SEXUAL BEHAVIOUR AND CONTRACEPTIVE USE AMONG STUDENTS OF KASHIM IBRAHIM COLLEGE OF EDUCATION MAIDUGURI, BORNO STATE

Dr. NAOMI, N. ADAMU; BITRUS GLAWALA AMUDA AND NOAH WAKILI ADAMU

#### Abstract

This study investigated sexual behaviour and contraceptive use among students of Kashim Ibrahim College of Education, Maiduguri. The study determined students of Kashim Ibrahim College of Education sexual behaviour, their use of contraceptives and knowledge of sexually transmitted diseases. The study determined whether culture and religion have effects on their behaviour towards premarital and unprotected sex. Survey method was used for the study. The population for the study were students of Kashim Ibrahim College of Education Maiduguri. Stratified random sampling was used to select sample based on sex, culture and religion. Self made instrument consisting 21 questionnaire items for the students with Yes/No response was used. Test, retest method was used to obtained the reliability co-Coefficient (r) of 0.73. Descriptive statistics of simple percentage was used to analyse the data collected. Result indicated that Kashim Ibrahim College students have good knowledge- of sex education, sex protection and sexually related diseases yet they are involved in premarital and unprotected sex. Based on the findings, it was recommended that reality-counseling strategies be used to counsel the students. In addition, government of Borno state should endeavor to give significant scholarship to students and see to it that payment are made at the appropriate time, which will be helpful to the students that could have gone into the anti social acts to cater for their academic needs.

#### Introduction

Fifty years ago, sex was reserved for married couples, today adult sex is openly acknowledged among adults and adolescents, with extra marital partners and so on. In the traditional society, virtue and abstinence were glorious and cultural ethos precluded premarital sex experience. Today, permissiveness has broken the bonds of conformity with norms and values cherished in our traditional society. Premarital sex is therefore practised among students with reckless abandon. As a result, there has been an enormous increase in the incidence of pregnancy in unmarried wohlen who are adults (Anikweze, 1998) Economic pressures have even worsened the situation such that many young women trade on sex and so constitute healthy carriers of venereal diseases (Qrockett, Raffaelli & Moilanen, 2003). Sex among unmarried teenagers is an extension of this general trend toward greater sexual permissiveness in the adult culture (Raffaelli & Moilanen, 2003). Advertisers use sex to sell just about everything, from cars to detergents, sex is explicitly portrayed in movies, TV shows, Videos, lyrics of popular music, and internet websites (Petti, 2003; Roberts 2004; & ward, 2003).

Feldman, Turner & Aranjo (1999), observed that 25 year olds were asked bout their own-past sexual experiences. The following progression of sexual behaviours occurred; kissing, preceded petting, which preceded sexual intercourse and oral sex. This trend seems to be the global practice especially among youth. A review of college students' sexual practices in the twentieth century reveals two important trends (Darling, Kallen & Vandusen, 1984). First, the percentage of youth who say they have had sexual intercourse has increased dramatically; secondly, the proportion of female college students who report that they have had sexual intercourse has increased more rapidly than that of males, although the initial base for males was greater.

Based on a national survey for youths, sexual intercourse is uncommon in early adolescence but becomes more common in the high school and college years (Allan, Guttmachex institute, 1995, 1998 and 2000). These are some of the findings;

- i. Eight in 10 girls and 7 in 10 boys are virgin at age of 15.
- ii. The probability that adolescents will have sexual intercourse increases steadily with age, but 1 in 5 individuals have not yet had sexual intercourse by 19.
- iii. Initial sexual intercourse occurs in the mid-to late- adolescent females years for a majority of teenagers, about 8 years before they marry, more than 1 half of 17 year olds have had sexual intercourse.

