

## **Sexual networking among youth in southwestern Nigeria**



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Freud's discussion of infantile sexuality triggered considerable interest in sexual attitudes of boys and girls, particularly those at the age of adolescence. Prominent in the development of knowledge of sexual behaviour and in the attempt to make sexuality a scholarly topic for academic and public discussion are the works of Kinsey (Kinsey, Pomeroy and Martin 1948, 1953). Before Kinsey's research, sexuality was an indecent subject that should be discussed only in private. There is today, however, marked concentration of research efforts on sexuality, made from different perspectives.

In Nigeria, such attempts are not lacking, not even in the southwestern part where the present study was conducted. For example, Orubuloye, Caldwell and Caldwell's (1992a) study designed to examine the status of sexual networking and risk of AIDS in Southwestern Nigeria focused on the general population, particularly the adult group. Oyeneye and Kawonise's (1993) exploratory study of sexual networking in Ijebu-Ode followed the same pattern. Much earlier, studies investigating the sexual behaviour of adolescent students were carried out in the part of Nigeria presently designated as Osun State (for example Esen 1974; Owuamanam 1982; Owuamanam and Olofinsao 1988). These earlier student population researches were conducted from psychological, sex education and human developmental perspectives. The studies took off from the psychological conception that adolescence is a period of intense sexual drive, sexual experimentation and exploration. The sexual behaviour of that period of development was considered to need investigation because it would be false to think that a group so endowed biologically could be insulated from the sexual explosion of the present time. Institution-based adolescents, particularly those in the formal school system, were thought to be particularly predisposed to involvement in sexual activities because of some changes that have taken place in the Nigerian educational system since the civil war. These changes include rapid secularization of schools and removal of religious instruction from the school curriculum; greater emphasis on the co-educational system and gradual phasing out of the boarding system in high school (Owuamanam 1982).

These studies paying special attention to the reproductive and educational implications of school adolescent sexuality paid little attention to the disease transmission implications of sexual networking. For example, contraceptive behaviour was examined in the context of preventing unwanted pregnancies and not in the context of preventing STD transmission. Today things have changed. HIV/AIDS is here with us and while its forerunner STDs, notably gonorrhoea and syphilis, could be taken for granted by the average 'socialized', 'informed' and 'enlightened' school adolescent male, AIDS comes with a different story of consequence. This calls for a reorientation of research direction. A step in the direction of examining the sexual networking of school adolescents as a risk behaviour has been taken by Oloko and Omoboloye (1993) in Lagos State.

A study of the student group, most of whose members are unmarried, is in effect an investigation of premarital sexuality, an issue that has considerable cultural importance in

Nigeria. Premarital sexual experimentation was culturally prohibited in most Nigerian societies although the sanctions had always been less for the males than the females. Adults supervised the sexual lives of their young ones until they married. The result of the cultural sanctions and codes against premarital sex was that the sexual urge of the young was not given opportunity for expression.

Today, the cultural regulations regarding premarital sex are no longer adhered to; the ideal virginal marriage or virginity at marriage no longer exists. Renne (1993) has observed that not only is virginity at marriage no longer perceived as socially desirable in southwestern Nigeria but it is now perceived as 'socially backward', 'antisocial' or even associated with infertility-related diseases such as gonorrhoea and 'epilepsy'. The purpose of the present study was to investigate the sexual networking and contraceptive behaviour of students in southwestern Nigeria, with a view to determining specifically the extent of high-risk behaviour of the subjects in terms of STD and AIDS/HIV transmission; the students' behaviour patterns aimed at preventing STD and AIDS transmission; and the students' degree of awareness of, as well as their attitudes, towards AIDS.

## **Method**

### ***Sample***

The subjects were 593 students in secondary and higher institutions in Ekiti, Ondo State. Of these, 344 were female and 249 were male. Most of the subjects (544) were drawn from institutions located in the urban area. The disproportion is justified as the area is known to be highly urbanized and most institutions have their location in the urban centres. Orubuloye et al. (1990) have in fact stated that by African standards Ekiti is highly urbanized. More importantly, even though 49 of the subjects attended schools located in the rural area, they indicated that in the past ten years they had lived in urban or city centres. This means that it is difficult to get a truly rural sample from educational institutions in the study area.

There were 171 of the students in the secondary school, and 422 in higher institutions, the University, the Polytechnic and the College of Education. The subjects were mainly Yoruba-speaking; only 34 of them were not. Seven of them were married. In terms of religion, 70 of the subjects were Muslims, 496 Christians, two had traditional religious beliefs and one professed no religion. The age range was 14-35 years. Though 61.8 per cent of the rural subjects and 45.4 per cent of the urban subjects come from polygamous homes, the seven married subjects themselves were monogamous.

