Gender differences in the Sexual and reproductive health of Adolescents aged 15 – 19 years in Nigeria

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Abstract

Gender differences in sexual behaviour exist hence programs should address the social context in which teenagers engage in sexual relationships. This paper explores gender differences in the sexual and reproductive behavior of adolescents aged 15 – 19 years in Nigeria. Data was obtained from a nationally representative household based survey of females aged 15 – 49 years and males aged 15 – 64 years living in rural and urban areas. More girls than boys were married (10:1) and almost twice the numbers of girls were sexually active although boys were five times more likely to have multiple concurrent partners. Girls were less confident to discuss contraception with their partners, had less knowledge about sexually transmitted infections and HIV/AIDS and estimated their risk to HIV to be lower than the boys. Significantly more boys than girls believed that abstinence, faithfulness or partner reduction and condom usage would prevent them from contacting HIV.

Introduction

Adolescence is a transitional period comprising a series of passages from biological, psychological, social and economic phases moving from immaturity to maturity. Socialization of the Nigerian youth however does not provide sufficient skills to enable them deal with their sexuality thereby exposing them to unsafe sexual behavior often with dire reproductive health consequences. Adolescents aged 15 - 19 years old account for 10% of the total population in Nigeria and contribute 11% of maternal births (National Demographic and Health Survey, 1999). With a median HIV prevalence of 5.9% (NASCP 2001), preventing HIV/AIDS risk behavior among young persons has been identified as a public health priority in Nigeria. Youths constitute a major target group of the on going DFID and USAID funded seven year program aimed at Promoting Sexual and Reproductive Health and HIV/AIDS (PSRHH) risk reduction program in Nigeria.

Gender and sexuality are significant factors in the heterosexual transmission of the AIDS virus. Sexuality, though distinct from gender, is intimately related to it as it represents the social construction of a biological drive. Sexuality is defined by whom one has sex with, in what ways, why, under what circumstances and with what outcomes while culturally defined gender ideologies define rights and responsibilities and what is 'appropriate' behavior for women and men. Often however, these ideologies perpetuate the subjugation of women and the notions of female inferiority to men (Reeves and Baden 2000). Nigeria is a patriarchal society but the definitions of patriarchy vary within different ethnic groups in Nigeria. Men are regarded as the heads of the household and they dominate sexual and reproductive health decision making (Bankole, 1995). While some cultures may allow some level of female autonomy and access to resources, others under the guise of maintaining the home front promote activities that are injurious to women. These activities range from female genital mutilation, and child marriage to the corporal discipline of women. This unequal power in sexual relations promotes sexual double standards which have alarming implications for both men and women's abilities to prevent the sexual transmission of HIV and establish and maintain happy families.

Methodology

The sample analyzed in this study was obtained from the National AIDS/HIV and Reproductive Health survey (conducted as a baseline for the PSRHH program by the Nigerian Federal Ministry of Health, Society for Family Health and other development partners). It consisted of a nationally representative probability sample of females aged 15 – 49 and males aged 15 – 64 years living in households in urban and rural areas in Nigeria.. Three level multi stage cluster sampling was used to select total of 214 urban and

109 rural clusters from which eligible persons were interviewed. The total sample size after data cleaning was 10,090, from which a sample of 2121 adolescents aged 15 -19 was obtained. Chi square tests were done to ascertain statistically significant responses to chosen variables.

Results

Demographic background

A significantly higher proportion of females (23%) compared with males (8%) had never attended school although there was no statistical significance difference between the sexes on the number of completed school years (See Table 1). A significantly greater proportion of girls (31%) were already in marital union compared with less than 3% of the boys. Of those that were married, 67% were in monogamous relationships, 24% of girls reported that their husbands had at least another wife, while 8% reported their husband having three or more wives. More female and male adolescents were married in the northern health zones than in the south and almost a fifth of the girls had ever given birth.

