

Sexuality and Contraception among Nigerian Adolescents and Youth

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ABSTRACT

Sexual behaviour and use of contraceptives among adolescents in a college in Nigeria was studied in order to identify their needs for reproductive health programmes. Following random selection, 971 adolescents aged 18–24 years were interviewed. Sixty-three percent of them had (ever had) sexual intercourse, but only 72 percent and 81 percent of sexually experienced males and females, respectively, had ever used contraception. The most common methods ever used by the males and females, respectively, were the condom (43%) and rhythm (31%). Twenty-one percent of the adolescents engaged in high-risk sexual behaviour. A well targeted reproductive health programme for adolescents in colleges is warranted. (*Afr J Reprod Health* 1998; 2(2):142–150)

RÉSUMÉ

Sexualité et contraception parmi les adolescents et jeunes Nigériens. Le comportement sexuel et l'usage de contraceptifs chez des adolescents fréquentant un établissement scolaire au Nigéria étaient étudiés afin de déterminer leurs besoins en programmes de santé reproductive. 971 adolescents âgés de 18 à 24 ans qui avaient été sélectionnés au hasard, étaient interviewés. Soixante trois pourcent d'entre eux avaient (déjà) eu des rapports sexuels, mais seulement 72 percent et 81 percent respectivement de ces jeunes filles et garçons qui avaient déjà eu une expérience sexuelle, avaient déjà utilisé une méthode contraceptive. La méthode la plus courante déjà utilisée par ces garçons et ces filles, étaient respectivement, la capote(43%) et le retrait (31%). Vingt et un pourcent de ces adolescents avaient eu des rapports sexuels à haut risque de contamination par une maladie. Un programme de santé reproductive bien ciblé pour les adolescents fréquentant des établissements scolaires est justifié. (*Rev Afr Santé Reprod* 1998; 2(2):142–150)

KEY WORDS: *Adolescents, sexual behaviour, contraception, STD/AIDS, college, Nigeria*

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of adolescents who are likely to have high aspirations and goals in life. Such aspirations could be disrupted by unwanted pregnancies. Hence, they seem to have delayed sexual debut for their mean age at sexual debut is higher than that of adolescents at a lower level of education.^{3,17} The mean age at sexual debut among the females was similar to the median age for females aged 20–24 years (who had similar level of education), within the DHS, 1990.³

Although these adolescents had a greater awareness of contraception, and a higher prevalence of ever-use than found among similar samples,^{14,15} their knowledge did not lead to regular use of contraception. Males had more sex than females, but used contraception with their partners less often. This, combined with their poor knowledge of methods of contraception other than the male condom suggests that males need to be targeted for family planning education/counselling.

These adolescents' level of awareness of AIDS and its preventive measures was high, and better than in earlier reports of similar groups.¹⁶ However, it did not lead many of them to practise safe sex. Even though condoms do not guarantee absolute protection against STD/HIV infection, they remain the best protective method available; however, condom use in this study was low even among high-risk partners. Despite a stated desire to prevent infection, the method of contraception chosen by many adolescents was not effective for the prevention of STD/AIDS. There were negative attitudes to condom use which need to be changed.

These adolescents require methods with dual protection—against pregnancy and STIs. Programmes that encourage abstinence could be beneficial to them, and for those who continue to be sexually active, regular condom use should be promoted. A sexual and reproductive health programme is needed in Nigerian colleges and should be designed to reach both residents and non-residents, and both males and females. College clinics should be strengthened for integrated STD management and family planning services, through

capacity building for staff, provision of diagnostic and treatment facilities, as well as follow-up/contact tracing. This should be complemented with other reproductive health programmes, especially those that empower adolescents through involvement in planning, implementation, and evaluation.

Acknowledgement

This investigation received financial support from the Special Programme of Research, Development and Research Training in Human Reproduction, World Health Organization.

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