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Sexual Behaviour and Contraceptive Use Among Secondary School Adolescents in Etche Local Government Area, Rivers State, Nigeria

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Abstract
The study looks at the usage of contraception and sexual conduct among secondary school students in Rivers State's Etche Local Government Area. The study used a descriptive cross-sectional survey design. All teenagers enrolled in school in the Etche Local Government Area comprised the study population. A sample of five hundred individuals was chosen for the study using a random sampling technique. A semi-structured questionnaire was used to gather the data, which was then analysed using binary logistic regression with a significance level of P = 0.00, alpha, sample percentage, mean, and standard deviation. The grand mean of respondents was 2.55 + 1.16. Among the respondents, 77.0% were aged 10-14 years, 59.3% were female gender, 43.1% were in the JSS3 class of study, 41.1% were of the Pentecostal Christian religious sect, while 57.3% were married. The research's conclusions demonstrated that 63.3% of those surveyed had a boy/girl lover. Moreover, 57.1% have had sexual intercourse, while 33.9% have, however, been pregnant/impregnated someone. The result of the research also indicates that 30.8% of the participants use contraceptives at first sexual intercourse; the majority, 86.9% of the respondents who had ever had sexual intercourse in the last six months, presently use methods such as condoms (63.2%), oral pills (17.2%), and withdrawal coitus interruptus (9.8%). A positive attitude of respondents towards contraceptive use was also found. However, the binary logistic regression outcome revealed a significant relationship between sexual behaviour and the use of contraceptives; the respondents who had a positive attitude were roughly twice (OR = 1.66, 95% CI: 1. 118-2.472) more likely to employ birth control compared to those with a negative attitude. The result also indicated that an increase in risky sexual behaviour of the study participants will lead to a decrease in contraceptive use (= 1.593). The study recommends that curriculum education developers should build a compulsory subject on sex education, puberty, and contraceptive use in the scheme of work to enable students to have the right knowledge and know the problems facing the in-school adolescent in Etche L.G.A of Rivers State.

Keywords: Adolescent, Contraceptives, Etche, Secondary School, Sexual Behaviour

Introduction
Secondary school students continue to have increased rates of premarital sex, unintended pregnancies, and illegal abortions. If the prevalence of unwanted pregnancies, illegal abortions, and high-risk reproductive risky behaviour is to be reduced, it is necessary to assess the knowledge of this high-risk group regarding the use of contraception and sexual behaviour. Adolescence is a derivation of the Latin word “adolescence,” which means to grow to maturity. Adolescence covers a wide period of time; it begins perhaps at 13 of the adolescence ages and stops at 21. Thus, the

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period usually coincides with the teen (thirteen–nineteen) years. Adolescence is a stage of many changes in physical, moral, emotional and mental characteristics (Karen, 2000). Sokan and Akinade (2002) stated that adolescence is a period when boys and girls turn into men and women and become capable of reproducing. It is a period of physical transformation or development. The country and function decide when adolescence ends and adulthood begins. Furthermore, there may be differences in the ages at which a person is deemed (both legally and chronologically) mature enough for society to grant them particular rights and obligations, even within a single nation-state or culture. Driving a car, engaging in legal sexual relations, serving in the military or on a jury, buying and consuming alcohol, voting, signing contracts, completing specific educational levels, and getting married are examples of such milestones. Compared to preadolescence, adolescence is typically accompanied by greater independence permitted by parents or legal guardians, including less supervision.

Adolescence is the physical transition characterised by puberty and the end of physical growth, cognitively as changes in the capacity for abstract and multidimensional thought, or socially as a time of preparation for adult roles. The sex organs, height, weight, and muscular mass, as well as the structure and organisation of the brain, all undergo significant physiologic and pubertal changes. Cognitive advancements include both knowledge gains and improved abstract thought and reasoning skills.

Sexual behaviours are lifestyles that predispose a person to the danger of infections (Fawole et al., 2011). These comprise unguarded sex, premarital sex, use of drugs before sexual activity, numerous partners, forced or coerced sexual interaction for prize (Avert, 2009). As part of the young age cohort, adolescents represent an important set of population exposed to a range of dangerous behaviours (Mayes & Suchman, 2006). Because of the privacy afforded by adolescent for living outside of the parent's home, campuses provide greater opportunity for sexual expression (Adedimeji, 2003). The behaviour of most students is further deteriorated by the fact that they reside on campuses without restriction; influenced by friends; economic difficulties, and lack of a place for recreation (Ominiyi & Balogun, 2009).

