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Pattern of adolescents' sexual and reproductive behaviour in Nasarawa State, Nigeria

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Abstract

Adolescence is marked by progression from the appearance of secondary sexual characteristics to sexual and reproductive maturity. Curiosity about bodily changes is heightened. The study examined the pattern of adolescents' sexual and reproductive behaviour in Nasarawa State, Nigeria. Health Belief Model was adopted as a theoretical orientation for the study. The study utilized the survey research design. Primary data were gathered using quantitative and qualitative methods. Questionnaires were distributed among adolescents aged 10-19 years using multi-stage sampling techniques of Local Government Area, wards, settlements, households and individuals and in-depth interviews (IDIs) were also conducted. Results show that the prevalence of adolescent sexual and reproductive practices is high and frequent. The study further revealed that adolescents are aware of the pattern of contraceptive knowledge and practice among which include condom, withdrawal methods, contraceptive pill, herbs, implant, abortion and injectables. In addition, peer group and social network are the major socio-economic factors influencing adolescents' sexual and reproductive beahviour. The study recommends early sex education among adolescents so as to ensure safe sex, as well as incorporating adolescents into existing family planning programmes to enhance their access to modern contraceptives. Also, Government, non-governmental organizations, religious organizations, community leaders and schools should organize programmes that will sensitize and create awareness on risky sexual and reproductive behaviour among adolescent.

Keywords: Pattern, Adolescent, Sexual, Reproductive, Behaviour

Introduction

Sexual and reproductive behaviours among young people are influenced by factors in which they live, learn and grow up. Sexual attitudes and practices among adolescents are influenced by interaction of both personal and proximal

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factors which include socio-cultural, family structures and functions where they grow.[3] Adolescents are at different developmental stages with those in early period struggling with self-identity while the older adolescents from age eighteen years seek for intimacy. Desire for intimacy and its associated odds for sexual involvement increase with age of adolescents. Early exposure to sexual activity is not without risk, particularly the younger aged adolescents 15–19 years practiced more harmful sex as regards inconsistent condom use compared to 20–24 years old adolescents.[4] Sexual and reproductive behaviours also vary with the gender of adolescents, for instance the average age of sexual debut among males may be earlier than that of females. Likewise proportions of sexually active males are more than females. However young females are more likely not to use condom and engage transactional sex for gain than their male counterparts.[5]

As an increasing concern worldwide, the reproductive health needs of the adolescents centering on sex and human sexuality have been largely ignored. Studies conducted by Centre for Disease Control confirmed that nearly half of the higher school students (9th–12th graders or JSS3–SSS3) have had sexual intercourse and over 60% reported having had sex by the time they graduated.[6] The rates of pre-marital sexual activity have been found to be higher in urban than in rural areas. These patterns of sexual and reproductive behaviours are also true of some sub-Saharan Africa and Asian countries. This demonstrates as in many other countries, that many adolescents are confronted at some point during their teen years with choices about whether or not to have sex, and if they do, whether or not to use condoms and or other contraceptives.[7]

More so, complete sexual controls of the teens by parents, elders or educators have proved almost impossible. Also, most acts of premarital sexual intercourse are unprotected or coerced,[8] thus, sexually active adolescents due to gender power imbalances are increasingly at risk of unwanted pregnancy, abortion or contracting and transmitting sexually transmitted diseases (STDs), including HIV/AIDS. In a study by Gubhaju in India and Nepal, he suggested that a high knowledge about contraception does not always translate into a higher level of

[3] R. Edet and K. K. Salami, "Examining Adolescent Sexual Patterns in Creek Town, Nigeria: Insights from a Cross Sectional Survey and Implications for Tailored Interventions," *Journal of Social, Behavioral, and Health Sciences* 18, no. 1 (2024): 251–272, https://doi.org/10.5590/JSBHS.2024.18.1.17.

[4] World Health Organization, *Adolescent Sexual and Reproductive Health* (Geneva: World Health Organization, 2024).

[5] A. M. Olorunsola, S. A. Muyibi, A. E. Irabor, A. A. Adetunji, and W. O. Ismail, "Pattern and Predictors of Sexual Behaviour among Adolescents in Ibadan, South West, Nigeria," *Archives of Community Medicine and Public Health* 7, no. 2 (2021): 175–181, https://doi.org/10.17352/2455-5479.000158

[6] Centre for Disease Control, *AIDS Weekly Surveillance Program: United States AIDS Program* (Atlanta: Centre for Infectious Disease, 2022), www.cdc/hivs/2022/surveillance report.pdf.

