

Sexual Characteristics and Risk for Sexually Transmitted Diseases among Female Undergraduates in a Federal University in South South Nigeria

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Abstract: Information on the sexual characteristic of female undergraduate is central to the prevention of sexually transmitted diseases in this vulnerable group. To determine the sexual behaviour, prior exposure and risk for sexually transmitted infection in female undergraduates of the university of port harcourt. A cross sectional prospective study involving 354 sexually active female students attending the youth friendly centre of the university of port harcourt health centre was carried out. Their socio-demographic characteristics, pattern of sexual behaviour, use of contraceptives and history of sexually transmitted infection were noted. Statistical analysis was done. The age distribution of the participants was 15-30. 10.2% had 5 or more life time sexual partners. Two hundred and forty five (69.2%) of the students had terminated a pregnancy in the past while one hundred and eighty (50.8%) of them had a history of sexually transmitted infection.

Key words: Sexually transmitted, female undergraduate, prevention, sexual behaviour, prior exposure

INTRODUCTION

Most young women initiate sexual activity during adolescence and the risk for sexually transmitted infections accompanies this initiation. Forhan *et al.* (2009). Interestingly majority of students in the tertiary institutions are single and young adults who are easily influenced by the liberal life style in the campuses characterised by personnel freedom and social interaction, thus predisposing them to high level of risky sexual behaviour. It is very necessary to put into perspective the sexual behaviour of youth since it is central to the prevention of HIV and other STIs transmission in the country.

Studies have shown that sexual activity among young people in Nigeria is high and increasing Federal Ministry of Health (2005). The NDHS of 2008 showed that the median age for 1st intercourse at 17.7 for female and 20.6 for male National Population Commission (NPC, 2009). However, most adolescents have their first sexual intercourse between the ages of 10-16 . Okpani and Okpani (2000) and Oloko and Omoboye (1993). In Benin City, 77% of adolescent school girls are sexually active while in port Harcourt 78.8% of adolescent school girls were sexually active (Okpani and Okpani, 2000).

Several studies have reported multiple sexual partnerships among adolescents in various parts of the country (Oboro and Tabowei, 2003; Okpani and Okpani,

2000) and Evelyn *et al.* (1999) and sexual intercourse especially involving multiple sexual partners exposes youth to greater risk of sexually transmitted infections Oboro and Tabowei (2003). These young females engage in indiscriminate sexual activity without having the necessary reproductive health information to practise safe sex, hence resulting in inconsistent use of condoms and other contraceptive. Because of their low use of condoms, youths engaging in sex are at high risk of contracting STI/HIV infection. Oboro *et al.*, (2003). A common feature of young people in Nigeria is their potential vulnerability STI including HIV (NPC, 2009).

Sexually Transmitted Infections (STIs) among youth continue to be a public health problem of immense concern in developed and developing countries Forhan *et al.* (2009). The prevalence of STI including HIV among female adolescents is climbing rapidly Joint United Nation Programme on HIV/AIDS (2000). The rates of newly acquired HIV infection are highest in the age range of 15-25 year age group and highest sero-prevalence rate in Nigeria is in this age group Federal Ministry of Health (2005).

The implication of this is far reaching considering the several complications of in STIs and that of Acquired Immuno Deficiency Syndrome (AIDS). Apart from STI/HIV and their reproductive squeals, other consequences of early risky sexual activity among young females include, teenage pregnancy, unwanted pregnancy

with resort to unsafe abortion resulting in life threatening complications, maternal deaths and prolonged morbidities in survivors Moronkola and Idris, 2015; Murray *et al.*, 2006).

Considering the long standing reproductive consequences of STI and since there are no specific cure for AIDS and no developed vaccines yet, preventive measures remain the mainstay for tackling STI/HIV and its associated problems. These preventive measures will be derived based on the information obtained on sex behaviours of the concerns and sex education programmes.

Concerns about this has lead to increase interventions and research on the sexual behaviour of young people, although, more of studies carried out on to determine the sexual behaviour of female undergraduates in Nigeria are in the south west, a few still exist in this region and only a few have documented the prior exposure of female undergraduates to STI and risk of STI as a consequence of indiscriminate sexual activity. This study therefore aims to determine the sexual behaviour of sexually active female undergraduates of Port Harcourt and to determine their prior exposure and risk for sexually transmitted infection. The information obtained here could be important to formulate effective strategies that can successfully address this scourge in our environment.

MATERIALS AND METHODS

This was a cross sectional descriptive study involved female undergraduates attending the youth friendly centre of University of Port Harcourt for counselling on HIV infection and other sexually transmitted diseases. The youth friendly centre is an arm of the lulu briggs health centre of university of port harcourt. The lulu briggs health centre is a primary health care centre of the university of port harcourt located in Choba, Obio-Akpor Local Government Area of Rivers State. The Youth Friendly Centre provides counselling to students and voluntary testing for Human Immune deficiency Virus (HIV) and other sexually transmitted diseases.

A systemic random sampling technique was employed and data gathering instrument utilize was a structured anonymous self administered questionnaire. The questionnaire was pretested prior to distribution and necessary corrections made. The authors interviewed the participant who came for counselling on HIV and other STI. Data collected from the respondent include their socio-demographic characteristic, age at first sexual exposure, sexual behaviour, use of barrier contraception and history of sexually transmitted infection among them and their spouse.

Data management and analysis: Data analysis was done using the Statistical Package for Social Science (SPSS) version 17. The data were presented as means, rates and proportion in tables. Correlations between various variables were done. Statistical test of association was carried out where applicable and the level of significance set at $p < 0.05$.

RESULTS AND DISCUSSION

Three hundred and fifty four sexually active female undergraduate students of the University of Port Harcourt were enrolled into this study Table 1: shows the biodata of the participants, the frequencies of the variables, the percentages.

