

**ADOLESCENTS' SEXUAL BEHAVIORS AND THEIR IMPLICATIONS ON
SOCIAL INSTITUTIONS IN NIGERIA**

Edem Queen

Department of Sociology, Delta State University, Abraka

Abstract

Adolescent sexual activity is an area of worry in Nigeria with implications for well-being. Adolescent sexual behaviors can have grave consequences for their physical and psychological health, as well as for their social and economic welfare. The majority of adolescents in Nigeria engage in sexual activity before turning 18, and this has serious negative implications for society. The study's primary goal is to investigate adolescents' sexual behavior and its effects on Nigerian social institutions. An appraisal was carried out to explore the realities of adolescent sexual behaviors in Nigeria. Numerous factors, including sexual maturation, peer association, and environment, play key roles in an adolescent's motivation toward first sexual involvement. Risky sexual behaviors, such as early sexual initiation, and many others, put them at high risk of being infected with sexually transmitted diseases (STDs), including HIV/AIDS, as well as unintended pregnancies. It is therefore recommended by this study that, effective intervention devices on adolescents' sexual health needs should be made available in all primary and secondary schools, parents should encourage adolescents to keep peers/friends with sound morals, sex education should be included in primary and secondary schools' curriculums, and adolescents should delay sexual activities until they get to an acceptable legal age and are married in the proper manner

Keywords: Adolescents, HIV/AIDS, Nigeria, sexuality, social institutions, STDs.

Introduction

Adolescence is a critical stage of life, and adolescents are a distinct population group with unique potential as well as peculiar needs. Countries with a large adolescent population face various challenges. These comprise a sharp demand for resources on education, healthcare, food, and social amenities, which can strain the government. Adolescents are a crucial section of any human society as they are the ones preparing for the full assumption of adult roles and responsibilities. Adolescents constitute the future productive force of any society; therefore, it is pertinent to create an enabling environment that would positively influence their knowledge, attitudes, perceptions, and behavior regarding sexual activities. Most people become sexually active in their teens, and significant proportions engage in sexual activities, and many lack information on sexual health and the ability to negotiate sexual relationships correctly. Considerably, sexual activities among adolescents continue to be unsafe: early sexual initiation and other sexual behaviors expose them to the risk of contracting STDs, including HIV/AIDS. Kumar and Timari (2003), Joshi and Chauhan (2011), agreed that adolescents are having more sex regularly early in life, and the occurrence of pregnancies among adolescent girls is rising, and the majority of them run the danger of an induced abortion under unsafe settings (Okunlola et al., 2011). Centers for Disease Control (2009), Nare, Katz, & Tolley (2007) posit that adolescents with a multiplicity of sexual associates expose themselves to the dangers of pregnancies, STDs, and HIV/AIDS infections. The danger of pregnancy equally exposes them

to illegal abortions, which is detrimental to health. One of the menaces inherent in this is the likelihood of contracting the HIV/AIDS virus. The central thrust of this study is an appraisal of adolescents' sexual health behavior and its implications for Nigerian society. The position of this paper is not to advocate for adolescents to partake in sexual or reproductive health activities. The paper states what is presently happening, intending to guide against it and protect society.

Theoretical Framework

The construct of Health Locus of Control was derived from the Social Learning Theory developed by Rotter in 1966. The Social Learning Theory states that an individual learns based on his or her history of reinforcement. The individual will develop general and specific expectancies. Through a learning process, individuals will develop the belief that certain outcomes are a result of their actions (internals) or as a result of other forces independent of themselves (externals). From the social learning theory, Rotter developed the Locus of Control Construct, consisting of an internal-external rating scale. Health Locus of Control (HLC) is the degree to which individuals believe that their health is controlled by internal or external factors. External entails the belief that one's outcome is under the control of powerful others or is determined by fate, luck, or chance, while internal is the belief that one's outcome is directly the result of one's actions (Luszczynska & Schwarzer, 2005).

