

Early Sexual Behaviour and Tendencies for Unwanted Pregnancies among Adolescents in Southern Senatorial District of Cross River State, Nigeria: Implication for Policy and Research

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Abstract Aim: This study investigated early sexual behaviour and tendencies for unwanted pregnancies among adolescents in Southern Senatorial District of Cross River State, Nigeria: Implications for policy and research. One objectives of the study was stated to guide the study and to achieve the purpose of the study. One research question was formulated, which was converted to one statement of hypotheses. A literature review was carried out based on the variable under study. **Method:** The survey research design was considered most suitable for the study. A stratified random sampling technique was adopted in selecting three Local Government Areas used for the study and Taro Yamen's 1975 formular was used to select the 400 respondents sampled for the study. A validated 15 items four-point modified Likert scale questionnaire was the instrument used for data collection. The face and content validity of the instrument was established by experts in Test and Measurement. The reliability estimates of 0.81 of the instruments was established using the Cronbach Alpha method. A descriptive analysis of frequency, percentages, mean and standard deviation was used to test the hypotheses formulated for the study. The hypothesis was tested at a 0.05 level of significance. **Results:** The results obtained from the data analysis revealed a significant influence of early sexual behaviour on tendencies for unwanted pregnancies among adolescence in Southern Senatorial District of Cross River State, Nigeria. **Conclusion:** Based on the findings of the study, it was concluded that there is a significant influence of early sexual behaviour on tendencies for unwanted pregnancies among adolescence in Southern Senatorial District of Cross River State, Nigeria. Therefore, it was recommended, among others, that Parents and guardians should be educated to overcome the cultural barriers that discourage giving adolescents early sex education at home.

Keywords: sexual behaviour, unwanted pregnancy, adolescents, teenagers, sex

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1. Introduction

The World Health Organisation (WHO) defines an adolescent as someone between the ages of 10 and 19 (while young people are those between the ages of 10 and 24) [1]. Adolescence is a phase of transition from complete socioeconomic dependency to relative independence, from the emergence of sexual traits to sexual and reproductive maturity, as well as the development of adult mental processes and adult identity. Adolescents make up one in every five individuals on the planet. According to recent

estimates, there are 1.2 billion adolescents globally, and 85% of them reside in poor nations [1]. Teenagers are not a uniform group, and their demands vary greatly depending on factors like age, gender, geography, social status, cultural environment, etc. Similar to this, different groups, ethnicities, and religions have very distinct needs in terms of sexual and reproductive health [2].

According to the World Health Organisation [3], there are 1.2 billion adolescents in the world, and the majority of them engage in sexual activity. One-third of all teenagers in poor nations reside in Nigeria, and many of them are at danger of contracting STIs, the HIV virus, and other side effects of unsanitary sex. The sexual behaviour of adolescents is

increasing and is quickly becoming a public health issue. Sexual curiosity and experimentation occur as a result of secondary sexual growth, hormonal changes, emotional, cognitive, and psychosocial development, frequently in the absence of reproductive health education or assistance.

Cross River State is in South-South Nigeria, where 17% of adolescents have STI and HIV prevalence, and 32% have had unsafe abortions because of unintended pregnancies [4]. There is general agreement that high-risk sexual conduct among adolescents puts them at risk for issues with their reproductive health. These undesirable sexual and reproductive health indicators include unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases, and Acquired Immune Deficiency Syndrome (AIDS). This is because of physiological and psychological changes that make them crave sexual activity and take risks. Premarital sexual abstinence until entering into marriage is a traditional norm in the majority of Nigerian societies; nevertheless, these beliefs are deteriorating quickly across all ethnic groups. Studies from various regions of the nation have found that unmarried adolescents of both sexes engage in high levels of sexual activity with a steadily lowering age of debut, dangerous sexual behaviours, including unprotected sexual contact with many partners. Girls are typically the ones who suffer from early sexual activity's effects, such as unexpected pregnancies, teenage births, and abortions, frequently performed by quacks. Both sexes are susceptible to sexually transmitted illnesses, which can cause chronic infections of the reproductive system and infertility if they are not properly treated.