[7] B. J. Bob-Manuel and Azuonwu, "Adolescence Sexuality and Fertility in Nigeria," *South Asian Research Journal of Nursing and Healthcare* 4, no. 3 (2022): 30–40.

[8] Olorunsola et al., "Pattern and Predictors of Sexual Behaviour," 175–181.

contraceptive use.[9] Invariably, even when adolescent girls know about contraceptives, they are much less likely to be using them than older women, indicating a large unmet need for contraceptives among adolescents. Twenty-five percent (25%) of the world population and are characterized by series of physiological, psychological and social changes that expose them to unhealthy sexual and reproductive behaviours such as early sex experimentation, unsafe sex and multiple sexual partners. Secondary sexual growth, changes in hormonal secretion, emotional, cognitive and psychosocial development often results in sexual curiosity and experimentation which is often in situations of little reproductive health information or services is common among adolescents.[10]

There is consensus that adolescents engage in high risk sexual and reproductive behaviours that predisposes them to reproductive health problems. This is as a result of physiological and psychological changes that cause them to desire sexual intercourse and take risks, leading to unfavourable sexual and reproductive health indices including unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases, and Acquired Immune Deficiency Syndrome (AIDS). Traditional norms in most Nigerian cultures demand premarital sexual abstinence until entry into marital unions; nevertheless, these values are changing rapidly, for the worse, in all ethnic groups.[11]

Adolescents engage in unhealthy sexual and reproductive behaviours, characterized by early age at sexual initiation, unsafe sex and multiple sex partners. Adolescent sexual activities are on the rise and rapidly emerging as a public health concern.[12] Furthermore, Omeonu and Enebieni argued that there is an alarming increase in the rate of these sexual and reproductive health problems among young people in sub-Saharan Africa.[13] Efforts to attain quality sexual and reproductive health (SRH) are constrained by inadequate access to and inequitable distribution of quality SRH services especially in sub-Saharan African countries. These contribute to poor utilization of SRHS among young people in sub-Saharan African countries, resulting in high prevalence of sexual and reproductive health problems especially among adolescents. Therefore, the study aimed at examining the pattern of adolescents' sexual and reproductive behaviour in Nasarawa State, Nigeria.

[9] B. B. Gubhaju, "Adolescent Reproductive Health in Asia," *Asia-Pacific Population Journal* 17, no. 4 (2002): 13.
[10] World Health Organization, *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation* (Geneva: World Health Organization, 2023).
[11] P. E. Omeonu and E. I. Enebieni, "Sexual Behaviour and Contraceptive Usage among In-School Adolescents in Nigeria," *African Journal of Health, Nursing and Midwifery* 5, no. 3 (2022): 1–13.
[12] Edet and Salami, "Examining Adolescent Sexual Patterns," 251–272.
[13] Omeonu and Enebieni, "Sexual Behaviour and Contraceptive Usage," 1–13.

Statement of the Problem

In many countries, more than 50% of the population has unprotected penetrative sex before the age of 16, without contemplating the consequences and without accurate information.[14] In Nigeria, over 35 million people are aged 10–19 years and 3% of 15- to 19-year-olds are HIV positive, making sexual abstinence among adolescents a critical preventive strategy against Human Immunodeficiency Virus (HIV) infection in the country.[15] Adolescent fertility rate is the number of births per 1,000 women aged 15 to 19 years and is computed from data derived from fertility surveys.[16] Adolescent fertility rate in Nigeria is 122 births per 1,000 women aged 15–19 years with 576 maternal deaths per 100,000 births, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality.[15]

Studies from several parts of the country have reported high level of sexual activity among unmarried adolescents of both sexes with progressively decreasing age of debut, risky sexual and reproductive practices, including unprotected sexual intercourse with multiple partners. Girls, most often, bear the consequences of early sexual activity in: unwanted pregnancies, teenage births and abortions, often by quacks. Sexually transmitted diseases occur in both sexes and when inadequately treated, result in chronic reproductive tract infections and infertility. This overwhelming statistics makes further study necessary.

