Young people's sexual risk behaviour and vulnerability to HIV/AIDS in the Niger Delta region of Nigeria

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Abstract


Methods: A cross-sectional design was used to study 533 subjects selected from 55 communities in six Local Government Areas (LGAs) by a four-level, multi-stage sampling technique. A pre-tested, structured, interviewer-administered questionnaire was employed to collect information.

Results: The mean age of the subjects was 18.4 (±3.6) years. More than half (59.4%) were males and the majority had at least a secondary education (86.7%) and were single (95.1%). Most of them (82.2%) were aware of sexually transmitted infections, and 77.9% were aware that condoms prevent transmission of HIV. Seventy-one percent of the young persons were sexually experienced (i.e. previously had sex), 12.9% admitted they had previously had sex in exchange for money, and 63.4% reported ever using a condom. Median age of sexual debut (sexarche) was 15.7 years. Most (82.1%) of the sexually experienced were currently sexually active reporting sexual intercourse within the 6 months preceding survey. Nearly half (47.1%) of these had sex with a casual and/or commercial sex worker without a condom.

Conclusion: Young people are adopting sexual practices that are essentially high-risk, with severe implications for regional and national socio-economic development. This underscores the fact that they know only little and lack skills to protect themselves from being infected with HIV infections, even when they are sexually active. There is therefore need to advocate for and support initiatives that address reproductive health needs of young people in the Niger Delta region.

Key words: Adolescents, Youths, Sexual risk, HIV/AIDS, Niger Delta Nigeria

Introduction

Over half of the world's population are people under 25 years, while adolescents (10-19 years old) alone number more than 1 billion, that is, about one-fifth of the total human population\(^1\). In recent times, the most important issue confronting young people is HIV/AIDS. Of the 39.4 million people living with the HIV virus globally, 30% are said to be youths aged 15-24 years\(^2\). In sub-Saharan Africa, a total of 25.4 million people are estimated to be living with the virus, out of which 3.1 million were newly infected in 2004 alone. Of the new infections, it was estimated that 50%, about 7000 per day, had occurred among young people.

Statistically, the South-South zone of Nigeria, the geopolitical base of the Niger Delta region, has one of the highest rates of HIV infection at 5.3%, only second to the North Central at 6.1\(^3\). Rivers State, in the South-South zone, has a crude prevalence of 5.4%, which is higher than the national figure of 4.4\(^4\). Some sentinel sites in Rivers State such as Edeoha and Bonny and Bori have even higher rates (10%, 6% and 5.7% respectively)\(^5\). The 2005 National Sero-prevalence Sentinel Survey has estimated the age-specific prevalence rate of HIV/AIDS for adolescents (15-19) years and youths aged between 20-24 years to be 3.6% and 4.7%
respectively. Demographic data in Nigeria indicate that young people account for about 30% of the population, and adolescents constitute a little over 20%.

The impact of HIV/AIDS on young people's health threatens to devastate entire communities and roll back decades of developmental strides and progress of most countries. The importance of focusing on the reproductive health needs of youths is underscored by the fact that healthy sexual practices and attitudes are shaped more easily during the youth than adulthood. Understanding the needs of young people is also critical for implementing effective youth-friendly services and programs that offer an entry point before and at the onset of sexual activity which is an appropriate and effective time to influence knowledge, attitudes and behaviours. Meanwhile, behaviour change has been demonstrated as central to most effective responses to the HIV epidemic, resulting in reduction in spread of the infection.

This study thus sought to estimate the patterns and magnitude of sexual risk behaviours among young people and to explore their awareness of vulnerability to HIV/AIDS in two core Niger Delta States of Nigeria.

Materials and Methods

Study setting
Rivers State, with 23 LGAs and 1,580 communities is highly urbanized and has a projected population of 4,218,399 people of diverse ethnic groupings and socio-economic backgrounds, out of which adolescents represent 33% or 1,392,072. Similarly, Bayelsa State is comprised of 8 LGAs and projected populations of 1,842,376, out of which those in the age bracket of 10-24 years constitute 47% or 851,985.

About a third of the study area is riverine, consisting of deltaic marshlands and characterized by a network of rivers and creeks and the mangrove forest vegetation. These contribute in limiting access to healthcare and other social services to numerous communities and settlements. Traditionally, the occupation of the people includes fishing and farming. However, in recent times, young school leavers are largely unemployed. This results in restiveness among the youths.

