

REPRODUCTIVE AND SEXUAL HEALTH BEHAVIOUR OF SECONDARY SCHOOL STUDENTS IN UDENU LOCAL GOVERNMENT AREA, ENUGUS STATE

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Abstract

The paper found out the reproductive and sexual health behaviour of secondary school students in Udeno Local Government Area, Enugu State. A self developed questionnaire was the instrument used for data collection. Descriptive survey research design was employed for the study. The population for the study consisted of 15,364 students while multi-stage sampling procedure was used to draw a sample of 768 students used for the study. The research questions were answered using frequency counts and percentages. The findings of the study revealed that slightly less than one fifth of the students always took oral contraceptives, loved having sex using withdrawal method, loved having sex with protection and loved halving sex with condom. Majority of the students took bath with hot water to prevent STIs and used antibiotics to prevent STIs while less than one-half of the secondary school students used condom during sex to prevent s. Slightly more than one third of the students used contraceptive pills to prevent STIs. The researcher recommended encouragement of set values, good family communication on sex matters, supervision of films brought into the country and programmes that are aired from the media houses even internet and sex education at early ages.

Key words: Reproductive health, Sexual health, Behaviour, Secondary school students, Udeno.

Introduction

The environment in which young people grow and make decisions related to reproductive and sexual health is becoming more challenging than ever before. This is so for many obvious reasons. Today's adolescents are being bombarded with erotic stimuli and messages through movies, music, novels and magazines. Basen Engquist and Parcel (1992) affirmed this and noted that adolescents from their earliest years watch television shows and movies that insist that "sex appeal" is a personal quality that people need to develop to the Fullest. Haffner (1999) opined that TV movies and music are not the only influence; the internet also provides the adolescents with seemingly unlimited access to information on sex as well as steady supply of people willing to talk about sex with them.

Specifically, as it relates to secondary school students who are also adolescents, Action Health Incorporated, AHI, (2003) stated that, today's adolescent's, live in a world that may give conflicting messages about what is expected of adolescent's sexual activity. On the other hand, they are told to abstain or "just say no to sex" without knowing why, for how long or even knowing exactly how to go about it. In addition adolescents may see sexual relationship as extremely desirable. For instance music, movies, television, magazines and advertisements present sexuality in a way that glorifies and normalizes sexual behaviour of young people. In line with the above, Gail, Slap, Lucy, Comfort, Zink and Succop (2000) opined that sexual thoughts, feelings and behaviours present throughout life are often accentuated during adolescence. Dong (2001) further opined that just as sexual preferences are learned behaviours, most adolescent's sexual deviations are learned behaviours with pornography having the power of conditioning them into sexual deviancy. For these reasons adolescents and indeed secondary school students find themselves in an environment of varied sexual practices which is challenging. This study becomes necessary to find out the reproductive and sexual health behaviour of those secondary school students in Udeno Local Government Area, Enugu State.

Reproductive health is now recognized as a crucial part of general health and central feature of human development. As such, national conference of General practitioners (1995) stated that, reproductive health covers the entire life span of an individual. They further beliefs that it is reflection of health during childhood, adolescence and adulthood and therefore sets the stage for health beyond the reproductive years for both women and men and affects the health of next generation. Vaughar and Abouzahr (2000) associate reproductive health with prevention and treatment of diseases and supporting normal functions such as pregnancy and child birth. Elaborating further, they stated that

reproductive health has to do with reducing the adverse outcomes of pregnancy, including maternal deaths and disabilities, complications of abortion, miscarriages, births and neonatal deaths.

WHO (2008) defined reproductive health as a state of complete physical, mental and social wellbeing in all matters related to reproductive system, functions and processes. This implies that, people are able to have a satisfying and safer sex life and they have the capability to reproduce and the freedom to decide if when and how often to do so.

Reproductive health components as summarized by Benagiano (1994) are responsible reproductive sexual behaviour, available family planning services, effective maternal care and safe motherhood, effective control of reproductive tract infections, preventive and management of infertility, elimination of unsafe abortion, unwanted pregnancy, sexual abuse and prevention and treatment of malignancies of reproductive organs and sound adolescent health and sexuality. Effective reproductive health depends largely on the state of sexual health.