Objectives of the Study

The main objective of the study examined the pattern of adolescents' sexual and reproductive behaviour in Nasarawa State, Nigeria. The specific objectives of the study include to:

i. Examine the prevalence of adolescents' sexual and reproductive practices in Nasarawa State, Nigeria.
ii. Ascertain the pattern of contraceptive knowledge and practice among adolescents in Nasarawa State, Nigeria.
iii. Examine the extent of adolescents' engagement in risky sexual behaviour in Nasarawa State, Nigeria.
iv. Determine the socio-economic factors that influence adolescents' sexual and reproductive behaviour in Nasarawa State, Nigeria.

[14] World Health Organization, *Adolescent Sexual and Reproductive Health* (Geneva: World Health Organization, 2024).
[15] R. Edet and K. K. Salami, "Examining Adolescent Sexual Patterns in Creek Town, Nigeria: Insights from a Cross Sectional Survey and Implications for Tailored Interventions," *Journal of Social, Behavioral, and Health Sciences* 18, no. 1 (2024): 251–272, https://doi.org/10.5590/JSBHS.2024.18.1.17.
[16] World Health Organization, *Adolescent Sexual and Reproductive Health*.

Conceptual and Theoretical Framework

Adolescent

Adolescent is derived from the Latin word "Adolescere" meaning "to grow up" and is a critical developmental period of humans. The transition from adulthood is said to be a stereotype of distractions, thoughtlessness and daring as a result of activities of adolescents. Adolescent is the progressive appearance of secondary sex characteristics (puberty) to sexual and reproduction maturity.[17] Furthermore, WHO defines adolescent as individuals between the ages of 10–19 years, and "youth" as those aged 15–24 years. These two overlapping groups are often combined under the term "young people," covering the age range of 10–24 years.[18] In many societies, however, adolescent is narrowly equated with puberty and the cycle of physical changes culminating in reproductive maturity. In other societies adolescence is understood in broader terms that encompass psychological, social, and moral terrain as well as the strictly physical aspects of maturation. In these societies the term adolescence typically refers to the period between ages 12 and 20 and is roughly equivalent to the word teens.[19] Similarly, Tulloch and Kaufman defined adolescence as a transitional stage of physical, emotional and cognitive human development occurring before the onset of puberty and ending by adulthood.[20] Adolescence is a period in which an individual experiences a progressive change in physical, mental, social, psychological development, maturity and the acquisition of a personal identity which is influenced by bio-genetic composition, socio-cultural and neuro-endocrinal factors.[21] Within the context of the study, adolescent is defined as individuals between the ages of 10–19 years.

Sexual Behaviour

The concept of sexual behaviour is constantly changing. Sexual behaviour has been conceptualized by different scholars, as well as international, regional, and sub-regional organizations, which have defined it in varying ways. Sexual behaviour is an action of human beings to accomplish sexual union between the male and the female. It is a behaviour that can be seen from a variety of vantage points, dimensions, or levels of analysis.[22] To accomplish the "union of the male and female," the means for such accomplishment must be available. There must be male and female sexual organs, motivation for union, and standards of time, place, person, and finally, of purpose. The union of male and female may be viewed anatomically or physiologically. The focus of inquiry may be placed on

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[17] World Health Organization, *Adolescent Sexual and Reproductive Health*.
[18] World Health Organization, *Adolescent Sexual and Reproductive Health*.
[19] C. Mihalyi, "Adolescent," *Encyclopaedia Britannica*, 2019, https://www.britannica.com/science/adolescence.
[20] T. Tulloch and M. Kaufman, "Adolescent Sexuality," *Pediatrics in Review: Journal of the American Academy of Pediatrics* 34, no. 1 (2013): 29, https://doi.org/10.1542/pir.34-1-29.
[21] B. J. Bob-Manuel and Azuonwu, "Adolescence Sexuality and Fertility in Nigeria," *South Asian Research Journal of Nursing and Healthcare* 4, no. 3 (2022): 30–40.
[22] D. L. Tolman and S. I. McClelland, "Normative Sexuality Development in Adolescence," *Developmental Review* 51 (2019): 136–155.

