

KNOWLEDGE AND PRACTICE OF PREMARITAL SEX AND USE OF CONDOM AMONG SENIOR SECONDARY SCHOOL STUDENTS IN IBADAN, OYO STATE

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ABSTRACT

The study examined knowledge and practice of premarital sex and use of condom among secondary school students in Ibadan, Oyo State, Nigeria. Descriptive research survey method was adopted for the study. A multi-stage sampling technique was used to select two hundred and seventy (270) respondents that participated in the study. A structured questionnaire tagged save the youths' future (SYF) that was duly validated by expert in the field of health social work and health education was used to collect data. A reliability coefficient of 0.76 was obtained through test-retest methods with the use of Pearson product moment correlation coefficient. Six research hypotheses were formulated. The hypotheses tested and the results were analyzed with the use of chi-square (χ^2) at 0.05 alpha levels. The result of the study showed that, senior secondary students in Ibadan had in-depth knowledge about premarital sex because they are actively involved in it. Their ages (between 12-20) does not in any way hinder their involvement in premarital sex. In the same vein, it was alarming to find out that 146 out of 170 (more than half) respondents could not associate premarital sex without the use of condom to exposure to risks of HIV/AIDS, Sexually Transmitted Diseases and unwanted pregnancy. However, the result revealed that gender influenced knowledge about premarital sex because 92 females against 52 males knew the association between premarital sex and HIV/AIDS. Finally, the result also revealed that, there was significant association between students'

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class and knowledge about HIV/AIDS. Based on these findings, the researchers recommend that the government should expand the frontier of knowledge about premarital sex, HIV/AIDS and Sexually Transmitted Diseases in Nigerian secondary schools. The school and health social workers, health educators and health care providers also have serious roles to play in educating the youths on how to save their precious lives through protected sex.

Key Words: Premarital sex, Sexually transmitted Diseases, Unwanted Pregnancy, Knowledge and practice and Secondary school students.

INTRODUCTION

Sexuality education is an essential aspect of health education. The social worker has a legitimate duty to educate the general populace on social health problems such as sexuality transmitted diseases (STD) including HIV/AIDS. Ojedukun (2003) affirmed that adolescence is a stormy period. He further said, it is a period when the school children develop sexual characteristics that range between pubic hair growth, enlarged breast, resumption of menstrual flow in female adolescent and the experience of ejaculation in males. The hormonal activity during this period is on the high side. Therefore, the adolescent would be involved in numerous health risk behaviour including sexual intercourse. Premised on the above, the adolescents, that is, school children are thus

exposed to the risk of HIV/AIDS infection through premarital sex. In the same vein, Kalesanwo (1999) submitted that, one common feature about adolescence is the vulnerability to sexually transmitted diseases (STD). This was supported by Ojedokun (2003) that, as children reach the age of adolescence, they are confronted with sexual and health challenges in a climate of urbanization and social change. Fawole, Ogunkan and Awoniyi (2010) also observed that, sexual promiscuity among adolescents has reached an alarming height despite consistent and wide spread propaganda on HIV/AIDS and STD.

In the same trend, Adeoye, Ola and Aliu (2012) affirmed that sexual activities among adolescents have been reported to be on the

increase worldwide. They further asserted that, young people have limited knowledge about sexual and reproductive health and know little about the natural process of puberty. It is important to note here that, this lack of knowledge about reproductive health could have grave consequences. It is imperative therefore to understand that sexual activities persistently occur in the midst of an HIV/AIDS pandemic that is proportionately affecting adolescents and young adults. As a rider to this, fact sheet on HIV/AIDS(2001) documented that, young people in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy and STI/HIV/AIDS. It is also obvious and widely believed that, secondary school children in Nigeria are sexually active and that they do not have adequate knowledge about the dangers involved. The urge to know and probably explore what sexuality entails exposes them to health dangers such as HIV/AIDS. It is on this premise that Dlamini and Werve (2002) earlier said that, unstable relationship among secondary school students increases their risk of contracting sexually transmitted diseases (STD) and HIV/AIDS.

