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**Sexual Behavior, Contraceptive Practice  
and Reproductive Health  
Among the Young Unmarried Population  
in Ibadan, Nigeria**

**FINAL REPORT**

**July 1983**

SEXUAL BEHAVIOR, CONTRACEPTIVE PRACTICE AND REPRODUCTIVE HEALTH  
AMONG THE YOUNG UNMARRIED POPULATION  
IN IBADAN, NIGERIA

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## INTRODUCTION AND BACKGROUND

Practices relating to adolescent sexuality in Nigeria are thought to have been, during the last decade, on the increase. This transition has slowly attracted the concern and anxiety of parents, medical practitioners, school personnel, and policymakers. The limited survey data available indicate that sexual activity among adolescent males and females, particularly in urban areas, is becoming increasingly common and that unwanted pregnancy and abortion among adolescents is posing increasingly serious problems.<sup>1,2,3,4</sup> The decline in the age of reproductive maturity, for example, and the upsurge of interest on the part of adolescents in pursuing higher education has created a significant biosocial gap. This, when coupled with changing social lifestyles among adolescents is creating serious and frequently underestimated health and social problems. Moreover, the more liberal sexual lifestyle of today's adolescents enhances the spread of sexually transmitted diseases and may contribute significantly to secondary infertility.<sup>5</sup>

Adolescence has been defined as the process through which an individual makes the gradual transition from childhood to adulthood. The concept is relatively new, and it is not without its problems. Most cultures relate the beginning of adolescence to the onset of puberty, though they may differ widely over when adolescence ends. The purely biological approach to definition overlooks, however, important social and legal considerations. Because traditions and customs vary so widely from one setting to another, adolescence is difficult, if not nearly impossible, to

define in universal terms. The following perceptions hint as to why this may be so.

In many developing countries, especially in rural and underdeveloped areas, a girl is often considered to be an adult at the time when menstruation is established regularly. They tend to marry early and do not go to school. The transition from childhood to adulthood in such cases is quick, and the notion of adolescence does not exist. On the other hand, in developed countries and increasingly in urban areas of developing countries where rapid social changes are taking place with modernization, young people go to school and tend to marry late. There is a long transition from childhood to adulthood, and the notion of adolescence emerges. There is thus a continuum between quick and slow transition in different societies.<sup>6</sup>

Nevertheless, recent definitions have attempted to accommodate the variations. At the 1974 World Health Organization Meeting on Pregnancy and Abortion in Adolescence, the term was defined as the period during which:

- (a) the individual progresses from the point of the initial appearance of the secondary sex characteristics to that of sexual maturity;
- (b) the individual's psychological process and patterns of identification develop from those of a child to those of an adult;
- (c) a transition is made from the state of total socioeconomic dependence to one of relative independence.<sup>7</sup>

As observers have attempted to explain what is happening, a number of rather subjective explanations have been developed. One obvious factor is the distinction between today's youth and the older generation. In general, young people of today are less rigid in their adherence to the traditional norms of behavior that characterized the behavior of the older generation, particularly in sexual matters. The rapidly increasing level of interaction among various cultures in recent times, both within and outside of Nigeria, is thought to have contributed significantly to the

emerging change in social lifestyle which in turn encourages a more liberal attitude toward sexuality among all ages, especially among adolescents.

Urbanization and the associated gradual decline in effective traditional and cultural restraints on behavior have also greatly hastened the change in social mores. The question of sexual intimacy among adolescents has not escaped modification. For example, traditional society's emphasis on premarital chastity is rapidly being eclipsed by an atmosphere of sexual liberation. In the past, religious and moral values imparted to adolescents both at home and at school tended to complement and reinforce traditional norms relating to adolescent sexual behavior. In recent years, with government assuming the administration of education, including charge of missionary schools, there has been a general lack of emphasis on such moral teaching. The rising number of working mothers, single-parent households, and the preoccupation of mothers and fathers with economic gains is also contributing to a wider "communication gap" as parents leave little time to guide their children through the difficult transitional years of adolescence.

Of interest as well is the tension between attitudes toward premarital sexuality and the premium set by Nigerian society on childbearing and parenthood. It is thought that many prospective bridegrooms demand proof of fertility from their fiancées or girlfriends as a prerequisite to marriage. Adolescents may thus feel obliged to establish their fertility through premarital conception despite lingering societal taboos on premarital sexuality. This explains in part why unwanted pregnancies among adolescents are on the increase and why illegal abortion is common despite Nigeria's restrictive abortion laws. The effects of adolescent sexuality reveal

themselves in another way among the school-aged population, with immediate social and educational implications for young women. As many schools dismiss pregnant schoolgirls, the pregnant adolescent is likely to be forced to abandon her education unless some other solution is found. That solution usually is abortion. In Nigeria the desire to complete school training or remain employed and the companion fear of dismissal was found in one study to be the principal motivating rationale for seeking to terminate a pregnancy. Sixty-eight percent of the cases of induced abortion surveyed by Akingba and Gbajumo cited fear of dismissal as the reason why adolescents in Lagos sought clandestine abortions.<sup>8</sup> In a recent survey in Ile-Ife, Ayangade found that, of the women who admitted to having had an induced abortion (only 6% of the sample), the most common reason for doing so was "I was still in school."<sup>9</sup> Results from other West African studies are similar.<sup>10</sup>

Despite all of this, the attitude of sexually active adolescents to contraception appears to be ambivalent. Even those who have been pregnant before appear to be lax about contraceptive practice.<sup>2</sup> Even more disturbing is the high incidence of abortion among young unmarried Nigerian women. Amidst this largely impressionistic scene, some hard facts are known.

Abortion accounts for over 50 percent of emergency gynecology admissions in most developing countries, and because of the associated morbidity, it accounts for a considerable drain on limited medical resources.<sup>4</sup> In a five-year review of women treated for abortions at the University of Lagos, 90 percent of such patients were unmarried adolescents.<sup>11</sup> Recent data from Benin City yield a figure closer to 60 percent.<sup>2</sup> Studies in

other African countries have produced similar results.<sup>4,10</sup> Illegal abortion is responsible for high morbidity and mortality among young Nigerian women.<sup>2,8</sup> As much as fifty percent of all maternal deaths are accounted for by complications of illegal adolescent abortion.<sup>12,13</sup> In a 1970 study in Lagos, 11 percent of all teenage women hospitalized with complications from induced abortion died.<sup>8</sup>

All of this bodes ill for the reproductive health of adolescent women in Nigeria in another sense as well. Chronic pelvic inflammatory disease during adolescent years may often result in secondary infertility. Nearly sixty percent of females in infertile unions in Ibadan report having had one or more abortions while in their teens or while still in school.<sup>14</sup> Infertility has profound social and economic implications in the African culture. Cervical incompetence leading to future recurrent spontaneous midtrimester abortions may be one of the serious consequences of adolescent pregnancy and abortion. Congestive dysmenorrhea may result in the indiscriminate use of a variety of analgesic drugs with varying degrees of symptomatic relief.

The medical complications of adolescent pregnancy, particularly prevalent in communities or ethnic groups in Nigeria practicing child marriage, are also worthy of note. Pregnancy occurring before full reproductive maturity frequently results in dimorphic anemia, toxemia, prolonged and obstructed labor with aftermath of ruptured uterus, urinary and bowel fistul., all of which profoundly compromise the reproductive function. The infants of adolescents also have a higher incidence of prematurity and low birth weight. The latter is frequently a contributing factor in varying degrees of mental and physical handicaps.

There is really very little known about adolescent reproductive attitudes, perceptions and behavior in Nigeria, indeed throughout Africa and the developing world.<sup>5,15</sup> For this reason, a survey of adolescent sexuality was developed and administered to over two thousand young people between the ages of 14 and 25 in Ibadan, Nigeria, in 1981-82. The study was designed to bridge many of the gaps in our information about adolescent sexuality in Nigeria and to provide useful guidelines for the development of rational approaches to solving some of the problems. To our knowledge, this is the first attempt in Nigeria to gather information on this subject directly from adolescents of both sexes on an individual basis using the technique of a survey questionnaire. A similar survey was conducted in Ile-Ife, but only young women were interviewed.<sup>16</sup>

### Objectives

#### A. General

To gather data that further defines the practices and perceptions related to adolescent sexuality in Nigeria from the perspective of adolescents themselves.

#### B. Specific

1. To design and administer a survey questionnaire to elicit information on sexual practices and perceptions among unmarried male and female adolescents in the Ibadan area.
2. To analyze the data as a first step toward filling the void in the information that now exists on the subject.

3. To inform policymakers and service providers about the sexual attitudes and behavior of urban adolescents so that their needs can be addressed.

### Design of Project

The project consisted of a sample survey of unmarried adolescents working or attending school in the Ibadan area. Conducted in a number of diverse educational and workplace settings, the survey was a collaborative effort of Family Health International, The Pathfinder Fund, and the Family Planning Clinic of the University College Hospital in Ibadan.

The personnel of the UCH Family Planning Clinic provided project direction, design and supervision of interviewers.

The questionnaire (Appendix I) was developed in Ibadan with the collaboration of representatives of The Pathfinder Fund and Family Health International. It was designed to provide the following information on the respondents:

1. Socioeconomic background
2. Sexual behavior
3. Knowledge and practice of contraception
4. Incidence and outcome of pregnancy
5. Desired knowledge for reproductive health education

Field work was supported by a grant from The Pathfinder Fund, which covered administrative cost and salaries, travel and living expenses of the interviewers. The data from the questionnaires were tabulated and analyzed at

Family Health International. Representatives of each of the three organizations participated in the preparation of the present report.

### Interviewer Selection and Training

Eight interviewers were selected by the Project Director, with the assistance of the UCH nursing staff. Three were midwives with previous family planning experience, while the remainder had little or no medical background. All had received a basic degree of qualification. The selection of acceptable interviewers was of utmost importance to the outcome of the project. It was important for them to be sympathetic, develop good rapport with respondents, and be capable of asking questions on human sexuality without causing undue embarrassment to the respondents on personal and potentially sensitive topics. Interviewers were given a basic orientation at UCH, where they had specific instruction on:

- the objectives of the study,
- a detailed review of the design of the questionnaire,
- a review of questionnaire-related topics (i.e., reproductive physiology, human sexuality, etc.),
- instruction on how to code the forms,
- using pictographs and locally produced contraceptive charts for illustrative purposes,
- questionnaire administration,
- identification of project areas,
- visits to seek approval for interviews, and
- pretesting of the questionnaire.

## Sample Selection

Interviews were conducted among 2093 individuals. Of these, 959 men and 841 women between the ages of 14 and 25 were unmarried.\* These 1800 cases became the sample for the purposes of our analysis. The sample was largely purposive, self-selected and voluntary, and consisted of four distinct subgroups defined largely by age and education: university, polytechnic, secondary school and working adolescents. Respondents were interviewed at the following sites: the University of Ibadan, University College Hospital, the Ibadan Polytechnic Institute, five secondary schools in Ibadan and the surrounding area, and at numerous Ibadan work places-- principally at the Government Secretariat for Oyo State and in several marketplaces. The "working" adolescent subgroup is comprised of lower socio-economic status individuals with little or no primary education. Most are employed as unskilled or semi-skilled workers with limited opportunity for upward occupational mobility. In the Ibadan marketplaces, those interviewed were petty traders, apprentice workers and drivers. At the Government Secretariat, adolescent respondents were messengers, office assistants, cleaners, and typing clerks. It is not possible to quantify the percentage of the Ibadan population which these groups represent. Generally speaking, a substantial majority of the city's working-age population are in low status occupations and have received little or no formal schooling. They are included to contrast their experiences and behavior

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\*The cultural duration of adolescence, according to the World Health Organization, is the period between the age of 10 and 20 years. Adolescence thus represents a critical period of transition between childhood and adulthood. In this study, however, we have chosen to focus on the years 14-25 as the representative chronological span of adolescence for young unmarrieds in Ibadan.

with those of the minority of young people in Ibadan who are fortunate enough to be receiving education beyond the primary level--and who will likely become the leaders of the next generation.

### Representativeness

The selection of institutions in Ibadan was made in order to obtain reasonably representative samples of adolescents of various ages and levels of educational attainment in an urban setting. Ibadan is a sprawling city with a population estimated at anywhere between two and four million. This urban metropolis is not representative of the country as a whole, since approximately 75 percent of Nigerians reside in rural areas.\* Nevertheless, the information from the present study is intended to be illustrative of the practices, perceptions and problems of a group of unmarried, urban adolescents. Moreover, an urban-oriented study was proposed in view of the great phenomenon of urbanization occurring in Nigeria, with its consequent social and cultural dislocation and the theories about changing patterns of adolescent sexual behavior. Because the various categories were sampled independently of one another, they are not intended to be cumulatively representative of the overall Ibadan adolescent population; rather the findings for a particular group of respondents are to be contrasted with other sex- or schooling-specific groups.

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\*In the present study population, 45% of the young men and 28% of the young women interviewed said that they were raised in a rural area and thus may be classified as urban in-migrants.

## Pretesting and Survey Administration

Prior to commencement of the project, over 200 questionnaires were field tested to establish whether adolescents would respond freely, and to assess and correct errors arising from misinterpretation of specific questions. During the pretest, it became apparent that the principals of some institutions were not favorably disposed to student interviews because they felt that parents might disapprove. In most of these schools subsequent personal contact on the part of the project staff provided the necessary reassurance that student confidentiality would be maintained to enable the survey to proceed.

The survey was conducted from November 1981 to March 1982. In the secondary schools students filled out the questionnaires in the presence of the interviewers. At the polytechnic and the university levels, the questionnaire was given to students to fill out, followed up with a personal review of the items and responses. In short, the institutions and the responding individuals within them were self-selected.

The upper age limit of 25 years was selected in order to contrast the attitudes and experiences of the secondary school population with those of individuals in the early adult years before marriage. A similar age span was utilized in an earlier survey by Ayangade.<sup>9</sup>

## RESULTS

### Characteristics of the Study Populations

As shown in Table 1 and Figure 1, the eight study populations (each of the four subgroups described above further divided according to sex) range in size from 82 working women to 346 girls currently attending secondary schools; each of the other groups has between 100 and 300 respondents. A total of 959 eligible males were interviewed, as were 841 females. Among those attending school, women at each level are slightly younger than men; of those working and not in school, however, women are on average one year older than men. Women in each group are also more likely to come from urban background and to be Christian. With the exception of working women, of whom 14 percent plan to marry during the next year, only a very small proportion of respondents have formulated definite marriage plans. Nearly all, however, state the intention to marry at some unspecified point in the future. Desired fertility (Figure 2) is greatest among secondary students (5.7-5.9 children) and least among university students (4.2-4.4).\* With the exception of the working subgroups, the reported differences between men and women on the number of children wanted are quite small. Similarly, there are only small differences among the groups on the idea' age for a woman to marry (22.5 to 23.8 years) and to give birth to her first child (23.4 to 24.1 years) (Figure 3).

