

ORIGINAL RESEARCH ARTICLE

Age of Sexual Debut and Patterns of Sexual Behaviour in Two Local Government Areas in Southern Nigeria

Uche C. Isiugo-Abanihe^{*1}, Olayiwola Erinoshola², Boniface Ushie³, Adeyinka Aderinto⁴, Gbenga Sunmola⁵, Richard Joseph⁶

¹Department of Sociology, University of Ibadan (Corresponding author); ²Health Reform Foundation of Nigeria, Abuja; ³Institute of Child Health, College of Medicine, University of Ibadan; ⁴Department of Sociology, University of Ibadan; ⁵Department of Psychology, University of Ibadan; ⁶Department of Political Science, Northwestern University, Evanston, Ill, USA

*For correspondence: Email: ucheabanihe@yahoo.com

Abstract

The study examines the age of sexual debut and patterns of sexual behavior in Ugep, Cross River State, and Badeku and Olunloyo in Oyo State. A survey of households and individuals was conducted in the three communities; qualitative data were also collected through in-depth interviews and focus group discussion. The median age of first sex among never-married males and females were 17 years and 18 years respectively; more than one in five adolescents have had sex before age 16. Never-married males and females initiated sex earlier than ever-married, older respondents. That 14 percent of married men keep other sexual partners besides their wives is indicative of substantial extramarital relationship; also 12 percent of never-married male respondents with regular sex partners have other sexual partners. Condom use is fairly high, especially in sexual relations involving non-regular partners. The higher likelihood of alcohol use in sexual liaison with non-regular sex partners is suggestive of high prevalence of transactional sex and spontaneous or unplanned sex under the influence of alcohol, with their implications for the spread of HIV and AIDS. The study underscores the need for adolescent sexual and reproductive health education and behaviour change communication among all segments of the population and inculcation of values less favourable for the spread of sexually transmitted infections (*Afr J Reprod Health 2012; 16[4]: 81-94*).

Résumé

L'étude examine l'âge des premiers rapports sexuels et des comportements sexuels à Ugep, dans l'état de Cross River, et à Badeku et Olunloyo dans l'état d'Oyo. Nous avons mené une enquête auprès des ménages et des individus dans les trois communautés ; des données qualitatives ont été également recueillies à l'aide des entrevues en profondeur et des discussions à groupe cible. L'âge médian du premier rapport sexuel chez les hommes qui n'ont jamais été mariés et les femmes était de 17 et 18 ans respectivement ; plus d'un adolescent sur cinq ont eu des rapports sexuels avant l'âge de 16 ans. Les mâles et les femelles qui n'ont jamais été mariés ont été initiés aux rapports sexuels plus tôt que les interviewés qui ont été jamais mariés qui sont les plus âgés. Le fait que 14% des hommes mariés ont d'autres partenaires sexuels en dehors de leurs épouses est révélateur de la relation extraconjugale importante; en plus, 12 pour cent des interviewés mâles qui n'ont jamais été mariés et qui ont des partenaires sexuels réguliers ont d'autres partenaires sexuels. L'utilisation du préservatif est assez élevée, surtout quand il s'agit des relations sexuelles impliquant des partenaires non réguliers. Le risque plus élevé de la consommation d'alcool en liaison sexuelle avec des partenaires sexuels non réguliers est évocateur d'une forte prévalence de relations sexuelles transactionnelles et non planifiée ou spontanée sous l'influence de l'alcool, avec leurs conséquences sur la propagation du VIH et du sida. L'étude souligne la nécessité d'une éducation et de santé sexuelle et de reproduction pour les adolescents et sur la communication portant sur la modification de comportement parmi tous les segments de la population et l'inculcation des valeurs moins favorables à la propagation des infections sexuellement transmissibles (*Afr J Reprod Health 2012; 16[4]: 81-94*).

Keywords: adolescents, transactional sex, condom use, alcohol use, poverty

Introduction

Sub-Saharan Africa has about two-thirds of people living with HIV and AIDS world-wide, with Nigeria as the second highest after South Africa^{1,2}. In 2000, UNAIDS noted that 60 percent of all

cases, and the majority of the new cases, were among people between the ages of 15-24 years. Several studies have suggested that a dramatic decline in age at first sex has occurred in Nigeria^{3,4,5,6,7}. The timing of sexual initiation has important demographic and health consequences

and has implications for the high prevalence of HIV among young people.

Early sexual debut increases the risk of unprotected sexual intercourse, multiple partnership, and sexually transmitted infections (STIs), including HIV and AIDS⁸. Indeed, recent studies have examined early sexual activity largely as a potential risk factor for adverse social and health outcomes^{9,10,11,12}. Beginning sexual activity exposes an individual to the risk of acquiring sexually transmitted infections, especially if the age at debut is too early for the individual to have acquired the necessary sex education to navigate relationships successfully¹³. It is also reported that people who begin to have sex earlier than others of their age are more likely to be infected with HIV. Adolescence is the time during which behavioural changes that transform a child into an adult occur, and adolescents are particularly vulnerable because of their proclivity for adventure and feeling of invincibility especially among the male youth.

Myriads of studies suggest that high proportions of adolescents are sexually active; generally do not have a stable sexual relationship and are often ignorant of the health risks of their sexual behaviour; adolescents tend to be susceptible and subject to peer pressures, with the palpable consequence that some of them may be sexually exploited by adults^{14,15,16,17}. The age of initiation of sexual intercourse in parts of sub-Saharan Africa is reported as 12.6 years for females, 13.4 years for males¹⁸; other studies also reported female sexual debut of 12.3 years in parts of Nigeria^{1,19}. A study in Ugep, Cross River State found that female age at initiation of sex has been declining, with 11.3 percent of female adolescents having had their sexual debut at age 10-12 years relative to only 4.1 percent of the previous generation⁷.