The region being the hub of the oil and gas industry, experiences a constant flux of external prospectors who create a steep socio-economic gradient amidst the teeming populace. The scenario thus provides a suitable environment for series of social interactions within the communities that can promote sexual risk behaviours especially among vulnerable youths.

Study design
A cross-sectional study of young persons aged 10-24 years was carried out in 2002 as part of a regional survey of young people's reproductive health. A four-level, multi-stage sampling method was employed to select subjects from 55 communities, chosen from 6 randomly selected Local Government Areas (LGAs), 3 from each State. Stage 1 involved the selection of LGAs, Stage 2 the selection of communities/settlements, while Stages 3 and 4 involved the selection of households and individuals from each households respectively.

The minimum sample size for the study \( n \) was determined using the formula:

\[
n = \frac{Z^2Pq}{d^2}
\]

\( Z = 1.96 \) at 95% confidence level; \( P = \) Age specific prevalence of HIV in South south geo-political region 17.8%; \( q = 1- P; \) \( d = \) error margin of 5%.

\[
n = \frac{3.841 \times 0.178 \times 0.822}{0.00254} = 225
\]

Attrition rate at = 10% = 23. Therefore, \( n = 225 + 23 = 248 \)

The LGAs randomly selected by simple random method were Asari-Toru, Khana and Obio/Akpor in Rivers State and Nembe, Yenagoa and Kolokuma-Opokuma in Bayelsa State. In each of the LGAs, 9 communities were also randomly selected from a list of all component communities. In each community/settlement selected for the study, a list of households was made, and a starting household was randomly selected by a simple random method. In each household, all the eligible youths were determined and interviewed. The 'next nearest' households were enumerated, until the
sample size was attained. Revisits were conducted in cases where an eligible youth was absent during the initial interview.

Prior to commencement of interviews, consent was sought from parents or guardians, as well as the individuals to be interviewed. They were free to decline participation, not respond to any particular questions or opt out completely at any point during the interview without any reprimands.

Six specifically trained Community Health Workers (CHOs) conducted the interviews using a structured and pre-tested questionnaire, under close supervision of the investigators. Information sought was on the demographic and socio-economic characteristics of respondents, sexual history, knowledge, opinions and attitudes towards Sexually transmitted infections (STI) and HIV/AIDS. Data collection lasted for 3 weeks. Data analysis was done using Epi-Info version 6.04 on a compatible computer system.

Results

A total of 533 persons aged 10-24 years were interviewed. A summary of the subjects' socio-demographic status is presented in Table 1. The majority (49.3%) of the respondents were aged between 15 and 19 years, while 36.4% were 20-24 years, and the rest 14.3% were 10-14 years. The mean age was 18.4 (±3.6) years. Males numbered 317 (59.4%) while 216 (40.6%) were females. Most of them, 462 (86.7%) had at least a secondary education, while just 12 (2.3%) had no formal education. Most of the youths, 362 (67.9%) were students; 17 (3.2%) were in vocational training, 26 (4.9%) were trading and 128 (24%) were unemployed. All reported being single except 26 (4.9%) of them, all females, who reported being married.

Most of the respondents, 438 (82.2%) were aware of sexually transmitted infections, and 415 (77.9%) were aware that condoms prevent transmission of HIV. Seventy-one percent (380) of the young persons admitted they had previously had sexual intercourse; 26.5% (141) denied, while 2.3% (12) gave no response. About one-tenth of the respondents (12.9%, n=69) admitted they previously had sex in exchange for money, and 63.4% (241) reported using a condom during sexual intercourse (Table 2).

Of the 380 persons (71.3%) who were sexually experienced, n=380 (71.3%), half had had sexual intercourse by their 15th birthday. The age of sexual debut “(sexarche)”, ranged from 8-22 years with a mean of 15.7 (±2.7) years. In addition, as many as (312) 82.1% of those who previously had sexual intercourse (i.e. sexually experienced) reported having sexual intercourse within the 6 months preceding survey. These were therefore, hence were considered to be sexually active. Amongst these that were sexually active, (147) 47.1% admitted not using a condom with a casual and/or commercial sex worker.