### ***Procedure***

The research instrument was the student population version of the Sexual Behaviour, STD and AIDS/HIV Transmission Questionnaire designed for use by the Nigerian Programme.

The questionnaire is an interview guide consisting of 33 open-ended items designed to obtain data on sexual behaviour, family type and structure, contraceptive behaviour and STD and AIDS/HIV transmission.

Data were collected through personal interviews conducted by the author and five other trained interviewers. Though the interview was conducted in English, the interviewers were trained to be clearly conversant with local concepts so as to be able to provide explanations and answer questions where necessary. In every case effort was made to establish rapport with the subject and to assure him or her of confidentiality in the treatment and use of the information obtained.

## Results

### *Age at first sexual experience*

As pointed out earlier, this study involves essentially an investigation of premarital sexual behaviour since most of the subjects were unmarried. Of the rural subjects (N=49), 34.7 per cent had had their first sexual experience before 20 years of age. The remaining 65.3 per cent had not had any sexual experience. Of the urban females only 18.4 per cent had never had sexual experience. Of the 81.6 per cent that had had their first sexual experience 0.3 per cent did so at the age of ten years. The modal age of first sexual experience was 20 years at which 14.6 per cent had their first sexual experience. Other age groups of first experience involving a comparatively high percentage of subjects were 17 years (11.9%), 18 years (13.2%), and 19 years (11.9%). The data for the male subjects indicate that 4.4 per cent had never had sexual experience, while 10.6 per cent said they had had their first sexual experience by the age of six years (Table 1).

**Table 1**  
**Age at first sexual experience**

Age in years	Urban Male		Urban Female	
	N	%	N	%
Below 10	23	9.3		
10	6	2.4	1	0.3
11	12	4.9	1	0.3
12	20	8.1	3	1.0
13	18	7.3	4	1.4
14	28	11.3	8	2.7
15	31	12.6	29	9.8
16	31	12.6	17	5.7
17	23	9.3	35	11.8
18	20	8.1	39	13.2
19	10	4.0	35	11.8
20	11	4.5	43	14.5
21	1	0.4	13	4.4
22	1	0.4	8	2.7
23			4	1.4
24	1	0.4	1	0.3
25	1	0.4		
Never	11	4.0	54	18.6

The modal age was 16 years with 12.9 per cent having their first sexual experience at that age. Eleven per cent of the subjects had their first sexual experience at an average age of 15 years.

It is important to note the differentials in the percentage of rural versus urban and male versus female teenage students' sexual relations, as well as the age differential at first sexual experience of the various subgroups of subjects. While virtually all Nigerian societies are becoming less restrictive than in the past towards premarital sexual relations, there is greater permissiveness to boys than to girls. Up to a certain age, girls have still remained supervised until parents could be sure that the children knew what to do to avoid getting into trouble for example through unwanted pregnancies. The problem of unwanted pregnancy is not

considered seriously adverse to the boys' future, not even to the possibility of securing another woman for marriage. The boy therefore is left alone with minimum supervision of his sexual life. The age of four years for the first sexual experience observed in some males in this study should attract attention since this age is far below pubertal age. Sexual play or sexual rehearsal (sexual acts of immature children) has been discussed as an important phenomenon in the sexual behaviour of African children (Allgeier and Lexington 1991). The behaviour could have important implications for STD and AIDS/HIV transmission since the AIDS virus is known to be present even at the foetal period. This means that sexual networking of immature children could be a means of transmission of congenital AIDS/HIV.

### **Sexual partners**

The question of whom the first sexual act is with is an important one. Two (0.8%) of the married males had their first experience with their wives, 73.9 per cent with girl-friends, and 21.3 per cent had their first experience with other people including relatives. As regards the female subjects, 74.9 per cent of urban and 24.5 per cent of rural girls had their first experience with boy-friends while 5.4 per cent of urban and 6.1 per cent of rural girls had it with others including relatives. Only one per cent had the relationship with men-friends. The high percentage of both sexes who had their first sexual experience with girl- or boy-friends points to the gradual demise of the old tradition of parents' strict supervision of the sexual lives of their daughters to ensure that they remained virgins till the time of marriage. In the old tradition whereby girl-friends were not available for sex because of the need to preserve their virginity, unmarried boys would rely mostly on commercial sex workers for sexual gratification. This supports the finding of an earlier study (Orubuloye, Caldwell and Caldwell 1992b) that only two per cent of the subjects' first sexual experience involved commercial sex. The authors observed that the practice of chaperoning girls to maintain their virginity till marriage, causing young men to gain their first experience with prostitutes, is no longer a common pattern among the Yoruba. Although the exact percentage of those involved in sexual relations with relatives was not isolated, some young men reported that their first sexual relations involved relatives — an older brother's wife or father's younger wife — a form of relationship described by Orubuloye et al. (1992a:219) as common in the traditional marriage system in Southwestern Nigeria.