Examining the trend in sexual debut among females in Nigeria using the Nigeria Demographic and Health Survey conducted in 1990, 1999, 2003, and 2008, a study found no remarkable change overall; the median age at first sexual intercourse was consistently 14 years in the four surveys¹⁴. By the fifteenth birthday, about a third of female young people have had sexual debut; by age 18, about half have been sexually exposed, while

about three-fifths have become sexually exposed by age 20¹⁴. In places with high prevalence of HIV, such as Nigeria and South Africa, early coital debut is associated with increased risks of sexually transmitted infections and pregnancy among young people^{20,21}. Also, the mode of sexual activity at the time of early coital debut (for instance, unplanned sex and nonuse of condoms) and the motivation for the practice may constitute a model for future behavioral pattern which could elevate health risk.

First sexual encounter is often a product of curiosity and experimentation in the progression or transition from childhood to adulthood, and it is influenced by the social and family environment and culture in which young people develop^{15,22}. Indeed, social norms entail that the circumstances surrounding sexual debut vary greatly although the phenomena are yet to be fully understood. Given the rather overwhelming evidence that early age at first sex increases the risk of STIs, including HIV infection, a clearer understanding of the context of these events is urgent both for its intellectual and programmatic importance. This concern is the major focus of this study, which is aimed at examining the age of sexual debut and patterns of sexual activity in two local government areas of southern Nigeria.

Methods

This paper is derived from a large study implemented in 2006-2008 as a joint research effort between Northwestern University, Evanston, USA and University of Ibadan, Ibadan. Termed the Research Alliance to Combat HIV/AIDS (REACH) in Nigeria, the study comprised both cross-sectional and semi-longitudinal components, implemented in four Local Government Areas (LGAs) in four States in Nigeria. The methodological details for the project, including sample selection, recruitment and training of field staff, community mobilization, pre-testing of instrument, data collection, ethical review approval, etc. are provided elsewhere²³.

The data for this paper are derived from the cross-sectional survey of households and individuals in three communities in southern Nigeria, namely, Badeku (rural), Olunloyo and

Ugep (semi-urban). The first two communities are in Ona Ara LGA of Oyo State, while Ugep is in Yakuur LGA of Cross River State. In Ugep and Olunloyo, a multi-stage sampling scheme was used to select households with at least one person between 15-59 years. A complete list of enumeration areas (EAs) demarcated for the 2006 census was procured from the State offices of the National Population Commission and 10 percent of the EAs were randomly selected from the full list. With the complete list of households in the EAs, a systematic sample of 450 households was selected proportional to the size of the selected EAs.

In Badeku, where the total population was quite small, a complete listing of all households was compiled and 150 households were randomly selected. From these 150 households, 150 individuals were selected for interview. In each of the three sites, the household questionnaire was first administered among household heads, or in his absence, another suitable adult member of the household, who could provide the needed information. The selection of the individual member of the household for the individual survey was achieved using the Kish grid, a widely used quasi-random procedure for selecting individual respondents when the household is a sampling unit²⁴. In all, 450 interviews were conducted with eligible individual members of the household each in Ugep and Olunloyo, and 150 in Badeku, for a total of 1,050 respondents.

A semi-structured questionnaire was used to generate data. The instrument sought information about the age at which young men and women begin sexual intercourse as well as the age of sexual debut among respondents themselves, respondents' number of regular sexual partners, use of condom at last sexual encounter, frequency of condom use, and whether they had been formally instructed on how to use a condom. It further elicited responses on alcohol use, sex with commercial sex workers in the last twelve months and use of condom during such sexual encounters. Qualitative insights were also sought through focus group discussions and in-depth interviews with selected individuals who had relevant experience and sexuality knowledge in the community.

The study sought and received ethical approval from the Institutional Review Board (IRB) of Northwestern University (NU) and the University of Ibadan/University College Hospital (UI/UCH) Institutional Review Committee (IRC). Both the IRB at NU and IRC at Ibadan require submission of the full length proposal of the study. In addition, all instruments and informed consent forms for the study were translated into appropriate local languages prior to submission for ethical approval. The team also obtained written clearance from respective authorities in the targeted communities. The issue of ethical consideration was not only confronted at the level of securing approval; all principal researchers participated in an online ethical training course, and received certification from NU. As a result, they were able to train their field assistants on ethical issues in research. The assistants were taken through ethical issues ranging from procedures, risks involved, benefits accruable, confidentiality, financial information, the rights of research subjects, building rapport, and seeking respondents' consent. Necessary efforts were made in the field and at the office to ensure quality assurance²⁴.

Results

Background Characteristics

Across the three study locations, women comprised 53.4 percent of the respondents relative to 46.6 percent of men. Table 1 shows the demographic and socio-economic characteristics of respondents. Slightly more than one-fifth of the respondents were adolescents and young adults age 15-24; and about 50 percent were age 25-39 years, while the remaining one-fifth were age 40 years or over. About one-third of the respondents were unmarried, while the rest were currently or previously married. The data show that 11.4 percent of the respondents had no formal education, 28.6 percent completed primary education, while about half (48 percent) had some secondary education. More than one in ten respondents had tertiary education. More females than males had no formal education (76.1 percent of 117 respondents who had no formal education were females). Also, females were more

Table 1: Percentage distribution of respondents by socio-economic characteristics