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
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<tr>
<td><strong>Age in years (n=533)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td>76</td>
<td>14.3</td>
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<tr>
<td>15-19</td>
<td>263</td>
<td>49.3</td>
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<tr>
<td>20-24</td>
<td>194</td>
<td>36.4</td>
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<td><strong>Sex (n=533)</strong></td>
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<tr>
<td>Male</td>
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<td>59.1</td>
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<tr>
<td>Female</td>
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<td>40.9</td>
</tr>
<tr>
<td><strong>Education (n=533)</strong></td>
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<tr>
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<td>12</td>
<td>2.3</td>
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<tr>
<td>Primary</td>
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<td>Secondary</td>
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<tr>
<td>Tertiary</td>
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<td><strong>Occupation (n=533)</strong></td>
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<tr>
<td>Student/schooling</td>
<td>362</td>
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<tr>
<td>Vocational training</td>
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<tr>
<td>Trading</td>
<td>26</td>
<td>4.9</td>
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<tr>
<td>Unemployed</td>
<td>128</td>
<td>24</td>
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<tr>
<td><strong>Marital Status (n=533)</strong></td>
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<tr>
<td>Single</td>
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<td>95.1</td>
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<tr>
<td>Married</td>
<td>26</td>
<td>4.9</td>
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</table>
years of age. A Port Harcourt study of adolescent school girls aged 10-19 years also indicated that about half (51.1%) were sexually experienced.

Average age of sexarche has generally been quoted to be declining. The national median age at first sex among youths 15-24 years was reported as 16.9 years in females and 19.8 years in males. The South-South zonal figures of 16.7 years in females and 18.2 years in males appear to be higher than the mean of 15.7 years obtained in our study. Cultural and religious factors are usually adduced for such low ages seen in some states or regions of Nigeria. A Bida (Niger State) study observed a mean age at first sexual intercourse of 15.3 years for girls and 17 years for boys. Early age of sexual initiation, when young persons lack concrete knowledge about sexuality and their bodies, puts them at high risk of several reproductive health hazards.

United Nations Children's Fund (UNICEF) reported that adolescents who started having sexual intercourse early were more likely to have it with high-risk partners or multiple partners and were less likely to use condoms. The Federal Ministry of Health reported that 80% of hospital cases of complications from unsafe abortions occurred among adolescents aged 10-19 years and more than one million teenage boys and girls are said to acquire sexually transmitted infections every year. Outcomes of these behaviours have been documented nationally and in parts of the Niger Delta region. Sexually active adolescents in Port Harcourt were reported to be significantly more likely to be positive for either trichomoniasis, chlamydial infection or gonorrhoea than sexually experienced girls having no recent partner.

Amongst our study subjects, four out of five (82%) of those sexually experienced were sexually active, As boys and girls enter puberty, their libido increases. At the same period they lack factual information and guidance about sexual responsibility and possess too little access to healthcare. They are therefore mostly unprepared for the challenges before them.

Available data corroborate our finding of nearly three-quarters of young people in the Niger Delta being sexually active with 70% of youths in Nigeria having been reported to be sexually active by 19
aware of sexually transmitted infections, and 77.9% were aware that condoms prevent transmission of HIV, nearly half (47.1%) of those that were sexually active, admitted not using a condom with a casual and/or commercial sex worker. Available national figures are lower; while 54.6% of 15-24 year olds were reported to be aware that condoms can reduce transmission of HIV, only 21.2% of sexually active 15-19 year olds and 29.1% of sexually active 20-24 year olds respectively, reported ever using a condom. The overall picture ultimately emphasises that young people do not know enough and lack skills to do something to protect themselves from being infected, even when they are sexually active.

Young people therefore must be involved in the design and implementation of HIV/AIDS prevention and care programmes, because in areas where the prevalence of HIV/AIDS are reported to be declining, the decline was primarily because young men and women who were at the centre of the epidemic were being taught the skills and incentives to adopt healthy sexual practices.

Throughout Nigeria and in most countries south of the Sahara, the youths generally are underserved by relevant up-to-date reproductive health information, skills and services. The situation is worse in hard-to-reach locales such as the riverine communities of the Niger Delta. Moreover, the few reproductive health programmes available are tailored mainly to providing ante and post-natal, family planning and STI services to married women and men, while the reproductive health needs of unmarried youths go largely unmet, as do other social service needs.

It is noted from this study that young people are adopting sexual practices and behaviours that are essentially high-risk, with severe implications, not only for their health and social well being, but for the region's and country's overall economic and social development. There is therefore need to advocate for and support initiatives that address reproductive health needs of young people in the Niger Delta region.

References

Young people’s sexual risk behaviour and vulnerability


