



Sexual practices and factors affecting sexual outcomes of young people in Oluku community, Ovia North East local government, Edo State, Nigeria

Okafor K.C¹, Adam V.Y², Azuike E.C³

ABSTRACT

Background

Young people constitutes one of the most dynamic human resource bases, due to their strength and youthfulness they people begin to explore their sexuality and have sexual relationships that may have unfavourable outcome like unwanted pregnancies, abortions, STIs and HIV/AIDS.

Objective

This study aims to determine sexual practices and factors affecting sexual outcomes among young people in Oluku Community, Ovia North East, Local Government, Edo State, South South, Nigeria.

Methods

This was a cross-sectional study conducted between January and June, 2013. It utilized multi- stage sampling method. Data was collected using interviewer administered questionnaire.

Results

A total of 400 young people participated in this study with a mean age of 17.8 ± 3.9 years. Sex distribution showed there were more females 211 (52.8%) than males 189 (47.3). The mean age for females was 17.1 years (SD = 3.9 years) and males was 18.1 years (SD = 3.9 years). Half (49.0%) of young person's in Oluku had experienced sexual intercourse, most 154 (79.4%) of which were unplanned. Their first sexual experience occurred between the ages of 13 to 18 years, with a mean age of 17.2 ± 3.4 years; most were with older partners who were neighbourhood friends and schoolmates. Sixty eight percent of respondents have kissed at least once or more, 73.7% have practiced hugging over the last 6 months. A third has had pregnancy and STI as an outcome of a sexual encounter, factors affecting outcome of sexual encounter were age, younger age of first intercourse, sex and family structure

Conclusion and Recommendations

Government and schools should have a continuous peer education and training on life building skills for young people so as to increase the age of sexual debut and reduce unfavourable outcomes of unwanted pregnancy and STIs. Also, the State should establish institutional structures like Youth friendly centres in Oluku community which will help to coordinate and serve the needs of young person's especially their sexual, reproductive needs and other social needs.

Keywords: Sexual Practices, Sexual Outcomes, Young People

GJMEDPH 2018; Vol. 7, issue 2

¹Health Research and Policy Development Foundation, Abuja, Nigeria

²Department of Community Health, University of Benin, Benin City, Edo State

³ Department of Community Health, Chukwuemeka Idumegwu Ojukwu University, Anambra State

*Corresponding Author

Okafor Kingsley
Health Research and Policy Development Foundation, Abuja, Nigeria
rokaforkingsley@gmail.com

Conflict of Interest—none

Funding—none



INTRODUCTION

There has been a growing interest in the sexual and reproductive health of adolescents and young people all over the globe. This interest stems from the fact that this group constitutes one of the most dynamic human resource bases, due to their strength and youthfulness. This is the age when most people begin to explore their sexuality and have sexual relationships.¹ Their lives are characterized by profound biological, cognitive, emotional and social changes associated with the passage through puberty. These formative years offer² an ideal window of opportunity for³ building the foundations of sexual and reproductive health and rights among adolescents and young people and for preparing them to make safe, informed and voluntary sexual and reproductive (and other) decisions in their lives.^{4,5}

Sexual activity and practices amongst young people (within or outside marriage) puts them at risk of sexual and reproductive health problems. These unfavourable outcomes include early pregnancy (intended or otherwise), unsafe abortion, sexually transmitted infections (STIs) including HIV, and sexual coercion and violence.⁶ In developing countries as a whole, one woman in five gives birth before the age of 18; this rate rises to one in two in some countries. Pregnancy-related problems constitute a leading cause of death for adolescents aged 15–19 years, with complications from unsafe abortion and childbirth representing the major contributing factors. In sub-Saharan Africa, for example, young women under the age of 25 years account for nearly 60% of all unsafe abortions.⁴ Similarly, adolescents are responsible for 60% of unsafe abortions taking place in Nigeria. More than a third (30.5%) of young people are sexually active, thus this increases their risk of contracting HIV/AIDS and other STIs.⁷ The high HIV prevalence in Sub-Saharan Africa adds to the risks associated with early sexual activity as young people are disproportionately affected, accounting for almost two-thirds of the people living with HIV in the region. Moreover, the prevalence of HIV among adolescents is higher in Sub-Saharan Africa than in other parts of the world.⁷ This age group are exposed to serious morbidity and mortality related to their sexual and reproductive actions and attitudes.^{8,9}

