

INFLUENCE OF AGE AND GENDER ON REPRODUCTIVE HEALTH PRACTICES OF IN-SCHOOL ADOLESCENTS IN SOUTH WEST, NIGERIA

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Abstract

The study investigated the influence of Age and gender on Reproductive health practices of in-school Adolescents in South-West Nigeria. The study was a descriptive research of the survey type. The population was all senior secondary school II students in the six states of the south-west Nigeria. A sample of 1350 in-school adolescents were selected through multistage sampling technique. The research instrument was a questionnaire which was validated by the researcher. 2 hypotheses were postulated and tested at 0.05 level of significance. Results of the analyses revealed that Age and gender of Adolescent significantly influenced their Reproductive Health Practices. Counselling implications of the findings were highlighted. Based on the findings it was recommended that parent should make sex education a part of family from the start and keep the lines of communication open at all ages and sexuality education programmes should be designed to meet the need of each gender especially girls who are mostly the victims of sexual abuse.

Keywords: In-school Adolescent, Reproductive Health Practice, Age and Gender

Introduction

Adolescence has been viewed in different ways; a period in physical development, as a transition period; as a socio cultural phenomenon, as a chronological age span, as a state of mind or even behavioral terms, as an attitude towards life. Adolescence is a psychological and psycho-socio-period during which most young persons adjust to radical changes in their bodies, outgrow the psychological response of childhood and begin to acquire adult behavior. It is a transition of link between childhood and adult stage. On the other hand, an adolescent is not an adult because he cannot stand totally on his own for all the needs of life like a matured adult.

According to Duru, Ubajaka, Nnebue, Ifeadike and Okoro (2010) in their study an assessing the sexual behavior and practices among secondary school Adolescents in Anambra State Nigeria. The survey revealed that about 40% of adolescents who had already had first sexual experience also reported that they had more than

one sexual partner and almost half of them have had sexual intercourse with a non-regular partner. Godswill (2012) opined that in Nigeria as a whole 18% of recent births to adolescent women married and unmarried are unplanned that is, the mother would have preferred the birth later or not at all. However, this proportion reportedly ranges widely by region, from a low of 3% among women in the North West region to a high of 69% among those in the South west region. The proportion of unplanned pregnancy is also above average in the case of births to more educated adolescent women in both urban and rural areas is 31 and 44% respectively.

In the same vein, Morhason-Belle, Oladokun, Enakpene, Fasuba, Obisesan and Ojengbede (2008) investigated the sexual behavior of school adolescents in Ibadan Southwest Nigeria, the outcome of their study revealed that in school adolescents in Nigeria are sexually active, They reported that one out of every four in school adolescents in Ibadan is sexually active and most

engaged in unsafe sexual practices. They are therefore vulnerable to various medical complications including STIS /HIV/AIDS and genital cancers. Furthermore, the study revealed that male students are more sexually active than their female colleagues.

Age is a determinant of one's involvement in human sexuality, (Moronkola and Idris 2001). The mean age for adolescents sexual debut varies, it was found that in the United States of America, 13 years for males and females (Allan Guttmacher Institute, 2001) Oyo State 13.5 years for males, Ibadan 16years for both gender (Slap, Slot Zink and Scarp, 2003), Nigeria 16 years for females and 15.2years for males. (Ajuwon, Fawole, Osungbade 2001) and Ondo State 13 years for males and 15 years for female (Oladepo, Brieger, Ajuwon, Otusanya, Talabi, Kabbirs & Oluhare, 2004). In a similar report, more than 25% of boys aged 15-19 years in Brazil, Hungary and Kenya were reported to have had sex before the age of 15 years WHO/UNAIDS, (2002). In the same report, 88% of unmarried boys and 35% of unmarried girls living in Urban areas in Bangladesh have had sex before the age of 18 years.