The high rate of adolescent pregnancies in Nigeria has been linked to a number of factors, including early menarche in females, early sexual activity, early marriage, low socioeconomic status, economic insecurity, ineffective contraception use, low educational and career aspirations, living in a single-parent household, dysfunctional family dynamics, and the decline in traditional African values. Despite the numerous intervention techniques, including as supportive school environments, sexual health education in the classroom, and peer education programmes, utilised to minimise adolescent pregnancy children born to adolescent mothers still have lower health outcomes than children born to older mothers.

First sexual contact before the age of 18, participating in commercial sex, and engaging in sexual activity while intoxicated are all considered to constitute RSBs [5]. In addition, adolescents' first sexual experience exposes them to disorders related to sexual and reproductive health [6]. The risk of STIs and teenage pregnancies therefore rises with early sexual debut [6].

Other effects of early sexual activity on teenagers include involvement in a variety of social vices, such as fighting, stealing, using drugs, skipping school, and having more friends [7]. According to Stephenson, Simon, and Finneran [8] the average age at which teenagers have their first sexual encounter varies across different cultural and geographic contexts and is mostly influenced by economic variables, peer pressure, and accepted cultural norms. According to Okonta [9] and Morhason-Bello, Oladokun, Enakpene, Fabamwo, Obisesan & Ojengbede [10], teenagers frequently engage in sexual activity under risky circumstances that expose them to a variety of

sexual and reproductive health issues. These have severe repercussions and occasionally cause early deaths [11]. According to Biddlecom, Awusabo-Asare, and Bankole [12], in sub-Saharan Africa, more than 50% of adolescent women and 45% of their male counterparts have had sex before becoming 18 years old. This causes both a premarital sexual act and the beginning of sexual behaviours to occur decades apart. The chance of unintended pregnancies is increased by this early sexual introduction and the lengthy premarital sex periods [13]. The promotion of healthy behaviours and the prevention of risky sex among teenagers are crucial for the country's future health and the achievement of the Sustainable Development Goals (SDG) of 2030, which is why studies on adolescents' sexual behaviours are significant. This study evaluated early sexual behaviour and propensities for unintended pregnancies among teenagers in the Southern Senatorial District of Cross River State, Nigeria, using this context as its foundation.

Statement of the problem.

Teenagers engage in high-risk early sexual behaviours, sexual dangers such unprotected intercourse and many sexual partners, etc. in the Southern Senatorial District of Cross River State, Nigeria. Teenagers are occasionally said to be liberated from parental and guardian supervision, and this chance for early and dangerous sexual behaviour increases. Even while many students are aware that routine condom use guards against STIs and unintended pregnancies, many nonetheless have unprotected sex. Unprotected sex is frequently justified by the claims that it interferes with sexual enjoyment and is unneeded if partners are trusted.

Numerous factors, such as early menarche, early sexual activity, early marriage, low socioeconomic status, economic insecurity, ineffective contraception use, low educational and career aspirations, living in a single-parent household, dysfunctional family dynamics, and a decline in traditional African values, have been linked to the high rate of adolescent pregnancies in the Cross River Southern Senatorial district. Despite the various intervention strategies used to reduce adolescent pregnancy, such as a supportive school environment, school curricula on sexual health, and peer education initiatives the health outcomes of children born to adolescent mothers are still worse than those born to older mothers. It is based on this problem that the researcher posed a question; does early sexual behaviour predict tendencies for unwanted pregnancies among adolescence in Southern Senatorial District of Cross River State, Nigeria.