Applying this theory to adolescents' sexual behavior and health, the theory shows that one's decision regarding sexual action is a result of both the environment he/she stays in (external) and the internal concise about making the right choice regarding sexual life (internals). Wallston & Wallston (1981, 1982) as cited in Luszczynska & Schwarzer (2005) argued that health locus of control beliefs (whether individuals consider their health to be under the control of internal factors, powerful others, or chance) would add to the analytical power of this model.

The Nigerian Situation

According to the UNAIDS report (2000), the greatest hindrance to adolescents' knowledge of the implications of indiscriminate sexual activities in Nigeria is a lack of proper information and education. As noted previously, adolescent sexual encounters, whether with one or multiple partners, are unacceptable and should not be encouraged. The lack of knowledge of the implications of sexual encounters is because some Nigerian cultures frown on open discussions of sexual issues. Words used in expressing sexual acts are habitually indirect to reflect the quietness expected in such matters. The doctrines of Christianity and Islam tend to authenticate this issue. People cannot openly discuss or ask questions about sex or sexual activities. The belief is that such matters belong to the jurisdiction of marriage. Nevertheless, sexual activities continue to thrive amongst adolescents in Nigeria. Undeniably, adolescents all over the world are sexually active, but the age of sexual initiation differs from region to region.

Adolescents constitute a very important part of every society in the world, but regrettably, this large and vulnerable group is not adequately prepared for sexual and reproductive life in preparation for the right time to come. Adolescents' choices and behaviors during their teen years can have life-changing and lifelong consequences for themselves, their families, and society as a whole. Uneducated or wrongly educated adolescents may have hopeless and long-lasting implications for the family and society as a whole, since the future

of any society depends on them. What is challenging about this stage of life is that it determines the lifestyle of boys and girls in adult life, and this includes not only their sexual life but also their socioeconomic life (Omobuwa, Asekun-Olarinmoye & Olajide, 2012). This is why they must be educated to make the right choices in conformity with moral values.

Available proof shows that sub-Saharan Africa has some of the worst signs associated with adolescent sexual and reproductive health in the world. Data indicates that by age 19, at least 80% of the continent's adolescents become sexually active. In most sub-Saharan African nations, the first sexual encounter takes place outside marriage under circumstances of low and inaccurate knowledge of sexual and reproductive health. This pattern of high-risk sexual behavior is connected with an increased occurrence of sexually transmitted diseases. With about 30% of the world's population being in the adolescent (10-19) age group, the sexual health requirements of adolescents have neither been explored nor satisfactorily addressed; as a result of this, their reproductive health needs are often misjudged, unrecognized, or undervalued.

Wrong sexual behavior among adolescents has been widely condemned by professionals at different forums; some condemned the phenomenon on the basis of medical hitches while others on basis of moral and psychological predispositions. Conversely, the consequences of sexual behavior, thereafter, are that adolescents contract sexually transmitted diseases, HIV/AIDS, and run the long-term health effects such as infertility. The health, physical, economic, social, and psychological disadvantages of adolescent sexual behaviors greatly overshadow any known benefits. The inspiration for this article is drawn from the many negative effects of adolescents' sexual misbehaviors.

The State of Sexual Health of Adolescents in Nigeria

The level of ... sex is objectively high among adolescents in Nigeria, as reported by the 2018 National Demographic and Health Survey (NDHS). The sexual health status of the Nigerian adolescent is poor, principal among the reason responsible for the current high levels of infections among adolescents is that, the average age at first intercourse has declined and there is greater practice of ... sexual intercourse with multiple and casual partners by both boys and girls (Federal Ministry of Health, 2001; Omoregie (2002), Adegoke, (2010) asserts that, as a result of increasing poverty and other adverse social conditions, there is an increase rate of antisocial practices including drug abuse and violent crimes such as rape and armed robbery which has expose more adolescents to hazardous sexual behaviors.