In a study carried out by Duru et al (2010) it was noted that traditional norms in most Nigerian cultures demand premarital sexual abstinence until entry into marital union, nevertheless the norms have almost disappeared in all ethnic groups. By 13years, 5% of girls and 20% of boys have had their sexual debut. By age 16years, 30% of girls and 75% of boys report having sexual intercourse. Few used contraception at first intercourse and by age 17-18years, there is a reduction in sexual experimentation. Data from several parts of Nigeria point to sexual activity in single adolescent of both sexes with progressively decreasing age of initiation.

Also, in Niger state, 32.7% females and 55% out of school and 45% in school of respondent had already had their first sexual intercourse between the age of 19 years. According to Azuiké and Nwabueze (2013) adolescents engage in unhealthy sexual behaviours, characterized by early age at sexual initiation, unsafe sex and age multiple sex partners.

According to Odu and Akanle (2006) who noted that there was no significant difference in the sexual behaviour of those whose ages were below 21 and above 21 years. This shows that age has no significant influence on the sexual behaviour of youth. However, Osakinle, (2003) observed that there is a significant difference in the sexual behaviour of female students and their ages. Adolescents of the Niger Delta region also engage in unhealthy sexual behaviour which starts at a very early age, National Population Commission, (2014).

Another possible factor that can influence adolescent reproductive health practices is gender. It is observed that girls generally think of virginity as a gift while boys think of virginity as a stigma- meaning they often seek to cover up the fact that they are virgins. In interview, girls said they viewed giving someone their virginity like giving them a very special gift. However, they often felt disempowered because of this, they often expected something in return such as increased emotional intimacy with their partner or the virginity of their partners Carpenter (2002) revealed that their thinking of virginity as a stigma disempowered many boys because they felt deeply ashamed and often tried to hide the fact that they were virgins from their partners which for some resulted in their partners teasing them about their limited sexual techniques and criticizing them.

According to Sullivan, Lucia Maserovia and An (2008) Studied adolescent sexual functioning, they compared an adolescent sample with an adult sample and found no significant differences between them. Additionally, no significant gender differences were found in the prevalence of sexual dysfunction. In term of problems with sexual functioning mentioned by participants in this study, the most common problems listed for males was experiencing anxiety about performing sexually 81.4% and premature ejaculation. 74.4%. Common problems for girls included inability to experience orgasm, painful intercourse etc.

Literature revealed that most adolescents (male and female) are sexuality active and males have more sense of conquest to sexual activities and have more sexual urge (Tenibiaje 2011, Strong, Devaquet, Sayad & Tarber, 2005)

According to Tolman (2001) reported that adolescent girls were less likely to state that they had ever had sex than adolescent boys. However among boys and girl who had experienced Sexual intercourse, the proportion of girls and boys who had recently had sex and were regularly sexually active was the same. Researchers think that fewer girls say they have ever had sex because girls viewed teenage parenthood as more of a problem than boys and were generally more restricted in their sexual attitudes; they were more likely than boys to believe that they would be able to control their sexual urges. Girls had more negative association in how being sexually active could affect their future. In general, girls said they face less pressure from peers to begin to having sex, while boys reported feeling more pressure.

In the same vein, Otto (2006) carried out a study on abstinence. The study revealed that girls felt conflicted by what society was telling them to do, they were trying to balance maintaining a good reputation with trying to maintain a romantic relationship. On the other hand, boys viewed having sex as social capital, many boys believed that their male peers who were abstinent would as easily climb the Social ladder as sexually active boys. In a similar study by Tolman (2001) He discovered that it was not uncommon for adolescent girls in relationships to report they felt little desire to engage in sexual activity when they were in relationship. However, many girls engaged in sexual activity even if they did not desire it in order to avoid what they think might place strains on their relationship.