This study assessed the sexual practices of young persons in a community that plays host to numerous commercial activities like retail alcohol shops, bars, beer parlors, guest houses, hotels and brothels. These activities create a good environment for recreational events like alcohol intake, drug use, sexual and sex related activities, and other events used as a form of recreation for the visitors and long distance travelers. It is important to assess the influence of this environment on sexual practices of young persons in the community.

There are few community – based studies on adolescents and young people sexual practices in Nigeria, most studies^{1,8,10,22} were done in institutions or are school – based. The identification of sexual outcomes will help channel health education and sex education programs to mitigate the effects of these outcomes. This study aim to assess the sexual practices including sexual experience, planned sex, number of sexual partners, frequency and periodicity of sexual intercourse, outcome of sexual encounter of young people in Oluku Community, Edo State.

MATERIAL AND METHODS

The study was carried out in Oluku, Edo State in the South - South geopolitical zone of Nigeria. Oluku community has a primary health centre, one government owned primary school, three private primary school, a secondary school, a market and three petrol stations. The town is divided into two by the Lagos- Benin Express way. It is home numerous parking spots for drivers and visitors, hotels, brothels and a night market. There are 1,089,332 young persons (aged 10- 24 years) in Edo State.¹⁰

It is a descriptive cross-sectional study among 400 young people within the Oluku community. Study included all young people residing (in – school and out- of school) in Oluku community and present at the time of the survey, while those who refused consent or where not available were excluded. This study was done between January and June, 2013. Sample size was calculated using the Cochran's formula for minimum sample size determination in cross-sectional study.¹¹

$$n = \frac{Z^2 pq}{d^2}$$



A multi-stage sampling technique was used for this study.

Stage One

The Lagos - Benin express road divides the community into a two halves, one on the right (as community 1) and the other on the left (as community 2). A simple random sampling technique using a table of random numbers was used to select one of the two communities. The left community (community 2) was selected.

Stage Two

The number of houses and households in the selected community was determined by counting and numbering. There were 172 houses and 526 households on the left side of the community (Data from an initial enumeration done by researcher). From this, 400 households were selected using a simple random sampling (using a table of random numbers). In households with more than one adolescent, an adolescent was selected by balloting. Pre-testing was done 300km away from Oluke community among young people in Ogbona community in Etsako Central Local Government Area, Edo State, Data was collected using quantitative method adapted from the 2007 National HIV/AIDS and Reproductive Health Survey (NARHS) plus.¹²

Ten research assistants were recruited and trained over a period of three days on how to administer and fill the questionnaires. The research assistants were final year medical students and Community health extension workers.

A structured, interviewer administered questionnaires was administered to young people resident in the community. The questionnaires covered socio-demographic data, age of first intercourse, sexual practices, frequency, periodicity, planning and outcome of sexual practices. Collected quantitative data was entered and analyzed using Statistical Package for Scientific Solution (SPSS) version 19.

Ethical approval was obtained from the University of Benin Teaching Hospital ethical committee and permission was obtained from the community leaders and youth leaders, while parents gave assent for questionnaires to be administered. Individual informed consent was attached to each questionnaire and the respondent gave his or her consent before the questionnaires were filled. Participation was voluntary and there was no inducement or undue influence on participants. Participants confidentiality and privacy were respected during the course of the study: Serial number rather than name was used to identify each respondent. Results of survey were coded and kept secure in the researcher's computer. Respondents were informed that there will be no penalties or loss of benefit for refusal to participate in the study or withdrawal from it.