The sexual behaviour of adolescents is continuous ranging from foreplay to unprotected sexual intercourse to engaging in several sexual relationships. Sexual activity without protection has been implicated. Research has revealed that despite the HIV epidemic in Nigeria, particularly among young individuals between the ages of 15 and 24, the age of sexual debut (first sexual encounter) has reduced. According to a 2009 Nigeria Population Commission survey, 16% of teenage girls made their sexual debut by the time they were 15 years old. According to research conducted among junior secondary school students in South-Eastern State (Enugu), Nigeria, 45.7% of them were sexually active, and 89.3% of them had made their sexual debut between the ages of 11 and 14 (Obadike & Enibe, 2008).

According to Imaledo et al. (2012), 30.4% of Port Harcourt study participants made their first sexual encounter between the ages of 10 and 19. Even though HIV/AIDs scourge has ravaged more young people than ever, most adolescents engage in unsafe sexual intercourse. The 2013 Nigeria Demographic and Health Survey further indicated that only 4.8% of adolescents use modern contraceptive methods (NPC, 2014). Unsafe sex could lead to unintended pregnancies and maternal, child, and infant mortalities. According to the 2008 Nigeria National Demographic Health Survey, 6% of young men and 16% of young women between the ages of 15 and 25 started having sex before turning 15. It further observes that about half of young women and more than a quarter of young males with appropriate sexual education are between the ages of 18 and 24 (National Population Commission, 2009).

By disrupting the regular processes of ovulation, fertilisation, and implantation, contraception can prevent pregnancy or regulate childbirth. Different birth control methods work at different stages of the process. A woman's body starts the process that may result in pregnancy every month (Whitney & Leon, 2003). The uterine lining develops in anticipation of receiving a fertilised egg, an egg matures, and the cervix secretes mucus that is more attractive to sperm. A dependable method of birth control must be used by any woman who wishes to avoid getting pregnant. The goal of birth control, often known as contraception, is to disrupt the natural process and stop any potential pregnancy. Contraception is crucial for preventing unintended pregnancies, unsafe abortions, and abortion-related complications that put teenagers at risk for infertility and occasionally even death. According to Briggs and Peter-Kio's (2011) survey, oral contraceptives and condoms are the most preferred family planning methods among teenagers between the ages of 15 and 20. The use of condoms among sexually active adolescents is more prominent than other methods, probably because of its dual role prevention of unintended pregnancies and preventing STIs. Condoms are everywhere and are

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sold in roadside medical shops. However, many adolescents prefer unprotected sex to protected sex because of the risk of losing the trust of their partners or lovers, as the case may be. There is the feeling that requesting condoms suggests fear and lack of trust. Others do not see any satisfaction using it, while shyness is the problem for others who associate it with the postulates.

Different birth control methods work at different stages of the process, such as ovulation, fertilisation, and implantation. Every technique has risks and adverse consequences of its own. According to Santa et al. (2000), some techniques are more dependable than others. Sadly, there isn't a perfect method of birth control. The only 100% reliable method of preventing unintended pregnancy is abstinence, or not having sex. The majority of birth control methods have relatively low pregnancy rates. Nevertheless, some birth control methods are more challenging or cumbersome to use than others. Because they are not consistently used, birth control methods that are more challenging or inconvenient actually have substantially higher failure rates (San & Icon 2003).

Contraceptive technology has continuously improved, and the prevalence of contraception has increased throughout most of the world due to the global growth of contraceptive information and services. Sub-Saharan Africa, however, has less access to conventional contraceptive techniques than other regions; the continent's average contraceptive prevalence is about 27%, which is less than half of the global average (Bisika et al., 2007). The concept of contraceptives as a method of birth control has evolved; some people are completely against it, while others are in favour of it. It used to be unacceptable to become pregnant before getting married, but cultural norms have changed, and teenage pregnancies are no longer viewed as sinful. According to Ziyani and Ehlers (2006), healthcare personnel's views also play a role in teenagers' non-use of contraceptives since they deny them access by making fun of them, and even though they know about them, they end up getting pregnant.