2. Literature Review

Pregnancy is a significant global public health and socioeconomic issue. According to the World Health Organisation [14], over 17 million teenage girls give birth each year, with the majority of these deliveries taking place at an extremely young age in low- and middle-income countries. According to Akwa [15], rape, poverty, low socioeconomic level, teachers' effect on sex education curriculum, ignorance, and cultural influences are the top causes of teen pregnancy in Nigerian schools. Other

contributing factors include the lack of parental supervision and care, peer pressure, the teenager's misunderstanding of sex-related issues, financial difficulty, a lack of education, cultural and religious views, sexual assault, and many others.

One in four young females become pregnant by the age of 18, and half by the age of 21, according to studies from the Guttmacher Institute. 85 percent of teen pregnancies are unwanted; 50 percent result in births, 30 percent in abortions, and the remaining 15 percent in miscarriages. According to several studies, teenage pregnancy is more likely to result in pregnancy complications such as anaemia, pregnancy-induced hypertension, preterm labour, obstructed and prolonged labour, unsafe abortion, a high incidence of operative deliveries due to the physical immunity of the teenage mothers' pelvis, low birth weight babies, and even death [16].

In Nigeria's Cross River State, Bassey and Jacks [17] looked at the prevalence of adolescent pregnancies among secondary school students. To direct the investigation, one research topic was developed. The consequences were revealed using a survey design. The stratified random sampling method was used to select a sample size of 200 people from among school dropout girls, their parents or guardians, teachers, students in schools, young people, and women leaders. The information was gathered via a questionnaire or checklist, and percentages were employed in the analysis. Teenage pregnancy and its effects in the research area were linked to poverty, a lack of sex education, alcohol and drug addiction, inferiority complex, loss of self-esteem, social rejection, hunger, and peer pressure. It is advised that schools be made accessible, high-quality, and fun in order to encourage girls to finish school.

Isangedighi [18] gathered information from 290 male and 570 female secondary school pupils from the states of Anambra, Edo, Delta, Cross River, Imo, and Lagos who were between the ages of 15 and 18. On their sexual behaviour, the South and Benue in the North. According to the study, sex was viewed as being extremely necessary by 25.4 percent of males and 41.3 percent of females. Only 5.7% of respondents overall—men and women—had never had sex. Additionally, it was discovered that 56.2% of the sexually active male students had intercourse with a secondary school classmate. Approximately 40.3 percent of men and 29.3 percent of women were certain that their fathers were aware of their sexual activity, while 43.3 percent of boys and 44.3 percent of girls were certain that their moms were aware of their extramarital affairs. Isangedighi came to the conclusion that the rise in teenage pregnancies is also a result of adolescent curiosity about what sex is like.

Purpose of the study

The purpose of this study is to examine whether early sexual behaviour predict tendencies for unwanted pregnancies among adolescence in Southern Senatorial District of Cross River State, Nigeria.

Research questions

The research question for this study is does early sexual behaviour predict tendencies for unwanted pregnancies among adolescence in Southern Senatorial District of Cross River State, Nigeria?

Statement of hypothesis

It is hypothesized in this study that there is no significant influence of early sexual behaviour on tendencies for unwanted pregnancies among adolescence in Southern Senatorial District of Cross River State, Nigeria.

3. Materials and Methods

Experimental setting

The study utilized a survey research design. According to Salaria [19], a research design is used when the goal of a survey is to gather and evaluate information about the examined phenomena from a representative of the entire population with the hope of generalizing the findings to the entire population.

Participants/Sample

The population for the study comprised of 1, 238, 337 in Akpbauyo, Akamkpa, Bakassi, Biase, South Municipality, Calabar South and Odukpani Local Government Areas that make up Southern Senatorial District of Cross River State, Nigeria. The study used a stratified random sampling approach. A stratum was created for each Local Government Area from which respondents were chosen. 50% of the Local Government Areas were samples which gave a total number of three (3) Local Government Areas respectively. To get the sample for the study, the Taro Yamen's (1975) formular was used.

$$n = N / 1 + N(e)^2.$$

Where:

n = desired sample size

N = The population of the study

e = Level of significance (5%)

