

## Perception and practice of premarital sex and contraception among first year undergraduate students of a tertiary institution, South-South, Nigeria

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### Abstract

**Background:** The reproductive health of adolescents and young women is integral to the wellbeing of a society. This study was carried out to determine current sexual practices and contraceptive usage among female undergraduate students in a South-south, Nigerian tertiary institution.

**Methods:** It was a cross-sectional questionnaire based survey of first year female university undergraduates. Pre-tested questionnaire was used to elicit information on socio-demographic variables and sexual and contraceptive practices. Descriptive statistics was used and SPSS software version 20.0 was used for analysis.

**Results:** Among the 200 students sampled, 186 completed the questionnaire. One hundred and twenty (64.5%) students were currently sexually active. The mean age of sexual debut was 19.3 years. Most had one sexual partner 72(60%). Sources of Information on reproductive health was in the main from the mothers (48.4%) with information from teachers accounting for only 9.7%. The contraceptive method mostly in use was the male condom (30.6%).

Virtually all the respondents knew about HIV/AIDS (98.4%) .

**Conclusion:** There is a high level of sexual activity and low contraceptive use among female undergraduate students in South-South Nigeria. More reproductive health education and promotion is necessary to safeguard their sexual health.

**Keywords:** Sexual behavior, premarital sex, contraception, female undergraduates, Nigeria

### Introduction

Adolescents and young adults constitute a significant proportion of the world's population. Over one-quarter of the world's population is between the ages of 10 and 24 and close to 90% of the world's young people live in developing countries<sup>1</sup>. The periods of adolescence and youth are the most productive and energetic times, characterized by risky behaviors including exploratory sexual practices. Due to their population base, their sexual and reproductive health behaviors critically affect the global wellbeing and population growth pattern<sup>2</sup>. Most University students belong to this age group and it is around this age group that that high-risk behaviors are initiated. Young adults at university are often left unsupervised by both their parents and teachers, who

assume that they are, mature enough to protect their own sexual and reproductive health (SRH)<sup>3</sup>.

Pre-marital sex is any sexual activity with an opposite sex partner or with same sex partner before he/she has started a marriage life<sup>4</sup>. The term is usually used to refer to intercourse before a marriage. The proportion of sexually active adolescents has been on the increase worldwide including Nigeria<sup>5-7</sup>. Early onset of puberty and increasing age of marriage (due to educational pursuits which delays marriage) has been shown to be on the increase in many African countries<sup>4</sup>. This increases the risk of premarital sexual activity thus exposing them to unwanted pregnancies, unsafe abortions and STIs

University life is characterized, for many students, by more independence and opportunities for social mixing than before. The result of such sexual

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experimentation includes unplanned and or unwanted pregnancies that leads to abortions, (mostly unsafe), and sexually transmitted infections including HIV/AIDS<sup>9,10</sup>

The practice of premarital sex among undergraduates has both economic and health implications on the individual and the society at large.

Early sexual debut increases young peoples' risk for infection with HIV and other STIs. Youths who begin early sexual activity are more likely to have high-risk sex or multiple partners and are more likely to have unmet contraceptive needs<sup>1,11</sup>. Forced premarital sex will lead to mental depression and dilemma. Getting pregnant through premarital sex is another disastrous consequence of premarital sex. One in three (34%) females became pregnant at least once before age 20. Even though, the reproductive health problem of young people is critical among both sexes: young girls are more affected because of their biological, economic and social vulnerability, for example, Nigerian National Agency for Control of HIV/AIDS (NACA) reported a prevalence of 4.1% in people between 15 and 24 years, with adolescent girls three times more vulnerable than boys at the same age<sup>12,13,14,15</sup>. The absence of contraceptive services in tertiary institutions has further led to increased rates of unwanted pregnancy, unsafe abortions and STIs among undergraduates of these institutions<sup>16,17</sup>.

This study therefore aimed at determining the prevalence of premarital sex, its associated factors and current contraceptive practices in a Nigerian tertiary institution. This could form the basis for instituting preventive measures in our tertiary institutions.