Career talk and Health education was given to each respondent during the study. Young people that were ill were referred to Primary Health Care Center for treatment

RESULTS

Socio Demographic Characteristics of all Respondents

Sex distribution showed there were more females 211 (52.8%) than males 189 (47.3). The mean age for females was 17.1 years (SD = 3.9 years) and males was 18.1 years (SD = 3.9 years). This difference was statistically significant ($p = 0.025$, $t = 2.25$). A higher proportion of respondents were of the Bini ethnic group 145 (36.3), others were Igbo 85 (21.3 %), Yoruba 74 (18.5%), Esan 26 (6.5%). Most respondents were Christians 346 (86.5%) while 33 (8.2%) were Moslems. Majority of the respondents had secondary education 271 (67.8%), while 6 (1.5%) did not attend formal education. Most of the respondents were single 363 (90.8%) and were from families with a monogamous setting 289 (72.3%). (Table 1)

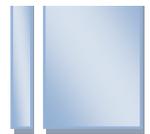


Table 1 Socio Demographic Characteristics of Respondents

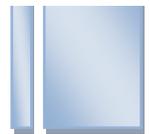
Variables	Frequency (n=400)	Percent (%)
Age (Years)		
10-14	100	25.0
15-19	154	38.5
20-24	156	36.5
Mean Age: 17.8±(3.9) Years		
Sex		
Male	189	47.3
Female	211	52.8
Ethnic Group		
Bini	145	36.3
Igbo	85	21.3
Yoruba	74	18.5
Others*	37	9.2
Esan	26	6.5
Hausa	17	4.2
Etsako	16	4.0
Religion		
Christianity	346	86.5
Islam	33	8.2
Traditional	11	2.8
None	10	2.5
Highest Educational Attainment		
Primary	71	17.8
Secondary	271	67.8
Tertiary	52	13.0
None	6	1.5
Marital Status		
Single	363	90.8
Married	28	7.0
Divorced	5	1.3
Separated	4	1.1

* *Isoko, Ibibo, Efik, Urohbo, Ijaw*

Sexual Practices of Respondents

Friends 126 (31.5%) and teachers 119 (29.8%) were responsible for giving the respondents their first information on sex, others were siblings (5.5%), parents 52 (13.0%), while other sources 15 (3.7%). Almost forty nine percent of respondents had experienced sexual intercourse, 111 (58.7%) of the males had sexual intercourse, while 83 (39.4%) of the females had sexual intercourse. Most 154 (79.4%) respondents who had experienced sexual intercourse had not planned it. Majority (60.3%) of respondents had their first sexual experience

between the ages of 13- 18years. The mean age at first intercourse was 17. 2 ± 3.4years, while for males was 14.6 ± 4.4 years and for females 14.7 ± 4.7 years. This difference was not statistically significant. (p = 0.849, t = 19.1) Forty seven percent of respondents had older partners during their first sexual debut, 11.3% had partners who were of same age while 21.1% were younger. Of those respondents that have had sexual intercourse, 35 (18.0%) have not had sex in the last 12 months, about two –thirds 127 (66.5%) have had sexual intercourse between 1 – 6 times. Of those who had sex in the last 12 months, 41 (35.8%) of the respondents had sexual

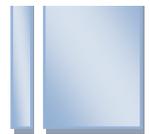


intercourse once a week, 110 (69.2%) had sexual intercourse greater than once a month. (Table 2)