The National Demographic Health Survey (2018) study puts the average age at first sexual intercourse at 17.2 years, However, over one-third of Nigerians had their first sexual experience by the time they were sixteen, 41 percent had practiced sexual intercourse and of these, 82 percent of girls and 72 percent of boys had sexual intercourse by the age of 19 years (Okunlola et al, 2011). According to WHO, Nigeria is projected to have 105.6 million young people aged 10-24 years, representing 44. % of the Nigerian population. This segment is expected to contribute approximately 46.1% of deliveries in Nigeria in the year 2025. About two-fifths of adolescent pregnancies in Nigeria are believed to end up in induced abortion, with the majority being carried out by quacks and in an unsafe environment. These projections underscore the significance of targeted interventions to address adolescents' sexual and reproductive health in Nigeria (National Bureau of Statistics, 2022).

Furthermore, gender discrimination and conventionally accepted beliefs about women and girls, and the difference in the perception of men's and women's sexuality have also been linked to the increased vulnerability of adolescents to STDs and HIV/AIDS infections.

Perceptions of sexuality are learnt through socialization processes, which are socially and discretely determined. Deeply embedded beliefs about the role of men and women significantly affect females' ability to choose the circumstances of sexual relations.

Factors Influencing Adolescents' Sexual Behavior in Nigeria

Several factors worsen the risky behaviors and outcomes among adolescents in Nigeria. Poverty and deficiencies in education increase the risk and vulnerability of adolescents. At the same time, several factors related to the family, community, and service facilities have been identified that aggravate these risks. While awareness of **sex education issues** is increasing, much of this awareness is superficial, and myths, misunderstandings, and a sense of invulnerability thrive. In 1994, the International Conference on Population and Development (ICPD) emphasized the need to "protect and promote the right of adolescents to the enjoyment of the maximum attainable standard of health, provide appropriate, specific, user-friendly and accessible services to address effectively their sexual health and reproductive health education, information, counselling, and health promotion strategies" (Nzioka, 2001). WHO (2006) in its report lists factors increasing young adolescents' vulnerability to sexual activities leading to STDs and AIDS. These factors include: poverty, illiteracy, culture, peer group influence, environment, and gender disparities.

Poverty: Poverty is a major problem, which is widely acknowledged internationally as deserving urgent attention, especially in sub-Saharan African countries which including Nigeria. In these countries, abject poverty has increased the vulnerability of adolescents to unacceptable sexual behaviors. Adolescents are also more likely to live in unhealthy and risky environments that expose them to a higher risk of sexual abuse/violence. Poverty has led to the acceptance of sexual contacts, where adolescents (boys/girls) exchange sex for money, food, tuition fees, housing, and clothing.

Illiteracy: Access to quality education positively impacts the well-being and development of adolescents. It contributes to increased health knowledge and health literacy, equips adolescents with life skills, increases their competency for self-care, and empowers them for effective decision making. Education improves the opportunities to have access to family life and HIV/AIDS education, physical education, and other forms of school health services. Increased access to education also limits the rate of girl-child marriage. A high level of school connectedness also improves emotional well-being and is a protective factor against engagement in several sexually risky behaviors. In a broad-spectrum, less educated adolescents in Nigeria have poorer health status and a higher risk of sexually risky behavior compared to their more educated counterparts.

Cultural Factors and Social Norms: Cultural factors and social norms negatively impact the sexual health of the girl child. Cultural factors and social norms are also at the root of several pervasive harmful practices against girl child in Nigeria, including gender-based violence, female genital mutilation/cutting, and girl-child marriage. These social norms and cultural beliefs have considerable negative influences on the overall well-being and the reproductive health of the girl child. Sexual orientation can influence health and health care access differently, and it is an important dimension of social inequality. Sexual minorities have higher risks of STIs, sexual violence, and some mental health issues, such as suicidal ideation, suicidal attempts, and depressive symptoms, compared to heterosexual adolescents. The

population of sexual minorities in Nigeria remains largely hidden, and access to relevant sexual and reproductive health services is limited because of the state of the law, discriminatory attitudes of health workers, and strong cultural opposition.