Socio-economic characteristics	Number	Percent	Male	Female
Study location:				
Badeku	146	14.1	37.7	62.3
Olunloyo	448	43.4	39.1	60.9
Ugep	439	42.5	57.2	42.8
Age:				
Young (15-24)	269	26.0	27.7	24.6
Middle (25-39)	511	49.5	48.2	50.5
Old (40+)	253	24.5	24.1	24.8
Current marital status:				
Single	332	32.1	43.7	22.1
Married/Cohabitation	655	63.4	53.4	72.1
Separated/Divorced/Widowed	46	4.5	2.9	5.8
Education:				
No Formal Education	117	11.4	5.8	16.2
Primary School	294	28.6	23.8	32.8
Secondary School	493	48.0	53.0	43.6
Tertiary	123	12.0	17.3	7.3
Religion:				
Catholic	172	16.7	20.3	13.6
Protestant	480	46.8	48.2	45.5
Islam	375	36.5	31.4	40.9
Occupation:				
Farmer	131	12.7	12.1	13.2
Unemployed	183	17.7	18.3	17.2
Petty trading	277	26.8	8.3	42.9
Government worker	89	8.6	12.7	5.1
Employed in private sector	56	5.4	8.1	3.1
Self employed non-trading	227	22.0	31.3	13.9
Clergy/Imam	13	1.3	1.7	0.9
Student/apprentice	56	5.4	7.5	3.6
Monthly income:				
None/Not Currently working	215	21.8	23.6	20.3
N1000 or less	89	9.0	5.3	12.2
N1001-N5000	226	22.9	10.4	33.7
N5001-N10,000	174	17.7	15.9	19.2
N10,001-N20,000	148	15.0	20.7	10.2
>N20,000	133	13.5	24.2	4.3
Total	1033	100.0	46.6	53.4

predominant than males (32.8% vs 23.8%) at the lower level of education (primary education), whereas more males than female had some tertiary education (17.3% vs 7.3%). These findings underscore considerable gender disparity in educational attainment in Nigeria.

Information on religious affiliation indicates that 63.5 percent of the respondents were Christians while 36.5 percent were Muslims. There were relatively more respondents of Islamic

faith in Badeku and Olunloyo which are located in Yorubaland with a large proportion of Muslims. Data on occupation indicate that 17.7 percent of the respondents were not employed; 26.8 percent were engaged in petty trading, while 22 percent were self-employed. It is instructive that about one in five respondents reported no income or not currently working. The high level of poverty apparent in these data is a key factor driving risky sexual behaviour. There are gender differences in

monthly income as more females than males earned less than ₦5,000 monthly (about US\$1 per day).

Age at Sexual Debut

Table 2 displays the mean and median age at sexual debut among never married respondents 26 years or less who have ever had sex. The mean and median ages at sexual debut are similar, and indicate that males start sexual activity a little earlier than females. The median age of first sex for adolescent males and females are 17 years and 18 years respectively. Among the variables shown in the table, respondents from Ugep, those whose religious affiliation was Roman Catholics, those with no education (among males) or primary education (among females), and those who reported no income, initiated sex earlier than others. However, the results should be taken with caution because of small cell size for some of the categories.

Table 3 presents data on the median and mean age at sexual debut among all respondents

disaggregated by whether or not they have ever-married; the rationale is to examine whether there has been some shift in the age of sexual initiation. The table shows the median sexual debut age of 17 years among never-married respondents and 20 years among those who have ever-married. Unmarried females debuted at the age of 18 relative to 20 among married ones. Recategorizing age of sexual debut into early, middle and late adolescence, the tables indicates that more than one in five single respondents had sex at the young adolescent age of less than 16 years; 30 percent debuted at 16-18 years, and the remaining 46 percent after age 18 years. The corresponding figures for the ever-married respondents are 12.4, 23.8 and 63.8 percent, an indication of some intergenerational differences in the age of sexual initiation. About 24 percent of unmarried males and 23 percent of unmarried females who have had sex did so at 15 years or less; the corresponding figure for ever-married respondents are 14.4 and 11 percent respectively.

Table 2: Mean and Median age at first sexual intercourse among never-married respondents by selected variables

Variable	Number	Mean age for males	Mean age for females	Median age for males	Median age for females
Study site:					
Badeku	10	15.80	18.00	18.00	20.00
Olunloyo	73	17.22	19.82	17.00	20.00
Ugep	168	17.06	16.70	17.00	17.00
Religion:					
Catholic	59	16.63	16.54	16.00	16.00
Protestant	145	17.30	17.93	17.00	18.00
Islam	46	16.97	17.75	17.00	18.50
Educational level:					
No education	5	15.00	19.00	15.00	19.00
Primary	35	17.00	16.70	18.00	15.50
Secondary	171	16.65	17.26	17.00	17.00
Tertiary	38	18.71	21.29	18.00	20.00
Monthly Income:					
None	101	16.03	16.77	15.50	17.00
≤₦5,000	54	17.41	17.74	18.00	18.00
₦5,001 – ₦20,000	53	18.62	19.57	18.00	20.00
>₦20,000	25	17.39	20.00	18.00	20.00
All Respondents	332	17.07	17.53	17.00	18.00

Table 3: Respondents age at sexual debut by marital status

Age at sexual debut	Never-married respondents				Ever-married respondents			
	N	% of all	% of males	% of females	N	% of all	% of Males	% of Females
≤14 years	34	9.0	8.9	9.1	25	3.8	5.5	2.8
15 years	55	14.6	15.2	13.6	56	8.5	8.9	8.3
16 years	27	7.1	7.6	6.5	28	4.3	3.5	4.8
17 years	32	8.5	9.8	6.5	24	3.7	2.7	4.3
18 years	56	14.8	14.7	14.9	104	15.9	12.8	17.8
19 years	12	3.2	4.0	1.9	36	5.5	6.2	5.0
20 years	41	10.8	8.0	14.9	173	26.4	27.6	25.6
≥21 years	121	32.0	31.7	32.5	209	31.9	32.7	31.4
<16 years	89	23.6	24.1	22.7	81	12.3	14.4	11.1
16-18 years	115	30.4	32.1	27.9	156	23.9	19.1	26.9
≥19 years	174	46.0	43.8	49.4	418	63.8	66.5	62.1
Total	378	36.6	59.3	40.7	655	63.4	39.2	60.8
Mean age		17.24	17.07	17.53		19.08	18.91	19.23
Median age		17.00	17.00	18.00		20.00	20.00	20.00

Baring memory lapse and age displacement among older respondents, these findings tend to suggest that sexual debut takes place at earlier ages among the youth relative to their older sisters.