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\*this is in contrast to an estimated Total Fertility Rate for Nigeria (1981) of 6.9.<sup>17</sup>

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)  
DISTRIBUTION OF 1800 NEVER-MARRIED RESPONDENTS AGED 14-25

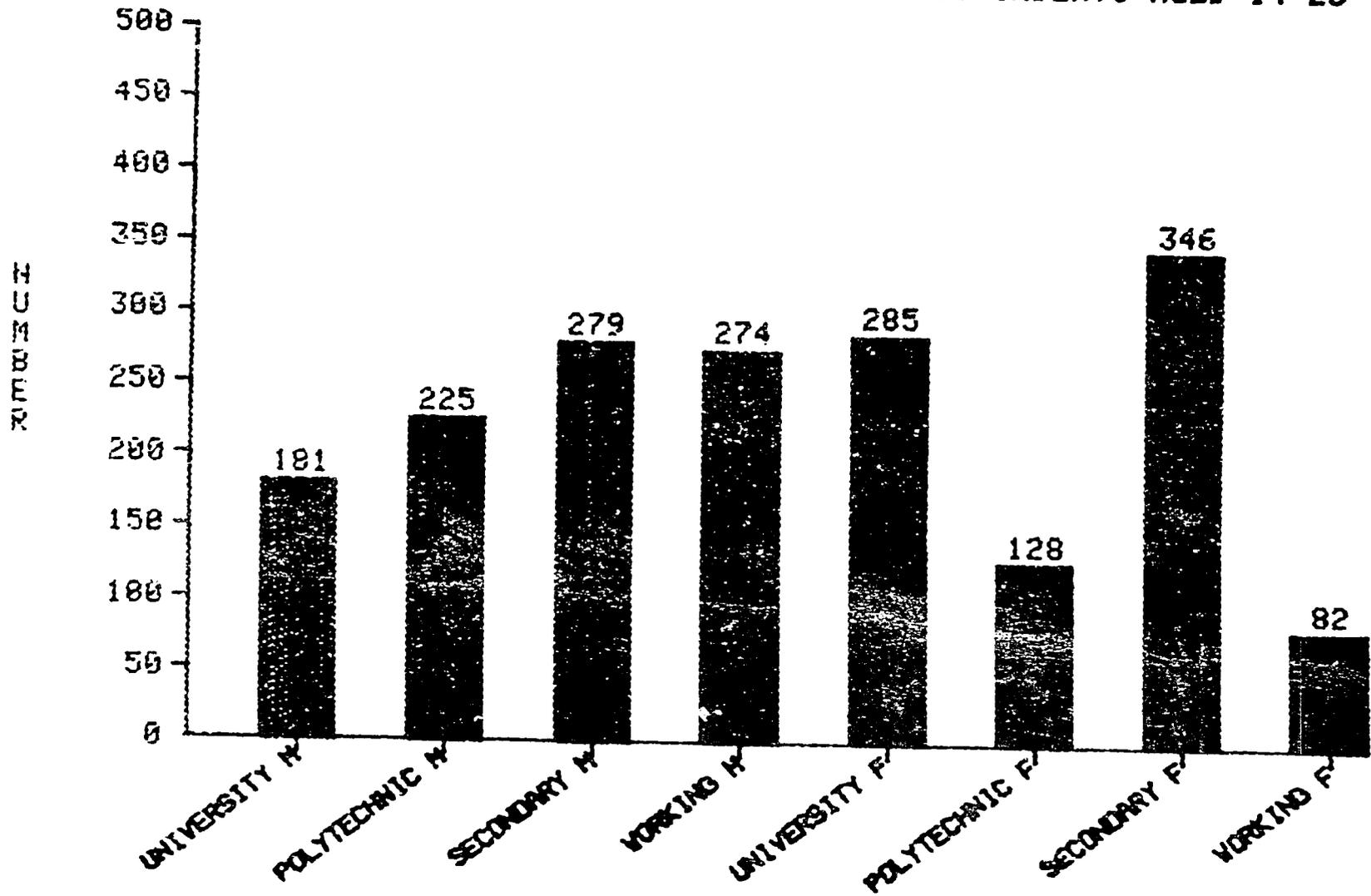


FIGURE 1

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)

DESIRED NUMBER OF CHILDREN

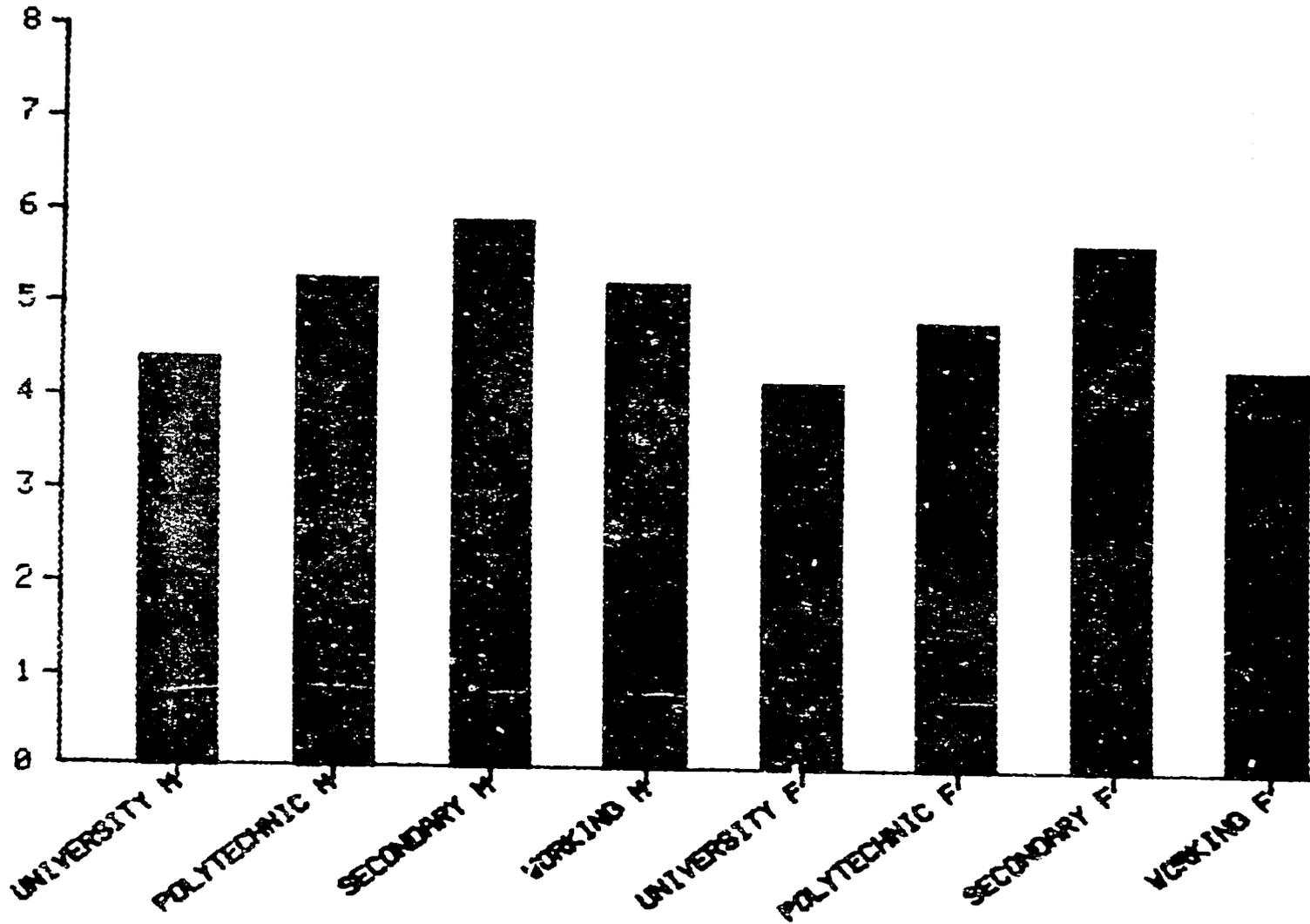


FIGURE 2

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ADOLESCENT SEXUALITY STUDY: IBADAN (1981)  
IDEAL AGE MARRIAGE AND FIRST BIRTH FOR WOMEN

MARRIAGE

FIRST BIRTH

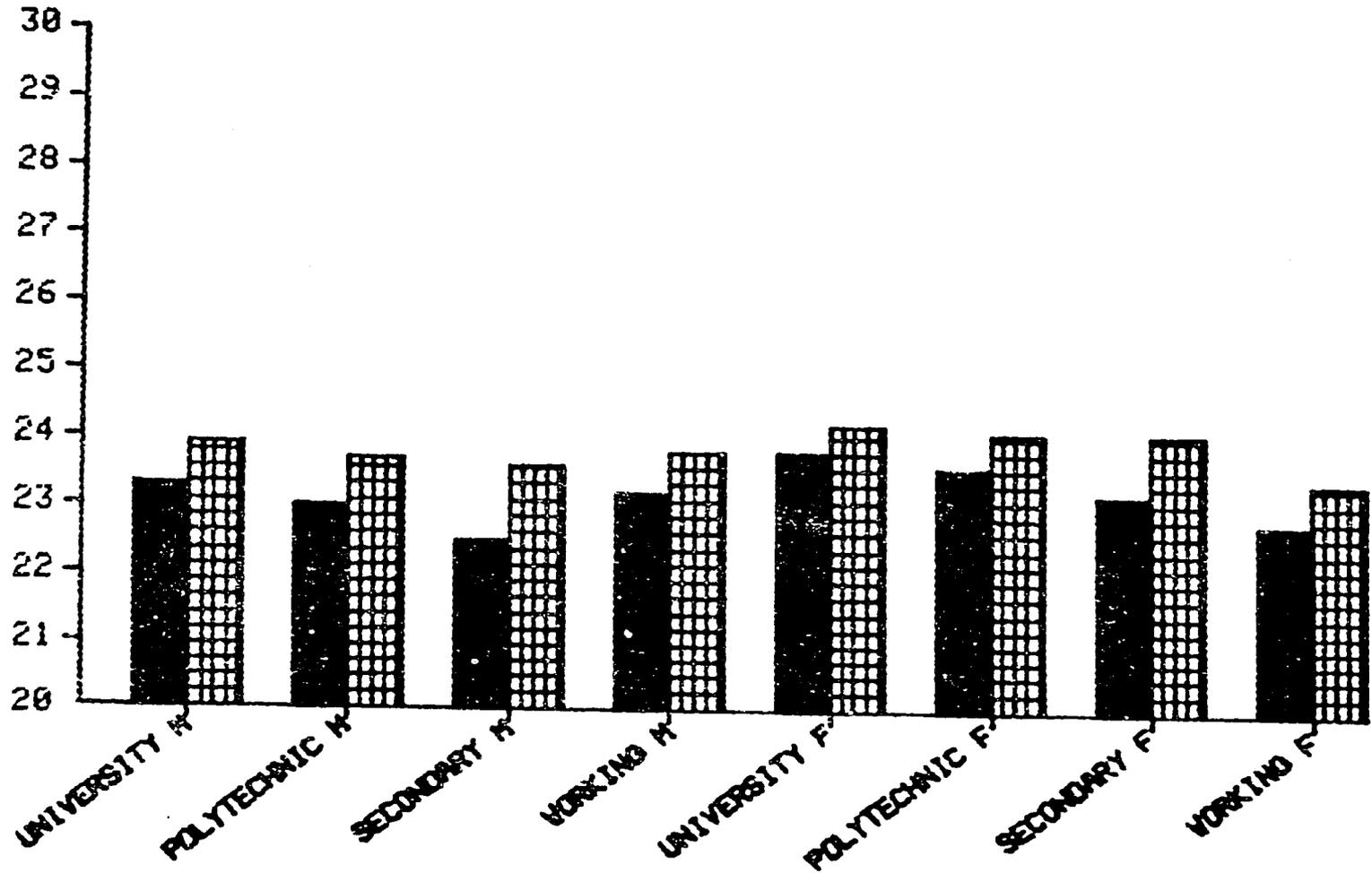


FIGURE 3

Table 1. Selected Social and Demographic Characteristics of Respondents

	Avg. Age (Yrs.)	Urban-Raised (%)	Christian (%)	Marriage Plans* (%)	Children Desired (mean)	Number of Respondents
<b>Males</b>						
University	21.3	77	68	2	4.4	181
Polytechnic	21.4	60	61	5	5.3	225
Secondary	17.3	42	52	2	5.9	279
Working	20.5	51	52	3	5.2	274
<b>Females</b>						
University	19.9	88	86	6	4.2	285
Polytechnic	19.5	82	76	6	4.8	128
Secondary	16.8	58	55	3	5.7	346
Working	21.5	60	70	14	4.3	82

\*Percent plan to marry in next 12 months

Knowledge and Sources of Information Relating to Sexual Behavior and Contraceptive Use

Respondents were asked a series of questions to determine their level of information on and attitudes toward reproduction, sexual behavior and contraception. As shown in Table 2 and Figure 4, the great majority of both males and females reported that they had "seen or heard any information about reproductive health." Among university students such knowledge is virtually universal, while as many as seven out of eight secondary school students claim to be so informed. Smaller proportions, but still a majority of each subgroup, said they were "familiar" with one or more methods of contraception. A subsequent question, designed to test individual knowledge on reproductive matters, asked the respondent to select the time during a woman's monthly menstrual cycle when she is most likely to become pregnant. While two thirds of the university women (and three fifths of the men) correctly identified the "middle of the cycle" as