Table 2 Sexual Practices and Characteristics of Respondents

Variables	Frequency (n=400)	Percent (%)
Ever had Sex (n=400)		
Yes	194	48.5
No	206	51.5
Planned Sexual Intercourse (n=194)		
Planned	40	20.6
Unplanned	154	79.4
Age (in years) at Sexual Debut (n=194)		
7-9	7	3.6
10-12	32	16.5
13-15	57	29.4
16-18	60	30.9
19-21	38	19.6
Age of Respondents First Sex Partner (n=194)		
Younger	41	21.1
Same Age	22	11.3
Older	92	47.4
Don't Remember	39	20.2
Source of First Information on Sex (n=400)		
Friends	126	31.5
Teacher	119	29.8
Media	66	16.5
Parents	52	13.0
Siblings	22	5.5
Others*	15	3.7
Frequency of Sexual Intercourse in Last 12 Months (n=194)		
None	35	18.0
1-3	63	32.5
4-6	64	33.0
7-9	7	3.6
≥ 10	25	12.9
Periodicity of Sexual Intercourse in Last 12 Months (n=159)		
Daily	2	1.2
Once in 2 Days	6	3.8
Once a Week	41	35.8
≥ Once a Month	110	69.2
Number of Sexual Partners in Last 12 Months (n=194)		
1	87	44.9
2-3	64	33.0
4-6	14	7.2
7-9	15	7.7
≥ 10	14	7.2

* Others health worker (0.7%), Uncle (0.9%), Aunty (1.2%), books (0.6%), nobody (0.3%)



Sixty eight percent of respondents have kissed at least once or more, while 73.7% have practiced hugging over the last 6 months, 15.7% had practiced

oral sex, 11.2% anal sex while 98 % had never practiced homosexual practices. (Table 3)

Table 3 Other Types of Sexual Practices among Respondents

Sexual Practices	Never (%)	once (%)	2-5 times (%)	≥ 6 (%)	Total
Kisses	133 (33.3)	51 (12.8)	106 (6.5)	110 (27.5)	400 (100.0)
Hugs	105 (26.3)	52(13.0)	107(26.6)	136 (34.0)	400 (100.0)
Oral Sex	337 (84.3)	26 (6.5)	20 (5.0)	17 (4.2)	400 (100.0)
Anal Sex	355 (88.8)	18 (4.5)	19 (4.8)	8 (2.0)	400 (100.0)
Homosexual Intercourse	392 (98.0)	1 (0.3)	3 (0.8)	4 (1.0)	400 (100.0)

Of those respondents that have had sexual intercourse, 35 (18.0%) have not had sex in the last 12 months, about two –thirds 127 (66.5%) have had sexual intercourse between 1 – 6 times. Of those who

had sex in the last 12 months, 41 (35.8%) of the respondents had sexual intercourse once a week, 110 (69.2%) had sexual intercourse greater than once a month. (Table 4)

Table 4 Pregnancy Outcome and Possible Predictor Variables

Possible Predictor Variable	Got Pregnant		Fishers Exact	p value
	Yes (%)	No (%)		
Sex				
Male	31 (27.9)	80 (72.1)	0.011	0.552
Female	22 (68.7)	10 (31.3)		
Level of Education				
None	1 (33.3)	2 (66.7)	1.768	0.645
Primary	5 (33.3)	10 (66.7)		
Secondary	41 (29.1)	100 (70.9)		
Tertiary	7 (20.0)	28 (80.0)		
Religion				
Christianity	47 (28.8)	116 (71.2)	0.527	0.768
Islam	6 (23.1)	20 (76.9)		
Traditional	1 (20.0)	4 (80.0)		
Ethnic Group				
Edo	21 (23.1)	70 (68.0)	0.027	0.165
Non Edo	33 (32.0)	57 (76.9)		
Age (Years)				
10-14	8 (57.1)	6 (42.9)	34.621	0.001*
15-19	13 (21.5)	51 (78.5)		
20-24	33 (28.4)	83 (71.6)		
Age at First Sex (Years)				
<10	2 (22.2)	7 (77.8)	7.346	0.037*
10-14	16 (48.5)	17 (51.5)		
15-19	17 (24.3)	53 (75.7)		
20-24	19 (23.2)	63 (76.8)		
Family Structure				



Monogamous	42 (32.8)	86 (67.2)	6.171	0.028*
Polygamous	11 (19.3)	46 (80.7)		
Separated	1 (11.1)	8 (88.9)		
Type of School				
Day School	44 (29.5)	105 (70.5)	5.054	0.338
Boarding	10 (22.2)	35 (77.8)		