We sought to know the perceptions of the respondents about sexual activity in their communities. There was a consensus in the in-depth interview that the youth are more sexually active relative to the past, and that they initiate sex earlier and keep more sexual partners than in the past. Information in Table 4 shows the perception of the study respondents on the age at which young men and women initiate sexual intercourse. Although these data are based on perceptions of community-level sexual behaviour, they are nonetheless important in understanding societal insights and sensitivities with respect to prevailing sexual behavioural patterns and their consequences.

The results in table 4 show that respondents perceived adolescents' age of sexual debut to be early for both males and females, with median age of 15 years and 13 years respectively. By the age of 11, some 17 percent of the respondents believed that young girls in their communities would have started sexual intercourse compared to 11.3 percent who believed young boys would have started sexual intercourse at the same age. Nearly 85 percent of respondents thought that by

age 15, young girls would have begun having sex relative to 74.6 percent who thought so for young boys. Clearly, the perceived age at sexual debut among young girls and boys is very early, and as the qualitative data suggested, this signifies a fundamental change in the moral fabric of the society. It is generally believed that there has been progressive moral decadence in the society, fuelled by changes in the value system, misuse of modern technology and the absence of moral up-bringing formerly provided by the school system.

One participant in a focus group discussion (FGD) conducted in Olunloyo stated that:

Things have changed from what they were when we were children. Nowadays, a little boy of 8 or 9 knows everything about sex more than an 18 year old girl during our time. In some homes, a little boy of 9 or 10 knows everything about sex; it was not so when we were growing up. The society has been corrupted by foreign cultures.

Another argued:

Many do not reach 18 years now before they start having sex. There are some who start having sex at the age of 13 years. I have seen it in this community and I talked to the two of them. As the world is passing now, it is not compulsory that the child should be matured before having sex, unless those ones who have

Table 4: Distribution of respondents by their perception of age at sexual debut among male and female youth

Perceived age at first sex	Among Males		Among Females	
	Frequency	Percent	Frequency	Percent
≤11 years	117	11.3	176	17.0
12-13 years	270	26.1	404	39.1
14-15 years	384	37.2	297	28.8
16-17 years	104	10.1	68	6.6
18-19 years	70	6.8	30	2.9
20-26 years	49	4.7	21	2.0
No response	39	3.8	37	3.6
Total	1033	100.0	1033	100.0
Mean age		14.20		13.23
Median age		15.0		13.0

the fear of God in their heart. There are some who normally reach 20 years before they start having sex because of the way they are brought up in their homes.

There is a consensus that freely accessible pornographic materials encourage early sex, thereby exposing the youth to sexual risks. In fact, nearly everybody who spoke on this issue mentioned the negative influence of new technologies, including TV, computer, home video, GSM, etc.

...that is what civilization brought. Among themselves or peers they will be asking one another whether they have had sex with girls before. They regard it as what you can be doing anyhow and are proud of. They do not count it as a big issue. Most of the boys do watch blue (pornographic) films, and having seen these films they will practice what they watched.

Pornographic films are also encouraging homosexuality among young people:

The way I heard men having sex with men was very fearful to me that I saw it as something that is difficult and not possible. They said that the reason why it happened was that they used to watch it in the films and from there, they too started practicing it whether it has meaning or not.

In Ugep, a participant in an FGD session argued, to the agreement of others, that some girls are encouraged by their mothers:

Their mothers push their daughters into those things because they encourage them, tell

them...and introduce them to this. I say they push them into sex because they tell them 'go outside and see your mates the way they are dressing'... they are making money and leaving some for their mothers.

However, some put the blame primarily on the young boys and girls themselves, arguing that they do not obey their parents and elders like people used to do in time past:

These girls of nowadays they don't hear their parents. Before, at that initial time, girls listened to their parents; they feared their parents; heard what their parents said. But now they behave anyhow because there is no control.

The situation is more precarious in the face of poor sex education and positive role modeling. The older people who should inculcate acceptable lifestyle and encourage the young ones to delay or refrain from sexual intercourse are the ones who actually lure or engage them in sexual intercourse. A discussant in an FGD session in Ugep insisted that:

In my view, married men are the people who are spoiling the situation. Married men! [emphasizes] they will dump their wives at home and they will be moving around like 'Ekon Calabar' (a big gutter mouse) up and down the highway where I am living. You will see them driving up and down the road; some girls will just come at that filling station and stand there; before you know it, cars will be picking them like that, and they are all married men.