Studies' by Feldman, Turner & Aranjo, (1999) revealed that males are more likely than their female counterparts to describe sexual intercourse as an enjoyable experience. It was observed by the same researchers that Africans are more likely to have a less restrictive timetable for sexual behaviour than other groups, where an Asian Americans are more likely to have a more |restrictive one. The percentages of sexually active young adolescents may vary with location, being higher in inner cities. 81 percentages of the males at age 14 said that they had already engaged in sexual intercourse. Other survey in inner-city, low socio economic status (SES) areas also reveal a high incidence of early sexual intercourse (Clark, Zabin & Hardy, 1984).

Sexual perversion constitutes a serious problem of youngsters in contemporary times. Many adolescents sacrifice their educational opportunities in return for sexual gratification (Anikweze, 1998). Most adolescents become sexually active at some point during adolescence, but many adolescents are at risk for sexual problems and other problems when they have sexual intercourse before 16 years of age (Santrock, 2005). Adolescents who have sex before they are 16 years old are often ineffective users of contraceptives, which put them at risk for adolescent pregnancy and sexually transmitted diseases.

Roseubaum & Kandel, (1990) reported that youngsters freely indulge in sex with ugly consequences such as venereal diseases, unwanted pregnancies and death through abortion by ciude methods and of recent Hiv/Aids has become a dreadful sex- related disease.

Early sexual activity is also linked with other at-risk behaviours such as excessive drinking, drug use, delinquency and school- related problems. In a recent review on sex related issues, Miller, Benson & Galbraith, (2001) reported that living in a dangerous and/or low - in come neighbourhood were at risk factors for adolescent pregnancy.

The good news is that adolescents are increasing their use of contraceptives (Child Trends, 2000). Study showed that adolescent girls, contraceptive use at first intercourse rose from 48 percent to 65% during the 1980s (Forest & Singh. 1990). By 1995 use of contraceptive at first intercourse reached 78 percent with two-thirds of that it2ure mvolvm2 condom use. A sexual active adolescent who does not use contraceptive has a 90 percent chance of pregnancy within nine years. Although adolescent contraceptive use is increasing, many sexually active adolescent still do not use contraceptives or they use them inconsistently (Alan Guttmacher institute 2003; Ford, John & Lepkowski, 2001): sexually active adolescents are less likely to take contraceptive precautions than older adolescents are. Those who do are more likely to use condom or withdrawal

methods whereas older adolescent are more likely to use pill, loop or a diaphragm. In a study by Rimberg & Lowis, (1994), adolescent females were reported to be changing their behaviour in the direction of safer sex practices more than adolescent males.

The issue of contraception is more difficult for adolescents than adults because of differing patterns of sexual activity (Feldman, 1999), whereas many adults, especially married adults, have sex on a regular and predictable schedule and typically with one partner (or relatively few partners) this is not always the case with adolescents. According to Hofferth (1990), (being from a low-SES (Socio Economic Status) family is one of the best predictors of adolescents' failure to use contraceptive). He further reported that, condom use is inhibited by concerns about embarrassment and reduced sexual pleasure. In addition, adolescents with poor coping skills, lack of future orientation high anxiety poor social adjustment and a negative attitude to contraceptives are not likely to use them. Conversely, degree of personal concern about HIV/aids, and the perception that a partner would appreciate condom use are associated with more consistent use of condoms by male adolescents (Pleck, Sonenstein & Kn, 1991).

Educational efforts that include information about HIV/aids and pregnancy prevention may promote more consistent use of condoms by adolescent males. In countries with a more accepting attitude toward adolescent sexual relationships, adolescent have easier access110t only to information and contraception, but also to reproductive health services, e.g Canada, France, Great Britain and Sweden. Contraceptives services are integrated into other types of primary health care and are available and free for adolescents. According to Garuba (2000), in Nigeria and any other African countries most adolescents have little knowledge of contraception and the society has negative attitudes to its use. As a result, a significant proportion of female students dropping out of school on account of pregnancy are increasing.