**Statistically Significant*

Outcome of Sexual Practices among Young People

About 54 (27.8%) of respondents had pregnancy as an outcome of their sexual encounter, 72.2% did not

get pregnant. Also, 20.6% of respondents had sexually transmitted infections after sexual intercourse. (Table 5)

Table 5 STI Outcome and Possible Predictor Variables

Possible Predictor Variable	Had STI		Fishers Exact	p value
	Yes (%)	No (%)		
Age (Years)				
10-14	2 (33.3)	4 (66.7)	0.660	0.719
15-19	16 (20.8)	60 (79.2)		
20-24	22 (19.6)	90 (80.4)		
Sex				
Male	28 (25.0)	83 (75.0)	2.724	0.048*
Female	12 (14.5)	71 (85.5)		
Religion				
Christianity	35 (21.5)	128 (78.5)	1.214	0.496
Others	5 (16.1)	26 (83.9)		
Age at First Sex (Years)				
<10	4 (44.4)	5 (55.6)	4.148	0.187
10-14	9 (27.3)	24 (72.7)		
15-19	12 (17.4)	58 (82.6)		
20-24	15 (18.3)	67 (81.7)		
Family Structure				
Monogamous	33 (25.8)	95 (74.2)	9.271	0.030*
Polygamous	5 (8.8)	52 (91.2)		
Separated	2 (22.2)	7 (77.8)		
Type of School				
Day School	32 (21.5)	117 (78.5)	1.664	0.591
Boarding	8 (17.8)	37 (82.2)		
Level of Education				
None	0 (0.0)	3 (100.0)	4.802	0.187
Primary	1 (6.7)	14 (93.3)		
Secondary	34 (24.1)	107 (75.9)		
Tertiary	5 (14.3)	30 (85.7)		
Ethnic Group				
Edo	19 (20.9)	95 (74.2)	2.724	0.215
Non Edo	21 (20.4)	52 (91.2)		
Pregnancy Outcome				

Yes	17 (31.5)	37 (68.5)	6.216	0.020*
No	23 (16.4)	117 (83.7)		

**Statistically Significant*

Factors Affecting Outcome of Sexual Practices Among Young People

Factors affecting pregnancy as an outcome of sexual intercourse include younger age group ($p = 0.001$), earlier age at sexual debut ($p = 0.037$), monogamous family ($p = 0.028$). Other not statistically significant include religion ($p = 0.768$), ethnic group ($p = n$), attending day school ($p = 0.338$). (Table 4) Factors affecting STI as an outcome of sexual intercourse include male sex ($p = 0.048$), monogamous family structure ($p = 0.030$), pregnancy ($p = 0.020$). Other were the younger age group ($p = 0.719$), religion ($p = 0.496$), early sexual debut ($p = 0.187$), attending day school ($p = 0.591$), less than primary education ($p = 0.215$). (Table 5)

DISCUSSION

Most respondents had their first information on sex from friends and teachers while, siblings only contributed in 5.5% of the first sex information, parents 52(13.0%). This reflects the importance of sex education in schools and need for peer sexual education. Only a few heard about sex from their parents and sibs, indicating that parents still shy away from discussing sex related matters with their children. This behaviour and attitude has a seemingly cultural origin where sexual matters are made secret and a taboo for formal discussion and review. A study done in Ibadan¹³ also made similar findings. Peer pressure, parental influences affect sexual practices of young people. This underscores the need for peer education and parental support in young person's reproductive health issues.