the chemical structures and interrelations that maintain the state of activity necessary for the various mechanisms to take place, leading to the pertinent "reactions" in the sphere of sex: stimulus, excitation, erection, stimulation, ejaculation, "orgasm" for the male; excitation, lubrication, stimulation, "orgasm" for the female. Also, sexual behaviour can be conceived as a dimension of personality that is shaped by biological, psychological, and cultural forces which involve sexuality.[23] DeLamater and Hyde further elaborated that human sexuality involves behaviour and processes, including the physiological, social, cultural, political, and spiritual or religious aspects of sex and human sexual behaviour.[24] In this study, sexual behaviour is seen as synonymous with sexuality, and adolescent sexual behaviours are viewed as all those behaviours which adolescents engage in as outcomes of their sexual development and desires.

Reproductive Behaviour

The term reproductive behaviour has gained prevalent recognition within the academic ambience. Reproductive behaviour is related to the production of offspring, including such patterns as the establishment of mating systems, courtship, sexual behavior, parturition, and the care of young. Reproductive behaviour encompasses all of the behavior patterns in different types of animals by means of which the sperm is brought to the egg and the parental care of the resulting young is ensured.[25] In general, successful reproductive efforts require the establishment of a situation favorable for reproduction, often require behavior leading to the union of male and female gametes (sex cells), and often require behavior that facilitates or ensures the survival and development of the young; the mere union of gametes is not generally sufficient for successful reproduction. Thus, for the purposes of this study, reproductive behaviour consists of those sexual behaviours that lead to the production of offspring or younger generations and can possibly affect the reproductive health of an individual.

Theoretical Framework

The study was positioned within the Health Belief Model (HBM). The Health Belief Model is a model that attempts to explain and predict health behaviour by focusing on individual beliefs, perceptions, and attitudes. The model was developed to address practical problems in public health services and was first introduced in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels working in the U.S. Public Health Services.[26] From a general perspective, the model posits that there are certain predisposing factors which, together

[23] J. D. Fortenberry, "Adolescent Sexuality and Sexual Behaviour," *Pediatrics* 148, no. 2 (2021): e2021051480.
[24] J. DeLamater and J. S. Hyde, "Essentialism vs. Social Constructionism in the Study of Human Sexuality," *The Journal of Sex Research* 61, no. 2 (2024): 145–158.
[25] A. Alvergne and C. Jenkinson, "Reproductive Behaviour and Human Evolution," *Nature Human Behaviour* 4, no. 6 (2020): 552–560.
[26] I. Rosenstock, "Historical Origins of the Health Belief Model," *Health Education Behaviour* 2, no. 4 (1974): 328–335.

with enabling and supportive factors, lead people in different directions when making choices related to how they treat their illness. These predisposing factors involve health beliefs and attitudes toward illness, treatment, and health services. The health beliefs people hold include general beliefs about how "health" is perceived and the willingness to seek help based on a particular medical direction or treatment. It also includes more specific beliefs such as perceived susceptibility to a disease, belief in a diagnosis, and perceived severity of a condition.[27]

Another important aspect of the model is "perceived barriers," which refer to an individual's assessment of factors that discourage certain health-related behaviours, while "perceived benefits" refer to an individual's assessment of the positive outcomes of adopting a behaviour. The Health Belief Model also includes modifying factors such as demographic variables such as sex, age, ethnicity, and occupation; socio-psychological variables such as socioeconomic status and coping strategies; and "cues to action" such as information from influential individuals and personal experiences.[28] This implies that individuals' perceptions and experiences such as socio-cultural influences or direct and indirect economic costs related to behaviour play a significant role in shaping health decisions. The combination of these factors is continuously interpreted and evaluated, and the overall balance of perceived positive and negative aspects of treatment influences the choices people make about their health. Adopting the Health Belief Model's emphasis on health beliefs aligns with the study because it highlights how individual beliefs are central to understanding variations in behaviour related to sexual and reproductive health. For instance, beliefs about exploring one's sexuality can influence decisions to engage in certain sexual behaviours. Predisposing factors, particularly demographic characteristics, which are biologically determined, play a major role in shaping adolescents' sexual and reproductive behaviour. Additionally, knowledge and attitudes toward contraceptives are influenced by both predisposing and enabling factors, as these shape the cultural norms and values surrounding contraceptive use among adolescents. This can be further strengthened by the role of need factors, as individuals are less likely to engage in a behaviour unless they perceive a need to do so.