## Material and Methods

### Setting

The study was carried out at the Ambrose Alli University, Ekpoma, which is located in the Esan central senatorial district of Edo State. It was established in 1981 by the then governor of Bendel State (now Edo and Delta States), Professor Ambrose Folorunsho Alli (1979–1983). First known as Bendel State University, then Edo State University, it was later changed to its present name in commemoration of Professor Ambrose Folorunso Alli. The University operates as a campus which is residential for students and some staff; although privately arranged off-campus accommodation is

increasingly being sort after by many prospective candidates. The current student population is about 28,000.

### Study design

This was a cross sectional study in which a pre-tested, close-ended, self-administered questionnaire was completed by first year undergraduate students who were the eligible participants. The questionnaire enquired about socio-demographic characteristics of the participants, access to sex education, age of sexual debut, sexual and contraceptive practices in the last one year, number of sexual partners, etc. The sample size of 200 was determined with standard technique at 95% confidence level. The questionnaire was pretested for content validity using 10 final year undergraduate students comprising of 5 males and 5 females. The Ethical and Research Committee of the Irrua Specialist Teaching Hospital approved the study and verbal consent was obtained from each participant before administration of the questionnaire.

### Data analysis

The data collected was analyzed using SPSS version 20 (SPSS, Chicago, Ill USA) and presented using descriptive statistics (numbers and percentages). Ethical clearance for this study was obtained from the Research and Ethics Committee of Faculty of Clinical Sciences University of Ilorin. Letter of permission for the study was obtained from the SMOE and the SUBEB for the private and public primary schools respectively. Consent of respondents was obtained, hence participation was voluntary. Confidentiality of information provided was also be maintained. Participating schools had the benefit of knowing the extent of prevalence of dental caries in their respective schools which can serve as a base line data for future evaluation and also identify the areas of treatment need and need for improvement of oral hygiene in their respective schools, thus making the school a healthier and safer place for all the members of the school community.

## Results

A total of 200 copies of the questionnaire were administered, but 186 respondents completed the questionnaire, giving a response rate of 93%. Mean age of the respondents was  $21.3 \pm 2.78$  years; the age group with the highest frequency in the study was 20-24

accounting for 62.9%. Most of the students, 183 (98.4%), were single while 3(1.6%) were married. (Table1).

Table 1: Socio-demographic characteristics of respondents

Variables	n	(%)
<b>Age group (yrs)</b>		
15-19	48	(25.8)
20-24	117	(62.9)
25-29	18	(9.7)
>= 30	3	(1.6)
<b>Total</b>	<b>186</b>	<b>(100.0)</b>
<b>Mean age</b>	<b>21.3±2.78</b>	
<b>Sex</b>		
Female	186	(100.0)
Male	0	(.0)
<b>Total</b>	<b>186</b>	<b>(100.0)</b>
<b>Educational Status</b>		
Full Time	186	(100.0)
Part Time	0	(.0)
<b>Total</b>	<b>186</b>	<b>(100.0)</b>
<b>Religion</b>		
Christianity	186	(100.0)
Muslim	0	(.0)
<b>Total</b>	<b>186</b>	<b>(100.0)</b>
<b>Marital</b>		
Married	3	(1.6)
Single	183	(98.4)
<b>Total</b>	<b>186</b>	<b>(100.0)</b>
<b>Tribe</b>		
Bini	63	(33.9)
Esan	63	(33.9)
Etsako	12	(6.5)
Others	48	(25.8)
<b>Total</b>	<b>186</b>	<b>(100.0)</b>

Among the participants, 120(64.5%) reported ever having sexual intercourse. The mean age of sexual debut was 19.3 years. Among those who were sexually active, 72(60%), reported having only one sexual partner, 28(23.3%) had 2 partners and 20(16.7%) had 3 or more sexual partners. fifty-eight (48.3%) students had unwanted pregnancies which were all voluntarily terminated. (Table 2)

Sources of the sex information was from mothers in 90(48.4%) respondents. Only 18(9.7%) students obtained formal sex education from school (Table 3).