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)  
 KNOWLEDGE OF REPRODUCTIVE HEALTH AND CONTRACEPTION

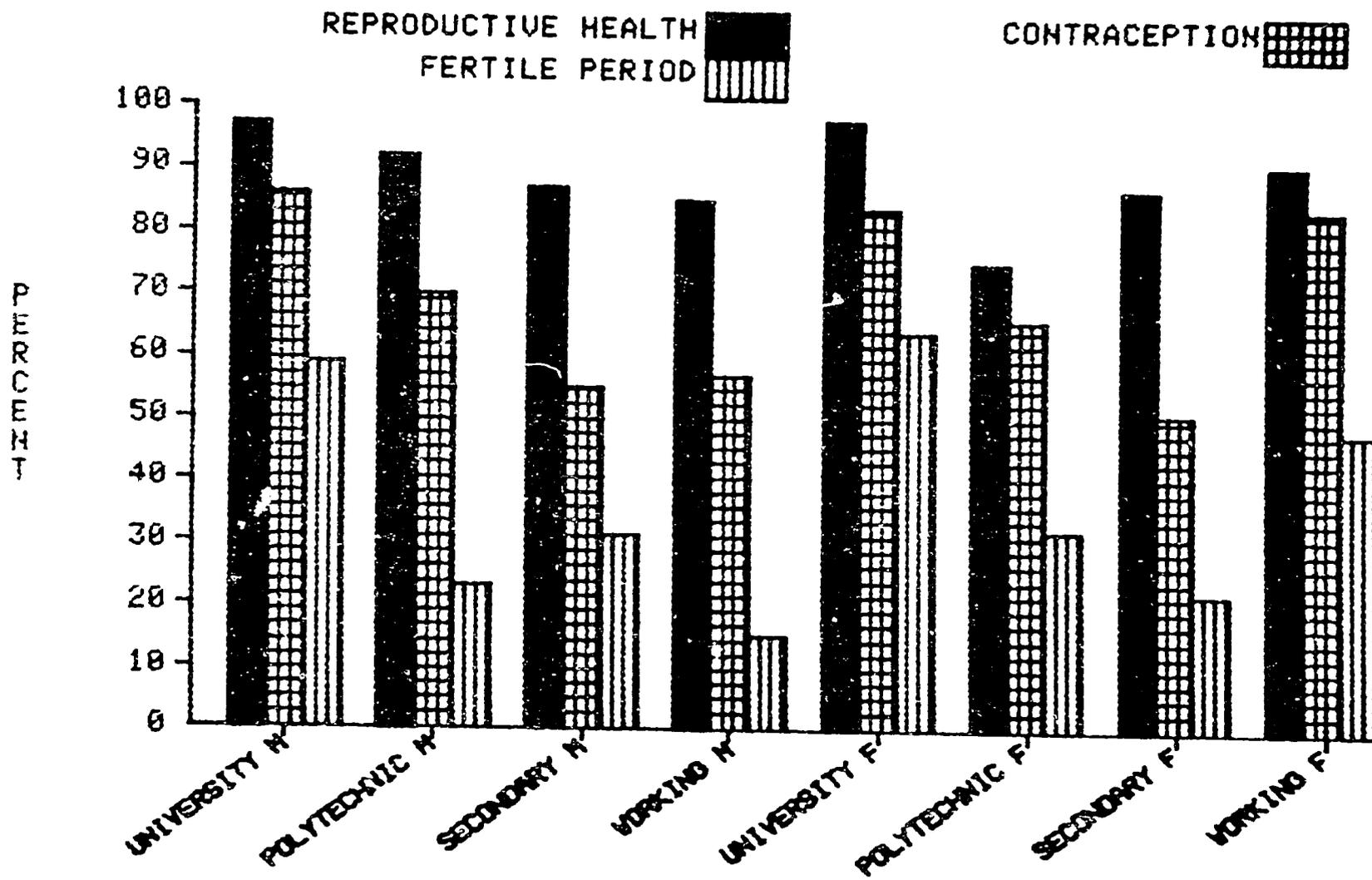


FIGURE 4

the fertile period, the proportion with correct information is as low as 22 percent among secondary school women and 15 percent among working men.

Clearly, the quality or "correctness" of reproductive knowledge as reported by the study population is, at the very least, questionable.

Table 2. Knowledge of Reproductive Health, Contraception and the "Fertile Period"\*

	Reproductive Health %	Contraception %	"Fertile Period" %
<b>Males</b>			
University	97	86	59
Polytechnic	92	70	23
Secondary	87	55	31
Working	85	57	15
<b>Females</b>			
University	98	84	64
Polytechnic	95	66	32
Secondary	87	51	22
Working	91	84	48

\*Correct identification of the fertile days of a woman's monthly cycle.

Table 3 presents and evaluates the diverse sources of reproductive knowledge cited by the respondents. Among males, friends are the principal source of information, followed by health and sex education literature obtained outside of the school curriculum. Females appear to rely less on friends and more on formally presented literature or school programs. When the "effectiveness" of the various sources are examined, the findings are of considerable interest. Respondents whose information is from health and/or sex education materials are most likely to correctly identify the fertile portion of the menstrual cycle. Literature, for both males and

females, appears to be moderately more effective than school programs. At the other extreme, we see that information received from friends or in the home is highly likely to be inaccurate. Among the conclusions which may be drawn from this are: (a) formal reproductive health education must reach a greater share of the adolescent population and/or (b) information on such matters as received from friends or parents must be improved and/or (c) the use of formal literature and pamphlets should be enhanced.

Table 3. Correct Information on Monthly Fertile Period by Principal Source of Information

Principal Source	Correct %	Incorrect %	Number of Respondents
<b>Males</b>			
-health/sex education literature	59	41	218
-health/sex education in school	46	54	129
-magazines/pamphlets	30	70	90
-friends	18	82	253
-home	25	75	20
<b>Females</b>			
-health/sex education literature	66	34	219
-health/sex education in school	55	45	162
-magazines/pamphlets	41	59	99
-friends	33	67	151
-home	14	86	36

Attitudes Toward Sexual Behavior and Contraceptive Use

An important purpose of the study was to ascertain the attitudes of adolescents toward sexual activity and contraception. Such information provides a quantitative assessment of adolescent values and an insight into the setting in which informational and service delivery programs will be received. Table 4 records the proportion of respondents in each subgroup

who give qualified/unqualified approval to premarital sexual relations, favor the use of contraception among sexually active unmarrieds, and would recommend abortion to an unmarried adolescent.

Approval of premarital sex under any condition was given by 18 to 26 percent of the female student respondents and from 33 to 65 percent of their male counterparts. Males, particularly in the older categories, are more liberal in their attitudes than are females. Respondents were given the opportunity to give "qualified" approval to premarital sex: relations are acceptable if a couple "plan to marry." Under such conditions, the large majority of all subgroups gave their approval, with but a slightly higher rate among university students than from those in secondary schools. The expressed intent to form a lasting union appears to be an important factor in the question of whether one approves premarital sex or not; indeed, for female students this commitment for the future results in an approximate tripling of the approval rate.

Table 4. Attitudes Toward Sexual Relations, Contraception and Abortion

	Approve Premarital Sex Anytime %	If Engaged %	Favor Contraception %	Would Recommend Abortion %
<b>Males</b>				
University	65	85	87	52
Polytechnic	45	82	73	36
Secondary	33	76	68	35
Working	38	81	44	25
<b>Females</b>				
University	26	71	85	45
Polytechnic	18	63	71	33
Secondary	19	64	72	26
Working	49	89	87	68

For all groups except working adolescent males, at least two thirds agreed with the statement that "unmarried persons should use contraception if they are having sexual relations." University students were more likely to agree than polytechnic or secondary students; within educational categories, differences between men and women are small.

Adolescents in Ibadan are favorably disposed toward premarital sex and favorably disposed toward engaging in it with contraceptive protection. An index of the intensity of the feeling against premarital childbearing is found in the proportions within each group who would recommend that a "young, unmarried girl who finds she is pregnant by a boy she does not plan to marry" terminate her pregnancy by abortion (Figure 5). Despite the illegality of abortion in Nigeria, between one fourth and one half of the students surveyed said they would offer such advice to a friend in such a situation (and, as will be documented in a later section, an even larger proportion have personally followed such a course of action). Over two thirds of the working females would give such counsel, while only 25 percent of their male counterparts would do so.\*

From the above, it may be said that a majority of all classes of respondents approve of sexual relations before marriage under at least certain circumstances and that most of them feel that measures ought to be taken against the occurrence of unwanted pregnancy.

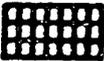
In such a setting of contraceptive awareness and interest, of limited knowledge of when during the menstrual cycle a woman is likely to become

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\*There appears to be a substantial ambivalence on the part of lower class working males on matters of sexuality, contraception and abortion. They tend to define pregnancy as "a problem that the girl must take care of."

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)

ADVICE TO PREMARITALLY PREGNANT

TERMINATE PREGNANCY  CONTINUE PREGNANCY 

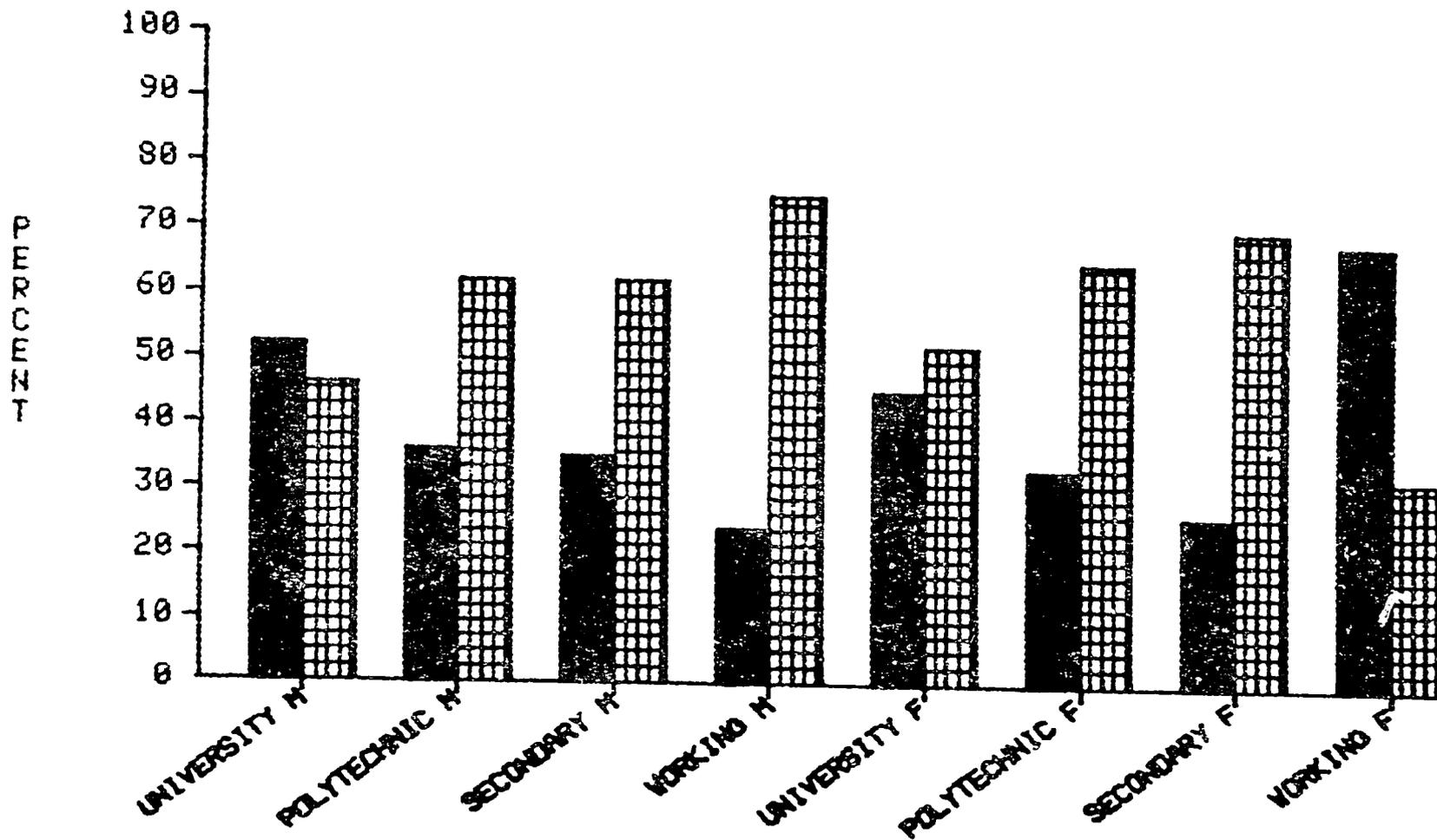


FIGURE 5

pregnant, and general approval of premarital sexual relations, let us now turn to an examination of actual sexual behavior, contraceptive use and pregnancy among Ibadan adolescents.

### Sexual Behavior

In order to document the existence and current level of sexual activity in this adolescent population, respondents were asked (1) if they had ever engaged in sexual relations, and (2) their number of sexual contacts during the past month. As depicted in Table 5, most of the adolescent population of Ibadan is sexually experienced, and the majority of those claiming to have engaged in sexual activity report that they have had relations during the past month. With the exception of female secondary school students, the data show that a majority--and in most cases a substantial

Table 5. Previous and Current Sexual Activity

	Ever Had Sexual Relations %	Sexual Relations During Last Month %
<b>Males</b>		
University	82	59
Polytechnic	83	54
Secondary	60	49
Working	92	76
<b>Females</b>		
University	66	50
Polytechnic	52	34
Secondary	38	29
Working	91	73

majority--of the respondents in each subgroup have engaged in sexual relations. At the university level, two thirds of the women and over 80

percent of the men are sexually experienced. Over 90 percent of both working men and working women have had sexual relations.

Two important factors in considering the level of sexual activity within an adolescent population are (1) the proportion at each age who have had sexual relations and (2) the age at the initiation of sexual activity. Such information on the prevalence of sexual activity and its duration can aid educators and service providers in effectively reaching adolescents at the proper time to enable them to make informed decisions concerning their own sexual and contraceptive behavior.

Table 6 shows the proportions who have had sexual relations and the mean age at first intercourse among such individuals for male and female adolescents by single year of age. For both sexes, the proportion with sexual experience rises from 17 percent at age 15 to 94 percent at age 24. For females, however, the increase is a gradual one, while for males the proportion rises rapidly up to age 18 and only gradually thereafter. At age 18, for example, only one half of the females but nearly four fifths of the males report that they have had sexual relations.

Interpretation of the data presented on the mean age at first intercourse is less straightforward, as it is based (at each age) only on those who have had sexual relations. Hence, its representativeness varies with the proportion of individuals on which it is based (eg, only 17% among 15 year olds, but 94% among 24 year olds). For example, among the 18 year old women who have had sex (51% of all 18 year old females interviewed), the mean age at initiation of sexual relations was 16.0 years. Thus, we may

Table 6. Sexual Experience and Age at First Intercourse

Age	Females		Males	
	% Have Had Sex	Mean Age 1st Intercourse	% Have Had Sex	Mean Age 1st Intercourse
15	17	(13.9)	17	(14.0)
16	28	15.0	49	14.7
17	34	15.4	69	15.4
18	51	16.0	78	15.5
19	63	17.0	86	15.9
20	80	17.6	91	16.3
21	66	17.5	84	16.2
22	85	18.2	88	16.2
23	94	18.5	92	17.0
24	94	19.5	94	17.6

( ) based on fewer than 20 individuals

infer that of the 18 year old females interviewed, one half have not yet begun to have sex, roughly one fourth have had relations for over two years, and a final one fourth have had relations for less than two years. For 18 year old men, 78 percent have had sexual relations; the average such individual first had sex two to three years ago.

Clearly, it may be concluded that substantial numbers of adolescents have engaged in sexual relations, with many starting as early as age 15 or even younger, when access to contraceptive services or even counseling information is virtually nonexistent. The inclusion of reproductive health education in the secondary school curricula may thus be seen to be a vital step in providing objective information to adolescents before, rather than after, they are likely to have their first sexual experience.