It is most disturbing too, that marginalized young people including school and street children, refugees, immigrants and victims of human trafficking may be at a

particular risk because of their exposure to unprotected sex. Adeyemo (2001) concluded that it is important therefore to stress the prevention and control of spread of HIV/AIDS among this vulnerable group across the globe. The school health social workers therefore have a very significant role to play in health educating and monitoring the sex life of both parents and children alike. Whereas, sexuality education aims at achieving a range of outcomes, some of which apply to sexually active youth and some to those not yet having sex. Igbanugo (1999), Irinoye, Babatunde and Adima (2000) in separate submissions affirmed that, it is imperative to note the following objectives of sexuality education:

- To reduce sexual activity by postponing age at first intercourse.
- To promote abstinence
- To reduce the number of sexual partners
- To reduce premarital sex and early child marriage
- To encourage the consistent use of protective devices such as condom among youth who are sexually active
- To prevent unwanted, teenage pregnancy
- To prevent the spread of sexually transmitted diseases (STD) including HIV/AIDS.

- To prevent criminal abortion and
To prevent death as a result of specific
abortive abortion.

- To prevent or reduce single parenthood
in the society.

Premised on these, Masha (2001) summarized that, Sexuality is therefore the total behavior of who we are as human being. It involves physical, emotional and psychological changes. The fact sheet on HIV/AIDS (2001) gave the pathology that, the entrance of the virus, Human Immunodeficiency Virus (HIV) into the body is the starting point of HIV infection. This could happen through many routes such as indiscriminate sex, unprotected sex, blood transfusion, use and sharing of unsterile sharp instrument such as needles and razor blades among others. In the same vein, UNAIDS and WHO (1998) jointly reported that, the immune system is the body's defense against infections by micro-organism. The micro-organism enters through the skin of mucous membrane and cause disease after sometimes or period of incubation. Then, the body system produces special cell called antibodies to fight off or kill these micro-organism. HIV infection affects the immune system by weakening the system. This special weakening is called immunodeficiency. Ojedokun (2004) affirmed that, the virus infects and destroys

special cells such as lymphocytes and monocytes. The persistent, progressive and profound impairment of disease fighting group of blood cells makes an individual susceptible to infections and conditions such as cancer and tuberculosis.

World Health Organisation (2011) also documented that, when the immune system is grossly affected, the impairment progresses to Acquired Immune Deficiency Syndrome (AIDS) which could be detected by blood tests or the appearance of certain strange infections such as tuberculosis, high fever, unusual skin disease among others. HIV infects both central and peripheral nervous system early in the course of infection. This culminates into variety of neurological and neuropsychiatric conditions. As HIV infection progresses, immunity declines and people become more susceptible to other infections. Opportunistic infections include tuberculosis, septicemia, pneumonia, unexplained fever, skin diseases, meningitis, chronic diarrhea and cancer to mention a few.

Iweala, (2003) affirmed that young people are vulnerable to HIV/AIDS because they are likely to engage in high-risk behaviour such as unprotected sex with multiple partners. She further disclosed with dismay that, one out of every four persons including young people in Nigeria is HIV positive. The

continued spreads of the monster disease in the country is said to be a scourge in Nigeria as well as an economic problem. In the same vein, Kolawole, Oluwadaisi and Akpan (2011) found out that 45% of the population has been washed away by HIV/AIDS scourge in Nigeria with 20% and 25% rise in HIV/AIDS infection rate in Abuja and Benue State respectively. Ojo (2004) further said, the school children are being misled by the prevailing circumstances in homes, from peers, print and electronic media. Since these school children are usually very inquisitive, the urge to know and probably experiment what sexuality entails exposes them to serious health and social complications such as vulnerability to sexually transmitted diseases and HIV/AIDS. Premised on the aforesaid, the researchers tried to find out knowledge and practice of premarital sex and use of condom among senior secondary school students in Ibadan Oyo state.