Table 1: Socio – Demographic Characteristics of Respondents by Gender

	Female	Male	Total (n=2121)
Region			
North central	14.2	13.7	14.0
North west	15.4	12.7	14.2
North east	25.1	18.8	22.2
South east	11.5	12.7	12.0
South south	15.9	18.9	17.2
South west	17.9	23.3	20.3
Ever attended School	77.4	91.9	84.0
Educational Status			(n=1782)
Koranic School	11.4	7.9	9.7
Primary	25.4	23.1	24.3
Secondary	60.1	66.0	63.0
Higher	3.1	3.1	3.0
Marital Status			
Currently in union	31.9	2.6	18.2
Ever/Never married	67.9	95.2	80.3
No response	0.9	2.1	1.4
Religion			
Islam	47.9	40.3	44.4
Protestant	36.8	42.6	39.4
Catholic	14.2	16.0	15.1
Others	1.1	0.9	0.9
Ever given birth/age	19.9	n/a	19.9 (n=226)
15	11.9		
16	11.1		
17	16.4		
18	27.9		
19	32.7		

Sexual Behavior

In this survey 38% of adolescents had ever had sex and of those that were sexually active the median age of sex debut was 15 years for the girls and 16 years for the boys. About two thirds of the proportion of girls (47%) compared with boys (27%) were sexually active, however more boys than girls had ever engaged in transactional sex: 14% vs. 10% (see Table 2). Transactional sex was defined as sex in exchange for gifts or favors.

The occurrence of concurrent multiple partnering was significantly higher (p< 0.000) among boys (25%) than girls (6%). High-risk sex was defined as sex with a non-spousal, non-cohabiting partner and to ascertain the risk taking behavior respondents were asked if they used condoms in the last sex act with such a partner. Even after controlling for marital status and educational attainment, twice as many boys compared with the girls used condoms in the last non-spousal non-cohabiting sex act while among those who had sex in the three months preceding the survey the reported consistent use of condoms was only 35% in favor of the boys (47 versus 22%).

Table 2: Sexual Behavior of Respondents

	Female	Male	Total	P value
Ever had sex	46.8	26.8	37.7 (n=2121)	P<0.000
Had sex in last 12 months	85.9	75.2	82.6 (n=745)	P<0.000
Transactional sex	9.9	13.7	11.1	P<0.1
Ever had multiple partners	6.5	24.9	12.3	P< 0.000
Number of partners in last 12 months				
One	95.2	64.1	86.4	P<0.000
2 or more partners	4.8	35.9	13.6	
Had sex with non spousal non cohabiting partner in last 12 months	13.0	17.3	12.2	P<0.000
Age of last sex partner (non spousal, non cohabiting)			(n=316)	
Younger	2.0	52.4	28.5	
Same age	14.9	36.1	25.9	P<0.000
Older than me	83.3	11.4	45.6	
Condom use in last sex act (non spousal, non cohabiting)	23.0	49.4	36.9	P<0.000
Consistent condom use in last 3months in non-spousal relationships	22.2	46.7	35.0	P<0.000
Always	13.1	15.9	14.6	
Sometimes	64.6	37.4	50.5	
Never				
Ever discussed condom use with partner	39.2	56.9	48.4	P<0.002
Ability to negotiate sex				
Confident	63.1	75.3	68.3	P<0.014
Not confident	24.7	36.9	31.7	

STI/HIV/AIDS knowledge

On the whole the boys were more knowledgeable about symptoms of sexually transmitted infections although very few respondents recognized genital ulcers and dyspareunia as symptoms of STI. More girls than boys reported that they had experienced STI symptoms in the 12 months preceding the survey and girls were more likely to adopt protective behavior while they had STI symptoms (See Table 3). AIDS awareness was high among the teenagers at 85%, although a significantly higher proportion of girls compared with the boys had never heard about the disease. Spontaneous responses to ways one could avoid contracting the virus was examined, using the HIV prevention models of ABC (Abstinence, Be faithful, Condom use); Only a third of adolescents 35% spontaneously reported that abstaining from sex and delaying the onset of sexual debut would reduce their chances of contracting the virus; less than one fifth (16%) mentioned partner reduction as an option while about a quarter (24%) mentioned the use of condoms and more girls than boys estimated themselves to be at high risk of contracting HIV.