In an adolescent population, those with previous sexual experience are likely to be currently sexually active. This is the case in Ibadan. The

data presented in the right hand column of Table 5, and in greater detail in Table 7, show the level of current sexual activity during the past month within each of the eight subgroups. Between 49 and 59 percent of the male students report that they are sexually active, as do from 29 to 50 percent of the female students.\* Three fourths of the working male and female subgroups were sexually active within the month of the interviews.

Table 7. Frequency of Sexual Relations

	Number of Sexual Contacts During Past Month		
	None %	1 or 2 %	3 or more %
<b>Males</b>			
University	41	22	37
Polytechnic	46	25	29
Secondary	51	25	24
Working	24	30	46
<b>Females</b>			
University	50	19	31
Polytechnic	66	22	12
Secondary	71	17	11
Working	27	37	37

Not only are university students more likely than polytechnic or secondary students to be currently sexually active, they are more likely to be engaging in more frequent sexual activity than individuals in the other groups. As depicted in Table 7, 37 percent of the university men and 31 percent of the women report three or more sexual contacts during the past

\*Despite the anonymity guaranteed by the interviewer, it is probable that female students (particularly those in secondary school) were more likely than their male counterparts to suppress or deny their past or current sexual behavior.

month. Among secondary school students, 24 percent of the males and only 11 percent of the females report three or more contacts. These distributions become important in the following section when we examine contraceptive use according to the frequency of sexual activity.

In summary, the adolescent population surveyed here is quite sexually active. Past and current experience with sexual intercourse is directly related to age, a logical and not surprising finding. What is a matter of concern is the magnitude of the percentages.

### Contraceptive Use

Having established that there is a considerable amount of sexual activity among the unmarried adolescent population of Ibadan, we turn next to an examination of contraceptive practices among the various subgroups. Two major points are of interest: first, what proportion of sexually active adolescents are using contraceptive methods; and second, whether lack of knowledge about contraception itself is an important factor in nonuse.

Table 8 and Figure 6 present the percentage distribution of each subgroup with respect to sexual experience and contraceptive use. Independent of current sexual activity, the survey indicates that, among university students interviewed, as many as 50 percent of the men and 39 percent of the women said they were using contraception. Overall prevalence is somewhat lower for polytechnic and secondary school students: about one third of the males in each group and one fifth of the females are current users. Lastly, the working adolescent group shows the greatest difference in reported contraceptive use between males (13%) and females (41%), although

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)

SEXUAL AND CONTRACEPTIVE EXPERIENCE

SEXUAL EXPERIENCE  
NOW CONTRACEPTING



CONTRACEPTIVE EXPER.

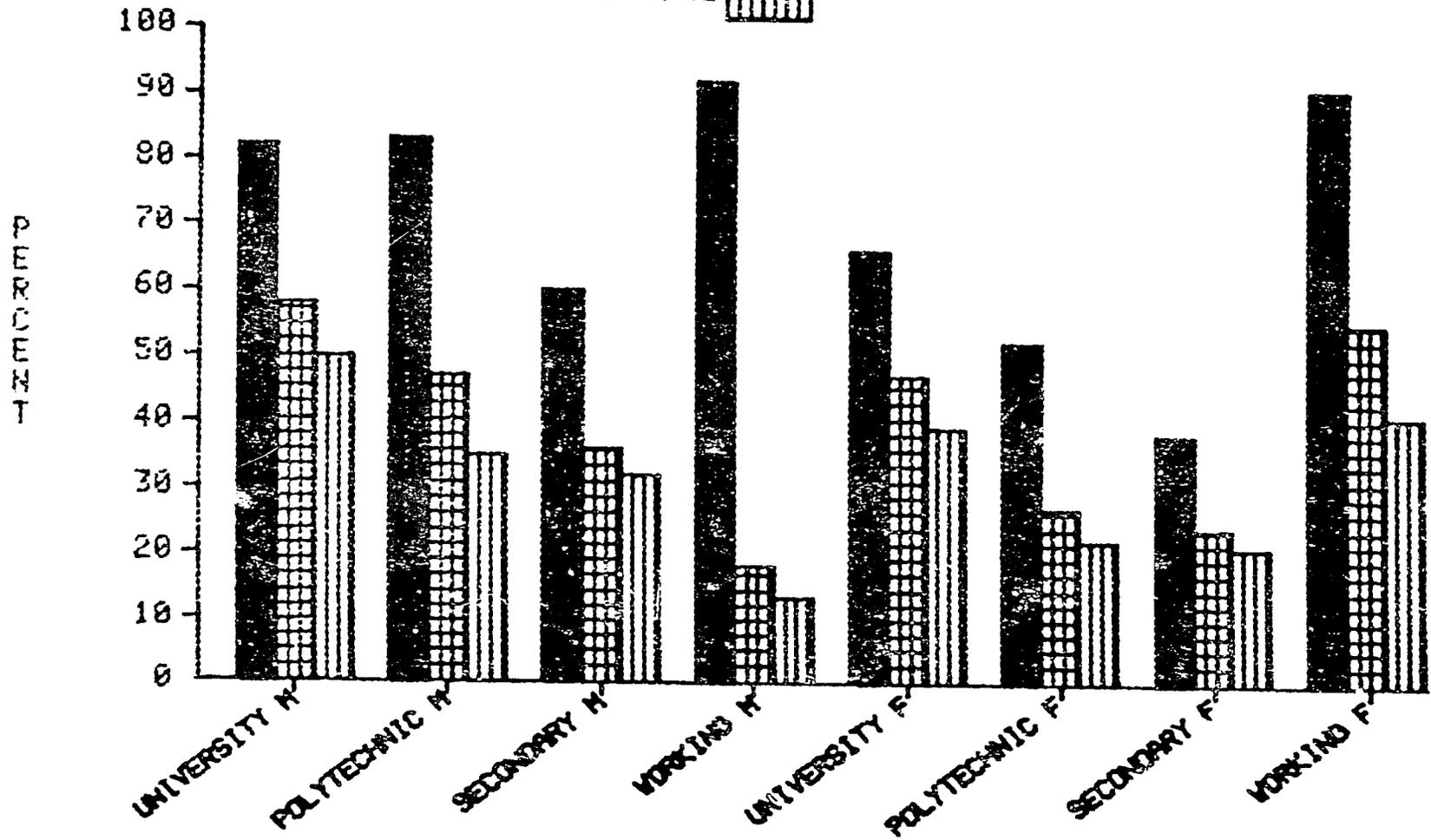
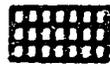


FIGURE 6

virtually the same proportion in each group has had sexual relations. It may be that working males are reluctant to acknowledge that they (individually) are practicing contraception; members of this group may be reflecting the notion that regardless of the method used, it is the female partner who is "using" it. Such an assumption, however, cannot be adequately tested with the data collection instrument used for this study.

Table 8. Sexual Activity and Use of Contraception

	Never Had Sexual Relations %	Had Sexual Relations		
		Never Used Contraception %	Used Contraception	
			Past Only %	Current User %
<b>Males</b>				
University	18	24	8	50
Polytechnic	17	36	11	35
Secondary	40	24	5	32
Working	8	74	5	13
<b>Females</b>				
University	34	18	9	39
Polytechnic	48	24	5	22
Secondary	62	13	4	21
Working	9	37	13	41

In order to examine contraceptive behavior among the "at risk" population, we next turn our attention to sexually active adolescents. Our purpose is to document the extent of unprotected sexual activity occurring within the different subgroups, and to learn how services may best be provided to these groups to assist them in avoiding premarital pregnancies.

Table 9 and Figure 7 present the percent currently contracepting according to the frequency of sexual activity. Among women, those with

frequent sexual relations (three or more times over the past month) are considerably more likely to be practicing contraception than those who have sexual intercourse only once or twice a month. The reported contraceptive use of the former group (80% among university students; 69% among secondary students) is surprisingly high, though similar to the 90% prevalence reported by Ayangade in a study of 400 female university students in Ile-Ife. This may be explained in part by recent efforts by private groups in the Ibadan area to inform secondary school students about sexuality and human reproduction. Such levels are not likely to be substantially increased by improvements in information, motivation and service delivery programs in the area. On the other hand, females who are sexually active but on a more infrequent basis show comparably lower rates of contraceptive use, and are, as a group, in need of action programs designed to reduce the incidence of adolescent pregnancy.

Table 9. Percent of Sexually Active Respondents Currently Using Contraception According to Frequency of Sexual Relations

	<u>Number of Sexual Contacts During Past Month</u>	
	<u>1 or 2</u> %	<u>3 or more</u> %
<b>Males</b>		
University	55	68
Polytechnic	40	53
Secondary	61	58
Working	17	11
<b>Females</b>		
University	43	80
Polytechnic	50	(60)
Secondary	56	69
Working	30	73

\*One or more sexual contacts during the past month.

( )Based on fewer than 20 cases.

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)  
 CONTRACEPTIVE USE BY NUMBER OF SEXUAL CONTACTS PAST MONTH

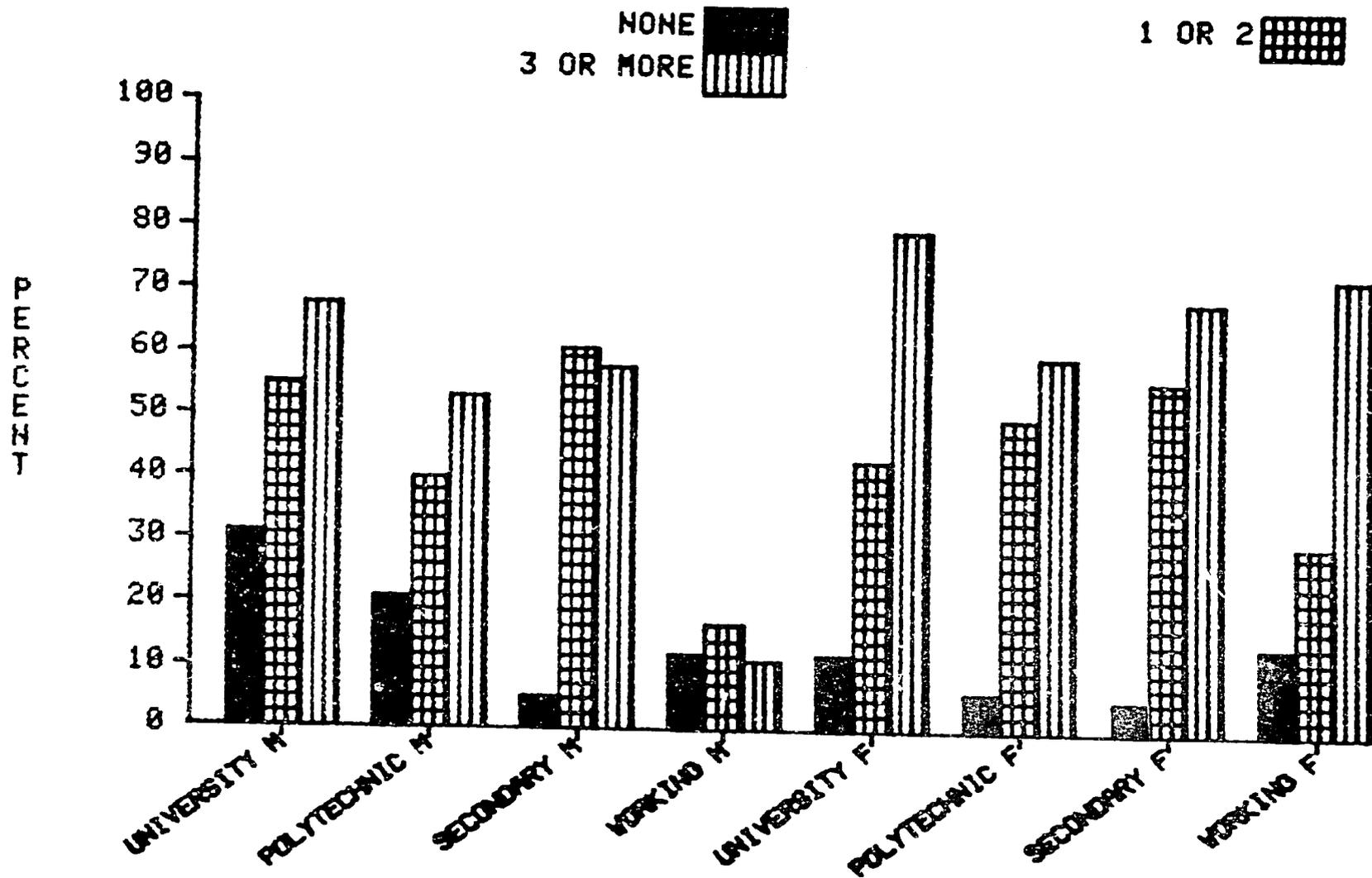


FIGURE 7

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Sexually active respondents were asked to indicate the method (if any) "currently" utilized; their responses are presented in Table 10 and Figure 8. Oral contraceptives and condoms are by far the preferred methods among Ibadan adolescents; other methods (largely rhythm/withdrawal) are used by no more than 15 percent in any subgroup. (This contrasts with Ayangade's finding of only 15 percent using "modern" methods, and most women using traditional or barrier methods<sup>16</sup>). Although the question on method currently used specifically alluded to "you [the respondent] or your partner," the responses strongly suggest many individuals were answering for themselves **personally**, and not for the couple. Female respondents overwhelmingly responded that "they" (eg, themselves or their partners) were using pills, whereas males (except those attending polytechnic schools) were far more likely to report the use of condoms. Accordingly, there may be an underestimation of the effective level of contraceptive protection within the adolescent population as individuals tend to report only a method which they themselves use.

Table 10. Method of Contraception Practiced by Sexually Active\* Adolescents

	Not Contracepting %	Contracepting				Number of Respondents
		Pills %	Condoms %	Rhythm/ Withdrawal %	Other %	
<b>Males</b>						
University	35	19	34	10	2	103
Polytechnic	51	24	12	6	7	115
Secondary	39	5	48	5	3	131
Working	86	2	9	1	2	204
<b>Females</b>						
University	33	33	19	11	4	138
Polytechnic	46	42	5	7	-	43
Secondary	36	49	6	2	7	94
Working	47	29	17	5	2	59

\*One or more sexual contacts during past month.