**Table 2**  
**Partner at first sexual experience**

Partner	Urban Male		Urban Female		Rural	
	N	%	N	%	N	%
Wife/husband	2	0.8				
Boy/girl-friend	184	73.9	221	74.9	12	24.5
Man/woman-friend			3	1.0		
Others/relatives	53	21.3	16	5.4	3	6.1
Not Applicable (No partner)	10	4.0	55	18.7	34	69.4

The most common situation which brought partners together for sexual contact was love and affection: 40.3 per cent for female urban respondents, 48.2 per cent for male urban and 22.4 per cent for rural respondents. This is a further indication of less involvement of commercial sex in the initial sexual experience of youth. Playing together was the least accountable for the act in all groups. As would be expected in premarital sex, enjoyment, fun

and curiosity served as a major motivation for sexual relations among both male and female youth (Table 3). Only two per cent of the female sample indicated that economic or material reward motivated them to engage in sex. That economic or material reward is not an important factor in the respondents' sexual relations is further substantiated by the fact that the majority of the respondents' partners were students, a group that is not sufficiently economically strong to buy sex.

**Table 3**  
**Circumstances for first sexual relations**

Circumstances	Urban Male		Urban Female		Rural	
	N	%	N	%	N	%
Playing together	76	30.8	4	1.4	1	2.0
Affection/love	120	48.2	119	40.3	11	22.4
Party/celebration	24	9.6	1	0.3		
Persuasion	16	6.4	87	29.5	4	8.2
Forced/rape/lured	1	0.4	25	8.5	3	6.1
Not Applicable/No Response	12	4.8	59	20.0	30	61.7

**Table 4**  
**Reasons for first sexual relations**

Reason	Urban Male		Urban Female		Rural	
	N	%	N	%	N	%
Starting marital life	5	2.0	1	2.0		
Curiosity	99	39.8	33	11.2	2	4.1
Test of potency	14	5.6	4	1.4		
Enjoyment/fun			161	54.6	2	4.1
Economic reward			6	2.0		
Others	17	6.8	25	8.5	11	22.4
Not Applicable/No Response	9	3.6	63	21.3	33	67.3

Although most of the respondents maintain only one sexual partner now (66.4% for female urban, 33.7% for male urban and 26.5% for rural youth), a certain percentage (1.4%) of female urban subjects have as many as four sexual partners while one male urban respondent indicated having as many as 23. In general the number of sexual partners for urban males ranges between one and ten (Table 5).

**Table 5**  
**Number of sexual partners**

Number	Urban Male		Urban Female		Rural	
	N	%	N	%	N	%
0	-	-	12	0.7		
1	84	33.7	196	36.9	13	26.5
2	69	27.7	35	24.4		
3	29	11.6	7	12.3		
4	16	6.4	4	6.1		
5	13	5.2	-	2.7		
6	4	1.6	-	2.4		
7	-	-	-	0.7		
8	4	1.6	-	1.0		
9	1	0.4	-	0.7		
10	3	1.2	-	1.0		
More than 10	2	0.8	-	-		
Not Applicable/ No Response	24	9.6	41	13.9	36	73.5

The high percentage of subjects having multiple partners warns of a potential hazard for STD and AIDS/HIV transmission in students particularly in the urban area. The data are more revealing when examined in terms of the number of sexual partners in life. While three of the female urban subjects recorded an average of 14 partners in life, the data contain numbers of total life partners as high as 82 for one male urban respondent. The highest percentage of respondents having multiple partners was 16.9 per cent involving 18 partners since the first sexual experience. That notwithstanding, quite a good percentage of the respondents have maintained one sexual partner since their first sexual experience, while there is a tendency to reduce the number of sexual partners with age. There is a high differential between the percentage of respondents who have maintained one sexual partner throughout life and those who now have one partner. The differentials in the number of sexual partners now and in life and between male and female subjects are a reflection of a polygamous tendency among males in particular, in the society.