Empirical Reviews

It has been observed that the average age at menarche is decreasing worldwide; there is a declining age of first sexual debut, an increasing number of sexually active adolescents, and high-risk sexual behaviours among adolescents.[29] In a study conducted by WHO, it was reported that adolescents are becoming sexually active at a later age than in past years.[30] Thus, young people are facing

[27] Rosenstock, "Historical Origins of the Health Belief Model," 328–335.
[28] Ibid., 328–335.
[29] Y. K. Djamba, "Determinants of Risky Sexual Behavior," in *Sexual Behaviour of Adolescents in Contemporary Sub-Saharan Africa* (2004), http://www.Mellenpress.com/mellenpress.cfm.
[30] World Health Organization, *Global Accelerated Action for the Health of Adolescents (AA-HA!)*.

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a longer period during which they are sexually matured and sexually active before marriage. Therefore, the period of risk of unprotected sexual activity with its adverse consequences such as unwanted pregnancy, unsafe abortion, and STIs/HIV is also increasing.[31]

Reports from several studies in the six geopolitical zones in Nigeria indicate that contraceptive knowledge and awareness, especially among female students aged 15 to 24 years, is very high.[32] In another study conducted by Abiodun and Balogun in Ilorin, it was found that the methods mostly known by respondents were condom (69.0%), oral contraceptive pill (OCP, 38.8%), IUCD (29%), and periodic abstinence (32.9%), with most respondents able to name at least one method of contraception.[33] Unfortunately, although these studies showed good knowledge and awareness, they did not show a strong prevalence of contraceptive use. Instead, they revealed a high level of sexual activity corresponding with low contraceptive use. The average age of sexual debut in many of the studies ranged between 12 and 20 years, with a mean age of 16 ± 1.2 years.

Generally, the physical changes in reproductive organs that occur in the life of adolescents often serve as a motivating force in their quest to experiment with sex. Some naturally explore and take risks in many aspects of their lives, including sexual relationships. Those who have sex may change partners frequently and have more than one partner in the same time period or engage in unprotected sex. These risky sexual activities make this group disproportionately affected by reproductive morbidities including STI/HIV, unwanted pregnancies and their complications.[34] In Nigeria, researches have confirmed that risky sexual behavior is associated with young people. These risky behaviors include early debut in sexual activities, sex with many partners, low and inconsistent use of condoms, use of drugs and alcohol, anal sexual intercourse and mouth to genital contact. It is of concern that many of these young people do not perceive their high-risk status in spite of indulging in these unsafe sexual practices.[35] It is therefore no surprise that the Joint United Nations Programme on AIDS reported that the rate of newly acquired HIV infections are the highest in the 15–25 years' age-group and that this group accounts for about 60.0 percent of the global total of HIV infected persons.[36]

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[31] J. E. Lansford, T. Yu, S. A. Erath, G. S. Pettit, J. E. Bates, and K. A. Dodge, "Developmental Precursors to Number of Sexual Partners from Ages 16–22," *Journal of Research on Adolescence* 20 (2020).
[32] U. Amazigo, N. Silva, J. Kaufman, and D. S. Obikeze, "Sexual Activity and Contraceptive Knowledge and Use among In-School Adolescents in Nigeria," *International Family Planning Perspectives* 23 (2007);
[33] O. M. Abiodun and O. R. Balogun, "Sexual Activity and Contraceptive Use among Young Female Students of Tertiary Educational Institution in Ilorin, Nigeria," *Contraception* 79 (2019).
[34] E. A. Envuladu, A. Van de Kwaak, P. Zwanikken, and A. I. Zoakah, "Sexual and Reproductive Health Challenges among Adolescents in Nigeria," *International Journal of Psychology and Behavioral Sciences* 7, no. 2 (2017): 55–60.
[35] Federal Ministry of Health, *National Policy on Adolescent and Youth Health in Nigeria* (Abuja: Federal Ministry of Health, 2023).
[36] Joint United Nations Programme on AIDS, *UNAIDS Report* (Geneva: UNAIDS, 2006).