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)  
 CONTRACEPTIVE USE AMONG SEXUALLY ACTIVE ADOLESCENTS

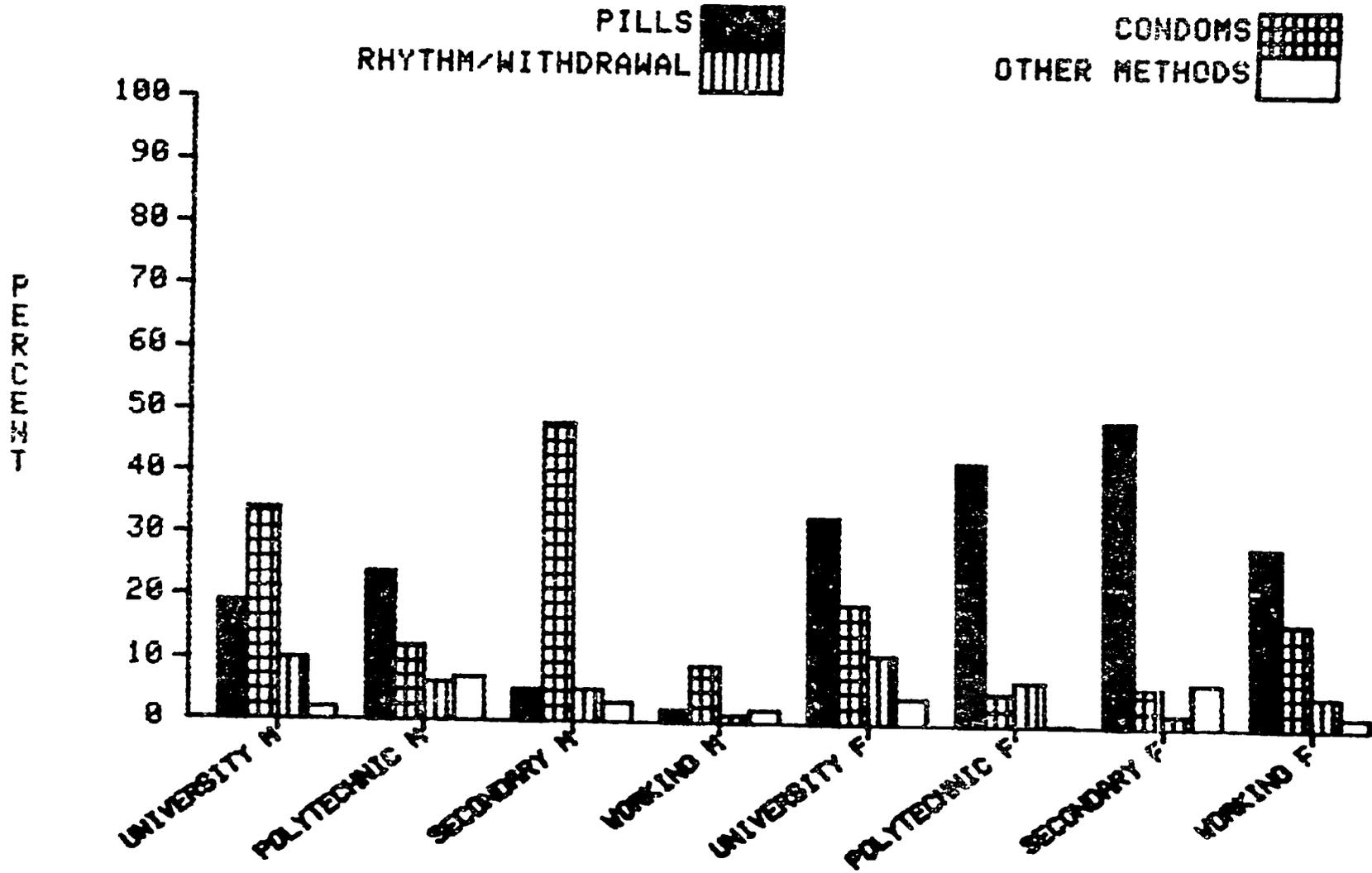


FIGURE 8

In general, the study finds that, among sexually active women, university students are less likely to be using oral contraceptives and more likely to be using condoms than are secondary school students. Working adolescent males and those in secondary schools report a low level of pill use by their partners. These groups are perhaps less likely to be aware of a partner's use of such a method than their more educated counterparts attending polytechnics or university.

Sexually active adolescents not practicing contraception were asked to indicate why they were not using any method. Their reasons (Table 11 and Figure 9) will be of considerable interest to those seeking to increase the acceptability and use of contraceptives in the adolescent population of Ibadan. Although the reader is cautioned that, with the exception of the group of working males, the percentages in Table 11 are based on comparatively small numbers of individuals, the single most important reason given by non-users in seven of the eight subgroups is the lack of knowledge about contraception. Three fourths of the sexually active secondary school females not currently using contraceptives gave this reason. The second most important factor, surprising in the frequency of response among male adolescents, is the concern for the safety of contraception. A third reason for non-use, the objection or opposition by one's sexual partner, is especially important among working women. Additionally, males, particularly those in secondary school or working, are more likely than females to claim that contraceptives are not available. Relatively small percentages in each of the groups said they weren't using contraception because they forgot or weren't aware that a pregnancy might result, and only among

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)

WHY NOT CONTRACEPTING AMONG SEXUALLY ACTIVE ADOLESCENTS

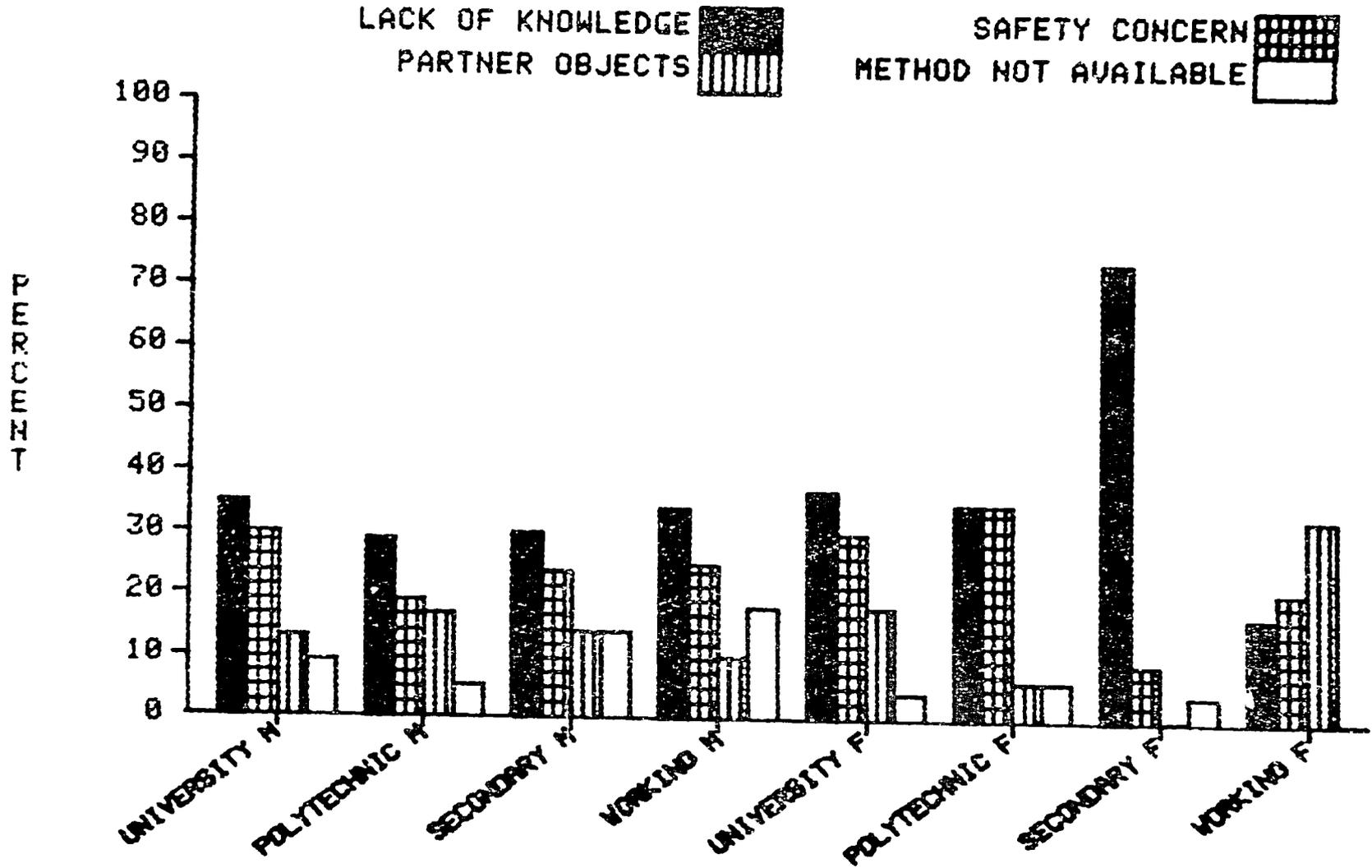


FIGURE 9

working women do a substantial minority state that they, in fact, desire to become pregnant.

Table 11. Reason for Not Using Contraceptives Among Sexually Active\* Adolescents

	Lack of Knowledge %	Safety Concern %	Partner Objects %	Not Available %	Thought Unnec'y %	Other %	Number of Respondents
<b>Males</b>							
University	35	30	13	9	9	4	23
Polytechnic	29	19	17	5	10	20	42
Secondary	30	24	14	14	5	13	37
Working	34	25	10	18	7	6	165
<b>Females</b>							
University	37	30	18	4	7	4	27
Polytechnic	35	35	6	6	6	12	17
Secondary	74	9	-	4	9	4	23
Working	17	21	33	-	4	25	24

\*One or more sexual contacts during the past month.

To recapitulate, the following findings appear especially significant:

- Among sexually active adolescents, contraceptive use rates are highest among university students, somewhat lower among younger students, and lowest of all among working males.
- Contraceptive use among females increases as the frequency of intercourse increases.
- Oral contraceptives and condoms are the preferred methods among adolescents surveyed, although university females are less likely to be using pills than their younger counterparts.

- For non-users, a lack of knowledge about contraception is the most frequently cited reason, followed by safety concerns and the opposition of one's partner.

### Pregnancy and Pregnancy Outcome

In any fertile population, the combination of considerable sexual activity and limited use of contraception will result in a substantial number of pregnancies. This is the case among the adolescent population of Ibadan, the critical difference being that virtually all pregnancies are unwanted. As described earlier, a premarital pregnancy\* poses immense problems to the adolescent female, particularly if she is attending school. To continue the pregnancy to term will mean almost certain expulsion and likely economic hardship; to terminate the pregnancy by means of induced abortion is both contrary to Nigerian law and fraught with dangers of its own.

The present study documents that a substantial proportion of the female adolescent population in Ibadan has had to face this issue, and furthermore that, despite the attendant risks, elective termination of the pregnancy is the overwhelming course of action chosen by unmarried pregnant adolescents in this sample. In this section we shall examine in some detail the level of adolescent pregnancy, the outcomes of such pregnancies, the decision-making process among those who elect to terminate the pregnancy, where such services are provided to adolescents, and differences in subsequent abortion and contraception attitudes and behavior.

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\*By this we mean a premarital pregnancy destined to lead to a child born outside of marriage.

Among adolescent women who have had sexual relations (54% of the young women interviewed), the present study finds that a surprisingly high 37 to 68 percent of those in the four education subgroups have been pregnant (Table 12). A smaller percentage of university students (37%) than secondary school students (44%) report a previous pregnancy. More than one half of the polytechnic students who have had sex report one or more pregnancies, as do two thirds of the working women. These results document that pregnancies are not isolated phenomena within the adolescent population, but rather one of widespread proportions. Of a total of 454 sexually active females, 203 (45%) report having at least one pregnancy.

Table 12. Pregnancy and Pregnancy Outcome Among Women Who Have Had Sexual Relations

	Never Pregnant %	Previously Pregnant*			Number of Respondents
		Live Birth %	Mis-carriage %	Induced Abortion %	
University	63	2	-	35	188
Polytechnic	45	2	2	51	65
Secondary	56	9	-	35	127
Working	32	1	11	56	74

\*33% pregnant two or more times; data refer to first pregnancy.

Even the most cursory examination of the data presented in Table 12 and Figures 10a-10d reveals the overwhelming choice of Ibadan adolescents who become pregnant: elective termination of the pregnancy. Virtually all university or polytechnic students chose this option, as did roughly 4 out of 5 pregnant secondary school women. Among working women, there appear to be more miscarriages than in the other groups, but only one woman (out of 50 who had ever been pregnant) carried her pregnancy to term and had a live birth. This is perhaps the most important finding of the present study. It has long been acknowledged that abortion was indeed available to pregnant adolescents, but not previously documented that it is, in practical terms, the only alternative chosen by unmarried individuals included in our present sample: 183 out of 203 first pregnancies were terminated by means of induced abortion.

Tables 13 and 14 are based only on those women who report that they have had an induced abortion. For all subgroups we see that the "boy-friend" is cited as the principal source of advice in reaching the decision to terminate the (first) pregnancy. Secondary school women, in addition, are likely to have been aided in making their decision by a parent. No other sources of advice appear to be important in the decision-making process. Medical personnel (doctors, nurses, midwives) are not significantly involved. Nonetheless, almost all abortions to adolescents are carried out under medical supervision, though, in fact, the procedure may be performed by a non-physician: university and polytechnic women are most likely to go

ADOLESCENT SEXUALITY STUDY: IBADAN: (1981)

SEXUAL ACTIVITY AND PREGNANCY HISTORY: 285 UNIVERSITY FEMALES

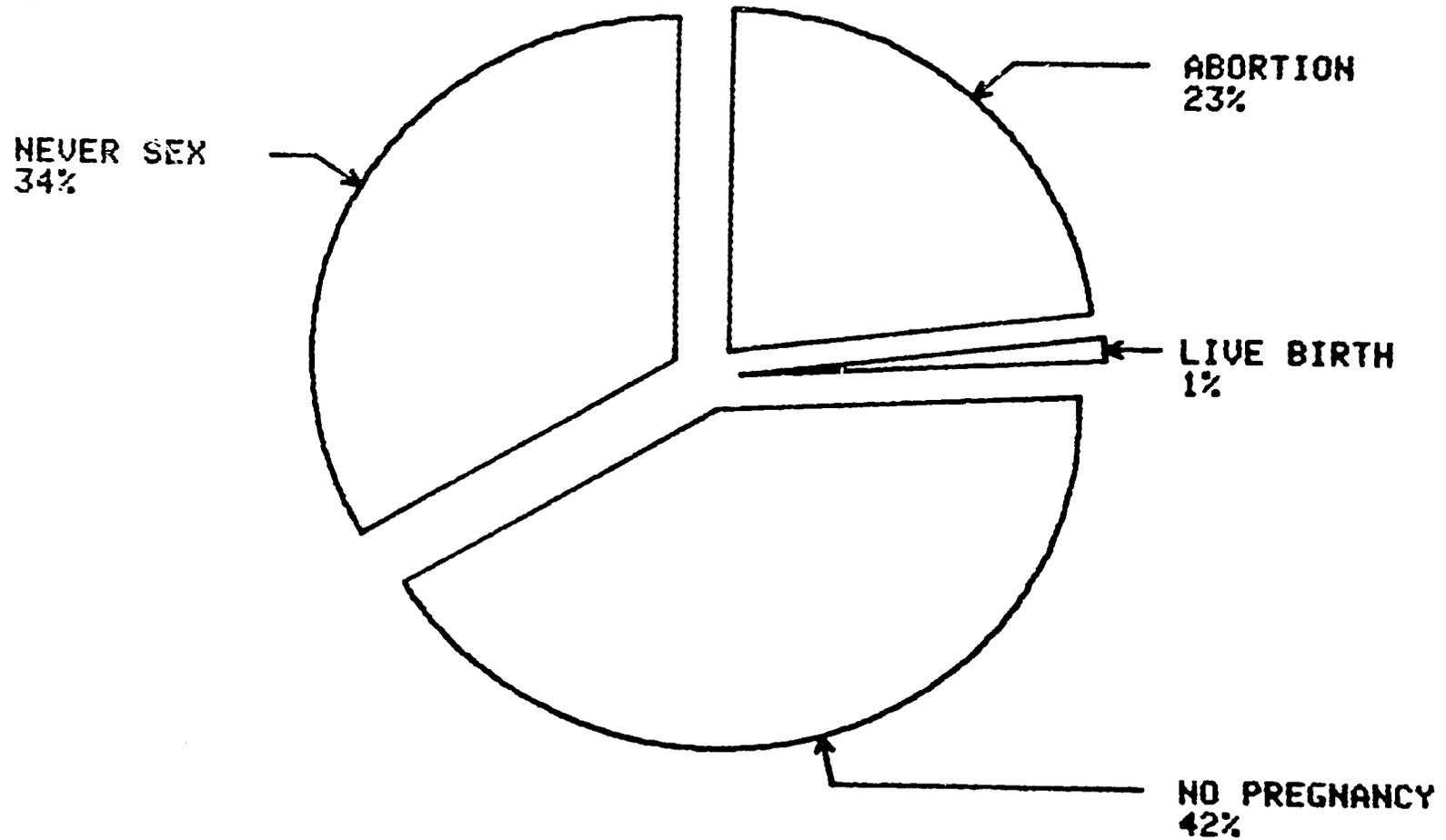


FIGURE 10A

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ADOLESCENT SEXUALITY STUDY: IBADAN: (1981)