WHO (1975) described sexual health as the integration of the somatic emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality. Reproductive Health, matter – RHM (2001) described sexual health as having the freedom to choose how to express one's sexuality (or how not to). The RHM report noted that sexual health also involves understanding one's body, being comfortable with oneself and her sexual desires, having desirable sexual relationships with others; learning to identify and doing away with violent or abusive behaviours and learning to cope with the aftermath effects of such relationships.

Centre for disease control and prevention-CDCP (2010) stated that sexual health also encompasses problems of HIV and STIs, unwanted pregnancy and abortion, infertility, cancer resulting from STIs, and sexual dysfunction. These components are also embedded in reproductive health. Robinson, Bockting, Rosser, Miner and Coleman (2011) identified components of sexual health to include, talking about sex in relation to culture, sexual identity, sexual anatomy and body functioning, sexual health care, safer sex, body image, masturbation, fantasy, positive sexuality, intimacy, relationships and spirituality.

WHO (2008) noted that, while sexual health is often subsumed within reproductive health, it is in fact a wider term as sex does not always involve reproduction. Most policies of programmes on reproductive health are aimed at women of reproductive years. Yet older people, for example, require information that responds to their sexual health needs rather than to reproductive health. Some of these aspects of sexuality they explore are masturbation, fondling/caressing, oral sex, kissing and hugging. Adolescents, including those in Udeno Local Government Area Secondary Schools, also explore their sexuality and engage in sex without necessarily wishing to reproduce. People in the same – sex relationships may have specific sexual health needs that have nothing to do with reproduction. WHO (2008) further affirmed that health experts and experts in health related disciplines agreed that the two concepts are inseparable, reproductive and sexual health (RSH) and that they are integral component of any Nation's primary Health Care (PHC). Since the common concepts are many, this study is restricted to such components such as family planning and STIs. These components which form the bedrock of the present study are highlighted below.

Family planning, according to Onuzulike (2005), is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote health and welfare of the family and the group thus contributing effectively to the social development of the country. Through the teaching of family planning, individuals are assisted to decide on how to limit, space their births and avoid unwanted pregnancies.

STIs on the other hand, include all those diseases that result from sexual intercourse. While Ahi (2003) maintains that they are infections transmitted during unprotected sexual intercourse or genital contact among people. Samuel (2010) Opined that STIs are infections that are transmitted by way of direct contact.

Behaviour, according to Kann (1995), refers to actions of a system or organisms, usually in relation to its environment, which include the other systems or organisms around as well as the physical environment. When behaviour happens so regularly, it becomes a practice. Practice according to Webster's (2000) is defined as the act of doing something customarily or habitually or to do or perform often. Practice also refers to a way of doing something regularly (Hornby, 2005). Thus behaviour and practice can be used interchangeably in this study. The study was concerned with reproductive and sexual health behaviours bordering on family planning and STIs.

Secondary school students are young persons between the age of 11 – 18 years who possess the same characteristics as adolescents and were used interchangeably in this study. They are characterized by rapid changes in physical growth, development of sexual characteristics and reproductive capability, psychological development of autonomy, independent identity and value systems, cognition moving from concrete to abstract thought, emotional moodiness, shifting from self-centeredness to empathy in relationship (WHO, 2003). FOX (2004) maintained that adolescents are most often excited by their sexual senses and also by imagination, as they become more interested in sex by pressure of constant sexual stimulation through thoughts or desire, erotic figures, pictures and films as well as physical contact such as caressing and kissing. The test of the present study is to find out the reproductive and sexual health behaviour regarding family planning and STIs of secondary school students in Udenu Local Government Area, Enugu State.

Purpose of the Study

The purpose of this study was to find out the reproductive and sexual health behaviour of secondary school students in Udenu Local Government Area, Enugu State. Specifically, the study was set out to find out the:

1. Behaviour of student regarding family planning?
2. Behaviour of students regarding STIs?

Research Questions

To guide this present study, the following research questions were posed:

1. What is the behaviour of secondary school student regarding family planning?
2. What is the behaviour of secondary school students regarding STIs?