Peer Group Influence: Peer-group norms favors premarital sex. Adolescents boast of their sexual conquests to their peers. The boys feel the need to conform to social norms of male ability, with sexual activities starting early and having several partners, yet their feelings about this behavior are ambiguous and contradictory.

Adolescents' Sexual Behavior and Its Implications on the Social Institutions in Nigeria.

Social institutions are the structural components of a society through which the activities of the society are organized to meet human needs. Each of these institutions has its unique and distinct service it renders for the survival of society. Thus, we have the family, religious, economic, political, educational, and health institutions. Adolescents' sexual behaviors can have life-altering and lasting penalties for various social institutions.

Family institutions: Adolescents' sexual behaviors expose them to the risk of contracting STDs, including HIV/AIDS, and this has several socio-economic consequences on the family. To begin with, it can lead to unintended pregnancy, which can impact the family dynamics and relationships. In some cases, the family's financial resources are overstretched due to treatment, caring for an unplanned baby, and also emotionally due to the loss of a member.

Religious institutions: When the chips are down, adolescents, especially those from poor homes, those who might have lost their parents, or even those who might have been disowned by their parents, tend to take solace in their respective religion. They go to places of worship to take refuge. These exact pressures on the religious institutions to provide economic and moral support for them.

Economic institutions: The cost of treatment for an infected person constitutes a financial burden for all the social institutions. From the family to the society as a whole, they experience one financial burden or the other in trying to stabilize a sick or displaced person. Again, a person who is sick is expected to take a sick role and be exempted from duty. This duty can be either in the family or in the larger society. So an adolescent who is sick from infection or the effect of pregnancy or complications from abortion will be exempted from his/her roles in family or society, hoping to be reinstated to normalcy after stabilization.

Political institutions: The political institution is burdened with the responsibility of responding to plagues in terms of decisions and actions. Over the years, Nigeria has exhibited a high level of support from international donors and partners, but just of recently, the administration of Donald Trump has brought to an end most of this support, especially on HIV/AIDS for Africa and Asia. What this means is that Nigeria will have to carry the financial burden caused by the sexual behavior of adolescents. In 1990, Nigeria introduced anti-retroviral drugs, and the availability was only for the rich due to their high cost. In terms of funding, it has been estimated that Nigeria contributes only 5% of its funds for such treatment, a huge amount of the funding comes from foreign partners in terms of grants and loans. By implication, Nigeria will remain indebted to meet the demands of the treatment of infections.

Educational institutions: It must be acknowledged that educational institutions is susceptible and also vulnerable due to adolescents' sexual behaviors. The World Bank identified areas of vulnerability in this regard to include out-of-school children. There is a tangible danger that adolescents will be forced to leave school either because of pregnancy, illness from infections, and may be consequently death. Being infected with STDs and HIV/AIDS has implications for effective concentration on academics in terms of health maintenance and social relationships. Adolescents are our future leaders; their inability to be successfully armed today towards taking leadership roles for the future has inconceivable implications for the future.

Health institutions: This institution has suffered great setbacks and workload as adolescents' sexual behaviors exact unnecessary pressures on the health institution. Adolescents' sexual behaviors lead to increased demand for reproductive health services, STD testing, and treatment. It also puts a lot of pressure on social healthcare services as the need for counselling and therapeutic services increases due to adolescents' guilt, shame, and emotional distress. Adolescents living with infections require more medical attention and consumables. In other words, increased use of health services leads to increased spending, and secondly, decreased incomes, as an increasing section of this population becomes economically inactive.

Conclusion

Sexual activity carries with it dangers to sexual health at any age, but most particularly during adolescence. This is because the risks of infections are greater when full physical maturation is incomplete. The sexual behavior of adolescents in Nigeria can no longer be ignored. The short and long-term consequences to the country are immense. However, these problems can be reduced and the trend overturned by well-planned and implemented sexual health programmes for adolescents, as they are the key and future leaders in all sectors of society, and their education should not be endangered by avoidable illness.