The age range of the participant was 15-30 year. The mean age of the participant was 20.946 ± 3.335 . Students in the age range of 20-25 year were more in number comprising 186 (52.5%) of the participants. Two hundred and three of the participants were in the 1st year and 74 were in the 2nd year of study Students in the 4th, 5th-6th year of studies were the least of the participants. Three hundred and twenty three (91.2%) of the students were single while 31(8.8%) of them were married. Christians were the majority comprising 332(93.8%) of the participants while Muslim's were 22(6.2%) Table 1.

Table 2 shows the sexual characteristic of the participants, the frequencies. The mean age at coitache amongst the participants was 16.39 ± 2.32 . Two hundred and twenty five (72.0%) of the students had their 1st coital exposure between the ages of 15-19 year. Seventy of the students had their 1st coital exposure at 14 year of age or less, More of the participants had 1-2 current sexual partners and life time sexual partners. Thirty six students (10.2%) had 5 or more life time sexual partners. Among the participants, 180(50.8%) of them had a history of sexually transmitted infection while 174 had no such history. The findings from this study showed that there is a high level of sexual activity amongst female undergraduates of University of Port Harcourt and inconsistent use of barrier contraceptives (Table 3). Two hundred and forty five (69.2%) of the students had terminated a pregnancy in the past. Only 11(10.1%) of 109 who had not terminated a pregnancy. Amongst the 354 students that were enrolled in to this study, only 35 of them used condoms always, 9(2.5%) of them had never used a condom in the past while the rest 310 (87.6%) of them used condom occasionall (Table 1).

The mean age at sexual debut was 16.39 ± 2.32 year. Two hundred and twenty five (72.0%) of the students had their 1st coital exposure between the ages of 15-19 year. Seventy of the students (19.2%) had their 1st coital exposure at 14 year of age or less. This finding agrees with the findings of Ladipo which documented the mean age for coitarch to be 15-17 year (Ladipo, 2002) and the

Table 1: Biodata of participants

Variables	Total	Percentage
AGE (year)		
15-19	136	38.4
20-25	186	52.5
26-30	32	9.0
30-35	0	0
Marital status		
Single	323	91.2
Married	31	8.8
Divorced		
Year of study		
1ST	203	57.3
2ND	74	20.9
3RD	39	11.0
4TH	19	5.4
5TH	12	3.4
6TH	7	2.0
Religion		
Christian	332	93.8
Islam	22	6.2
Others		

Table 2: sexual behaviour of participants

Variables	Total	Percentage
Age at coitarche		
≤14	70	19.2
15-19	255	72.0
20-25	28	7.9
>25	1	0.3
No of current sexual partners		
1-2	331	93.5
3-4	23	6.5
No of life time sexual partners		
1-2	208	58.7
3-4	110	31.1
≥5	36	10.2
History of termination of pregnancy		
Yes	245	69.2
No	109	30.8
Use of condom		
Always	35	9.9
Occasional	310	87.6
Never	9	2.5

Table 3: History of prior sexually transmitted infection among participant

Variables	Total	Percentage
History of sexually transmitted infection		
Yes	180	50.8
No	174	49.2
History of partner sexually transmitted infection		
Yes	106	29.9
No	122	34.5
Dont know	126	35.6

demographic health survey of 2008 which showed that the median age for 1st intercourse for females is 17.7 year National population commission (2008). Many of the students had one or two current and life time sexual partners.

About 93.5% had one or two current sexual partner, about 110 of the participant had up to three or four sexual partners in their lifetime while 6.3.5% were currently keeping three or more sexual partners. This is in keeping with other researchers that have showed multiple sexual

partners among youths. Evelyn *et al.* (1999) Okpani and Okpani (2000) Oboro and Tabowei (2003). Rapid urbanization with deterioration of societal moral standards, poor parental control, exposure to pornographic materials and peer group pressure are some of the factors that have been advanced to explain the decreasing age at coitarche and indulgence in sexual activity by single girls. Briggs (1991). Some researcher have suggested monetary gains as the underlying motive for sexual activity Okpani *et al.*, (2000). This could not be ascertained in this study.

This picture is worsened by the fact that only 35(9.9%) of the participant use condoms always, 310(87.6%) use condoms occasionally while 9(2.5%) never use condoms all. This is in keeping with other studies that have reported low contraceptive use among young people Oboro and Tabowei (2003) and the low contraceptive use in Okpani and Okpani (2000). Although, the reason for non or inconsistent use of condoms were not ascertained in this study, the reasons may not be justifiable and in no way will equates the dangers to which they are exposed for non use or inconsistent use. Even though condoms do not guarantee absolute protection against STI/HIV infection, they remain the best protective method available. Araoye *et al.* (1998). They also offer dual protection equally protecting against unwanted pregnancy.

The consequences of adolescent sexuality, sexually transmitted diseases and their sequelae, teenage pregnancies and births and resort to induced abortions have multiple medical implications. Okpani and Okpani (2000) Briggs (1991). Majority of the participant 245(69.7%) admitted to have been pregnant in the past and terminated a pregnancy before while 50.8% of them have been treated for sexually transmitted infection STI in the past.

This study has shown that there is high level of sexual activity among undergraduates of our institution. They engage in early premarital sex have multiple sexual partners, use condoms inconsistently, get unplanned pregnancy and terminate them. These sexual characteristics are risk factors for sexually transmitted infection including HIV. This study also showed that sexually female undergraduates are at risk for acquiring STI. There is need therefore to speed up and intensify the existing enlightenment programmes on sex education, inclusion of sex education in our school curriculum.

CONCLUSION

There is a high level of sexual activity amongst female undergraduates of university of port harcourt and most are at risk of acquiring a sexually transmitted disease.

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