SEXUAL ACTIVITY AND PREGNANCY HISTORY: 128 POLYTECHNIC FEMALES

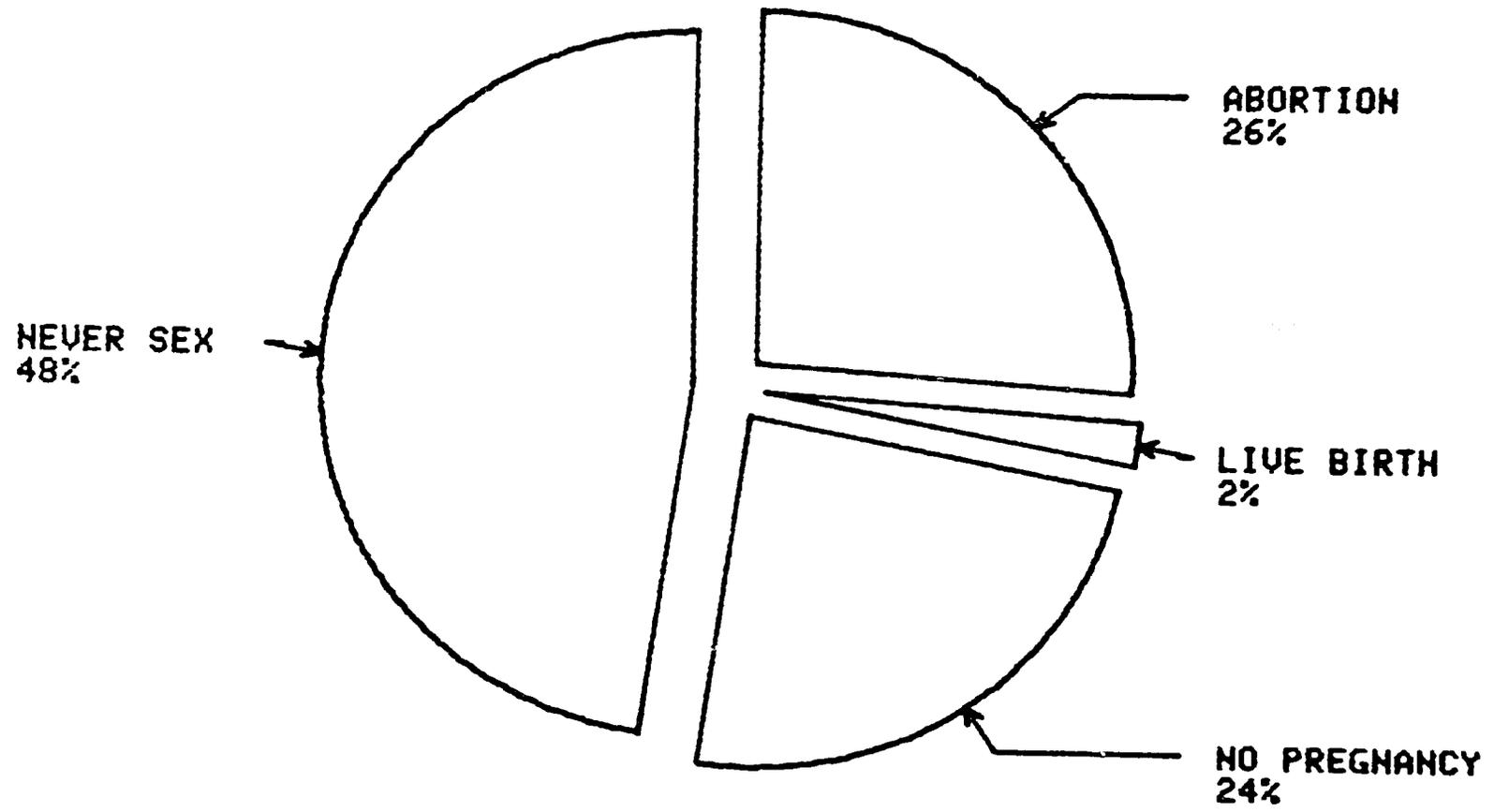


FIGURE 10B

ADOLESCENT SEXUALITY STUDY: IBADAN: (1981)

SEXUAL ACTIVITY AND PREGNANCY HISTORY: 346 SECONDARY FEMALES

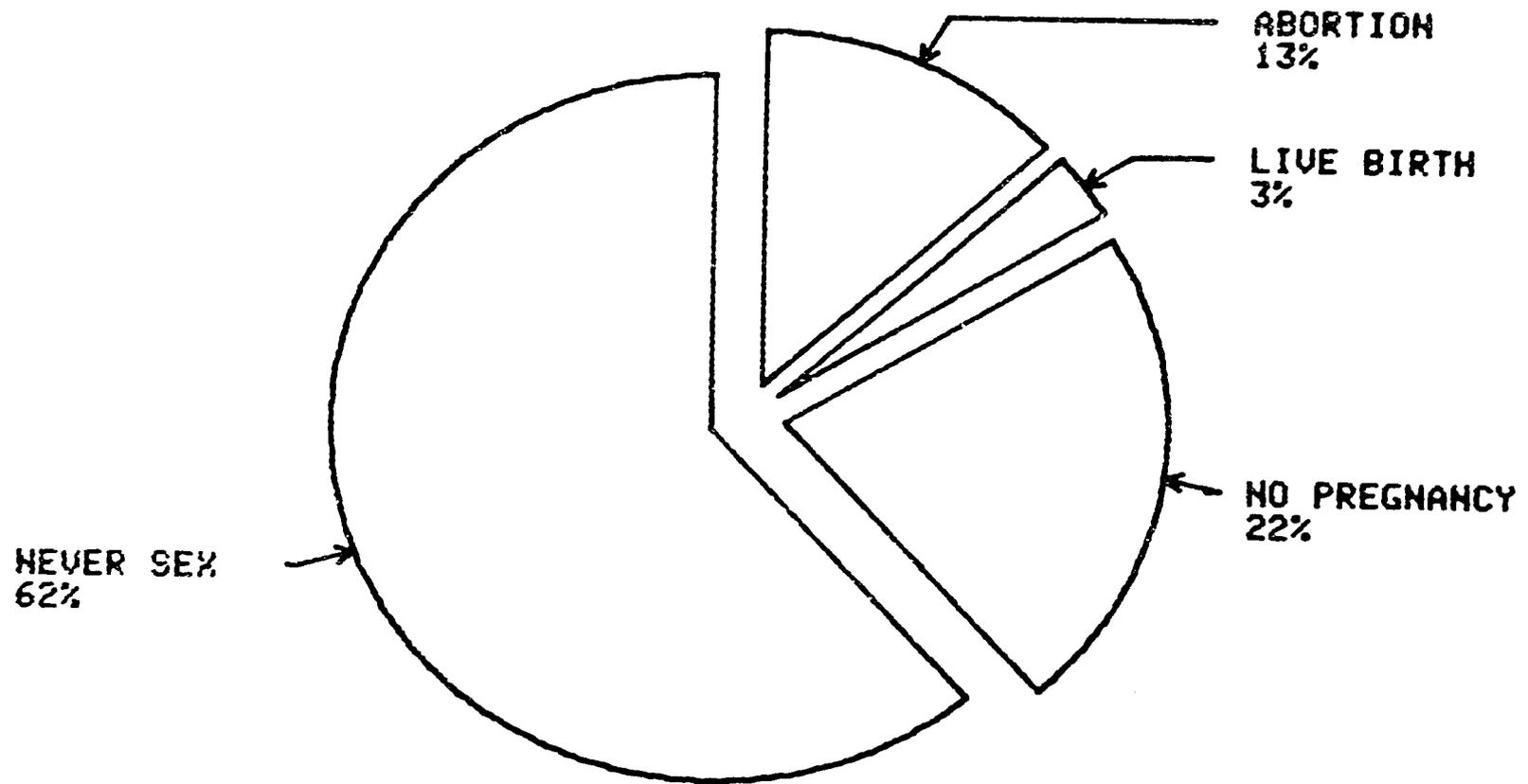


FIGURE 10C

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)

SEXUAL ACTIVITY AND PREGNANCY HISTORY: 82 WORKING FEMALES

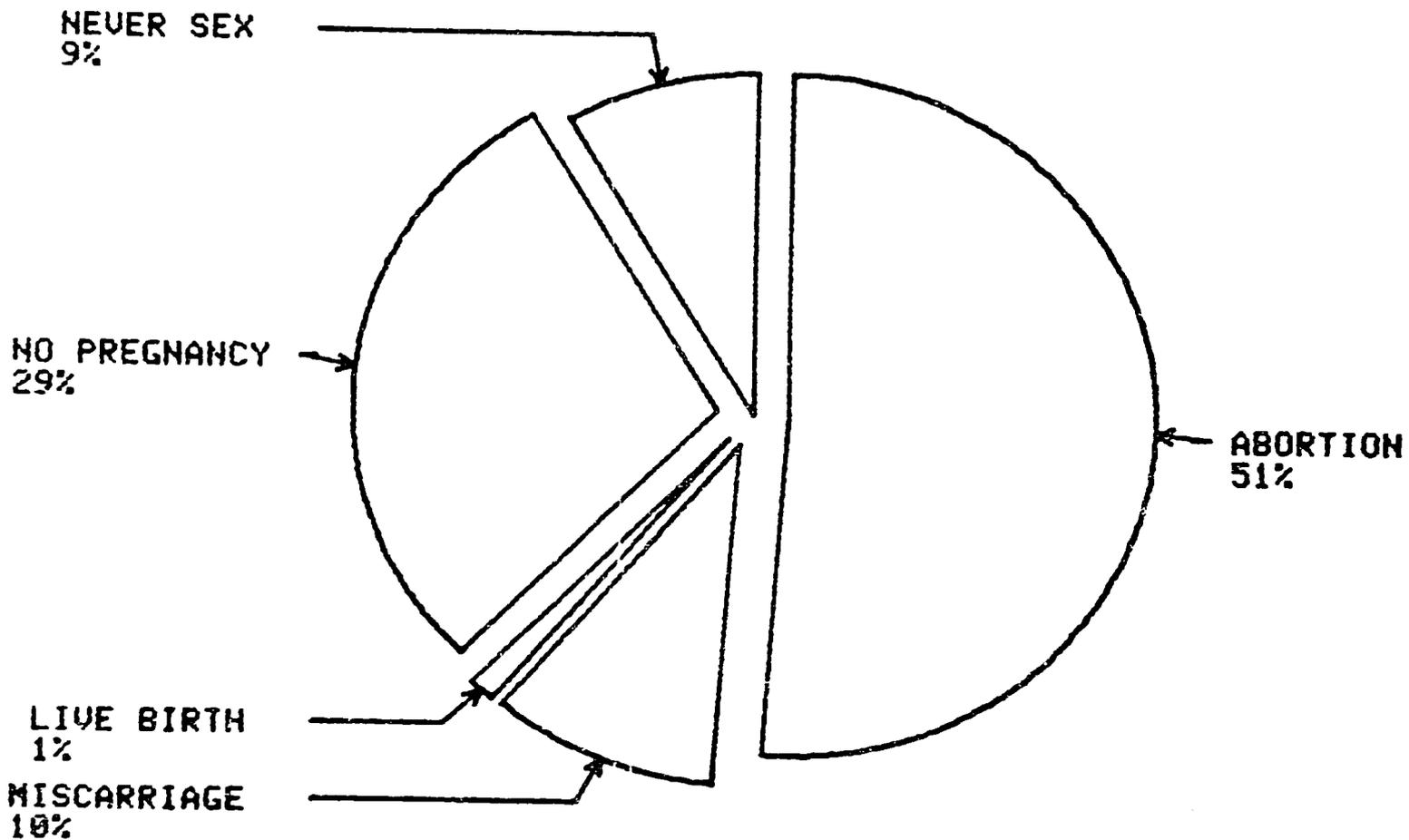


FIGURE 10D

to clinics, while secondary school women are equally likely to receive the abortion at a clinic or a doctor's office.\*

Table 13. First Pregnancies Terminated by Abortion: Principal Source of Advice in Decision to Abort

	Boyfriend %	Girlfriend %	Parent %	Medical %	Other %	Number of Respondents
University	49	12	15	-	23	65
Polytechnic	55	6	18	3	18	33
Secondary	48	7	43	2	-	44
Working	59	12	12	5	12	41

Table 14. First Pregnancies Terminated by Induced Abortion: Where Services Received

	Clinic %	Hospital %	Doctor's Office %	Friend's House %	Number of Respondents
University	68	15	11	5	65
Polytechnic	64	24	6	6	33
Secondary	42	16	40	2	44
Working	61	27	10	2	41

In an attempt to see if women who have had an induced abortion view the experience favorably or unfavorably, we have tabulated the responses to the question relating to advice which would be offered to an unmarried

\*We point out again the difference between the legal norms and the social practice. But because abortion is illegal, women are likely to seek out services where privacy, confidentiality and anonymity are assured.

pregnant adolescent friend according to the pregnancy/abortion background of the respondent (Table 15). Among the 618 women who have never been pregnant, two thirds would advise to carry the pregnancy to term (50% would advise to keep the baby, and 17% would recommend giving it up for adoption). Less than one third (30%) would advise that the woman have an abortion. Among the 183 respondents who have experienced an induced abortion, the proportions are nearly reversed. Sixty-two percent would recommend abortion, while only 35% would advise that the woman have the baby. Women who have had an induced abortion are thus twice as likely to recommend it under the above circumstances than are women who have never been pregnant (see also Figure 11). Another interpretation of the findings, however, might be that "only" 62 percent--three out of five--of those who have been through the experience of abortion would recommend it to an unmarried pregnant adolescent. Both conclusions are correct.

