequency (n=280)	Percentages (%)
Institution		
Uniport	168	60.0
PAMO	112	40.0
Department		
Nursing	91	32.5
Medicine	189	67.5
Level of Edu.		
1st Year	155	55.4
2nd Year	125	44.6
Age (years)		
16-20	221	78.9
21-25	51	18.2
26-30	6	2.1
≥31	2	0.7
Mean ± Std.	19.42±2.46	
95% CI	19.13-19.71	
Religion		
Anglican	41	14.6
Roman Catholic	52	18.6
Pentecostal	155	55.4
Moslem	8	2.9
African Tradition	2	0.7
Others	22	7.9
Sex		
Male	109	38.9
Female	171	61.1
Marital Status		
Single	277	98.9
Married	3	1.1

Table 2. Practice of risky sexual behaviours.

Risky sexual behaviours	Yes (%)	No (%)	Do not Know (%)	Total (%)	Mean	std.	Decision
Ever had sexual contact	94 (33.6)	173 (61.8)	13 (4.6)	280 (100)	2.29	0.09	Significant
Contraceptive method used often is condom	54 (57.4)	29 (30.9)	11 (11.7)	94 (100)	2.46	0.17	Significant
Uses contraceptive regularly	30 (31.9)	49 (52.1)	15 (16.0)	94 (100)	2.16	0.15	Significant
Ever experienced condom breakage	23 (24.5)	55 (58.5)	16 (17.0)	94 (100)	2.07	0.15	Significant
Uses drug enhancer for sex	12 (12.8)	73 (77.7)	9 (9.6)	94 (100)	2.03	0.15	Significant
Total	213 (32.5)	379 (57.8)	64 (9.8)	656 (100)	2.23	0.06	Significant

reported that youths who had high family connectedness were less likely to commence sexual activity and had multiple sexual partners than their counterparts. This is beyond the scope of study for the survey under review but reiterates the role of support groups in circumstances that relates to sexuality.

Elsewhere, Makwe and Ahmad study in 2014 opined that Mean age at sexual debut was 17.7±3.6years. This is a bit

Table 3. Practice of Risky Sexual Behaviour.

Variables	Frequency (%)
Age at first intercourse (years) (n=94)	
≤15	14(14.9)
16-20	63(67.0)
≥21	17(18.1)
Total	**94 (100)**
***Mean age at first intercourse = 18 years	
Life-time number of sexual partners (n=94)	
≤3	42(44.7)
4-6	37(39.3)
7-9	6(6.4)
≥10	9(9.6)
Total	**94(100)**
Number of casual sex partners (n=94)	
1-2	54(57.4)
3-4	32(34.0)
≥5	8(8.5)
Total	94(100)
Recency of last intercourse Period (months) (n=94)	
≤1	35(37.2)
2-6	28(29.8)
7-11	12(12.8)
≥12	19(20.2)
Total	94(100)

Table 4. Relationship between awareness and practice of risky sexual behaviour.

			Practices			Total
			Do Not Know	No	Yes	
Awareness	Do Not Know	Count	1	0	0	1
		% within Awareness	100.0%	0.0%	0.0%	100.0%
	No	Count	1	11	10	22
		% within Awareness	4.5%	50.0%	45.5%	100.0%
	Yes	Count	7	38	26	71
		% within Awareness	9.9%	53.5%	36.6%	100.0%
Total		Count	9	49	36	94
		% within Awareness	9.6%	52.1%	38.3%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.424[a]	4	.034
Likelihood Ratio	5.797	4	.215
Linear-by-Linear Association	.001	1	.970
N of Valid Cases	94		

consistent with data obtained from our study which observed that Mean age of respondent's first sexual intercourse was 18 years. A study published in 2014 has, 18.56 years, a similar report (Andualem D, Assefa S and Chalachew 2014, 102-110). It will not be out of place to posit that the factors responsible for this successive trend includes changing value system influenced by increasing urbanization, exposure to foreign cultures through rural–urban migration, tourism, mass media, internet, erosion of traditional norms and values, peer influence and lack of

Table 5. Relationship between attitude to and practice of risky sexual behaviour.

			Practices			Total
			Do Not Know	No	Yes	
Attitude	D	Count	8	21	16	45
		% within Attitude	17.8%	46.7%	35.6%	100.0%
	A	Count	1	28	20	49
		% within Attitude	2.0%	57.1%	40.8%	100.0%
Total		Count	9	49	36	94
		% within Attitude	9.6%	52.1%	38.3%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.731[a]	2	.035
Likelihood Ratio	7.476	2	.024
Linear-by-Linear Association	2.583	1	.108
No. of Valid Cases	94		

parental control (Kabir et al 2004,17-22). To further erode the impact of these factors, students of the institutions under survey were informed about the implications of visiting internet sites that encourage risky sexual lifestyle. Participants were told to leverage on the opportunities available. For instance, the Teaching Hospitals within the study settings have family planning and reproductive health section that the study participants can access their services at no fee.

Comparing the life time number of sexual partner, Negeri in 2014 concluded that 37.1% of in-school youths had in excess of two life time sexual partners which is considerably low compared to our data with about half (44.7%) of the students having less than or equal to three life time number of sexual partners. In addition, the study under review noted that about ten percent of its participants has more than or equal to 10 life time number of sexual partner which increases the chances of exposing the individual to sexual transmitted infections. Regarding the proportion of respondents that have casual sex partners Table 3 of our study established some data however there is paucity of information to support these findings. However, with respect to the recency of participants' sexual intercourse, Ena, Hurissa and Aliyu documented in 2016 that above a quarter 62 (27.07%) of the study participants had sex in 3 months prior to the study which is in contrast to our findings where a 28 (29.8%) of sexually active participants had sexual intercourse 2 to 6 months before the survey. Worthy of note is the similar significant influence of knowledge (p=0.34) and attitude (p=0.35) to the practice of risky sexual behaviour.

CONCLUSIONS

The study findings cannot be generalised because it was done among two tertiary institutions with few population. Furthermore, the topic of the study is a sensitive one and from the findings, it is concluded that a substantial proportion of undergraduates engage in risky sexual behaviours and this needs to be addressed. Information gathered in this study shows that public health intervention on reproductive health issues among youths should be scaled up. Public health intervention that will bridge the gap between knowledge of risky sexual behaviour and the attitude to practice same should be put in place. Consequently, training institutions should establish family planning unit in their schools for easy accessibility to reproductive health personnel and their services. There is also need for public health intervention geared towards positive attitude to sexual relationship among youths.

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AUTHORS' CONTRIBUTION

Author OBN designed the study; UOA performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Author OEO managed the literature searches and reviewed the instrument for data collection. OIN obtained ethical approval and participated in data collection. All authors read and approved the final manuscript.