Sexual discussions and displays, according to Coyne, Rogers, Zurcher, Stockdale, and Booth, are increasingly frequent and explicit in all forms of the mass media.[37] According to Idowu, Ogunbodede, and Idowu, the internet, as a growing technology, has dramatically increased the availability of sexually explicit content.[38] One content analysis conducted by Ward, Day, and Epstein found that the inclusion of sexual content that ranged from flirting to sexual intercourse had increased from slightly more than half of television programs in 1997–1998 to more than two thirds of the programs in the 1999–2000 seasons.[39] Depictions of intercourse, suggestive or explicit, occurred in one of every ten programs.[40]

In a study conducted by Nwankwo and Nwoke, which examined the risky sexual behaviours (RSBs) of adolescents in Owerri Municipal in Imo State, the researchers adopted the descriptive survey research design, and a stratified sampling technique was used to enroll 1008 adolescents aged 10–19 from four secondary schools into the study. A structured questionnaire was used for data collection. The findings of the research showed that majority of the adolescent (47.4 percent) have had sex and many have engaged in one form of RSBs or another. Peer group seemed to be major source of the sexuality information (55.6 percent) and influencing factor (52.3 percent). Significant association was found to exist between adolescents reproductive sexual behaviours and age at first sexual experience or adolescent perception of parental rearing pattern ($p < .05$).[41] In another study assessing factors influencing early sexual initiation among adolescents, Ajayi and Somefun conducted a qualitative research using an in-depth interview technique to unearth the factors influencing adolescents' acts of early sexual initiation. In-school adolescent boys and girls as well as out-of-school adolescent girls were purposively recruited. Overall, twenty-one adolescents took part in the study. The study revealed several factors that motivate adolescents to engage in early sexual intercourse. These factors are broadly categorized into intrinsic and extrinsic factors and specifically included self-desire to experience sex, social fitness, economic challenges, broken homes or poor parenting, indecent media content, social or religious ceremonies, and the quest for high academic achievement.[42]

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[37] S. M. Coyne, A. A. Rogers, J. D. Zurcher, L. Stockdale, and M. Booth, "Does Time Spent Using Social Media Impact Mental Health? An Eight-Year Longitudinal Study," *Computers in Human Behavior* 104 (2019): 106160.
[38] B. Idowu, E. Ogunbodede, and B. Idowu, "Information and Communication Technology in Nigeria: The Health Sector Experience," *Journal of Information Technology Impact* 3, no. 2 (2003).
[39] L. M. Ward, K. M. Day, and M. Epstein, "Television and Social Media Influences on Adolescent Sexual Attitudes and Behaviours," *Journal of Adolescent Research* 36, no. 4 (2021): 445–470.
[40] D. Kunkel, K. Cope, W. Farinola, E. Biely, E. Rollin, and E. Donnerstein, "Sexual Content on Television," 2010.
[41] B. O. Nwankwo and E. A. Nwoke, "Risky Sexual Behaviours among Adolescents in Owerri," 2009.
[42] A. I. Ajayi and O. D. Somefun, "Early Sexual Debut among Adolescents in Nigeria: Factors and Implications," *African Journal of Reproductive Health* 23, no. 3 (2019): 120–130.

The research report by Omeonu and Enebieni demonstrated that adolescents are more likely than adults to report having had multiple sexual partners in the recent past.[43] Adolescent males are more likely than adolescent females to report multiple sexual partners and multiple concurrent partners.[44] The number of lifetime sexual partners among adolescents is strongly related to the length of time since first coitus. Studies by the National Agency for the Control of AIDS showed that risk factors for multiple partners in the past year among 18–19-year-old men and women included male gender, younger age, unmarried status, urban residence and higher educational status.[45] For a variety of social, physiological and individual reasons, alcohol and drug use among adolescents may influence sexual behavior, including an individual's number of partners. Prior use of alcohol and drugs greatly increases the risk of early initiation of sexual intercourse, and beginning intercourse at a young age, having multiple partners and failing to use condoms are interrelated.[46]

Methodology

The study was conducted in Nasarawa State, Nigeria. The study utilizes the survey research design. The design best reveal facts, interpret, produce, and integrate information, as well as point to their consequences in interrelationships. Nasarawa State has thirteen Local Government Areas namely Akwanga, Awe, Doma, Karu, Keffi, Keana, Kokona, Lafia, Nasarawa, Nasarawa Eggon, Obi, Toto and Wamba. However, the study was restricted to six Local Government Areas, two from each of the Senatorial district to include Akwanga, Doma, Karu, Keffi, Lafia, and Nasarawa Eggon respectively. The population of the study is all adolescents between the ages of 10–19 residing in Nasarawa State, Nigeria which stood at 608,382.[47] The study population comprises both male and female adolescents, whether married or single, in-school and out-of-school adolescents living in the State.