Table 5: Percentage distribution of respondents by patterns of sexual activities by marital status

Patterns of sexual activity	% of All	Never-married			Ever-married		
		% of all	% of Male	% of Female	% of all	% of Male	% of Female
Have a spouse or regular sex partner:							
No (N = 168)	16.3	38.9	34.4	45.5	3.2	3.5	3.0
Yes, Spouse (N = 616)	59.6	-	-	-	94.0	91.4	95.7
Yes, regular partner (N = 239)	23.1	58.7	63.9	51.3	2.6	5.1	1.0
No response (N = 10)	1.0	2.4	1.8	3.2	0.2	0	0.3
No. of regular sexual partner:							
No regular partner (N = 96)	11.2	33.3	26.3	43.5	15.6	15.2	15.8
1 partner (N = 667)	78.0	50.5	51.3	49.4	75.7	66.5	81.7
>1 partner (N = 68)	8.0	7.7	11.6	1.9	6.0	13.6	1.0
No response (N = 24)	2.8	8.5	10.7	5.2	2.7	4.7	1.5
No. of different sexual partners in the last 3 month:							
None (N = 244)	28.5	47.1	44.6	50.6	29.8	29.6	29.9
1 partner (N = 513)	60.0	35.7	33.5	39.0	59.8	52.5	64.6
>1 partner (N = 63)	7.4	6.9	9.4	3.2	6.0	13.6	1.0
Can't remember (N = 2)	0.2	0.5	0.9	0.0	-	-	-
No response (N = 33)	3.9	9.8	11.6	7.1	4.4	4.3	4.5
Feels spouse or partners has other sexual partners:							
No (N = 518)	61.7	48.8	46.8	52.6	66.2	79.3	57.7
Yes (N = 124)	14.8	16.1	15.8	16.7	14.3	2.4	22.2
Don't know (N = 192)	22.9	35.0	37.4	30.8	18.6	17.1	19.7
No response (N = 5)	0.6	-	-	-	0.8	1.2	0.5

Patterns of Sexual Behaviour

Table 5 shows the patterns of sexual activity by marital status. Overall, 83.7 percent of respondents have sexual partners (spouse or regular sexual partners). Of this, nearly 70 percent have their spouses as their partners while the other 15 percent have "regular sexual partner". A regular sexual partner is one whom the respondents are not married to but have sex with on a regular basis. About 23 percent of never-married respondents have regular partners relative to only about 2 percent of married respondents. More never-married males than females keep regular sexual partners (64 % vs 51%). A breakdown by study locations indicates that more respondents in Ugep (26.2%) keep regular sexual partners than in Olunloyo (8.5%) and Badeku (2.1%).

About 8 percent of the respondents have more than one of sexual partner. Men are more likely to have more than one sexual partner than females – about 12 percent of never-married males relative

to 2 percent of their female counterparts, and 14 percent of married men compared to just one percent of their female counterparts have more than one sexual partner. That 14 percent of married men keep other sexual partners besides their wives is indicative of substantial extramarital relationship, as has been found by other studies in Nigeria^{10,25,26}.

More than 7 percent of respondents who have a spouse or regular sexual partner had more than one sexual partner in the three months prior to the study; 60 percent maintained one sexual partner, and 28.5 did not have any. More than 9 percent of never-married males and 13.6 percent of married men had more than one sexual partner in the three months preceding the survey. Men are more likely to be involved in sexual networking than females irrespective of marital status. While 9.4 percent of never-married men sexually networked in the last three months, only 3.2 percent of their female counterparts did so; also whereas 13.6 percent of married men had extramarital liaison in the

previous three months, only 1 percent of their female counterparts did so. This is partly explained by the patriarchal socialization system which gives privileges to male children at the expense of girls, and allows boys to be on the street while girls stay home^{27,28}. The Table further shows that 22.2 percent of married women felt that their husbands cheat on them; only 2.4 percent of men felt so, an indication of the societal acquiescence of male gregarious and macho image. The study indicates substantial sexual networking among males, which could be a source of infection to their regular partners.

Table 6 presents data on patterns of condom use among sexually active respondents. The table indicates that about 44 percent of the respondents have ever used the condom, more among never-married (70%) than married (34%) respondents; and also more among males than females. Further, more never-married males (78.6%) have used the condom than their female counterparts (34%); about 39 percent of married men and 30 percent of married women have used the condom. About one in three never-married males and 16 percent of females claim to use the condom always.

Asked whether or not they used condom the last time they had sex with a spouse or a regular partner, about 54 and 36 percent of never-married males and females respectively affirmed; only 16 and 10 percent of married men and women claimed to have used the condom in their last sexual encounter involving a spouse or regular partner. The use of condom is much higher in sexual relations with non-regular partners. About 77 percent of never-married males who have had sex with a non-regular partner used the condom in the last encounter and about 64 percent of married men who had sex with a non-regular partner used the condom. The corresponding figures for never-married and married females are 25 percent and 75 percent respectively.

Alcohol use has been associated with casual sexual liaison²⁶. Respondents' answers on patterns of alcohol use prior to sex are displayed in Table 7. The Table shows that 7 percent of respondents reported drinking heavily the last time they had sex with a spouse or a regular sexual partner. About 12 percent of men and 3 percent of females claimed to have been heavily drunk the last time they had sex with a spouse or a regular partner. However, about 25 percent of men who have had

Table 6: Percent distribution respondents according to patterns of condom use by marital status

Patterns of condom use	All	Never-married			Ever married		
		% of all	% of male	% of female	% of all	% of male	% of female
Frequency of condom use:							
Never (N = 468)	56.4	27.9	21.4	40.0	66.3	60.8	70.0
Not often (N = 174)	21.0	24.2	26.4	20.0	19.8	21.2	18.9
Usually, but not always (N = 110)	13.3	20.0	19.3	21.3	10.9	14.7	8.4
Always (N = 75)	9.0	27.0	32.9	16.0	2.8	3.3	2.4
No response (N=3)	0.4	0.9	0.0	2.7	0.2	0.0	0.3
Used a condom last time of sex with spouse or regular partner:							
No (N = 662)	77.9	51.6	45.0	63.6	86.9	83.5	89.1
Yes (N = 183)	21.5	47.5	53.6	36.4	12.6	16.1	10.4
Don't know/ No response (N = 5)	0.6	1.0	1.4	0.0	0.5	0.4	0.5
Used condom last time of sex with a non-regular partner:							
No (N = 17)	29.8	26.3	23.5	50.0	34.6	36.4	25.0
Yes (N = 39)	68.4	71.1	76.5	25.0	65.4	63.6	75.0
Don't know/no response (N = 2)	1.8	2.6	0.0	25.0	-	-	--