There is a possibility of exaggeration in the number of sexual partners reported by male subjects as noted in the case of one respondent who reported having had 82 partners in life. For instance, Pickering (1988), has observed that young single men exaggerate the number of their sexual partners to gain social prestige.

Generally female respondents had older sexual partners than the males. The largest percentage of male respondents reported having sexual partners whose ages range between 16 and 21 years, while those of female respondents range between 19 and 27 years. Premarital sex is one area in which men feel shy about approaching older women for sex, while older women have a sense of loss of respect to be associated in sexual relations with younger persons. The phenomenon of 'sugar mummy' in premarital sexual relations is however known to be common in Nigerian cities. A 'sugar mummy' relationship is a sexual relationship between an older woman and a much younger man.

Of very serious consideration in STD and AIDS/HIV transmission is the degree of sexual involvement with strangers; 27.7 per cent of urban males and 6.4 per cent of urban female subjects have had sex with strangers.

**Table 6**  
**Number of sexual partners had in life**

Partners	Urban Male <sup>a</sup>		Urban Female		Rural	
	N	%	N	%	N	%
1	28	11.2	109	36.9	9	18.9
2	35	14.1	72	24.4	2	4.1
3	29	11.6	37	12.5	1	2.0
4	12	4.8	18	6.1	-	-
5	18	7.2	8	2.7	-	-
6	11	4.4	7	2.4	-	-
7	15	6.0	2	0.7	-	-
8	7	2.8	3	1.0		
9	3	1.2	2	0.7		
10	7	2.8	-	-		
11	6	2.4				
12	6	2.4	1	0.3		
13	4	1.6	1	0.3		
14	2	0.8				
15	8	3.2				
16	5	2.0	1	0.3		
22	6	2.4				
25	3	1.2				
30	5	2.0				
32	4	1.6				
42	3	1.2				
50	2	0.8				
75	1	0.4				
82	1	0.4				
No Partner/ No Response	11	4.4	33	11.1	37	76.5

Note: <sup>a</sup>Does not total 100% as there were also the following numbers given once (0.4%): 17, 18, 20, 23, 24, 27, 29, 33, 34, 36, 38, 45, 68 and three men (1.2%) gave a number of 19.

### **Sexual behaviour and contraceptive use**

Recently contraceptives have become important in sexual relationships in Nigeria and are given prominence in media programs. Contraceptives are supplied at heavily subsidized rates in family planning clinics in virtually all hospitals. However the efforts are directed mainly to prevention of unwanted pregnancies. Contraceptive programs should include attempts to reduce the risk of STD and AIDS/HIV transmission. The contraceptive behaviour most reliable against STD and AIDS/HIV transmission is probably the use of condoms which has been accepted as capable of giving good protection against STDs and AIDS/HIV transmission.

Of the male urban subjects, 51.4 per cent have used some form of contraception. About the same proportion (52.5%) of female subjects have used contraception. However, pills formed a major part of contraceptive use. Only 3.6 per cent of male urban and 28.1 per cent of female urban respondents indicated that the condom was used by them. Only two per cent of the rural subjects have ever used the condom. The major reason for the use of the condom

was to prevent pregnancy. Relatively low proportions of the respondents used the condom to avoid infection. This could be attributed to the fact that a high percentage of the respondents as reported in this paper have kept their sexual relations to a single partner. When sexual contact is restricted to one partner and there is confidence that the partner does not have another partner, then the individual may not bother to use condoms for the purpose of preventing infection. A possible danger is the multiplier effect of sexual contact. If the partner has a sexual partner other than the respondent, then the respondent is indirectly relating sexually with more than one person.

For all groups, the suggestion to use condoms came most from self (respondent), followed by the partner. Medical personnel ranked lower than expected in the list of those who provided advice for condom use.

**Table 7**  
**Sources of condom supply**

	Urban Male		Urban Female		Rural	
	N	%	N	%	N	%
Chemist/supermarket	103	41.4	100	33.9	1	2.0
Private family planning	5	2.0	23	7.8		
Government hospital	5	2.0	7	2.4		
School	6	2.4	4	1.4		
Not Applicable/No Response	130	52.2	161	54.5	48	98.0

In spite of the wide media publicity given in Nigeria to the use of the condom as a preventive measure against STD and AIDS/HIV, the emphasis on condom use in health clinics is still on contraception. The family planning services provided in clinics are not convenient for people who wish to keep their sexual dealings secret: clients have to register and have case files opened for them. In most cases, a separate consulting room is reserved and a particular day of the week is used for family planning consultation. Thus the confidentiality of the treatment cannot be guaranteed as everybody knows when and why a client is in the clinic. This explains why hospitals ranked low as sources of condoms for the use of respondents. Private family planning clinics were more popularly used than government hospitals but the most common sources of condoms were chemists and supermarkets.