Table 4 shows that all the respondents were aware of at least one method of contraception. The male condom was most frequently used 57 (30.6%) followed by oral contraceptive pills and Periodic abstinence 36(19.4%). Only 8.1% Of respondents used emergency contraception.

Table 2: Sexual experiences and practices of female undergraduate students of Ambrose Alli University

Variable	Frequency, N=186	Percentage
<b>Sexually active n=186</b>		
Yes	120	64.5
No	66	33.5
<b>Age at sexual debut*, n=120</b>		
<16	28	23.3
≥16	92	76.7
<b>Number of Sexual partners, n=120</b>		
1	72	60.0
2	28	23.3
>2	20	16.7
Previous unwanted pregnancy n=120	58	48.3

\*Mean age at sexual debut was 19.3years,

\*\*multiple responses were allowed

Table 3: Knowledge of reproductive health and sources of information

	N	(%)
<b>Respondents Assessment Of Period Of Puberty</b>		
Adolescence	120	(64.5)
Adulthood	18	(9.7)
Teenagers	48	(25.8)
<b>Respondents Most important source of information</b>		
Books/Magazines	15	(8.1)
Doctors	27	(14.5)
Father	12	(6.5)
Mother	90	(48.4)
Relatives	3	(1.6)
Sister	21	(11.3)
School Teacher	18	(9.7)
<b>Respondents preference on Source of Information</b>		
Doctors	96	(51.6)
Father	6	(3.2)
Mother	66	(35.5)
Sister	3	(1.6)
School Teacher	12	(6.5)
Video/Films	3	(1.6)

In table 5, virtually all the respondents knew about HIV/AIDS (98.4%).Majority (67.7%) of the respondents are aware that pain during urination is one of the symptoms of sexually transmitted infection in a man, other signs/symptoms were discharge from penis (27.4%) and ulcers/sores in genital area (4.8%).

Table 4: Knowledge and use of contraceptive methods

	n	(%)
<b>Knowledge On Methods Of Contraception</b>		
Periodic Abstinence	36	(19.4)
Pill	36	(19.4)
Injection	9	(4.8)
Condom	57	(30.6)
Emergency pill	15	(8.1)
Withdrawal	33	(17.7)
<b>Perception on most suitable method of Contraception for Young people</b>		
Periodic Abstinence	84	(45.2)
Pill	9	(4.8)
Injection	6	(3.2)
Condom	30	(16.1)
Emergency Pill	3	(1.6)
Withdrawal	39	(21.0)
No Idea	3	(1.6)
Total Abstinence	12	(6.5)
<b>Respondent's or Partner's Choice Of Contraceptive Method</b>		
Periodic Abstinence	9	(13.6)
Pill	12	(18.2)
Condom	24	(36.4)
Emergency Pill	3	(4.5)
Withdrawal	18	(27.3)

Vaginal discharge was the main symptom in females (69.4%), while pain during urination (14.5%) and ulcers/sores in genital area were among the symptoms noted (16.1%).

The preferred place of treatment of STI by majority of the respondents is the hospital (95.2%), while other places include the health center (3.2%) and medical center (1.6%). (Table 6).

Table 5: Knowledge of HIV/AIDS and STI

	Don't know	False	True
	n (%)	n (%)	n (%)
<b>Respondent's Knowledge of HIV or AID</b>			
Respondent's Perception On Possibility Of Curing AIDS	39 (21)	129 (69.4)	18 (9.6)
Respondent's Perception that a HIV person always look Emaciated or Unhealthy	21 (11.3)	84 (45.2)	81 (43.5)
Respondent's Perception that a Simple test can be done to ascertain whether a person have HIV or not	15 (8.1)	30 (16.1)	141 (75.8)
Respondent's Perception of Sexually Transmitted Disease apart from HIV/AIDS	9 (4.8)	9 (4.8)	168 (90.4)