Table 7: Percent distribution of respondents by patterns of alcohol use during and prior to sex

Patterns of alcohol use	Frequency	Percentage	Male	Female
Used alcohol heavily last time of sex with spouse or regular partner:				
No	744	91.3	88.3	93.9
Yes	57	7.0	11.5	3.2
Don't know	12	1.5	.3	2.5
No response	2	0.2	.0	.5
Partner used alcohol heavily:				
No	779	93.2	94.3	92.2
Yes	40	4.8	5.2	4.4
Don't know	15	1.8	.5	2.9
No response	2	0.2	.0	.4
Used alcohol heavily last of sex with this other partner:				
No	42	75.0	73.5	85.7
Yes	13	23.2	24.5	14.3
Don't know/no response	1	1.8	2.0	.0
This other partner used alcohol heavily:				
No	48	84.2	88.0	57.1
Yes	7	12.3	8.0	42.9
Don't know/No response	2	3.5	4.0	.0

sex with non-regular partners reported drinking heavily the last time they had sex with a non-regular partner; about 14 percent of females did so. The higher likelihood of alcohol use in sexual liaison with non-regular sex partners is suggestive of transactional sex and spontaneous or unplanned sex under the influence of alcohol, with their implications for the spread of HIV and AIDS.

Respondents were asked if it was common for women in their communities to exchange sex for monetary or other rewards (Table 8). The majority of respondents (64 %) felt that it was indeed a common practice for women to exchange sex for money or gifts, while 12.1 percent did not know whether it was common or not. Similarly, one-third of the respondents said it was common for poor women to exchange sex for food; another 35 percent agreed that poor women do exchange sex for food even though it was not a common practice. To have some indication of differential risk factors associated with transactional sex, we disaggregated the above information with respect to the three research locations. About 92 percent of respondents in Ugep, 77 percent of Badeku respondents and 51 percent of those from Olunloyo agreed that it was common for women to exchange sex for money. Similarly, about 55

percent of respondents in Ugep, 40 percent of Badeku and 22 percent of Olunloyo agreed that it was common for women to exchange sex for food. These findings clearly show that transactional sex is commonplace in the three research locations; another paper based on qualitative data derived from this study has attributed the persistence of risky sexual behavior primarily to poverty¹⁰.

Apart from poverty, the qualitative interviews reveal other reasons for transactional sex: greed and materialism. In particular, women belong or desire to belong to different associations or social clubs, and in order to meet the demands of the associations and 'feel among', some are pushed to engage in sex-for-money. The view of a discussant in Olunloyo captures similar sentiments expressed by other participants:

I think another aspect is the financial aspect. Some women value money so much in this our society. If she is a member of one society, she will say she wants to buy what her friends are wearing. That alone will give her a headache with the husband. She will always say that her husband is a useless man because the man is not bringing in money. She therefore goes out to look for the money.

Table 8: Respondents' perception about the transactional sex and perceived risk of HIV

Item	Frequency	Percentage
Common practice to exchange sex for money/gifts:		
No		
Yes	240	23.3
Don't know	661	64.1
No response	125	12.2
	5	0.5
Poor women exchange sex for food:		
No	175	17.0
Yes, but not common	362	35.1
Yes, happen commonly	347	33.6
Don't know	145	14.1
No response	3	0.3
Worried that may already have HIV:		
Not worried at all	604	58.5
Worried a little	116	11.2
Worried a lot	302	29.2
Unsure/Don't know	5	0.5
No response	6	0.6
Feel current sexual behaviour puts him/her at risk:		
No		
Yes	926	90.0
Don't know	57	5.5
No response	32	3.1
	14	1.4

In view of the prevailing sexual risk behaviour, respondents were requested to indicate whether they were worried that they may have already become infected with HIV. Table 8 shows that about 29 percent were worried a lot and another 11 percent were worried a little; the majority (about 59%), however, were not worried. Only about 6 percent of the respondents felt that their current sexual behaviour puts them at risk of contracting HIV and AIDS. Qualitative insight into the persistence of risky sexual behaviour in the research locations has been provided elsewhere¹⁰.

Discussion

The study took place in two ethnically, culturally and geographically diverse States in Nigeria, Oyo State in the west and Cross River State in the extreme South-South; yet the findings are remarkably similar. Median age of sexual debut among adolescents is 17 years for males and 18 year for females. By age 15 year, about 24 percent of males age 14-24 and 23 percent of their female

counterparts have initiated sexual activity, an indication of early exposure to the risk of both pregnancy and sexually transmitted infections. Comparable figures for older ever-married respondents are much lower; 14 percent of older males and 11 percent of older females initiated sexual activities before age 16; their reported median age of sexual debut is also higher (20 years). Baring memory lapse and age displacement among older respondents, these findings tend to suggest that sexual debut takes place at earlier ages among the youth relative to the older cohorts of men and women; sexual activity is also more widespread among the youth. The younger generation will therefore enter into marriage more sexually experienced and with higher probability of engaging in extramarital relations²⁶.

There is a general perception from both the qualitative and quantitative data that the youth are now more sexually active relative to the past, and that they initiate sex earlier and keep more sexual partners than in the past. The respondents perceived adolescents' age of sexual debut to be early for both males and females, with median age

of 15 years and 13 years respectively. These results indicate a wide gap between reported age at sexual debut and perceived age, especially among adolescent girls (a disparity of 5 years). In fact, there is a general consensus that girls initiate sexual activities before boys. By age 11 years, some 17 percent of the respondents believed that young girls in their communities would have started sexual intercourse compared to 11 percent who believed so for young boys. Nearly 85 percent of respondents thought that by age 15, young girls would have begun having sex relative to 75 percent who thought so for young boys. Clearly, the perceived age at sexual debut among young girls and boys is very early, and as the qualitative data suggested, this signifies a fundamental change in the moral fabric of the society. It is generally believed that there has been progressive moral decadence in the society, fuelled by changes in the value system, misuse of modern technology and inadequate moral up-bringing provided by the school system.