Statement of Problem

In Nigeria of today, teenage pregnancy, serious infections such as gonorrhoea, syphilis, herpes genitalis or simplex, criminal abortion and premature deaths are said to be on the increase among school children. To confirm this, Oyediran, Isola and Adewuyi (2002) reported that, teenage pregnancy may be said

to be prevalent in Nigeria. The phenomenon continues to be a major cause of health and social problem of the school children aged 15-19 years. They further reported that, some girls in schools were either pregnant or have had children while in secondary school and that, this occur in 43% of non-marital relationships. Perhaps, this is the reason why Mberu (2008) also reported that, inadequate information on premarital sex and sexuality can have disastrous consequences on personality of school children. It is imperative therefore, that sex education should be encouraged to counteract the inadequate and misleading messages that have continually bombarded our media screens. Consequent upon this, the school and health social worker, health educators and other health practitioners are in the best position to discourage premarital sex and thereby, preventing the spread of sexually transmitted diseases (STD) including HIV/AIDS. Their counseling and advocacy roles will help the school child to live an HIV free life.

Research Hypotheses

1. There is no significant association between gender and knowledge about premarital sex among the selected secondary school students in Ibadan.

2. There is no significant association between age and active engagement in premarital sex among the selected secondary school students in Ibadan.
 3. There is no significant association between gender and the use of condom during premarital sex among the selected secondary school students in Ibadan.
 4. There is no significant association between gender and exposure to risks of HIV/AIDS, STI and unwanted pregnancy during premarital sex among the selected secondary school students in Ibadan.
 5. There is no significant association between gender and knowledge about HIV/AIDS among the selected secondary school students in Ibadan.
 6. There is no significant association between students' class and knowledge about HIV/AIDS among the selected secondary school students in Ibadan.
- class register. Two hundred and seventy (285) however participated in the research exercise. Fifteen questionnaire copies were wrongly filled and were disqualified while the rest two hundred and seventy (270) was collected on the spot. One hundred and two (102) respondents were males and one hundred and sixty eight (168) were females. Multi-stage sampling method was adopted. Schools from three unique settlements in Ibadan city- Apata, Oke-Ado/ Oluyole and Basorun axis were selected at the primary stage. The secondary stage featured selection from the boys only, girls only and mixed schools while the senior secondary school (SSS3) A, B, and C arms of the schools were selected at the tertiary level. Convenient sampling was used at the fourth and final stage to select from the class list. Students on ground in each of the schools were used as respondents.

Extrinsic factors considered in the study included: Knowledge about premarital sex, practice of premarital sex, use of condom during sex, risks of infection and unwanted pregnancy. Gender and class variations were also considered. A self developed, validated questionnaire titled: Save the Youths' future (SYF) was administered through the help of six trained research assistants. The questionnaire was an open ended "Yes or No" format. A test retest method was adopted to

METHODOLOGY

Descriptive research survey was used for the study. The respondents were male and female students drawn from six secondary schools in Ibadan. A total of three hundred (300) respondents were on the SSS three

ascertain the reliability of the instrument and a correlation coefficient of 0.76 was obtained. Two hundred and seventy (270) questionnaire copies that were correctly filled and returned were coded for analysis. Frequency counts, percentages and chi-square (χ^2) were used for data analysis at 0.05 alpha levels.

Findings

Ho 1: There is no significant association between gender and knowledge about premarital sex among the selected students.

Table 1: CHI-SQUARE SHOWING ASSOCIATION BETWEEN GENDER OF PARTICIPANTS AND THEIR KNOWLEDGE ABOUT PREMARITAL SEX

	Yes	No	χ^2	df	P	Remark
Male	124	20	2.64	1	>0.05	NS
Female	100	26				

$\chi^2=2.64$; $df=1$; $p>0.05$ Not significant

The results from Table 1 showed that the chi-square value is 2.64, the degree of freedom (df) is 1 and $P>0.05$. Since $P>0.05$, it implies that there is no significant association between gender and knowledge about premarital sex among the selected students.

Ho 2: There is no significant association between age and active engagement in premarital sex among the selected students.

Table 2: CHI-SQUARE SHOWING ASSOCIATION BETWEEN AGE OF PARTICIPANTS AND THEIR LEVEL OF ACTIVE ENGAGEMENT IN PREMARITAL SEX

	Yes	No	χ^2	df	P	Remark
12-14	6	44	0.73	2	>0.05	NS
15-17	11	96				
18-20	9	104				

$\chi^2=0.73$; $df= 2$; $p>0.05$ Not significant

The results from Table 2 showed that the chi-square value is 0.73, degree of freedom (df) is 2 and $P > 0.05$. Since $P > 0.05$, it implies that the null hypothesis holds and the researcher concluded that there is no significant association between the age and active engagement in premarital sex among the selected students.