Table 15. Advice to Unmarried Pregnant Women According to Pregnancy Experience

Pregnancy Experience	Keep Baby %	Give up for Adoption %	Terminate Pregnancy %	Other %	Number of Respondents
Never pregnant	50	17	30	3	618
Previous induced abortion	22	13	62	3	183

The survey indicates that the young unmarried population is and will continue to be sexually active, that many adolescents are having regular sexual relations without benefit of contraceptive protection, that a

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)  
 WOULD RECOMMEND ABORTION TO PREMARITALLY PREGNANT

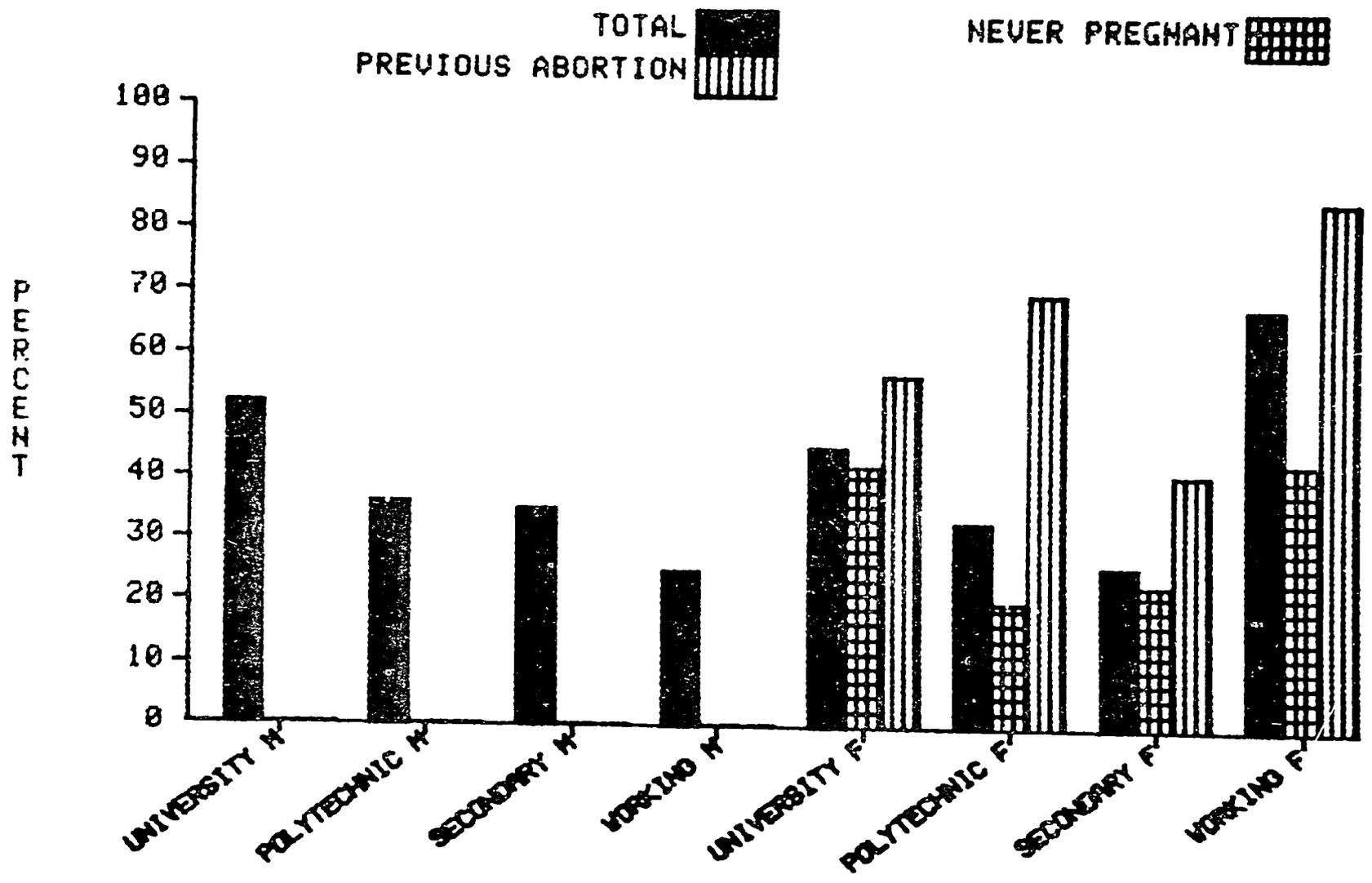


FIGURE 11

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substantial proportion of young women become pregnant, and that nearly all who do become pregnant terminate the pregnancy by means of induced abortion. These are the realities of the situation--the growing incidence of adolescent pregnancy and abortion in Nigeria. These realities cannot be denied or suppressed, but must rather be dealt with in an informed and enlightened manner by health policymakers and service providers.

## CONCLUSIONS AND RECOMMENDATIONS

Family planning in Nigeria is geared currently toward older married couples and is characterized by a rather low acceptance rate. This occurs principally as a result of traditional cultural views which place a high value on large family size despite health and economic implications. Still, it must be borne in mind that the reproductive behavior of married couples is part of a larger mosaic. A substantial proportion of fertile females in Nigeria are both adolescent and unmarried. Young women, and their male counterparts, are at the center of a transition in sexual behavior, and adolescent women are experiencing an increasing number of unwanted pregnancies. This is the context in which the following recommendations are made.

1. Reproductive Health Education and Information. This survey indicates that although many young unmarrieds have information at their disposal about human reproduction it is often incorrect on critical matters. That some of them are getting information is indisputable, but the survey supports the need to be more thorough in providing accurate, understandable information at the appropriate time. These findings underline the need for a variety of approaches to be used to increase contraceptive use and reduce the level of unprotected sexual intercourse (and, consequently, unwanted pregnancy) among the adolescent population. Basic information and education programs are needed for all groups, but especially in the secondary schools (see Figure 12). Safety concerns may be addressed by providing responsible, objective information on the side effects associated with oral contraceptive use, and by making barrier methods available to those who wish to use them. The opposition of one's partner to the use of

ADOLESCENT SEXUALITY STUDY: IBADAN (1981)

INFORMATION DESIRED IN SCHOOL CURRICULUM

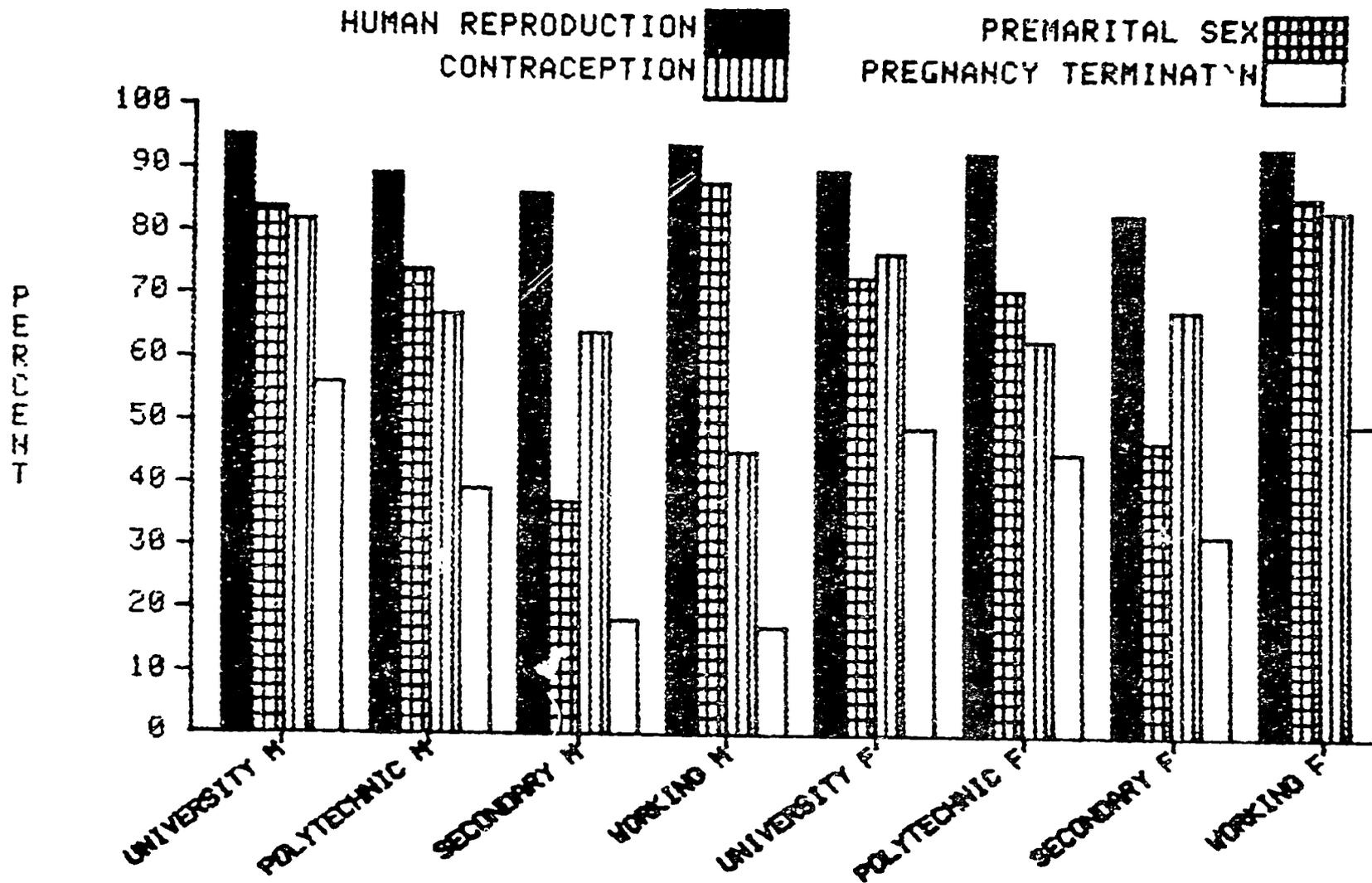


FIGURE 12

contraception may be met by explaining to adolescents the likely consequences, physical, financial and emotional, of an unplanned pregnancy. In sum, a climate must be created in which adolescents feel free to seek answers to their questions concerning sex and contraception, and that a framework exists to offer contraceptive counseling and methods to adolescents wishing to avail themselves of such services. This can be achieved by the implementation of one or more of the following alternatives:

- a) developing a reproductive health curriculum for use in secondary schools, technical colleges and universities;
- b) establishing an informal system for conveying accurate and objective reproductive health information among adolescents;
- c) enlisting young unmarrieds to counsel and inform each other; and
- d) developing brief, readable, reproductive health education materials for adolescents.

Whatever the alternatives, the need for more and better education and counseling on reproductive health matters is indisputable. The survey indicates that printed materials and the school setting are the most relied upon channels for accurate information. This is a useful insight.

Some educational material and programs could also be usefully developed for parents. This is important for three reasons. First, making reproductive health information and contraceptive services available to young unmarrieds is controversial. Part of this controversy is a product of the ignorance of adults about the sexual behavior of adolescents. Many adults are unaware that their children are maturing in a social and cultural environment that is changing, if not radically different, from the one in which they reached adulthood. Second, the knowledge of many adults themselves on reproductive health is woefully lacking and inaccurate.

As a source of accurate information, parents rank low in this survey. Hence they cannot serve as a reliable resource, let alone discuss the matter rationally when the need arises. Third, while it is recognized that individual sexuality is a personal matter of great sensitivity, there is a need for the larger society to be educated about adolescent sexual behavior, its hazards, and its unpredictable and often disastrous personal consequences, as well as about the realistic alternatives available for dealing with the subject.

2. Access to Contraceptive Services. The survey also supports the view that many young unmarried individuals are in fact sexually active at relatively early ages and that a substantial portion of those active are not using any contraceptive method (though we hasten to add that contraceptive use among this group is substantially higher than for Nigerian society as a whole).

The survey suggests that education is an important factor in contraceptive use rates. Ayangade, in an earlier survey of 4800 females in Oyo State (83% of whom were between the ages of 15 and 25), found that over half had no education and slightly less than one fourth had finished the primary level. Of these women, only 30 percent knew of modern contraception, and only 12 percent had ever used a modern method. Inadequate contraceptive use among a substantial portion of adolescents is reflected in the high pregnancy rates reported. Among the health risks related to sexual behavior are sexually transmitted diseases, unwanted pregnancy, and subsequent infertility.

All this bespeaks the need to create a system of health care and advice that is capable of dealing with the specialized needs of this group. Such a system, whether part of the present structure of health care delivery or a new, complementary one, should make use of trained personnel who understand and are sympathetic toward adolescent health problems. The service should be readily available and subsidized to ensure minimal cost to the adolescents who themselves are not likely to be able to financially support such a program.

Any service delivery system that is created should:

- a) ensure that young unmarrieds have ready access to the services, medical as well as counseling, that they need;
- b) provide the variety of services demanded by adolescents and be responsive to individual needs within this heterogeneous group;
- c) be organized around personnel who are specially trained and sensitive to the youth and their behavior;
- d) be available at minimal cost, as many youths, particularly school-aged, have limited financial resources;
- e) ensure the active involvement of adolescents themselves whenever feasible.

The active participation of adolescents in the health care program is essential for optimal dissemination of relevant information and services. In institutions, informal group meetings with adolescents should be encouraged. This can be initiated through the student unions of respective institutions or through medical students' associations. One group shown in the present study to be in particular need of information and services are working adolescent males. Reaching such individuals is not easy; imaginative and innovative programs must be designed.

3. The Problem of Pregnancy Termination. The bold fact which springs from this survey is that a significant portion (46% of those in the present survey) of sexually active young unmarried women do become pregnant. This is the first time that these figures have been measured in Nigeria. As worthy of attention as the many problems relating to adolescent sexuality are, none is more riveting than the phenomenon of abortion. Of the young women in the survey who have become pregnant, nearly nine out of every ten (88%) have elected to terminate the pregnancy. One can speculate as to the reasons. This practice is in stark contrast to the present abortion statutes in Nigeria and in fact forces many young women to seek out clandestine, potentially dangerous services. This practice often results in the loss or serious impairment to their reproductive capacity for the remainder of the woman's reproductive life. In a society in which child-bearing is so highly valued this carries with it severe social stigmas. The problem should be addressed head on, creating a system that makes contraceptive information and services more easily available and more acceptable to the adolescent population.