Statement of the Problem

Adolescent reproductive health practices appear to have gone through transformation from what it used to be in the past. Experts lamented that adolescents are unaware of the physiological consequences of early pregnancy. They stated that young girls are prone to prolonged labour. Other implications of engaging in intercourse by adolescents are physical, social, economic and health consequence such as leakage of urine, faeces, tissue infection, vaginal discharge and odour, severe debilitating pelvic and systematic infections due to this, they are most times confined to their houses. Consequently, they are despised by families, husbands and friends. Eventually, they become outcasts in the society

and live reclusive lives. The probable risks here are early death from diseases, attempted suicide and malnutrition-hence, a wasted life and opportunities.

It appears most of these adolescents indulge in illicit sex affairs. They have deviated from the norms which forbid sexual intercourse before marriage. It seems some of them are involved in all this because they rely so much on family planning methods. Condoms have been discovered severally in student's hand bags, a number of them bring handsets to the school full of pornographic films. Recently the students were given laptops by the former Ekiti State Government to enhance their learning capacity but the researcher observed that rather than the adolescent profiting from the laptops, they use them in promoting sexual promiscuity. A sizeable number of students have succeeded in downloading pornographic music and films which they even watch within the school environment. Several of the handsets and laptops were seized by the researcher in the school, where she works as a guidance counselor. Adolescents obtain erroneous information from films, peers, novels, internet and magazines. Such distorted pieces of information have concomitant adverse effects on their reproductive practices. There has been an increase in the rate of school drop-out, especially among youths. They have constituted societal menace, socially and economically hence there is need to investigate the etiological factors behind Adolescent Reproductive Practices.

Hypotheses

The following hypotheses were used for this study:

1. There is no significant difference in the reproductive health practices of in - school adolescents based on their age.
2. There is no significant difference in the reproductive health practices of in - school adolescents based on their gender.

Methodology

The descriptive research design of the survey type was used for the study. Survey design was considered appropriate because it focused on the observations and perception of existing situation of reproductive health practices among

adolescents in investigating the relationship between the independent variable and the dependent variables, Age and gender on adolescents reproductive health practices in the study. The population for the study consisted of all adolescents in Senior Secondary School (SSII) in South West, Nigeria. South-West consisted of six states; Ekiti, Osun, Ondo, Oyo, Ogun and Lagos. The adolescents under study were within the range of 14 – 19 years. These were students from Senior Secondary School II (SS II) within the senatorial districts across each state. The population comprised male and female in-school adolescents. The population is (130,817) as obtained from the Ministry of Education of each state as at 2014. The sample for this study consisted of 1350 in-school adolescents between the ages of 14-19 years in South West, Nigeria Selected using multi-stage Sampling techniques. The instrument used for the collection of data for the study was tagged: Adolescents Reproductive Health Practice Questionnaire (ARHPQ). The instrument was adopted from a standardized instrument known as reproductive health; needs, assessment of youth's project state questionnaire. Face and content validity of the instrument was ensured using test-retest method with reliability coefficient of 0.79 was obtained and construct validity coefficient of 0.74 was obtained respectively. These were significant at 0.05 level of significance. The research instrument was administered by the researcher in the classrooms. Data generated were analyzed using inferential statistics (t-test).

Results

Hypothesis 1: There is no significant difference in the reproductive health practices of in-school adolescents based on their age.

Table 1: t-test summary of reproductive health practice of in-school adolescents based on their Age.

Variables	N	\bar{X}	SD	t_{cal}	t_{tab}
Age 17 – 19	417	36.55	12.68	7.136*	0.960
Age 14 – 16	750	31.50	11.20		

*Significant at $P < 0.05$

The results showed that in-school adolescents within age 14 – 16 had a mean of 31.50 and standard deviation of 11.02, while in-school adolescent with age 17 – 19 had a mean score of

36.55 and a standard deviation of 12.68. The degree of freedom is 1165. The t-calculated was found to be 7.136 while the table value was 1.96. The t-test analysis showed significant result and therefore, revealed a significant difference between reproductive health practices of in-school adolescents based on their age. Hence the null hypothesis was rejected. Hence age of adolescents significantly influenced their reproductive health practices.

Hypothesis 2: There is no significant difference in the reproductive health practices of in-school adolescents based on their gender.