Methods

Specifically, this section describes the research design, area of the study, population for the study, sample and sampling technique, instrument for data collection, validity and reliability of the instrument, methods of data collection and data analysis. A descriptive survey research design was employed for the study. Nwana (1986) opined that this design facilitates the description of situation in its present state and solicits information directly from the respondents. Frankfort – Nachmias (2006) demonstrated that descriptive survey design is a research design used most predominantly in survey research because it facilitates the gathering of information about a larger population by collecting information from a segment of that very population from where generalization can be inferred. The population for the study consisted of all the secondary school students in Udenu Local Government Area of Enugu State. The total population of secondary school students in the 17 public secondary school in Udenu Local Government Area, Enugu State was 10, 464 (PPSMB – post primary school management Board & STVSMB – Science, Technical and Vocational School Management Board Obollor – Afor Zone 5/3/2012). The total population of students in the 15 private secondary schools in Udenu Local Government Area of Enugu State was 4900 (Dean of studies in the individual school). Then the total population of all the secondary school students in Udenu Local Government Area is 15,364 students. The sample for the study consisted of 768 subjects representing 5 percent of the population of secondary school students in Udenu Local Government Area, Enugu State. This is in line with Nwana's (1990) rule of thumb which states that, when the population of a study is in many thousands 2 – 5 percent of them will be considered representative. There are 17 public secondary schools and 15 approved private secondary schools in Udenu Local Government Area, of Enugu State giving a total of 32 secondary schools. The multi-stage sampling procedure was employed to draw the sample for the study. The procedure for sample selection involved three stages. In the first stage, simple random sampling technique was used to select eight secondary schools each from public and private schools in Udenu Local Government Area, Enugu State. This resulted in the selecting of sixteen secondary schools that was used for the study. In the second stage, simple random sampling of balloting without replacement was used to select one class in each stream from each school and a total of 96 classes were selected for the study. In the third stage simple random sampling of balloting without replacement was also used to select 8 students each from the six classes selected in each school. On completion of these sampling procedures; 48 students were selected in each school making a total of 768 students for the study.

The instrument for data collection was the researcher – designed questionnaire which was called Reproductive and Sexual Health Behaviour Questionnaire RSHBQ. The questionnaire was divided into two sections namely: section A which consisted of two items demanding the bio-data of the respondents. Section B comprised of 8 behavioural statements inquiring into the behaviours of secondary school students regarding reproductive and sexual health. The respondent were required to respond “Yes” or “No” to each of the behaviours statement, that is “Yes” to a behaviour that the respondent has adopted or “No” to a behaviour that the individual does not adopt.

The validity of the research instrument was established by giving the draft instrument, the specific objectives and the research questions of the study to five expert lecturers in the Department of Health and Physical Education, University of Nigeria Nsukka. Their main task was to critically examine the questionnaire items and to ascertain that the instrument covers the objectives of the study. They were also required to check for the appropriateness of each items in terms of the language used as well as the suitability of questionnaire items for inclusion in the instrument and make corrections as they deem fit. Their constructive criticisms and suggestions were used to produce the final version of the instrument that was used for data collection for this present study. A reliability index of .65 was established using Kuder – Richardson K – R 20 formular. Ogbazi and Okpala (1994) explained that if a reliability coefficient index obtained is up to .60 and above, the instrument is considered reliable. This was considered reliable to achieve the objectives of this study. To gain access to the respondents for data collection a duly signed letter of introduction by the researcher was presented to the principals of the 16 secondary school schools used for the study seeking permission to carry out the study reproductive and sexual health behaviour of secondary school students in Udenu Local Government Area, Enugu State. Copies of the questionnaire were administered to the respondents in each of the secondary schools by the researcher and with the help of some teachers in school. The teachers were briefed on the modalities for administering the instrument. The completed copies of the instrument were collected from the respondents on the spot. This approach yielded a high return rate. Frequency counts and percentages were the statistics employed to analyze the two research questions.

Results

The findings of the study are hereby presented in the table below according to the research questions. The number of the instrument correctly filled was seven hundred and sixty three copies and was used for the study.