Concern regarding the potential impact of friends on an adolescent's sexual behaviour has grown. Today, adolescent sexual activity and unwanted pregnancy are alarming in our societies, especially; it is noteworthy to state that the seductive dressing patterns of most adolescents and electronic gadgets are the major causes of premature sex. These gadgets at their disposal expose them to pornographic videos and pictures, thereby making their sexual urge almost uncontrollable. Worst of all, they engage in sexual intercourse without proper sex education, particularly that of the use of contraceptives. "One of the primary contributors of maternal death and morbidity worldwide, abortion, is primarily caused by unwanted pregnancies. According to Ominiyi and Balogun (2009), nearly nine out of ten (86%) births and abortions among unmarried adults are unplanned and occur while they are in school. These unplanned pregnancies might result in feelings of regret, exploitation, and shame.

Even with the government's plans to offer free contraception services, a significant percentage of teenagers are still at risk of becoming pregnant. Due to inefficient contraceptive use and non-utilisation of contraceptive services, teens in the Republic of South Africa (RSA) are at risk of unplanned births. Mwaba (2000) emphasises the importance of data published by the Medical Research Council in 1997 showing that 17,000 babies were born to mothers who were 16 years of age or younger. Additionally, despite free contraceptive care, Ehlers et al. (2000) predict that the growing number of adolescent moms will surpass one million in 2010. It is quite likely that in Black cultures, parents, educators, and religious leaders are reluctant to openly discuss sexuality with their kids because they feel uncomfortable and ashamed and believe it is wrong. According to several studies, teenagers in the Republic of South Africa (RSA) were aware of several pregnancy prevention techniques, but they never made an effort to apply them. Additionally, in research conducted in Tshwane, South Africa, Ehlers (2003) found that while 60% of teenage moms were aware of contraceptives, only 43 of them used injectables, condoms, and the pill. Teenagers cited a variety of reasons in the majority of studies for not using contraceptives, including fear of their parents and infertility. Adolescents must safeguard themselves against unwanted pregnancies, and both the necessity for planning methods and the prevention of unwanted pregnancies can be achieved by adequate understanding and contraceptive use. The following research enquiries were addressed:

What is the sexual behaviour of secondary school adolescents in Etche L.G.A of Rivers State?

1. What are the attitudes towards the use of contraceptives among secondary school adolescents in Etche L.G.A of Rivers State?
2. What is the relationship between sexual behaviour and use of contraceptives among adolescents in Etche L.G.A of Rivers State?

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3. What is the proportion of prevalence of contraceptive use among secondary school adolescents of Etche L.G.A of Rivers State?

Hypotheses

1. There is no significant relationship between sexual behaviour and contraceptive use among secondary school adolescents of Etche L.G.A of Rivers State.
2. There is no significant relationship between attitudes and the use of contraceptives among secondary school adolescents in Etche L.G.A of Rivers State.

Methodology

For this study, a descriptive cross-sectional survey design was used. Twenty-four thousand six hundred (24,600) secondary school students in the Etche Local Government Area, ages 9 to 20, make up the study's population (UBE Zonal Board, Okehi Etche). The statistical formula $n = Z^2pq/d^2$ was used to choose a sample of 422 adolescents in secondary school for the investigation. $Z = 95\% (1.96)^2$, $p = 50\% = 0.05$, $q = 1\text{-}p = 0.5$, n = sample size, and $d^2 =$ confidence interval $= 5\% = 0.05^2 = 0.0025$, accounting for a 10% non-compliance rate; 422 is the total. The respondents were chosen using a straightforward random sampling procedure. Data were gathered using a standardised questionnaire with a reliability coefficient of 0.70. Data were collected by administering the questionnaire and analysed with statistical tools such as percentages, mean, and binary logistic regression.

Results

Table 1: Socio-demographic variables of respondents

Socio-demographic variables	Frequency	Percentage
Age		
10-14years	376	77.0
15-19years	112	23.0
Gender		
Male	202	40.7
Female	294	59.3
Present Class of Study		
JSS 1	116	23.4
JSS 2	166	33.5
JSS 3	214	43.1
Religious Sect		
Catholic	82	16.5
Protestants	74	14.9
Anglican	136	27.4
Pentecostal	204	41.1
Parent Marital Status		
Married	284	57.3
Single	114	23.0
Separated	56	11.3
Divorced	42	8.5

Table 1 indicated the socio-demographic characteristics of participants. The Table revealed that 77% of the study participants are aged 10-14years, 59.3% females, 43.1% are in JSS3, and 33.5% are in JSS2. 41.1% are of the Pentecostal Christian religious sect, 27.4% Anglican and 16.5% Catholic. More (57.3%) of the respondents' parents are married, 23% single and 11.3%separated (Table 4.1)

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Table 2: Sexual behaviour of respondents

Sexual behaviour	Frequency	Percentage
Had a boy/girl lover	314	63.3
Had ever had sexual intercourse	282	57.1
Had ever been pregnant	157	33.9

The sexual conduct of secondary school students in the Etche Local Government Area was displayed in Table 2. The Table exposed that 63.3% of the respondents had a boy/girl lover. More (57.1%) had ever had sexual intercourse, while 33.9% had ever been pregnant/impregnated someone.