1 = Constant,

The sample size was derived statistically by using Taro Yemene as follow:

$$n = \frac{N}{1 + n(e)^2}$$

Where,

n = sample size

N = Population

e = Margin of error (0.05)

$$n = \frac{1, 238, 337}{1 + 1, 238, 337 (0.05)^2}$$

$$n = \frac{1, 238, 337}{1 + 1, 238, 337 (0.0025)}$$

$$n = \frac{1, 238, 337}{1 + 3,095.8425}$$

$$\begin{aligned}
 n &= \frac{1,238,337}{3,096.8425} \\
 &= 399.9 \\
 &= 400
 \end{aligned}$$

A total number of 400 respondents made up of adolescents between the ages of 10-19 years were sampled from three Local Government Areas of Calabar Municipality, Calabar South and Odukpani of Southern Education Zone.

Statistical analysis

Early Sexual Behaviour and Tendency for Unwanted Pregnancy Questionnaire (ESBTUPQ) was the tool used to collect the data. Three sections made up the questionnaire. Part A dealt with the respondents' demographic information, which included their age and place of residence. Five items made up Part B's early sexual conduct section, and Section C measured the dependent variable—the propensity for unintended pregnancy. The instrument has a total of 15 pieces. With the aid of measurement and evaluation professionals, the instrument underwent validity and reliability testing, yielding a.81 validity and reliability index. The option that applied to the responders the most has to be checked. Respondents were asked to rate each item on a modified Likert scale of four: almost always (AET) received four points, occasionally (ST) three, seldom (RL) two, and never (NR) one. These elements were developed from the research's review of the literature.

In order to assess the data, the raw scores of each item in each variable were totaled together to indicate the outcome for each variable. The findings were given in frequencies, percentages, tables, and inferential statistics because all hypotheses would be evaluated using independent and simple linear statistical regression procedures at the 0.05 level of significance (i.e., 95% confidence interval). The raw scores of all the items in each variable were added together to reveal the outcome for each variable in order to analyse the data. The hypothesis was tested using a simple linear statistical regression tool at a 0.05 level of significance (i.e., 95% confidence interval) using SPSS version 20 IBM SPSS Statistics for windows, IBM Corp., Armonk, N.Y., USA. The results were presented in frequencies, percentages, tables, and inferential statistics.

Ethical consideration

In order to safeguard the participants from psychological, physical, and emotional harm by protecting the privacy, secrecy, and confidentiality of their information, the study rigorously adhered to ethical standards and principles of science research. By explaining the study's purpose to the participants in order to influence their decision to participate, the study was carried out with their informed permission. The participants were told by the researcher that the information they provided was secret. The researcher also made sure the participants in the study gave their consent voluntarily, readily, and gladly.

4. Results

Based on their age and place of residence, the respondents are described in Figure 1. According to the

results in the table, out of the 400 respondents who took part in the study, 211 (52.75%) were aged 15 or younger, 165 (41.25%) were aged 16 to 18, and 24 (4.75%) were aged 19 or over. This demonstrates that younger adolescents are more prevalent in the research area than older adolescents. The outcome is According to Figure. 2, out of the 400 respondents that were included in the study, 243 live in urban regions, while 157 live in rural areas. This finding suggests that teenagers who live in metropolitan settings frequently struggle with difficulties of early sexual behaviour.