In Kashim Ibrahim College of Education Maiduguri Borno State, it has been observed that cases of unwanted pregnancy, abortion and sexually transmitted diseases like Gonorrhea, syphilis and HIV/Aids are becoming common. Family life education is a course taken by all NCE II student of the institution. This course' considers all family issues during sex education. This is expected to help the students to avoid sexually related problems; but it seems the students are not affected by the knowledge. Could the recent sexual problems observed among the students be related to students' sexual behaviour and their attitudes to use of sex protection and use of contraceptive?

# Objective of the study

The objective of the study is to:

- 1. Determine the general behaviour of students KICOE toward sex.
- 2. Determine the level of students awareness to use of contraceptives.
- 3. Determine the students' knowledge of sexual transmitted diseases.
- 4. Determine the effect of culture and religion on use of contraceptives.

## Research questions

- 1. What are the general behaviours of students of KICOE toward sex?
- 2. What is the level of the knowledge of students to use of contraceptive?

- 3. What is the level of awareness of KICOE students as regards sexually transmitted diseases?
- 4. What is the effect of culture and religion have an effect on use of contraceptives

### Method

Survey research design was considered appropriate and used. According to Jen, (2002), survey design documents nature, relationship, dimensions, and directions of events, behaviours, attitudes about persons or things. Survey method have the advantage of wide scope because a great deal of information can be obtained from large population.

All students of Kashim Ibrahim College of Education, Maiduguri formed the target population of the study. Stratified random sampling techniques was employed to select the sample. The selection was done on the basis of students' level, sex, marital status culture and religion that is, NCE III 30 students, NCE II 20, NCE I 30, and Pre-NCE 20 students respectively. A total of 100 students were selected. 40 males and 60 females, 30 married and 70 singles and 50 Christians and Muslims and equal response from all the major tribes of Borno State.

The instrument for the data collection was a self developed questionnaire that consists of two sections. The first section of the questionnaire has personal data of the respondents, such as sex, age, level, religion and culture/tribe. The second Section requires the respondents to respond to questionnaire items by indicating yes or no.

The instrument was read and approved by experts from University of Maiduguri. To assess the internal and external consistency of the instrument, it was pilot tested using 40 students having the same characteristics with the sample of the study. Test-re-tested method was used to obtain the reliability co-efficient (r). The researchers gave two weeks time interval between the first and the second administration of the instruments. The data was using the Pearson product moment correlation coefficient (r) was used to analysed the data, which yielded r = 0.73. This shows that the instrument could be used to collect data for the study. Descriptive statistics of simple percentage was used to analyse the data generated from the study.

### Results:

Research Question: What are the behaviours of students of Kashim Ibrahim College of Education toward sex?

Table 1: Distribution of students response on sexual behaviour toward sex.

S/no		Respons	es			
	Statement	Yes		No		Total
		M	F	M	F	
1.	I have been taught sex education	\$7 (92)	37 (62%)	3 (78.5%)	23 (38%)	100
2.	Many students of KICOE get involve in premarital sex	33 (83%)	33 (55%)	7 (17.5%)	27 (45%)	100
3.	Some are involved in sex just for money	38 (95%)	42 (70%)	2 (5%)	18 (30%)	100
4.	Some are involved in sex just for fashion and pleasure	38 (95%)	39 65%)	2 (5%)	21 (35%)	100

5.	Some are involved because of influence of friends	37 (92.5%)	43 (72%)	3 (7.5%)	17 (28%)	100
6. ·	Some are involved due to pressure from peer groups	34 (85%)	37 (62)	6 (15%)	23 (38%)	100

Table 1 presents the percentage distribution of students' response on sexual behaviour of students toward sex. The results revealed that 92% males and 61.7% females agreed that they have been taught sex education. Only 8% males and 38.3% females said no. Item one revealed that 82.5% males and 55% females agreed that many students of KICOE get involved get in pre-marital sex. Item 3, 95% males and 70% females said that some students get involved in sex just for money. Item 4 revealed that 95% males and 65% males said that, some are involved in sex just for fashion and pleasure. In respect of item 5: 92% males and 77% females agreed that some are involved in sex because of friends influence. Item 6, indicated that 85% males and 61.7 females, are in sex due to pressure from peer groups. This means that students of KICOE are involved in pre-marital sex for various reasons.