Ho 3: There is no significant association between gender and use of condom during premarital sex among the selected students.

Table 3: CHI-SQUARE SHOWING ASSOCIATION BETWEEN GENDER OF THE PARTICIPANTS AND THE USE OF CONDOM DURING PREMARITAL SEX

	Yes	No	χ^2	df	P	Remark
Male	144	10	4.36	1	<0.05	NS
Female	100	16				

$\chi^2 = 4.36$; $df = 1$; $p > 0.05$

Significant

The results from Table 3 showed that $\chi^2 = 4.36$, $df = 1$ and $P < 0.05$. Since $P < 0.05$, it implies that there is significant association between gender of the participants and the use of condom during premarital sex among the selected students. Therefore the null hypothesis was rejected. It was concluded that there is significant association between gender of the participant and the use of condom during premarital sex.

Ho 4: There is no significant association between gender and exposure to HIV/AIDS, STI and unwanted pregnancy during premarital sex among selected students.

Table 4: CHI-SQUARE SHOWING ASSOCIATION BETWEEN GENDER OF PARTICIPANTS AND THEIR EXPOSURE TO HIV/AIDS, STI, & UNWANTED PREGNANCY

	Yes	No	χ^2	df	P	Remark
Male	63	76	0.06	1	>0.05	NS
Female	61	70				

$\chi^2 = 0.06$; $df = 1$; $p > 0.05$

Not significant

The results from Table 4 showed that $\chi^2 = 0.06$, $df = 1$ and $P > 0.05$. Since $P > 0.05$, it implies that, there is no significant association between the gender of the students and their exposure

to HIV/AIDS, STD and unwanted pregnancy during premarital sex. Therefore the null hypothesis holds.

Ho5: There is no significant association between gender and knowledge about HIV/AIDS among the selected secondary school students.

Table 5: CHI-SQUARE SHOWING ASSOCIATION BETWEEN GENDER AND KNOWLEDGE OF HIV/AIDS AMONG THE SELECTED STUDENTS.

Sex	Knowledge of HIV/AIDS			χ ²	df	P	Remark
	Low	Moderate	High				
Male	0	50	52	8.757	2	0.013	Sig
Female	10	62	96				

χ²= 8.757; DF=2; p=0.013

Significant

The result from table 5 show that chi – square value is 8.757, the degree of freedom (df) is 2 and P = 0.013. Since P = 0.013 < 0.05, it indicates that, there is significant association between gender and knowledge about HIV/AIDS among the respondents. Therefore, the null hypothesis is rejected in favor of alternative hypothesis.

Ho 6: There is no significant association between the students' class and their knowledge about HIV/AIDS.

Table 6: CHI – SQUARE SHOWING ASSOCIATION BETWEEN STUDENTS' CLASS AND THEIR KNOWLEDGE ABOUT HIV/AIDS.

Class	Knowledge of HIV/AIDS			χ ²	df	P	Remark
	Low	Moderate	High				
SSS A	10	24	58	57.758	4	0.000	Sig
SSS B	0	88	66				
SSS C	0	0	24				

χ²=53.758; df=4; p=0.000

Significant

The result in table 6 show that chi – square value is 57.758, the degrees of freedom (df) = 4 and P = 0.000 since P = 0.000 < 0.05 it implies that there is significant association between students' class and their knowledge of HIV/AIDS. This indicates that the null hypothesis should be rejected in favor of alternative hypothesis.