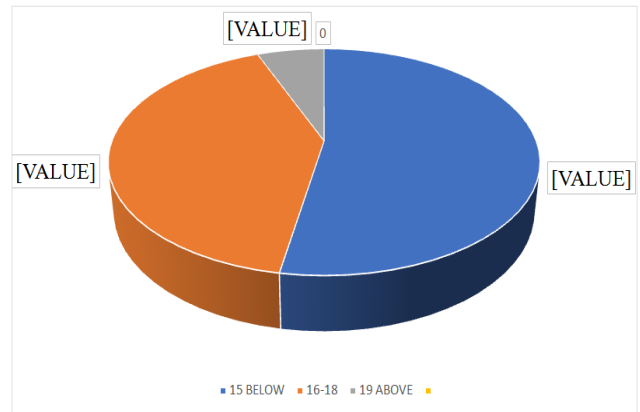


Figure 1. Age of Respondents

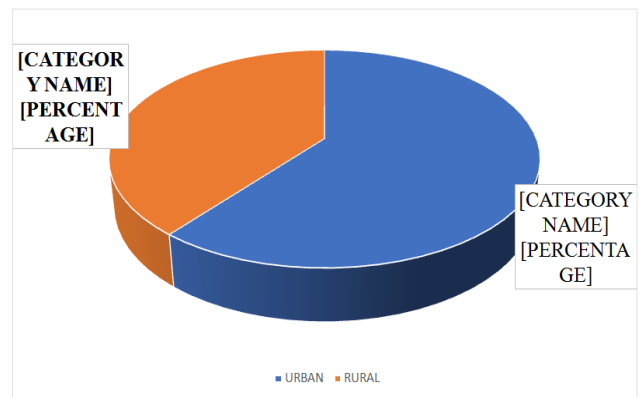


Figure 2. Location of Respondents

Test of hypothesis

In this study, it is hypothesised that early sexual conduct does not significantly affect adolescents' propensities for unintended pregnancies in the Southern Senatorial District of Cross River State, Nigeria. Early sexual behaviour is the study's independent variable, while adolescents' propensities for unintended pregnancies are its dependent variable. The rating on the considerable impact of early sexual conduct on adolescent girls' propensities for unintended pregnancies was shown in Table 1's results. The mean ratings for items 1, 2, 3, 5, 6, 7, and 8 were 2.58, 2.67, 2.48, 2.69, 2.87, 2.76, 2.51, and 2.50, respectively, above the criterion of 2.50. The Southern Senatorial District of Cross River State, Nigeria, shows a substantial relationship between early sexual practise and tendency for unintended pregnancies, with a grand mean of 2.63.

Discussion of Findings

The hypothesis that early sexual conduct has a major impact on adolescent propensity for unintended

7. Conclusion

Teenagers start having sexual relations quite early in life. This occurs in both males and females, but since the study's interest is in the propensity for unintended pregnancies, its focus is on female adolescents. All public health professionals should be concerned about this worrying behaviour since it could have expensive consequences including teen pregnancies, HIV infections, and school dropouts. Early commencement of sexual activity results from peers taking up the parental role in sexual communication. Therefore, minimising higher risk sex may be aided by correct timing of parent-child sexual interaction. According to the study's findings, young people are starting their first sexual relationships very young, which is likely due to peer pressure and the frequent exposure to sexual content on social media. The sort of material that is made available to children and teenagers through media networks could be regulated by public health officials and other stakeholders through the creation of policy frameworks.

8. Recommendations

The following suggestions are offered based on the study's findings:

1. Parents and guardians should receive education to help them get beyond cultural obstacles that prevent them from teaching young children about sex at home.
2. Religious and faith-based organisations should utilise their influence to compel teenagers to forgo premarital sex.
3. Community mobilisation and advocacy to raise awareness of the necessity of sex education in the curriculum.
4. Youth-focused health education initiatives that are effective in raising awareness of sexual concerns, encouraging abstinence, and encouraging risk-reducing practises.
5. Where abstention would not be sufficient, enhance contraceptive counselling to encourage use.
6. More research is required to better understand the contextual elements unique to each region of Nigeria that contribute to adolescent pregnancy as well as the efficacy of interventions designed for each of these contexts. Adolescent pregnancy prevention programmes and treatments need to be monitored and evaluated over an extended period of time to determine their effectiveness over time and pinpoint areas for improvement. In order to address the persistent problem of adolescent pregnancy in Nigeria, the government, donors, and NGOs should prioritise financing for research on adolescent sexual and reproductive health.

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