## Research question 2:

What is the level of students awareness to use of contraceptives?

Table 2: Distribution of KICOE students' response on awareness to use of

	contraceptives								
S/no	Responses								
	Statement	Yes		No		Total			
		M	F	M	F				
1	Many students know about different contraceptives	34 (85%)	39 (65%)	6 (15%)	21 (35%)	100			
2.	Many students of KICOE use condom	38 (95%)	40 (66%)	2 (5%)	20 (33%)	100			
3.	Many students use pills	28 (70%)	42 (70%)	12 (30%)	18 (30%)	100			
4.	Some students of KICOE use calendar method	28 (70%)	42 (70%)	12 (30%)	18 (30%)	100			
5.	Some use loops.	31 (77%)	39 (65%)	13 (23%)	9. (35%)	100			

Table 2 presents the distribution of students response on awareness to the use of contraceptives.

Item 1 revealed that 85% and 66% of females know about different contraceptives. Item 2 revealed that 85% males and 65% females agreed that many students use condom. Item 3 also indicates that 70% males and 70% females use pills. Item 4 indicates that 70% males and 70% females use calendar method. Only 30% males and females respectively do not use calendar method. In respect of item 5, 77% males and 65% females indicated that some use loops, only 23% and 35% of the male and female students—are not aware of contraceptive use. This result shows that the students of Kashim Ibrahim College of Education are aware of contraceptive use.

### **Research question 3:**

What is the level of awareness of KICOE students as regards sexually transmitted diseases?

Table 3: Percentage distribution of KICOE students responses on awareness of STDs

		Responses	S			
S/no	Statement	Yes		No	Total	
		M	F	M	F	
1	Many students know HIV/Aids as STD	40 (100%)	47 (78%)	0 (00%)	13 (22%)	100
2	Many students know gonorrhea as STD	36 (90%)	36 (60%)	4 (10%)	24 (40%)	100
3	Many students know syphilis as STD	35 (87%)	33 (55%)	5 (13%)	27 (45%)	100
4	Many students know hepatises as STD	32 (80%)	40 (67%)	8 (20%).	20 33%)	100

Table 3 item 1 revealed that 100% of the male and 78% of female of Kashim Ibrahim College of Education know what is HIV/Aids as STD. In respect of item 2, 90% male and 60% of female students indicated that they know gonorrhoea as STD, while only 10% and 40% that are not aware. 87% males and 55% females know syphilis as STD, only 13% and 45% do not know syphilis as STD. Item 4 revealed that 80% males 67% female students know hepatises as STD only 20% males and 33% females respectively are ignorant of hepatises as STD. This shows that students of Kashim Ibrahim College of Education Maiduguri are aware of sexually transmitted diseases.

### Research question 4:

What is the effect of religion and culture on the use of contraceptives?

Table 4: Distribution of students response on effect of religion and culture on contraceptive use.

		Responses						
S/no		Yes		No		Total		
	Statement	M	F	M	F			
1	My religion is not against use of Contraceptives	33 (82%)	40 (67%)	7 (18%)	20 (33%)	100		
2	My religion is against. pre-marital sex	30 (75%)	45 (75%)	10 (25%)	15 (25%)	100		
3	My religion teaches on how to Use of contraceptives	31 (78%)	39 (65%)	9 (22%)	21 (35%)	100		
4	My culture encourage use Of contraceptives	.34 (85%) .	42 (70%)	6 (15%)	14 (30)	100		
5	I was taught the knowledge of contraceptive at school	35 (88%)	47 (78%)	5 (12%)	13 (23%)	100		

Table 4 revealed that 82% males and 61/% females stated that religion 'and have not effect on use of contraceptives. Only 18% males and 33% females said no. Item 2 indicates that

75% males and 75% females respectively stated that their religion is against pre-marital sex. In respect of item 3 78% males and 65% females stated that their religion teaches on use of contraceptives. 12% and 22% said no. Item 4 revealed that 85 of males and 70% females stated that culture encourages use of contraceptives. Only 15% and 30% of the students said no. While item 5 revealed that 88% males and 78% females agreed that they were taught contraceptive at school while 12% and 22 percent of the male and female students were not taught. This implies that religion and culture has no effect on contraceptive use.