Table 3: Attitude of secondary school adolescents towards contraceptive use

Question Item	Attitude response				Mean(x)	SD	Decision
	SD F(%)	D F(%)	A F(%)	SA F(%)			
An adolescent's female cannot get pregnant at first sexual intercourse, so should not use contraceptive.	114(23.4)	118(24.2)	134(27.5)	122(25.0)	2.54	1.10	positive
Contraceptive use prevents a person from unwanted pregnancy.	110(23.0)	90(18.8)	124(25.9)	154(32.2)	2.67	1.15	positive
Contraceptives are only for prostitutes.	176(36.1)	84(17.2)	108(22.1)	120(24.6)	2.35	1.20	negative
Adolescents should seek permission before using contraceptives	194(39.8)	100(20.5)	80(16.4)	114(23.4)	2.23	1.20	negative
Contraceptive matters should be discussed with other persons.	98(20.1)	122(25.0)	102(20.9)	166(34.0)	2.68	1.13	positive
Adolescents who use contraceptives will become promiscuous.	108(22.0)	66(13.4)	116(23.6)	202(41.1)	2.83	1.18	positive
Grand mean					**2.55**	**1.16**	**positive**

Teenagers in secondary schools' attitudes regarding the usage of contraceptives were displayed in Table 3. The study's findings demonstrated that the grand mean (2.55) is higher than the criteria mean (2.50), which implies that secondary school adolescents in Etche had a positive attitude towards contraceptive use.

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Table 4: Proportion of secondary school adolescents using contraceptives

Contraceptive use	Frequency	Percentage
Used contraceptives at first sexual intercourse	151	30.8
Used contraceptives in the last six months	245	86.9
Types of contraceptives ever used	206	63.2
Condom	56	17.2
Pill	32	9.8
Withdrawal	32	9.8
Rhythm		

Table 4 shows the proportion of in-school adolescents using contraceptives. The result indicated that 30.8% of the respondents used contraceptives at first sexual intercourse. The majority (86.9%) of the respondents who had previously engaged in sexual activity used contraceptives in the final six months before the research. More (63.2%) of the study respondents used condoms, 17.2% oral contraceptives and 9.8% withdrawal (coitus interruptus).

Table 5: Attitude towards contraceptives and use of contraceptives

Attitude	Contraceptive use	
	Yes F(%)	No F(%)
Negative attitude	64(42.4)	104(30.7)
Positive attitude		
Total	87(57.6)	235(69.3)
	151(100.0)	339(100.0)

Table 5 exposed contraceptive use by attitude of secondary school adolescents in Etche Local Government Area. The result indicated that more (57.6%) of participants with a positive attitude use contraceptives compared to 42.4% of respondents with a negative attitude.

Table 6: Sexual behaviour and use of contraceptives

Ever had sexual intercourse	Contraceptive use	
	Yes F(%)	No F(%)
Ever had sexual intercourse	123(43.6)	159(56.4)

Table 6 exposed contraceptive use by sexual behaviour of secondary school adolescents in Etche Local Government Area. The result of the study showed that less than half (43.6%) of respondents who had ever had sexual intercourse used contraceptives.

Test of Hypotheses

Table 7: Binary logistic regression showing relationship between sexual behaviour and contraceptive use

Model	B	S.E	Wald	Df	Sig.	Exp (B)	95.0% C.I. for Exp(B) Lower Upper
1 Sexual behaviour	-1.59	0.23	45.5	1	0.00	0.20	0.12 – 0.32
Constant	1.85	0.23	82.8	1	0.00	6.35	

The association between sexual conduct and contraceptive use among teenagers in secondary school was displayed in Table 7. The result of the study showed that sexual behaviour significantly predicts contraceptive use (p=0.00). The result further showed that respondents who had risky sexual intercourse are 4.9times (OR=0.203, 95% CI:0.128-0.323) less inclined to use birth control than people who had healthy sexual intercourse. The result also showed that an increase in risky sexual behaviour of the study respondents will lead to a decrease in contraceptive use (β =-1.593).