Table 6: Knowledge of HIV/AIDS and STI cont'd

	n	(%)
<b>Respondents Knowledge of the Signs and Symptoms of Sexually Transmitted Infection in a Man</b>		
Discharge from Penis	51	(27.4)
Pain during Urination	126	(67.7)
Ulcers/sores in Genital area	9	(4.8)
<b>Respondents Knowledge of the Signs and Symptoms of Sexually Transmitted Infection in a Woman</b>		
Vaginal Discharge	129	(69.4)
Pain during Urination	27	(14.5)
Ulcers/sores in Genital area	30	(16.1)
<b>Respondents Preferred Place of Treatment of Sexually Transmitted Disease</b>		
Health centre	6	(3.2)

<b>Hospital</b>	<b>177</b>	<b>(95.2)</b>
<b>Medical Centre</b>	<b>3</b>	<b>(1.6)</b>

## Discussion

From our study, we found that 64.5% of female university undergraduates in South-South, Nigeria were currently sexually active. The mean age of sexual debut was 19.3 years. The observed age at sexual debut is comparable to the findings by Cadmus and Owoaje in Ibadan, Nigeria<sup>18</sup>. It is also similar with the findings in South Africa and Ireland<sup>19, 20</sup>.

The finding that most of those who were sexually active had one sexual partner highlights the fact that there seems to be a decline in the prevalence of multiple sexual partners when compared to earlier trend among the undergraduates in the region. The prevailing HIV/AIDS epidemics appear to have exerted positive constraint on sexual explorations.

Among the respondents, there was high level of information about sex, mostly from informal sources-peers, media, religious homes, etc. Dependence on peers and the media for sex information puts the average adolescent at risk of gross misinformation. The current educational policy in Nigeria does not provide for integration of sexuality education in the school curriculum<sup>21</sup>. School sex education had been reported as poor since teachers were often too embarrassed and ill-prepared to broach the subject with the students<sup>22</sup>. Outcome from this study demonstrates that the situation has not changed. It is commendable that almost half of the participants had access to sex information through their families (parents and siblings).

A sequel of unprotected intercourse is unwanted pregnancy which occurred in 48.3% of the sexually active students. Unwanted pregnancy among teens and young people account for about three million unsafe abortions worldwide and the incidence seems to be on the rise<sup>23</sup>. Although abortion is not legalized in our setting, all the girls procured it somehow. Available evidence in Nigeria revealed that over 80% of adolescents who have an unwanted pregnancy seek the option of induced abortion with many of them using dangerous and unsafe methods<sup>24</sup>. The economic implication of treating complications of unsafe abortion is profound which often steers the debate on review of our abortion legislation.

Among the respondents using contraceptives, the commonest method was male condom. This is similar with some previous studies. The high prevalence of male condom in our environment is probably due to ease of over-the-counter purchase and its cheap prices. More so, paucity of adolescent-friendly centres coupled with judgmental attitude of health workers may preclude the students from accessing health clinics for other contraceptive methods<sup>25</sup>. Though use of male condom was popular, its consistent and proper use is important to achieve effective protection against sexually transmitted infections including HIV/AIDS and unwanted pregnancy.

A limitation of the study was that the sexual and contraceptive practices were self-reported. This limitation was, however, tackled by the assurance of confidentiality and anonymity of the respondents, considering that sexual activity is a sensitive matter. It was believed that the responses provided were correct. Also, the need to recall sexual and contraceptive activity was addressed by limiting the period of sexual and contraceptive practices to the year of the survey.

## Conclusion

Our study showed a high level of sexual activity among female undergraduates although involvement in multiple sexual relations tends to be reducing. Contraceptive knowledge was very high, but was not matched with consistent use. Planned, formal sex education was grossly deficient as the students relied on peers, media, religious houses and relatives for sex information in which its healthy content could not be guaranteed.

More advocacies in promotion of sexual and reproductive health among the youth are still essential in the Nigerian setting. Youth-friendly centres should be established in all tertiary institutions to enable the students to access unrestricted reproductive health information and care. Trained counselors with requisite competence in provision of sex education should be available in all institutions, and their services should be well known to all students. Sex education curriculum should be incorporated and taught in our schools.

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