Table 3: STI/HIVAIDS Knowledge and Behaviour

	Female	Male	Total	P value
Heard of sexually transmitted diseases	49.6	70.3	59.0	P<0.000
Had STI symptoms in past 12 months	11.9	5.0	9.7	P<0.002
***Know symptoms of STI in women**				
Lower abdominal pain	56.2	43.8	15.5	P<0.002
Genital discharge	53.4	46.6	21.4	P<0.01
Foul smelling discharge	51.5	48.5	7.9	ns
Burning pain on urination	46.0	54.0	18.8	ns
Genital ulcers/sores	46.2	53.8	3.1	ns
Swellings in groin area	22.2	77.8	2.9	P<0.05
Itching	65.1	34.9	21.5	P<0.000
Painful sexual intercourse (dyspareunia)	85.4	14.6	3.3	P<0.000
Know symptoms of STI in men				
Genital discharge	39.6	60.4	22.0	P<0.01
Burning pain on urination	38.0	62.0	44.3	P<0.000
Genital ulcers and sores	30.2	69.8	6.9	P<0.000
Swelling in groin area	42.4	57.6	7.9	ns
Ever heard of HIV/AIDS				
Yes	81.4	89.6	85.1	P<0.000
Know that a healthy looking person can be HIV positive				
Yes	51.9	63.6	57.2	P<0.000
AIDS prevention				
Abstinence	29.6	41.4	35.0	P<0.003
Be faithful	39.1	37.0	38.2	P<0.000
Condom use	15.4	33.1	23.5	P<0.000

ns – Not significant

Contraceptive knowledge, attitudes and behavior

Knowledge of any modern contraceptive method was low at 17%. Male condoms (33%) were most commonly known followed by the daily oral pills (11%), significantly higher proportion of boys had ever heard about condoms. Of the traditional methods, rhythm (4%) and withdrawal methods (2%) were mentioned. When asked if they were aware of the variations in fertility of a woman, a significantly higher proportion of girls (49%) compared with 29% of boys responded affirmatively, however less than a tenth (10%) stated the correct fertile period of a woman.

Less than a tenth (7%) of these teenagers had ever used contraceptives; more boys were likely to have ever used some modern method of family planning. Among those who had sex in the last 12 months more than thrice as many women in non-spousal relationships (19%) had experienced unwanted pregnancies compared with their married counterparts (6%) and majority of these pregnancies were aborted.

Interestingly, young girls agreed that family planning was a woman's affair and men did not need to worry about it while the boys believed that women should be the ones to be sterilized since they were the ones that got pregnant. More boys than girls were likely to say that family planning methods encouraged women to be promiscuous and men to be unfaithful.

Table 4 : Knowledge and Use of Contraceptives by Gender

	Female	Male	Total	P value
Knowledge of contraceptives				
Oral pills	13.4	8.7	11.3	P< 0.003
Emergency contraception	5.6	3.6	4.7	P<0.01
Male condoms	24.6	42.4	32.7	P<0.000
Female condoms	1.5	1.5	1.5	ns
Injectables	9.3	5.4	7.5	0.003
IUD	1.5	1.2	1.4	P<0.01
Female sterilization	2.4	2.1	2.2	ns
Rhythm	3.8	4.9	4.3	ns
**Male sterilization	0.5	0.6	0.5	ns
Withdrawal	1.5	2.8	2.0	
Know any modern contraceptive				
Spontaneous	17.8	15.2	16.5	P<0.005
Prompted	55.5	72.2	63.1	P<0.000
Know female menstrual cycle	49.1	28.7	39.8	P<0.000
Know correct ovulation period	13.6	5.1	9.7	P<0.000
Current use of modern contraceptive	5.2	9.1	7.1	P<0.000
Current use of FP				
Male condoms	4.1	8.8	6.2	
**Oral pills/emergency pills	0.8	0.1	0.5	
**Rhythm/periodic abstinence	0.7	0.4	0.6	
Experienced unwanted pregnancy in past 12 months				
With spouse	5.3	5.6	5.3	(n=344)
With boyfriend	19.1	4.5	11.1	p<0.000

*Denominator is those who have seen/heard about any method, multiple answers possible, spontaneous response only.