A substantial number of respondents with a spouse or a regular sexual partner have other sexual partners; men are more likely to have more than one sexual partner than females. That 12 percent of never-married males with regular sexual partners and 14 percent of currently married men keep other sexual partners is indicative of substantial extramarital relationship. Indeed, this has been found by other researchers working on Nigeria^{10,25,26}, and has been associated mainly with poverty and deprivation confronting the majority of the women folks in Nigeria. In a bid to make ends meet, or take care of enormous family responsibilities, including meeting the needs of multiple numbers of children, women without means often look outside for help, which some of them receive with strings attached. The majority of the respondents stated that it is common for women in their communities to exchange sex for money, food or other rewards, a practice that has been associated with a high degree of poverty. Apart from poverty, the qualitative interviews reveal other reasons for transactional sex such as greed and materialism. Societal expectations also put peculiar financial pressure on women, such as membership of different associations or social clubs, desire to be trendy in fashion and lifestyles;

there is a general consensus that a large number of women are pushed into the sex-for-money lifestyle in order to meet diverse social and familial demands.

Nearly one-quarter of married women felt that their husbands cheat on them; only 2.4 percent of men felt that their wives cheat on them, an indication of societal acquiescence of male gregarious and macho image. The study indicates substantial sexual networking by men, which could be a source of infection to their regular partners. However, it is evident from the study that there is substantially higher level of condom use in relationships with non-regular sexual partners. It could be that the massive sensitization of HIV/AIDS prevention by NGOs working in these communities is catching on, with more men using the condom in casual sexual. However, about 25 percent of men and 14 percent of women who have had sex with non-regular reported drinking heavily the last time they did so. The higher likelihood of alcohol use in sexual liaison with non-regular sex partners is suggestive of transactional sex and spontaneous or unplanned sex under the influence of alcohol, with their implications for the spread of STIs, including HIV and AIDS.

Conclusion and Recommendation

The study found early age of sexual debut in rural and semi-urban areas in Southern Nigeria, and that there may have been some generational shift toward earlier age of sexual initiation. Never-married males and females initiated sex earlier than ever-married, older respondents. That 14 percent of married men keep other sexual partners besides their wives is indicative of substantial extramarital relationship; also 12 percent of never-married male respondents with regular sex partners have other sexual partners. Condom use is fairly high, especially in sexual relations involving non-regular partners. The higher likelihood of alcohol use in sexual liaison with non-regular sex partners is suggestive of high prevalence of transactional sex and spontaneous or unplanned sex under the influence of alcohol, with their implications for the spread of HIV and AIDS.

A number of programmatic interventions suggest themselves on the basis of these results. Sexuality education remains highly essential especially among out-of-school adolescents who are more exposed to early sex and the risks of sexual networking. Many of them drop out of school at young ages because of parental poverty and inability to pay for the most basic requirements of schooling. Many who drop out find themselves on the street, hawking different wares or providing different services; others simply loiter about at street corners and squares. There is need to target sexuality education and behavioural change communication at this teeming population of adolescents and young adults. This intervention will certainly include socio-economic empowerment and provision of youth-friendly services by local government, non-governmental and community-based organizations. The sexual and reproductive health status of in-school students in the research communities also need to be addressed and strengthened. In particular, school-based interventions relating to sexuality education, family life and HIV/AIDS education should be incorporated into the school system as enunciated by the *National Education Sector HIV & AIDS Strategic Plan (2006-2010)*²⁹. As the document correctly noted, scaling up of sexuality education to reach all adolescents, both those in school and those out of school, could greatly help to mitigate the vulnerabilities that increase adolescents' risks to adverse sexual and reproductive health outcomes.

Acknowledgements

The Research Alliance to Combat HIV/AIDS (REACH) was a Bill & Melinda Gates Foundation funded collaborative project involving the Northwestern University (USA) and the University of Ibadan, Nigeria. The following colleagues under the leadership of Richard Joseph made incalculable contributions in various capacities and at various stages to the implementation of the study: Adigun Agbaje, Adeniyi Gbadegesin, Oka Obono, Bola Udegbe, Kassey Garba, Afolabi Bamgboye, Olabisi Aina, Fred Tamen, Robert Murphy, Kim Blankenship, Jelani Mandara, Phillip Nieburg, Chukwuemeka Anyemele, Rachel

Weber, Emily Heroy, Rasak Olajide, Olufunke Adegoke, Ben Olley, Alexandra Gilles, J. Lynn Gazley, Terrace McDonnell, Kate Dargis, including numerous field assistants.