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Table 8: Binary logistic regression showing relationship between attitude towards contraceptive and contraceptive use

Model	B	S.E	Wald	Df	Sig.	Exp (B)	95.0% C.I. for Exp(B) Lower Upper
1 Positive attitude	0.50	0.20	6.30	1	0.01	1.66	1.11 – 2.47
Constant	1.85	0.34	0.00	1	0.94	0.97	

Table 8 demonstrated the relationship between attitude towards contraceptives and use of contraceptives among secondary school adolescents. The result indicated a significant connection between attitude towards contraceptives and contraceptive use (p=0.012). The result further established that respondents with a positive attitude are about 2times (OR=1.66, 95%CI:1.118-2.472) more likely to take contraceptives than people who have a negative outlook.

Discussion

The result of the study showed that sexual behaviour significantly predicts contraceptive use (p=0.00). The result further showed that respondents who have had risky sexual behaviours are 4.9 times (OR= 0.023, 95% CI:0-128-0-323) less likely to take birth control. Also, the increase in harmful sexual conduct may lead to a decrease in contraceptive use (β=1.593). The results of this study are consistent with those of Deliva et al. (2007), who found that 41.3% of boys and 69.0% of girls had previously engaged in sexual activity at the mean age of 16.7 years. Additionally, the average age of sexual debut differs between sexually active boys (15.5) and girls (16.3). The difference might be because the age for the present study area did not translate their sexual behaviour to use; however, the reverse is the case in the previous studies.

The study findings have indicated that 30.8% have used contraceptives. The frequency of contraceptive use showed that at the first sexual intercourse of the respondent has used a contraceptive. The majority (86.9%) of respondents who had previously engaged in sexual activity used contraceptives throughout the previous six months; 63.2% of respondents used condoms, 17.2% oral contraceptives, and 9.8% withdrawal (coitus interruptus). In line with Boamah (2012) where the result revealed that the frequency of previous and current used contraceptive at their first sexual intercourse 55.3% of adolescent used condom 84%, withdrawal 29%, safe period 19%, injectable 11%, while pill 10% respectively. This similarity found between the current study and the earlier ones may be related to the present one, which might be attributed to the widespread use of sexual attitude, which has contributed to contraceptive prevalence.

The findings of the study showed a positive attitude of secondary school adolescents toward contraceptive use, with the criterion mean (2.50) lower than the grand mean (2.55), which implies that in-school adolescents had a favourable outlook on contraceptive use. However, the outcome of the binary logistic regression indicated an important connection between adolescent attitude and contraceptive usage, with respondents who knew contraception (2.55) greater than those who had low knowledge of contraception 2.50. The results of this investigation confirmed those of Idonije et al. (2011), whose findings revealed that 42.3% of the male and 60% of the female participants knew a lot about birth control, and contraceptive used 45.8%. The differences in the sample size might be implicated in the difference between the present study and the previous one.

Conclusion

The result demonstrated a strong correlation between sexual behaviour and contraceptive use. However, more sexually experienced adolescents are less likely to use contraceptives; also respondents showed a positive attitude toward contraceptive use

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Recommendations

1. The public health sector and other non-governmental organisations ought to have supported initiatives to raise secondary school students' motivation and awareness of adolescent sexual behavior and contraceptive use.
2. Workshops and seminars should be held by educators and school guidance and counselling departments for adolescents, explaining the problems and consequences of certain contraceptive and sexual behaviours they imitate from friends, peer groups, family members, churches, as well as schools.

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3. Curriculum education developers should build up a compulsory subject on sex education, puberty and contraceptive use in their scheme of work to enable students to have knowledge and know the problems facing the secondary school adolescent in Etche Local Government Area of Rivers State.
4. Secondary school students should be encouraged to read science books on sex and other seminar programs on safe sex with a clear and positive mind as a learning process, since contraceptives books have led to improved sexual morals among adolescents, also to enhance safe sexual relations among students.
5. Finally, educators and parents should provide adolescents the knowledge and skills they need to communicate about sexuality concerns in particular. To shield teenagers from dangerous sexual behaviour, school clubs should recruit, train, and promote peer educators and pave the way for peer discussion so that adolescents will freely discuss with their peers and might solve their negative sexual behaviours instead of allowing their friends to influence them and shape their attitudes and behaviour.

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