Discussion of findings

The study found out that majority of the respondents, 124 males and 100 females, totaling (224) out of 270 students who participated in the research exercise had in-depth knowledge about premarital sex while the rest (46) claimed not to have heard about premarital sex. This implies that, more than 83% of senior secondary school students in Ibadan have heard about premarital sex. This finding is in line with Adenike, Wasiu and Olugbenga (2009) who found out that, a larger percentage of private secondary school students studied, had the knowledge about premarital sex. In the same vein, this research work also found out that, age of respondents does not in any way have significant association with premarital sex. This implies that, senior secondary school students, irrespective of their age and especially from age 12-20, have started having premarital sex. This finding is in line with that of Fawole, Ogunkan and Awoniyi (2010) who earlier found out that, majority of the adolescents examined had engaged in premarital sex. This sends a red signal to school social workers, health educators and other health care providers that every adult, including parents and teachers must be on their toes to save the lives of these younger generation from health and social implications of premarital sex.

This study also found out that, 244 out of 270 senior secondary school students who were involved in premarital sex, used condom. This finding negates the finding of Kolawole, Oluwadaisi and Akpan (2011) that the use of condom was very low (43%) among a population of 827 males aged 15-24 years, thus making this sub-group of population in Nigeria highly susceptible to STIs and HIV/AIDS. Although, this finding reveals an increase in the use of condom by secondary school students, which is a sigh of relieve to parents and guardian alike, the researchers still feel this may predispose this younger generation to prostitution later in life. This, by implication, might be dangerous to these school children.

In the same vein, it is sad to note that, only 124 out of 270 respondents are aware of the risks involved in premarital sex, while the rest 146 are not aware of the risks of HIV/AIDS, STI and unwanted pregnancy. Efforts should therefore be increased to create greater awareness on the consequences of premarital and unprotected sex. It is also important to note that, more than half of the respondents (146) did not know or believe that premarital sex without the use of condom predisposes them to health risks. This calls for further sensitization from parents, guardian, religious bodies, teachers, social workers,

health educators and counselors through sexuality education at home, school and religious settings. For secondary school students to have been involved in premarital sex denotes the level of moral decadence in the society. It is also a known fact that, being involved in premarital sex or other vices will affect the academic performance of the school children. This finding confirms the assertion of Iweala (2003) that, young people are likely to engage in high risk behavior that may predispose them to HIV/AIDS and other sexually transmitted diseases such gonorrhea, Chlamydia, syphilis among others. This finding is also in line with Adenike, Wasiu and Olugbenga (2009) found out that, many adolescents studied were sexually active and were taking risky sexual behaviors that could facilitate HIV transmission.

There is a significant association between gender of the respondents and their knowledge of premarital sex and HIV/AIDS. Fifty six (52) males and ninety two (92) females had higher knowledge about premarital sex and HIV/AIDS. This, by implication, means females are more knowledgeable than males on issues of premarital sex. This result is line with Adeoye, Ola and Aliu (2012) who earlier found out that, gender contributed to most premarital sexual activities. They concluded

that, gender play a vital role in engagement of premarital sex. Lastly, this current finding also revealed that, class of the respondents had significant association on their knowledge of premarital sex and HIV/AIDS. 58 SSSA, 66 SSSB and 24 SSSC students, totaling 148 out of 270 had significant knowledge of the relationship between premarital sex, sexually transmitted diseases and unwanted pregnancy. The class of arts, science and social science of the respondents for instance, may be responsible for the variation in the level of knowledge of relationship between premarital sex, STD and unwanted pregnancy.

CONCLUSION AND RECOMMENDATIONS

The study established that, secondary school students in Ibadan have an in-depth knowledge about premarital sex, thus making the population under study vulnerable to HIV/AIDS and other sexually transmitted diseases. Also, the study concluded that, unwanted pregnancy could lead to termination of education of the female child. As a result, young men and women could face a bleak socio-economic future. The parents, community, health social workers and the teachers may share in the burden and consequent result of unprotected premarital sex if they fail to educate the school child on

this all important issues. Premised on the above findings, the following recommendations are therefore made:

1. Gender is a strong determinant of premarital sex. Parents should closely monitor their children during their youthful ages and allow them to feel free to discuss sexual issues with them.
2. HIV/AIDS screening should be extended to this special group of young people to detect early, treat and prevent further spread STD and HIV/AIDS.
3. Sexuality education should be part of the curriculum at all levels of education and should be made compulsory.
4. The government, non-governmental organizations (NGOs) social workers and health practitioners should collaborate in the fight against HIV/AIDS, premarital sex and teenage pregnancy in the secondary schools.

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