Almost half (49%) of young persons in Oluku had experienced sexual intercourse, lower percentages were seen in studies done in Taiwan,¹⁴ Portugal,¹⁵ Addis Ababa¹⁶ while higher percentages were shown in studies done in Port Harcourt,¹⁷ Calabar,¹⁸ Owerri,¹⁹ Limpopo, South Africa,⁹ Namibia²⁴ and Kenya.²² The National HIV/AIDS and Reproductive Health Survey³³ done in Nigeria showed a lower value (43%). The NARHS 2012 study showed a little decline from the 2007 findings (32.3%).²⁰ The

presence of brothels and transactional sex workers within the Oluku environment may be the likely reason for this high sexual experience. This situation could result in increased transmission of HIV/AIDS and other STIs.

Majority of respondents who had experienced sexual intercourse had not planned it, while a few had it planned. This is in consonance with a study done in Ibadan.¹³ Unplanned sexual intercourse might be due to the fact that affected respondents may lack negotiating skills and were unable to identify environments that can promote sexual intercourse. One of the most unfavourable outcomes of unplanned, unprotected sex is unintended pregnancy. Others are STI and HIV infection.

Most (60.3%) of respondents had their first sexual experience between the ages of 13- 18years, with a mean age was 17.2 ± 3.4 years. This is different from a study done in Leeds²¹ were adolescents sexual debut came earlier, while other studies done in Africa^{13,22,23} showed similar mean age at first sexual intercourse. The typical African setting with cultural values, morals and taboos may be the reason for respondents initiating sex at a higher mean age than the studies done in Europe. This attribute is important in the prevention of disease transmission. Forty seven percent of young person's had older partners during their first sexual debut. This indicates that older persons were responsible for their first sexual experience. This is attributable to the fact that the older ones easily cajole those younger than them into sexual activities, thus sexual education, HIV/ AIDS and STI awareness and prevention should target all adults and older persons in the community. This increases the risk of transmission of HIV/AIDS in the community.

Of those respondents that have had sexual intercourse, 9.4% have not had sex in the last 12 months, 68.9% have had sexual intercourse between 1 – 6 times, while 20.5% have had sexual



intercourse 10 times or more in the last 12 months. Young people in Oluku community were having regular sexual intercourse, this is similar to finding in the NARHS, 2008 survey¹² were 67% of respondents have had sex at least once in the last 12 months and the Port Harcourt study were 34.3% were having sex at least once a week.¹⁷ A likely reason for this is that once a young person is sexually active, the practice of sexual intercourse often becomes regular. Curiosity, peer pressure and difficult situations may lure adolescents into early, high risk and frequent sex.

In characterizing sexual practices of those respondents that have had sexual intercourse, 35 (18.0%) have not had sex in the last 12 months, about two-thirds 127 (66.5%) have had sexual intercourse between 1 – 6 times, while 12.9% have had sexual intercourse 10 times or more in the last 12 months. This is similar to the findings from the 2007 NARHS survey.¹² Of those who had sex in the last 12 months, a third had sexual intercourse once a week, two thirds greater than once a month. Sexual activity occurs frequently among young persons in this community due to presence of cheap chalets and guest houses which presents a good environment for sex. Expectedly, young people are not meant to have sexual intercourse daily, but, in Oluku community, sexual intercourse among the sexually active is regular.

Majority of young person's had kissed and hugged the opposite sex at least once or more. These sexual practices are common among young people and they are seen as simplistic, casual and with no sexual connotation. Also, 15.7% had practiced oral sex, 11.2% anal sex while 1.5% practiced homosexual practices. These findings are similar to studies done in New York²⁴ and Ibadan.^{13, 16} This is a reflection of the fact that homosexuality, anal sex and oral sex are now gaining ground in our society contrary to the earlier belief that these practices were only popular in western countries and totally alien to Africa.