4. Need for Further Research. There is a need for additional research on the subject of adolescent sexuality in order to give policymakers, health care providers and educators a vision of what is happening in contemporary Nigeria. The dimensions of the "problem" need to be more clearly defined. This survey covers Ibadan; it cannot be considered as entirely representative of Nigeria as a whole or even of Oyo State.

Future surveys should go forward on two levels:

- a) Regional surveys. These types of studies, carried out in the distinct regions of Nigeria, would in the best of circumstances present an adequate mosaic of adolescent sexuality, its regional variations and similarities.

- b) Rural-oriented surveys. The present survey was undertaken among largely urban, mostly educated adolescents. Presently, however, three fourths of Nigerians reside in rural areas. Their rural experience may be assumed to be somewhat different from that reported in an urban setting. Rural-oriented studies would confirm or deny that notion, while at the same time providing complementary, comparative data.

## References

1. Ezimokhai M, Ajobor LN, Jackson M, Izilien MI: Response of unmarried adolescents to contraceptive advice and service in Nigeria. *Int'l J Gynaecol Obstet* 18:481-485, 1981.
2. Omu AE, Oronsaye AU, Faal MKB, Asuquo EEJ: Adolescent induced abortion in Benin City, Nigeria. *Int'l J Gynaecol Obstet* 19:495-499, 1981.
3. Oronsaye AU, Ogbeide O, Unuigbo E: Pregnancy among schoolgirls in Nigeria. *Int'l J Gynaecol Obstet* 20:409-412, 1982.
4. Aggarwal VP, Mati JKG: Epidemiology of induced abortion in Nairobi, Kenya. *J Obstet Gynecol East Cent Africa* 1:54-57, 1982.
5. Gachuhi JM: African youth and family planning: knowledge, attitudes and priorities. Discussion Paper No. 189. Institute of Development Studies, University of Nairobi. 15 pp. 1974.
6. Chui JW: Policies and programmes on adolescent fertility: an integrated approach. UNFPA (mimeo), New York, 1978.
7. World Health Organization: Pregnancy and abortion in adolescence. Tec Report No. 583, Geneva, 1975.
8. Akingba JB, Gbajumo SA: Procured abortion--counting the cost. *J Niger Med Assoc* 6:16-24, 1969.
9. Ayangade SO: Contraceptive knowledge and practice among induced abortion patients: Nigerian experience. Paper presented at the International Symposium on Reproductive Health Care, Maui, October 10-15, 1982. Abstract in *Contracep Del Sys* 3:419, 1982.
10. Ampofo DA: The dynamics of induced abortion and the social implications for Ghana. *Ghana Med J* 9:295-300, 1970.
11. Akingba JB, Adedavoh BK: Abortion--a medico-social problem. *J Niger Med Assoc* 6:16-24, 1969.
12. Ojo OA: Septic abortion in Ibadan: A ten-year review of cases. *West Afr Med J* 26:51-53, 1978.
13. Akingba JB: The problem of unwanted pregnancy in Nigeria today. Lagos University Press, Lagos, 1971.
14. Ladipo OA: Five-year follow up of 500 cases of infertility in Ibadan. Unpublished mimeo, 1982.
15. Paxman JM, Zuckerman RJ: Adolescent sexual and reproductive health care and education: A Survey of Legal and Policy Alternatives. 59pp. World Health Organization, 1983 (in press).

16. Ayangade O: Parity and motivation characteristics of induced abortions in Nigeria. Paper presented at the International Symposium on Reproductive Health Care, Maui, October 10-15, 1982. Abstract in *Contra Del Sys* 3:417, 1982.
17. Population Reference Bureau: Fertility and the status of women. Poster, 1982.

Appendix I

QUESTIONNAIRE

				14
				5-8

FAMILY PLANNING UNIT  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
UNIVERSITY COLLEGE HOSPITAL  
IBADAN

ADOLESCENT SEXUALITY STUDY: KNOWLEDGE, PERCEPTIONS AND PRACTICE

We are surveying the knowledge, attitudes and practices of young adults in the Ibadan area on the subject of human reproduction, sexuality and family planning. The purpose of this research is to more fully understand the needs and concerns of young people, and to address ourselves to meeting these needs.

All information is strictly confidential; your name is not requested on the questionnaire. Please make every effort to answer each applicable question as honestly as possible. We urge you to be completely candid. The success of this undertaking rests on your cooperation. Thank you.

1. How old are you? \_\_\_\_\_ years   9-10
2. What is your sex?
  - 1) male  11
  - 2) female
3. Are you presently a student?
  - 0) no  12
  - 1) yes
4. What is the highest level of education you have completed?
  - 0) none
  - 1) 6 years of elementary school or less
  - 2) 7 or 8 years of elementary school
  - 3) 9 or 10 years of secondary school
  - 4) 11 or 12 years of secondary school
  - 5) 13 years of secondary school
  - 6) 14 or 15 years
  - 7) university degree
  - 8) postgraduate training  13
5. Do you presently have a job for which you are paid?
  - 0) no
  - 1) yes, part time
  - 2) yes, full time  14
6. What religion do you currently practice?
  - 0) none; no religious affiliation
  - 1) Protestant
  - 2) Roman Catholic
  - 3) Muslim
  - 4) traditional
  - 8) other (specify \_\_\_\_\_)  15

7. In what type of area did you principally reside through age 15?  
 1) urban  
 2) village; rural  16
8. What is your present marital status?  
 0) never married (skip to Question 10)  
 1) formerly married  
 2) consensual union  
 3) married  17
9. At what age were you first married? \_\_\_\_\_ years  18-19
10. What do you think is the ideal age for a man to get married? \_\_\_\_\_ years  20-21
11. What do you think is the ideal age for a woman to get married? \_\_\_\_\_ years  22-23
12. About how many times over the past month have you dated a man (woman)? \_\_\_\_\_ times  24-25
13. Do you have a steady boyfriend (girlfriend) now?  
 0) no (skip to Question 16)  
 1) yes  
 2) not applicable: currently married (skip to Question 16)  26
14. What is his (her) educational level?  
 0) none  
 1) elementary school  
 2) secondary school  
 3) high school  
 4) university  
 5) don't know  27
15. Are you presently engaged to or have discussed marriage with this person?  
 0) no  
 1) yes  28
16. How soon do you think you are likely to get married?  
 0) do not plan to marry (skip to Question 20)  
 1) within the next six months  
 2) six months to a year from now  
 3) over a year from now  29
17. How many children would you personally like to have altogether? \_\_\_\_\_ children  30-31
18. What do you consider the ideal age for a woman to have a first child? \_\_\_\_\_ years  32-33
19. How many years apart should children be born in a family? \_\_\_\_\_ year(s)  34

20. Do you think it is proper for a woman to work after she has married?  
 0) no  
 1) yes  35
21. Do you think it is proper for a woman to work while her children are of fore-school age?  
 0) no  
 1) yes  36
22. What advice would you offer to a young, unmarried girl who finds she is pregnant by a boy she does not plan to marry?  
 1) have the baby and keep it  
 2) have the baby and give it up for adoption  
 3) attempt to end the pregnancy  
 4) other (specify \_\_\_\_\_)  37
23. How strongly do you feel our society condemns a young, unmarried mother?  
 1) strongly  
 2) moderately  
 3) slightly  
 4) not at all  
 5) don't know  38
24. How strongly would you yourself condemn such a person?  
 1) strongly  
 2) moderately  
 3) slightly  
 4) not at all  
 5) don't know  39
25. Do you know any such persons?  
 0) no  
 1) one or two  
 2) several  40
26. Have you ever seen or heard any information about reproductive health (how pregnancy occurs, venereal disease, monthly menstrual cycles, etc.)?  
 0) no (skip to Question 28)  
 1) yes, a little information  
 2) yes, quite a lot of information  41
27. What is/was your principal source of such information?  
 1) mother  
 2) father  
 3) sister or female relative  
 4) brother or male relative  
 5) health or sex education in school  
 6) books, magazines or pamphlets  
 7) films  
 8) other (specify \_\_\_\_\_)  42

28. Are you familiar with any methods that may be used by a couple to prevent an unwanted pregnancy?  
0) no  
1) yes

 43

29. Please tell me what methods you have heard about.  
- birth control pills 0) no 1) yes  
- IUCD 0) no 1) yes  
- condom 0) no 1) yes  
- foam 0) no 1) yes  
- diaphragm 0) no 1) yes  
- withdrawal 0) no 1) yes  
- rhythm 0) no 1) yes  
- other 0) no 1) yes

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30. Do you know about any diseases that may be transmitted through sexual intercourse?  
0) no  
1) yes

 52

31. When during a woman's monthly cycle do you think pregnancy is most likely to occur?  
1) it is the same throughout the entire cycle  
2) during the first few days at the beginning  
3) in the middle of the cycle  
4) near the end of the cycle immediately before menstruation  
5) during menstruation  
6) with some women at the beginning of the cycle; with others at the end  
8) don't know (skip to Question 33)

 53

32. Where did you get this information?  
1) at home  
2) friends  
3) magazines/pamphlets  
4) book(s) on health or sex education  
5) health or sex education in school  
8) other (specify \_\_\_\_\_)

 54

33. Do you ever discuss sexual relationships with your close friends?  
0) no  
1) yes, occasionally  
2) yes, frequently

 55

34. How many of your three closest friends have had sexual intercourse?  
0) none of them  
1) one  
2) two  
3) all three  
8) don't know

 56

35. How many of your three closest friends are married?  
 0) none of them  
 1) one  
 2) two  
 3) all three  57
36. What do you think about having sexual intercourse before marriage?  
 0) it is never OK before marriage  
 1) it is OK if the couple plan to marry  
 2) it is OK whether the couple plan to marry or not  
 8) other (specify \_\_\_\_\_)  58
37. Have any of your close friends become pregnant before marriage?  
 0) no  
 1) yes  
 8) don't know  59
38. Do you think unmarried persons should use contraception if they are having sexual relations?  
 0) no  
 1) yes  60
39. At what age did you first have sexual intercourse?  
 \_\_\_\_\_ years  
 (have not had sexual intercourse = 00 and skip to Question 54)  61-62
40. Have you ever used any means of contraception?  
 0) no (skip to Question 46)  
 1) yes  63
41. How old were you when you first used contraception?  
 \_\_\_\_\_ years  64-65
42. At whose suggestion did you first use contraception?  
 1) entirely own decision  
 2) sexual partner  
 3) mother  
 4) father  
 5) other relative  
 6) other friend  
 7) teacher  
 8) doctor, nurse, midwife  
 9) other (specify \_\_\_\_\_)  66
43. Where did you first obtain contraceptives?  
 1) chemist shop  
 2) family planning clinic  
 3) doctor  
 4) friend  
 8) other (specify \_\_\_\_\_)  67

44. Are you or your partner presently using contraception?  
0) no (skip to Question 46)  
1) yes (answer Question 45 and skip to Question 47)  68
45. What method are you currently using?  
1) pill  
2) IUCD  
3) condom  
4) foam  
5) diaphragm  
6) withdrawal  
7) rhythm  
8) other (specify \_\_\_\_\_)  69
46. Why are you not presently practicing contraception?  
0) not sexually active  
1) don't know about contraception  
2) don't think you can get pregnant  
3) cannot get contraceptives  
4) concern about safety of contraceptives  
5) forget to use contraceptives  
6) partner objects to using contraceptives  
7) want to have a baby  
8) want to show others that I can become pregnant  
9) other (specify \_\_\_\_\_)  70
47. How many different sexual partners have you had  
in the last three years?  
\_\_\_\_\_ partners (8 or more = 8)  71
48. About how many times in the past month have you had  
sexual intercourse?  
0) none  
1) once or twice  
2) three or four times  
3) five or more times  72
49. When did you last have intercourse without using  
contraceptive protection?  
0) never (skip to Question 52)  
1) this week  
2) this month  
3) this year  
4) more than a year ago  73
50. When you last had intercourse without using  
contraception, were you concerned about an  
unwanted pregnancy?  
0) no, not at all concerned  
1) somewhat concerned  
2) very concerned  74

51. Was your partner concerned?  
 0) no, not at all concerned  
 1) somewhat concerned  
 2) very concerned  
 8) don't know  75
52. Have you ever contracted a sexually transmitted disease?  
 0) no (skip to Question 54)  
 1) yes  76
53. Where did you receive treatment for this disease?  
 0) no treatment received  
 1) chemist shop  
 2) family planning clinic  
 3) doctor's office or clinic  
 4) hospital  
 8) other (specify \_\_\_\_\_)  77  
 80
54. Do you think it is important that teenagers be given information within the school curriculum on:  
 - family life and health 0) no 1) yes  9  
 - interpersonal relationships during adolescence 0) no 1) yes  10  
 - human reproduction and pregnancy 0) no 1) yes  11  
 - premarital sex 0) no 1) yes  12  
 - use of contraceptive methods 0) no 1) yes  13  
 - sexually transmitted diseases 0) no 1) yes  14  
 - termination of pregnancy 0) no 1) yes  15

**Questions 55- 63 are for women only.**

55. At what age did you have your first menstrual period? \_\_\_\_\_ years  16-17
56. Have you ever been pregnant?  
 0) no (END of questionnaire)  
 1) yes, only once  
 2) yes, two or more times  18
57. How old were you the first time you were pregnant?  
 \_\_\_\_\_ years  19-20
58. What was the outcome of your FIRST pregnancy?  
 1) live birth  
 2) stillbirth } → (skip to Question 61)  
 3) miscarriage }  
 4) induced abortion  21

*6/2*

59. Where did you receive services to terminate this pregnancy?  
1) hospital  
2) clinic  
3) doctor's office  
4) friend's house  
5) other (specify \_\_\_\_\_)

 22

60. Whose advice did you rely on most in deciding to terminate this pregnancy?  
1) mother; female guardian  
2) father; male guardian  
3) boy friend  
4) girl friend(s)  
5) doctor; nurse; midwife  
8) other (specify \_\_\_\_\_)

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61. What was the outcome of your MOST RECENT pregnancy?  
(Repeat answer to Question 58 if only one pregnancy.)  
1) live birth  
2) stillbirth } —————→ (END of questionnaire)  
3) miscarriage }  
4) induced abortion

 24

62. Where did you receive services to terminate this pregnancy?  
(Repeat answer to Question 59 if only one pregnancy.)  
1) hospital  
2) clinic  
3) doctor's office  
4) friend's house  
5) other (specify \_\_\_\_\_)

 25

63. Whose advice did you rely on most in deciding to terminate this pregnancy?  
(Repeat answer to Question 60 if only one pregnancy.)  
1) mother; female guardian  
2) father; male guardian  
3) boy friend  
4) girl friend(s)  
5) doctor; nurse; midwife  
8) other (specify \_\_\_\_\_)

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Thank you very much for your cooperation.

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