Table 2: t-test summary of reproductive Health Practices of in-school adolescents and their gender.

Variables	N	\bar{X}	SD	t_{cal}	t_{tab}
Female	533	8.659	2.1555	2.351*	1.960
Male	634	8.363	2.1273		

*Significant at $P > 0.05$

The result revealed that reproductive health practices of in-school adolescents based on their gender, males had a mean score of 8.363 and standard deviation of 2.1273 while, females had a mean score of 8.659 and standard deviation of 2.1555, the degree of freedom is 1165. The calculated value is 2.352 while t-table value is 1.960. Since t-calculated is greater than the table value. Therefore, the null hypothesis was rejected. Hence, there is significant difference between male and female in-school adolescents in their reproductive health practices.

Discussion

The study examined the influence of Age and gender on reproductive health practices of in-school adolescents in South-West Nigeria. The findings revealed that Age and Gender significantly influenced adolescently reproductive health practices.

Analysis on hypothesis one indicated that age of in-school adolescents did not have significant influence on their reproductive health practices. This result supports the findings of Sabo, Fakar, Banes and Malik in Abe (2010) who posited that age of puberty can predict individual differences in the timing of first intercourse. This finding is in consonance with the findings of Morankola and Idris (2001) who reported that age is

determinant of one's involvement in human sexuality. However, this study is at variance with the study of Odu and Akanle (2006) whose study revealed no significant difference in the sexual behaviour of youths whose ages were below 21 and above 21 years. The underlying factor for this could be the fact that sexual physiology changes with age. Increase in age will result to increase in maturity on the parts of adolescents. Adolescents between ages 17 – 19 will be more matured than adolescents between ages 14 – 16. When it comes to knowledge of sexuality, older adolescents may be more informed, more exposed due to maturity and this could have resulted in differences in their reproductive health practices. For instance, older adolescents physically may be more matured and be more informed about several ways of preventing unwanted pregnancy and may have a lower chance of getting pregnant.

The result of the analysis on hypothesis two revealed that gender of adolescents significantly influenced their reproductive health practices. This finding is consistent with previous researchers. Izugbara (2001, Ojasanya, 2012) they reported that boys are more likely to exhibit risky sexual behaviour than girls. This finding also corroborates the position of Tenibiaje (2011) who reported that even though males and females are sexually active male have more sexual urge. A probable explanation for this result could have stemmed out of societal value. The society expect girls to keep her virginity. Girls tend to be the victims of sexual abuse, they may likely use contraceptives than boys. They may be afraid of side effects of abortion and fear of not being able to conceive in future. Also girls see virginity as a gift but boys sees virginity as a stigma. They want to prove their masculinity to their peers by the number of girls they have sex with and they may refuse to use contraceptives unlike girls. Parents also strictly limit the mobility of girls while tolerating the promiscuous behaviour of boys. This could have brought about the differences in their reproductive health practices.

Conclusion

Based on the analysis of data and interpretations of the findings of the study, the following conclusion could be drawn from the study.

1. Age of in-school adolescents lead to differences in the reproductive health practices.
2. Gender of in-school adolescents lead to differences in their reproductive health practices.

Counselling implications of the findings and Recommendations

Counsellors are meant to modify behaviour by encouraging parents to make sex education a part of family from the start and keep the lines of communication open at all ages, sex education is more effective when it reaches the adolescents before the first sexual intercourse. Moreover sexuality education program should be designed to adequately meet the need of each gender especially girls who are mostly the victims of sexuality abuse.