An outcome of their sexual encounter, 20.6% had STI and 27.8% became pregnancy. Studies done in China²⁵ Port Harcourt,¹⁷ Owerri¹⁹ showed about 25 –

20% of adolescent sexual practices resulted in unintended pregnancy. These unintended pregnancies could lead to abortions with its attendant morbidities and mortality. Much lower proportions were seen in North Eastern Nigeria (9.0%)⁷ and NARHS 2012 survey (7.0%).²⁰ Pregnancy and STI were the outcome of sexual intercourse among the younger age group and those with earlier ages at sexual debut. These groups may be unaware of methods of prevention of pregnancy during sexual intercourse, thus pregnancy as an outcome will occur. This finding gives credence to the notion that younger respondents are more at risk of contracting STIs than their older and more experienced counterparts. More males than females had STI as an outcome of sexual intercourse. A possible explanation for this is that clinical signs and symptoms of STI like (penile discharge, itching) are quite recognizable among males when compared to females, who may be asymptomatic. Thus, public health enlightenment campaigns should target the younger adolescents. Respondents who had pregnancy as an outcome, 31.5% also had STI as an outcome of sex, while 84% who did not get pregnant did not also contract STI. ($p = 0.020$). This reveals that young peoples who are get pregnant due to sexual intercourse also stand a risk of contracting STI, since they practiced unprotected sexual intercourse.

CONCLUSION

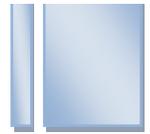
This study showed that about half of young person's in Oluku had experienced sexual intercourse, most of which were unplanned. Their first sexual experience occurred between the ages of 13 to 18 years, with a mean age of 17.2 ± 3.4 years; most were with older partners who were neighbourhood friends and schoolmates.

A third has had pregnancy and STI as an outcome of a sexual encounter, factors affecting outcome of sexual encounter were age, younger age of first intercourse, sex and family structure.

RECOMMENDATIONS

To the Government

The government should initiate a budget line for adolescent health and youth development (AHYD) activities.²⁶ The funds should be allocated for



continuous peer education and training on life building skills for young people so as to increase the age of sexual debut and reduce unfavourable outcomes of unwanted pregnancy and STIs.

To the Community

They should initiate advocacy to government and other partners on need for AHYD activities in their community and mobilize the communities to undertake, support and participate in adolescent friendly activities like sports, quiz competitions, debates, drama and others.

To the Schools

School should establish peer educators club for students to serve as tool for peer training and positive enforcement of life saving skills.

To Religious Bodies and Non Governmental Agencies

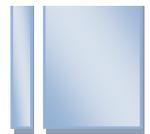
Provide moral instructions and spiritual guidance that will promote positive development and health of young person's and other young people.³

To Young People

They should abstain from sexual activities and participate in skill building activities like sports, drama, music and reading.