## **Summary of Result**

The result revealed that in general the students of KICOE Maiduguri are involved in premarital sex for various reasons and they have been taught sex education with 92.5%, 81.7%, 82.5% and 55% respectively.

The result revealed that students of KICOE Maiduguri has high level of awareness to use of contraceptive.

The result revealed that 100% males and 78.3 females know HIV/Aids. This show that the level of awareness of sexually transmitted diseases is high.

The result revealed that religion and culture have no effect on the use of contraceptive.

## **Discussion of Findings**

A finding of this study in respect of research question indicates that 92% males and 62% females have knowledge of sex education. 86% males and 55% females believed that students get involved in pre-marital.sex. And 95% males and 70% females agreed that students get involved in pre-marital sex for money, pleasure, fashion and some as a result of peer group pressure or influence of friends.

This finding is in agreement with the work of Anikweze (1995). Despite the sound knowledge of sex education, students of Kashim Ibrahim College just like other students in different parts of the world get involved in pre-marital sex recklessly. Also in agreement with the work of Darling, Kallen & Vandusen, (1984) who review college students sexual practice in the 20\* Century, which revealed that the percentage of youth who say they have had sexual intercourse has increased dramatically. Good number of students in Kashim Ibrahim College of Education had sexual experience. The finding of this study is respect of research question 2 revealed that 85% males and 65% females agreed that many students know about different contraceptives. 95% males and 66.7% females agreed that many students use condom, 70% males and 70% females believed that many students use pills, some use calendar method and loops respectively. This means that students of Kashim Ibrahim College of Maiduguri have high level of awareness in use of contraceptives. The issue then is why are there still rampart cases of STDs and unwanted pregnancy among the students? Garuba (2000) said that in places like Nigeria, youths do not find it easy to use sex protection. Hofferth, (1990) reported that being from a low SES (Socio status) family is one of the best predictors of adolescents, failure to use contraceptives. This could be the case with many of the students KICOE who are from low economic environment.

In respect of research questions 3 the result revealed that most students from Kashim Ibrahim College of Education know of all sexually transmitted diseases whether male or female. 100% males and 78% females agreed that many students know HIV/Aids as sexually transmitted diseases.

The issue is that despite all the knowledge of these diseases, they are still rampant cases of STDs among the students. This can still fall back on the fact that when level of poverty is high, and life must be sustained, then issues of sexual risk will still be high. In agreement with work of Anikwoze (1998) and Miller, Benson & Galbraith, (2001) who reported that living in a dangerous and low-income neighbourhood were at risk factors for adolescent pregnancy and sexually transmitted diseases. This can be the case of students of Kashim Ibrahim College of Education because many of the student are from low income community.

Finding from question 4, revealed that culture and religious belief has no effect on the use of contraceptives. 82% males and 67% female agreed that religion teaches the use of contraceptives. Also 85% males and 78% females believed that their culture encourages the use of contraceptives. This means that culture and religion do not have effect on use of contraceptive, otherwise students would have been using contraceptive effectively will in return would have reduced the level of STD among the students.

#### Conclusion

Based on the finding of the study, it could be concluded that great number of students of Kashim Ibrahim College of Education have good knowledge of sex education, sex protection and sexually transmitted diseases yet they got involved in premarital and unprotected sexual relationship. Reason for these unaccepted behaviour are money, pleasure, fashion and pressure from friends and peer groups. Culture and Religious of the students teach about the use of contraceptives yet it seems they have no effect on the student.