Table 1. Percentage Analysis of Family Planning Behaviours of Students (n = 763)

Family planning behaviours	Yes		No	
	F	%	f	%
young people love having sex using withdrawal method	120	15.7	643	84.3
Young people love having sex using condom	86	11.3	677	88.7
Young people love having Sex with protection	119	15.6	644	88.4

Table 1 shows that slightly less than one-fifth (19.4%) secondary school students indicated that young people always took oral contraceptives (19.4%), loved having sex using withdrawal method (15.7%), loved having sex with condom (11.3%). This implies that the behaviours of the students regarding family planning were irresponsible.

Table 2 s Behaviours of Students (n = 763)

	F	Yes		No	
			%	f	%
Young people always use condom during sex	311	40.8	452	59.2	
Young people use antibiotics to prevent STIs	621	81.4	142	18.6	
Young people use contraceptive pills to prevent STIs after sexual intercourse	237	31.1	526	68.9	
People take bath with hot water to prevent STIs	691	90.6	72	9.4	
Overall Percentage		61.0		39.0	

Table 2 shows that majority of secondary school students indicated that after sexual intercourse, young people took bath with hot water to prevent STIs (90.6) and used antibiotics to prevent STIs (81.4%). The table further shows that less than one half of the students indicated that young people always used condom during sex to prevent STIs (40.8%) while only 31.1 per cent indicated that young people used contraceptive pills to prevent STIs.

Discussion

The findings in table 1 showed that slightly less than one fifth of the students indicated that young people always took oral contraceptives (19.4%), loved having sex using withdrawal method (15.7%), loved having sex with protection 15.6% and loved having sex with condom 11.3 per cent. This result was expected because Araoye and Fakeye (2003) in their study found out that despite widespread awareness of contraception and sexual transmission of STIs including HIV and AIDS, 72 per cent of sexually active male and 81 per cent female students had used any contraception. The implication of these findings is that there will be rampant teenage pregnancies among the female students which may lead to induced abortion with its complications, drop out from schools and an undesirable marriage and grief on the part of the couple, their parent and their friends. School guidance counselors and health educators should advise students to emulate those desirable behaviours regarding family planning. Health care providers should also encourage young adolescents to seek information in family planning behaviours.

The findings in Table 2 revealed that majority of the students indicated that young people took bath with hot water after sexual intercourse to prevent STIs (90.6%) and used antibiotics to prevent STIs (81.4%) while less than one-half of the secondary school students indicated that young people used condom during sex to prevent STIs (40.8%). Only 31.1 per cent of the students indicated that young people used contraceptive pills to prevent STIs. These results were anticipated and therefore not a surprise. From personal observation and experience, young people are more vulnerable to HIV and other sexually transmitted diseases because they are more likely to engage in high risk behaviours such as unprotected sex with multiple sex partners. There is need to intensify sex education and counseling services for these students to adopt safer sex activities to prevent increase rate of STIs. Emphasis, should be a total condemnation of sexual activities that encourages STIs especially sex before marriage.

Conclusion

Based on the findings of the study, the following conclusions were drawn:

1. Slightly less than one fifth of the students always took oral contraceptives, loved having sex using withdrawal method, loved having sex with protection and loved having sex with condom.
2. Majority of the students took bath with hot water to prevent STIs used antibiotics to prevent STIs while less than one-half of the secondary school students used condom during sex to prevent STIs and slightly more than one third of the students used contraceptive pills to prevent STIs.

Recommendations

Based on the major findings, discussion and conclusions, thereof, it was recommended as follows:

1. Since sex is a powerful force, its true meaning has to be exposed to teenagers both at home and in schools to enable them make wise decisions based on self-control and personal code of conduct that will encourage desirable behaviours.
2. Both parents and health educators should try as much as possible to set good examples for the adolescents to follow on sexuality, this they could do by encouraging the development of a set of values in teenagers that will guide their sexual behaviours.
3. Ministry of information should do more to census the type of films brought into the country and the program that are aired from the media houses and even internet.
4. Parents should know the importance of communication in the home. They should disabuse their mind on the tradition of not discussing sex with their children and realize the danger of lack of discussion which is that the adolescents will seek wrong information from their peers.

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