Recommendations

- ❖ Firstly, effective intervention devices on the sexual health needs of adolescents should be made available in all primary and secondary schools in the country to limit the trend of morally in accepted sexual behavior of adolescents.
- ❖ Secondly, adolescents should be educated on the risks and dangers of having sexual intercourse at their age.
- ❖ Thirdly, it is imperative to encourage adolescents to keep peers/friends with sound moral backgrounds and avoid staying in the mix of others who lack proper moral upbringing to avoid being influenced into making inappropriate sexual decisions.
- ❖ Most adolescents know about sexual health issues, but the sexual health policies that target them have not been so effective. It is important for the government and nongovernmental organizations (NGOs) to fully implement in primary and secondary schools sexual health policies that are tailored towards protecting the well-being of adolescents.
- ❖ In addition, sex education of adolescents should be included in primary and secondary schools' curriculum as a subject to dynamically educate adolescents on sexual health concerns. However, adolescents should desist from sexual activities to ensure a healthy

life devoid of any academic challenges like unwanted pregnancy, low academic performance, and dropping out of school, which can ruin their future.

References

- Adegoke, S.O. (2010). *Effect of HIV/AIDS awareness on sexual behavior of students in tertiary Institutions in Nigeria*. Unpublished B.Sc. project. Department of Sociology, University of Ilorin, Ilorin, Nigeria.
- Ahonsi, A. B. (2014). Targeting youth for HIV prevention and care in Nigeria: What role for governments? *Paper presented at the launching of the special edition of the African Journal of Reproductive Health*, 17(4), Dec. 2013, February 21, 2014 at the National Centre for Women's Development Abuja.
- Centre for Disease Control (2009). *Sexual risk behaviors, HIV, STD, and teen pregnancy prevention*. [www.cdc.gov/health/sexual behaviors](http://www.cdc.gov/health/sexual_behaviors).
- Federal Ministry of Health (FMOH) (2001). *National HIV/AIDS and reproductive health survey*, Abuja, Nigeria.
- Global Policy Committee of the World Health Organization. (2015). *Sexual and reproductive health and research*. http://www.who.int/topics/reproductive_health/en/.
- Joshi, B., & Chauhan, S. (2011). Determinants of youth sexual behavior: Program implications for India. *Eastern J. Medicine*, 16 , 113-121.
- Kumari, A., & Timari, V. K. (2003). Knowledge, attitude and behavior towards pre-marital sex: A study among youths from two city-slums in India. *Perspectives and Issues*, 26 (4), 126-134.
- Luszczynska, A., & Schwarzer, R. (2005). Multidimensional health locus of control: comments on the construct and its measurement. *Journal of Health Psychology*, 10(5), 633–642
- Nare, C., Katz, K., & Tolley, E. (2007). Adolescents' access to reproductive health and family planning services in Dakar (Senegal). *African Journal Reproductive Health*, 1(2), 15-25.
- National Bureau of Statistics (2022). *Demographic statistical bulletin*. <https://www.nigerianstat.gov.ng/elibrary/read/1241422>
- National Demographic and Health Survey (NDHS), (2018). Demographic and health survey. <https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
- Nzioka, C. (2001). Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya. *Reproductive Health Matters*, 9(108), 117.
- Okunlola, M., Owonikoko, K., Adeleke, A., & Akinboade, A. (2011). Fertility regulation among Women of reproductive age in Ibadan, South-West Nigeria: Contraception, abortion or both. *Nigeria Postgraduate Medical Journal*, 18(4), 251-6.
- Omobuwa, A., & Olajide. (2012). Sexual activity and contraceptive knowledge and use among in-school adolescents in Nigeria. *Tropical Science Health Journal*, 23(1), 28-33.
- Omoregie, G.O. (2002). *Sexual behavior of tertiary institution students using the PSI behavioral change framework*. Abuja: Society for Family Health.
- UNAIDS (2000). *World AIDS campaign with children and young people, facts and figures: UNAIDS epidemiological fact sheet*. Geneva: United Nations.