#### Recommendation

Based on the findings of this study, the following recommendations are made:

Counsellors of Kashim Ibrahim College should strategies reality counselling where students should see effects of sexually transmitted diseases especially Hypertatis B and HIV/Aids, which will help in changing their attitudes to sexual relationship.

Since poverty featured as one of the major reasons for premarital and unprotected sex, the government of Borno State should enhance students scholarship and have it. Paid at right time-that will be helpful to the student that could have gone into the anti social acts to cater for their academic needs

### References

- Alan Guttmacher Institute. (2003). Sex education: Needs, Programs and Policies. New York: Author.
- Alan Guttmacher Institute (1995). National survey of the American Male's sexual habits. New York: Author.
- Alan Guttmacher Institute (1998). Teen sex and pregnancy. New York: Author.
- Anikweze, C. M. (1998). Sexually in Adolescence. Adolescence Psychology. De Ayo pub. Bodija Ibadan. Child Trends (2000). Trends in sexual activity and contraceptives use among teens. Child trends research brief. Washington, DC: Author.
- Centers for diseases control and prevention. (2001). Youth risk behavior Surveillance-united states, 1999. MMWR, 49 (NV.SS-5).
- Crockett, L. J.; Raffaell, M. and Morlanea, K. (2003). Adolescent sexuality: Behavior and meaning. In G. Adams and M. Berzonsky (E'ds.), Blackwell handbook of adolescence maiden, MA: Blackwell.
- Clark, S.D.; Zabin, L. S. and Hardy, J. B. (1984). Sex contraception and Parenthood: experience and attitudes among urban black young men. *Family Planning Perspectives*, **16**: 77-82.
- Darlin, C. A.; Kallen, D. J. and Vandusen J. E. (1984). Sex in transition, 1900-1984. Journal of Youth and Adolescence, 13: 385-399.
- Ford, K.; John W. and Lepkowoski, J. (2001). Characteristics of adolescent Sexual partners and their association with use of condoms and other contraceptive .methods. *Family Planning Perspective*, **33**: 100-105, 132.
- Feldman, S. S. (1999). Unpublished review of J.W. Santrock's adolescent, 8th ed. (New York: McGraw-Hill).
- Forrest, J. V.; & Singh, S. (1990). The sexual and unproductive behavior of American women, 1982-1988. Family planning perspectives, 22: 206-214
- Feldman, S.S., Turner, R. & Araujo, K. (1999). Interpersonal context as an Influence on sexual timetables of youths: leader and ethnic effects. *Journal of research on adolescence*, 9: 25-52.
- Hofferth, S. L. (1990). Trends in adolescent sexual activity, contraceptive and pregnancy in the United States. In J. Bancroft and J.M. Reinisch. (Eds.), adolescent and puberty. New York: Oxford University Press.
- Miller, B.C., Benson, B. & Galbraith, K.A. (2001). Family relationships And adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21: 1-38.

- Pleck, J.H., Sonnenstein, F., and KU, L. (1991). Adolescent Males, Condom use: Relationships between perceived cost benefits and consistency. *Journal of marriage and the family*, 53: 733-745.
- Rimbery, H.M., and Lewis, R.J. (1994). Older adolescent and Aids: Correlates of self reported safer sex practices. *Journal of Research on Adolescent*, 4: 453-464.
- Rosenbaum, E. & Kandel, D.B. (1990). Early onset of Adolescent Sexual Behavior and Drug Involvement. *Journal of marriage and the family*, **52**: 783-798.
- Remez, L. (2001). Oral sex among adolescents: Is it sex or is it abstinence? *Family planning perspectives*, 32: 212-226
- Santrock, J. W. (2005). Life-span development (9th ed.). New York Mehraw-Hill.
- Zimmer Gembeck, M.J., Doyle, L. and Daniel, J.A. (2001). Contraceptive dispensing and selection in school-based health centers. *Journal of Adolescent Health*, **29**: 177-185.