References

1. Aomreore, A. A & Alikor, E. A. D. Prevalence of major HIV- risk related behaviour among SSS3 students in Port Harcourt Metropolis, Nigeria. *African Journal of Health Science*, 2008, 15:42-49.
2. National Agency for the Control of AIDS, NACA. 2008 *National HIV Sero-Prevalence Sentinel Survey among the Antenatal Clinic Attendees – Preliminary Findings*. Abuja: NACA, 2009.
3. Abdulkarim, A. A., Mokuolu, O. A. & Adeniyi, A. Sexual activity among adolescents in Illorin, Kwara State, Nigeria. *African Journal of Medical Science*, 2003, 32: 339–341.
4. Orji, E. O., & Esimai, O. A. Sexual behavior and contraceptive use among secondary school students in Ilesha South West Nigeria. *Journal of Obstetrics and Gynecology*, 2005, 25: 69–72.
5. Otoide, V. O., Oronsaye, F & Okonofua, F. E. Sexual behavior and contraceptive use among secondary school adolescents in Benin City, Nigeria. *Journal of Obstetrics and Gynecology*, 2001, 21: 298–302.
6. Owolabi, A. T., Onayade, A. A., Ogunlola, I. O., Ogunniyi, S. O. & Kuti, O. Sexual behavior of secondary school adolescents in Ilesa, Nigeria: Implications for the spread of STIs including HIV/AIDS. *Journal of Obstetrics and Gynecology*, 2005, 25: 174–178.
7. Obono, K. and Obono, O. Media exposure and reproductive behavior change among generations of adolescents in Ugep, Nigeria. *Nigerian Journal of Sociology and Anthropology*, 2009, 7:79-97.
8. Blanc, A. K., & Way, A. A. Sexual behavior and contraceptive knowledge and use among adolescents in developing countries. *Studies in Family Planning*, 1998, 29: 106–111.
9. Okonofua, F.E & Imade, R. (eds.) *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria*. Benin City: Women's Health and Action Research Centre, 2011.
10. Erinosh, O, Isiugo-Abanihe, U.C., Joseph, R. & Dike, N. Persistence of risky sexual behaviours and HIV/AIDS: Evidence from qualitative data in two States of Nigeria. *African Journal of Reproductive Health*, 16(1):113-123.
11. Welz T., Hosegood V., Hosegood, V., Jaffar, S., Batzing-Fregenbaum, J.M., Erbst, K. & Newell, M.L. Continued very high prevalence of HIV infection in rural KwaZulu-Natal, South Africa: A population-based longitudinal study. *AIDS*, 2007, 21: 1467–72.
12. Isiugo-Abanihe, U.C. 1994. The correlates of premarital sexuality in Nigeria. *African Journal for the*

- Psychological Study of Social Issues*, 1994, 1(2):257-276.
13. Hallett, T.B., Lewis, J.J., Lopman, B.A., Nyamukapa, C.A., Mushati, P., Wambe, M., Garnett, & Gregson, S. Age at first sex and HIV infection in rural Zimbabwe. *Studies in Family Planning*, 2007, 38:1-10.
 14. Fawole, Bukola. Overview of current adolescent sexual and reproductive health and rights statistics in Nigeria and identifying gaps. In Okonofua, F.E & Imade, Richard (eds.), *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria*. Benin City: Women's Health and Action Research Centre, 2011, pp. 12-26.
 15. Isiugo-Abanihe, U.C. Adolescent sexuality and sexual behaviour: What we know and do not know. In Okonofua, F.E. & Imade, Richard (eds.), *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health*, Benin City: Women's Health and Action Research Centre, 2011, pp. 27-37.
 16. Erinoso, Layi. Socio-economic determinants of adolescent reproductive health: A recurring dilemma. In Okonofua, F.E & Imade, Richard (eds.), *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria*. Benin City: Women's Health and Action Research Centre, 2011, pp. 38-47.
 17. Caldwell, M. B & Rogers, M. F. *Epidemiology and Transmission of HIV in Children*. *Childhood AIDS*. Philadelphia: W B Saunders Company, 1991, 30-35.
 18. Meekers, D. Sexual initiation and premarital childbearing in sub-Saharan Africa. *Population Studies*, 1994, 48: 47-64
 19. Odujinrin, O. M & Akinkuade, F. O. Adolescents AIDS knowledge, attitude and beliefs about preventive practices in Nigeria. *European Journal of Epidemiology*, 1991, 7: 127-133.
 20. Kaestle, C. E., Halpern, C. T., Miller, W. C & Ford, C. R. Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults, *American Journal of Epidemiology*, 2005, 161(8): 774-780.
 21. Pettifor, A., O'Brien, K., MacPhail, C., Miller, W. C. & Rees, H. Early Coital Debut and Associated HIV Risk Factors among Young Women and Men in South Africa. *International Perspectives on Sexual and Reproductive Health*, 2009, 35(2).
 22. Isiugo-Abanihe, I. M. & Isiugo-Abanihe, U.C. Adolescent sexual and reproductive health in two oil producing communities in Imo and Rivers States, Nigeria. *African Population Studies*, 2007, 22(2):47-76.
 23. Research Alliance to Combat HIV/AIDS (REACH). *Social Dimension of HIV and AIDS Prevention*, Interim Report submitted to the Bill and Melinda Gates Foundation. Northwestern University, Evanston and University of Ibadan, Ibadan: Roberta Buffett Center for International and Comparative Studies and Faculty of the Social Sciences, 2010.
 24. Nemeth, R. Sampling Design of Health Surveys: Household as a Sampling Unit. Luxembourg Income Study Working Paper Series. Unpublished working paper, 2003, No. 358.
 25. Isiugo-Abanihe, U.C. Extramarital relations and perceptions of HIV/AIDS in Nigeria, *Health Transition Review*, 1994, 4(2): 111-125.
 26. Oyediran, K., Isiugo-Abanihe, U.C., Feyisetan, B.J. & Ishola, G.P. Prevalence of and factors associated with extramarital sex among Nigerian men, *American Journal of Men's Health*, 2010, 4(2):124-134.
 27. Ampofo, A.A. 'When men speak women listen': Gender socialization and young adolescents' attitudes to sexual and reproductive issues, *African Journal of Reproductive Health*, 2001, 5(3):196-212.
 28. Isiugo-Abanihe, U.C. Socio-cultural aspects of HIV/AIDS infection in Nigeria. *African Journal of Medicine and Medical Sciences*, 2005, 34:12-22, Suppl.
 29. Federal Ministry of Education. *National Education Sector HIV & AIDS Strategic Plan (2006-2010)* (Abuja: FME), 2006.