### ***Sexually transmitted diseases***

High-risk sexual behaviour consists mainly in having sexual relations with multiple partners or strangers, doing so without the use of condoms, having sexual relations when infected or failing to seek adequate medical treatment when infected. Sexual relations with multiple partners, with strangers and without condoms have been reported in this study.

The question then is: has there been or is there STD or AIDS/HIV in the population? The most common forms of sexually transmitted diseases reported by the subjects are gonorrhoea, reported by 12 per cent of urban males and 2.4 per cent of urban females, and syphilis reported by two per cent of urban male respondents. The diseases were reported to have been contracted from girl-friends by 0.4 per cent and women-friends by 8.8 per cent of urban boys. For the urban girls it was 1.4 per cent from boy-friends and 0.3 per cent from men-friends. In each case, the rest of the respondents could not identify the source of the infection. In cases where respondents reported the infection to anybody, more urban male respondents reported

to friends (4.8%), than to relatives (2.8%), partners or doctors (2.4%). Of the urban female subjects, 1.4 per cent reported to their partners, 0.7 per cent to friends and doctors.

There is risk associated with the small number of cases reported to doctors and sexual partners. Adequate medical treatment can best be obtained when a case is reported to a doctor while a report to the partner gives the partner the opportunity to seek medication. It should be noted that, unlike the males, the female respondents did not readily disclose their infection to their friends. The social stigma associated with STD in our culture is more on women than men. The information that a girl has a sexually transmitted disease is an indication of sexual laxity on the part of the girl. She would therefore prefer to take her medication quietly without telling friends her experience, particularly when she cannot guarantee the confidentiality of the report made by her. Thirteen per cent of urban male respondents got medication for the infection; in only 7.6 per cent of the cases was the medication from a doctor or nurse. The rest used self-medication (1.2%) and traditional healers (2.4%). The data for the female subjects were doctors 1.4 per cent, and traditional healers 0.7 per cent. A significant feature of the result is that after infection, two per cent of male subjects continued to have sexual relations, which in 1.6 per cent of cases was with girl-friends. Of the female respondents, 3.1 per cent did not abstain from sex when infected, 0.7 per cent of the cases did so with boy-friends. Of the males, 55.8 per cent indicated that they knew someone who had been treated for STD/AIDS, while 24.7 per cent of females reported knowing such a person.

### ***Modification of sexual behaviour***

Of the female subjects 71.9 per cent indicated they had modified their sexual behaviour since learning about AIDS while 2.7 per cent are still ignorant of AIDS. About the same percentage of male subjects, 72.7 per cent, have modified their sexual behaviour while only 0.8 per cent are still ignorant of AIDS. The modification of sexual behaviour among both male and female subjects was principally through reduction in the number of sexual partners and sexual relations, use of condoms and abstinence from sex. This shows that generally, the public education program on AIDS is achieving positive results in changing risky behaviour. For a small percentage of the population, this is not true, as they had not changed their sexual behaviour since becoming aware of AIDS. For the male subjects who had not changed their behaviour, the reasons were that either they believed that AIDS had not yet spread or they were indifferent about the consequences of AIDS.

The subjects were asked to make an assessment of young people's sexual behaviour. They described youth as too promiscuous, as lacking control, indifferent to cultural standards and regulations and having very bad attitudes and behaviour in relation to sex. They attributed the current change in youth sexual behaviour mainly to 'civilization'; 71.1 per cent of males and five per cent of females attributed the change to civilization. Other reasons were economic factors, and awareness of AIDS.

### ***Conclusion***

Young people in Southwestern Nigeria are engaged in risky sexual behaviour patterns. Unfortunately they are not quick at taking actions that would prevent or reduce the risk of STD and AIDS/HIV transmission. In these days of the AIDS epidemic, sexual networking should be associated with condom use, and immediate report of infection to medical personnel and to one's partner so that he or she can seek medication. There is also need to worry about a proportion of the population that is still ignorant of AIDS, is indifferent about AIDS or feels that AIDS has not spread. To some extent however, sexual behaviour among the youth has been modified since there is awareness of AIDS. Sex education with emphasis

on appropriate attitudes to AIDS/HIV should be included in the secondary school curriculum to increase young people's understanding of AIDS.

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