- **Cell counts less than 25
- Ns – not significant

Discussion

The sample of adolescents aged 15 -19 years was nationally representative of this population for gender composition and regional distribution. The results of this survey showed gender differentials in educational attainment in terms of school enrollment and a significantly higher proportion of girls compared to the boys (10:1) were already in marital union particularly in northern Nigeria. This may be a reflection of the religious and cultural practices in the northern part of Nigeria where teenage marriage is the norm rather than the exception, 30% of girls in the northern health zones compared with 7% in the south had given birth at age 19. This has implications for the educational and economic chances of the girl child in these regions, as there was a statistically significant relationship between the level of education attained and having a child. Those with primary education or less were five times (26%) more likely to have given birth compared with those who had completed secondary school at 5%. It is possible that their schooling may have been aborted because of child bearing and rearing.

Sexual behavior

Rates of sexual activity showed that females were more likely to be sexually involved and to have had sexual relations within 12 months preceding the survey (85% versus 73%) as a greater proportion of them were married and probably with partners who were at least five years older. Socialization of boys which encourages multiple partnering and quiescent females was also shown by the fact that seven times the proportion of boys than girls had more than one sexual partner at the same time. In terms of engaging in high-risk sex defined by sex with a non-spousal non-cohabiting partner in the preceding 12 months, a

higher proportion of the boys practiced high-risk behavior however twice as many boys compared with girls reportedly used condoms in such sex acts (49% versus 23%). The girls felt sexually less empowered as twice as many of them could not confidently refuse sex with someone who was not their regular partner or discuss contraception with their regular partners. Inherent is this low self-efficacy is the increased risk taking sexual behavior exhibited by the young teenagers.

Although the boys had more knowledge about sexually transmitted infections, there was no significant difference in their ability to relate sexually transmitted infections to future fertility. Girls reported more incidences of STI symptoms, were more likely to tell their partners about being infected and some stopped having sex during this period. A plausible explanation for the boys not paying much attention to STI may be due to the fact that boys are not believed to have attained manhood until they have had an STI episode. In some cultures in Nigeria, for example gonorrhea is referred to as the "gentleman's disease".

Although HIV/AIDS awareness was high, the ability to assess risk is doubtful. Perception of risk of contacting HIV was higher among girls while majority (63%) claimed not to be any risk of contracting HIV. An interesting finding among those who claimed to be at no risk was that of those who gave trust in their partners (12%) as the reason for not being at risk, 46% were single sexually active youths with significantly more females giving this reason. Empowering girls to request for condoms to be used during high risk sex is an issue that needs to be addressed in youths as young girls were less likely to have used condoms in such sex acts.

Contraception

Contraceptive usage by adolescents presupposes adequate knowledge of the available methods. Only Although 63% knew of modern contraceptive methods, only 16.5% could spontaneously mention a modern contraceptive method and corresponding usage was low; even their use of traditional methods could not be effective as less than 40% could correctly state the fertile period of a female. The unequal power balance between the sexes is fostered by the predominant use of male condoms for contraception. Girls felt that contraception should be the woman's problem alone, tacitly exonerating the male of any responsibility in the event of pregnancy. Unwanted pregnancy was an issue among those in non-spousal relationships as a tenth reported being pregnant within the preceding year.

Conclusion

The findings reinforce the need to differentiate the context of sexual relationships among adolescents given that more girls than boys were already married and sexually active. Effective risk reduction programs would need to target the peculiar needs of these teenagers as it had already been shown that girls were less likely to discuss or use condoms with their partners. It is also obvious that an abstinence only campaign may be ineffective since almost two thirds of them did not regard abstinence as a risk reduction option. This however, may be as a result of lack of knowledge; hence it is necessary to provide holistic information to adolescents to enable them make informed choices regarding sexual and reproductive health issues. In a situation where both sexes feel that the use of contraceptives may cause young persons to be promiscuous, the challenge exists for programmers to design interventions that would enable adolescents to appreciate the risks associated with their sexual choices. Increased sex education along with clearer information about delaying sexual activity is an issue that needs to be addressed by policy makers, parents and community members particularly in northern Nigeria.

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