REFERENCES

- Cottingham J. Policy brief Promoting and safeguarding the sexual and reproductive health of adolescents. Geneva, Swizerland; 2005:1–3. Available at: www.who.int/reproductive-health.
- Saewyc BEM, Bearinger LH, Blum RW, Resnick MD. Sexual Intercourse , Abuse and Pregnancy Among Adolescent Women: Does Sexual Orientation Make a Difference? Family Planning Perspectives. 1999;31(3):127–131.
- Kabir M, Iliyasu Z, Abubakar IS KA. Sexual behaviour among students in tertiary institutions in Kano, Northern Nigeria. Journal of Community Health & Primary Health Care. 2004;16(2):17– 22.
- Dixon-Mueller R. The sexual and reproductive health of younger adolescents: Research issues in developing countries. Geneva, Switzerland (NLM classification: WA 330); 2011:45–57.
- FMOH. National policy on the health & development of adolescents & young people in Nigeria. 2007:23 – 34.
- JBM, Fatusi AO. Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions. International Perspectives on Sexual and Reproductive Health. 2009;35(2):58–62.
- A DC, Pa A, Ei A. Sexual behavior of medical students: A single institutional survey. African Health Sciences. 2010;10(2):150– 153.
- Federal Ministry of Health N2009. ASSESSMENT REPORT RESPONSE TO YOUNG PEOPLE ' S SEXUAL AND REPRODUCTIVE HEALTH IN NIGERIA ASSESSMENT REPORT OF THE NATIONAL RESPONSE TO YOUNG PEOPLE ' S SEXUAL AND REPRODUCTIVE HEALTH. Abuja, Nigeria; 2009:12–18.
- Report MW. Morbidity and Mortality Weekly Report Sexual and Reproductive Health of Persons Aged 10 – 24 Years — United States , 2002 – 2007. 2009;58:2002–2007.
- Edo State Government. Edo State Strategic Health Development Plan 2010 - 2015. Benin City; 2012:28.
- Cochrane G. Sampling techniques. 2nd ed. New York.: John Willey and Sons Inc; 1963.
- FMOH. National HIV/AIDS and Reproductive Health Survey (NARHS Plus, 2007). 2008:35– 67.
- Morhason-Bello IO, Oladokun a, Enakpene C a, et al. Sexual behaviour of in-school adolescents in Ibadan, South-West Nigeria. African journal of reproductive health. 2008;12(2):89–97. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/20695044>.
- Hsieh Y, Shih T, Lin H, Lin C. High-risk sexual behaviours and genital chlamydial infections in high school students in Southern Taiwan. International Journal of STD & AIDS 2010; 2010;21(iv):253–259.
- Dias F, Matos MG, Gonc AC. Preventing HIV transmission in adolescents: an analysis of the Portuguese data from the Health Behaviour School-aged Children study and focus groups. European Journal of Public Health, Vol. 2005;15(3):300–304. Available at: Downloaded from <http://eurpub.oxfordjournals.org/>.
- Assefa Seme DeW. Premarital Sexual Practice among School Adolescents in Nekemte Town, East Wollega. Ethiopian Journal Health Development. 2008;22(2):167–173.



17. Anochie, I. C. IEE. Prevalence of Sexual activity and outcome among female secondary schhol students in Portharcourt, Nigeria. *African Journal of Reproductive Health*. 2001;5(2):63–67.
18. Ndifon WO, Ogaji DST, Etuk SJ. SEXUALITY , CONTRACEPTION AND UNINTENDED PREGNANCY AMONG FEMALE STUDENT NURSES IN CALABAR , NIGERIA. *Benin Journal of Postgraduate Medicine*. 2001;8(1):12–23.
19. Okereke CI. Unmet Reproductive Health Needs and Health-Seeking Behaviour of Adolescents in Owerri , Nigeria. *Afr J Reprod Health*. 2010;14(1):43–54.
20. FMOH. National HIV & AIDS and Reproductive Health Survey (NARHS Plus II , 2012) FEDERAL REPUBLIC OF NIGERIA FEDERAL MINISTRY OF HEALTH. 2013.
21. Clarke J, Abram R, Monteiro EF, Yorkshire W. The sexual behaviour and knowledge about AIDS in a group of young adolescent girls in Leeds. *Genitourin Med*. 1990;1990(66):189–193. Available at: Downloaded from sti.bmj.com on.
22. Ayalew T, Tegegn A, Gelaw Y. ADOLESCENT REPRODUCTIVE HEALTH SERVICES IN JIMMA CITY: ACCESSIBILITY AND UTILIZATION. *Ethiop J Health Sci*. Vol.19. 2009;19(2):90–102.
23. Lawoyin OO, Kanthula RM. Factors that Influence Attitudes and Sexual Behavior among Constituency Youth Workers in Oshana Region , Namibia. *African Journal of Reproductive Health Mar*. 2010;14(1):55–69.
24. Pathela AP, Julia A. Sexual Behaviors and Sexual Violence: Adolescents With Opposite- , Same- , or Both-Sex Partners. *Pediatrics*. 2010;126(5):879–886.
25. Song Y, Ji C. Sexual intercourse and high-risk sexual behaviours among a national sample of urban adolescents in China. *Journal of Public Health*. 2010;32(3):312–321. Available at: Downloaded from <http://jpubhealth.oxfordjournals.org/> by guest on October 16, 2012.
26. World Health Organization. Making Health Services Adolescent Friendly. Geneva, Switzerland; 2012:23–38.