References

- Abe, Y (2010). Interpersonal factors as correlate of adolescence risky behaviour among in-school Adolescents in Ekiti State. *Unpublished M.Ed. Thesis*, University of Ibadan, Ibadan.
- Allan Guttmacher Institute (AGI) (2001). *Can More Progress be Made? Teenage Sexual and Reproductive Behaviour in a Developed Country* Washington D.C: Allan Cuttmather Institute.
- Ajuwon, A. J, Fawole O. I & Osungbade K. O (2011). Knowledge of AIDS and sexual practices of young female hawkers in streets and bus stations in Ibadan, Nigeria. *Quarterly Journal of Community Health Education*, 20 (2): 31-41
- Azuike E.C & Nwabueze A. (2013) Adolescent Sexual Behaviour and Practices in Nigeria: ATwelve Year Review. NnamdiAzikiwe University, Awka.
- Carpenter, L. M. (2002). Gender and the meaning and experience of virginity loss in the contemporary United States. *Gender and Society*, 16: 345-365.
- Duru, C.B, Ibajaka, C., Nnebue, C.C, Ifeadike C O. & Okoro O.P. (2010). Sexual Behaviour Among Secondary School Adolescent in Anambra State. *Afrimedical Journal* (2) 22-27

- Izugbara, C. O. (2001). Tasting the forbidden fruit: the social context of debut sexual encounters among young persons in a rural Nigerian Community. *African Journal of Reproductive Health* 5(2): 22-29.
- Moronkola, O. A. & Idris, M. (2001). Sexual Health Knowledge and Use of Contraceptives among Female Secondary School Students in Ibadan. *Nigeria School Health Journal*. 12.1 & 2 Ibadan, Royal People (Nig) Limited.
- Morahson-Bello, I. O., Oladokun, A., Enakpene C. A., Fabawo A. O., Obisesan K. A. & Ojengbade O. A. (2008). Department of Obstetrics and Gynecology, University College Hospital, Ibadan and Department of Obstetrics and Gynecology, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria.
- National Population Commission (NPC) (Nigeria) and ORC (Macro) (2009). *Nigeria Demographic and Health Survey* (2000). Abuja, National Population Commission and ICF Macro.
- Odu, B. K., & Akanle, F. F. (2006). Sexual Behaviour and the Perception of HIV/AIDS among Youths in South West Nigeria, *The Counselor*, 22, 175 - 189
- Oladepo, O. A., Brieger, W. R., Ajuwon, A. J., Otusanya, S., Talabi, A., Kabbirs, & Oludare, M. (2004). Final Report Developing and Evaluating Reproductive Health Education and Service Programme for out of School Youth in Western Nigeria. *Rockefeller Foundation*
- Olusanya, O. A (2012). Parental Communication Styles and Sexual Behaviour among In-school Adolescents in Ondo State. *An Unpublished M.Ed. Thesis Submitted to the Department of Guidance and Counselling, Ekiti State University*
- Osakinle, E. O. (2003): The dynamics of sexual Behaviour of Female Students in the South Western Part of Nigerian Universities. *Unpublished Ph.D Thesis*. Submitted to the Department of Guidance and Counselling, University of Ado-Ekiti, Ekiti State.
- Otto, W., (2006) Sex, Science and self in imperial Vienna Volume 35 Issue 3:376- 378.
- Sullivan, O., Lucia, Majerovich, & Annual, J. (2008). Difficulties with Sexual Functioning in a Sample of Male and Female Late Adolescent and Young Adult University Students. *The Canadian Journal of Human Sexuality*, 17(3): 109-121
- Strong, B., Devaquet, C., Sayad, B. W. & Tarbut, W. I. (2005). *Human Sexuality Diversity Contemporary American*. New York McGraw-Hill
- Tenibiaje, D. J. (2011). Voluntary Counseling and Testing as a Panacea to HIV/AIDS Epidemic in Nigeria. *Journal of Emerging Trends in Educational Research and Psychology Studies (JETRAPs)* 2(4): 265-270.
- Tolman, D.L (2001). "Female adolescent sexuality; An Argument for a Developmental Perspective on the View of Women Sexuality Problems." *Women and Therapy* 42 (1): 1015-1020
- World Health Organisation (WHO) (2003). WHO/RHR Social Science Research Initiative on Adolescent Sexual and Reproductive health.