Raosoft sample size calculator was used to determine the sample size of 384 respondents for the study. The study utilized a multistage sampling technique. In this sampling procedure, primary groups and sub-groups are selected based on geographical distribution rather than other characteristics. The multistage sampling technique involves the selection of Local Government Areas, electoral wards, streets, houses/compounds, households, and finally

[43] P. E. Omeonu and E. I. Enebieni, "Sexual Behaviour and Contraceptive Usage among In-School Adolescents in Nigeria," *African Journal of Health, Nursing and Midwifery* 5, no. 3 (2022): 1–13

[44] A. M. Olorunsola, S. A. Muyibi, A. E. Irabor, A. A. Adetunji, and W. O. Ismail, "Pattern and Predictors of Sexual Behaviour among Adolescents in Ibadan, South West, Nigeria," *Archives of Community Medicine and Public Health* 7, no. 2 (2021): 175–181, https://doi.org/10.17352/2455-5479.000158.

[45] National Agency for the Control of AIDS, *Nigeria HIV/AIDS Indicator and Impact Survey Report* (Abuja: NACA, 2024).

[46] E. O. Amoo, A. O. Igbinoba, and B. L. Solanke, "Substance Use and Risky Sexual Behaviour among Nigerian Adolescents," *BMC Public Health* 23, no. 1 (2023): 1147.

[47] National Population Commission, *National Policy on Population for Sustainable Development: Implementation Assessment Report* (Washington, DC: Futures Group, Health Policy Project, 2024).

respondents/individuals. Triangulated data were collected using both quantitative and qualitative methods. Questionnaires and in-depth interview (IDI) techniques were employed in the study. Quantitative data were collected through the use of questionnaires, while qualitative data via in-depth interviews (IDI). Descriptive statistics was utilized to analyze the data. Quantitative data were analyzed using univariate analysis with the Statistical Package for Social Sciences (SPSS v28). The univariate analysis involves the use of descriptive statistics such as frequency distribution, mean, graphs, and percentages. Additionally, qualitative data were analyzed using thematic analysis.

Results and Discussions

Table 1: Prevalence of Adolescent Sexual and Reproductive Practices in Nasarawa State, Nigeria

Responses	Frequency	Percentage (%)
Never	29	7.6
Rarely	41	10.7
Occasionally	83	21.8
Frequently	156	40.9
Always	72	18.9
Total	**381**	**100.0**

Source: Field Survey, 2025

Table 1 is a detailed analysis of the data collected on the prevalence of adolescent sexual and reproductive practices in Nasarawa State, Nigeria. This analysis involves the responses of 381 respondents whose responses were captured. The data revealed that larger percentage of the respondent acknowledged that the prevalence of adolescent sexual and reproductive practices is frequent and high. This was reported by 40.9 percent of the respondents in the sampled population of the study. More so, 21.8 percent of the respondents accepted that the practice is occasionally, 18.9 percent of the respondents for always, 10.7 percent of the respondents for rarely and 7.6 percent of the respondents for never. This depict that most adolescents have sex and this is a commonest form of sexual and reproductive practice. By implication, sexual and reproductive practices are socially acceptable norm in the society hence, accounting for its prevalence in the society.

In an in-depth interviews conducted in the study population of the study reveals that sexual and reproductive practices among is not an accidental or unplanned action but rather a desirable and conscious behaviour. This further affirmed that sexual and reproductive practices among adolescents are common practice and as a matter of fact, it has become a part of their everyday life. Most adolescents grab every opportunity to engage in sexual and reproductive practice as it has become overrated among them. Having sexual and

reproductive practices are socially acceptable behaviour among peers and approved among them although the larger society frowns at it as adolescents are expected to abstain from all form of sexual relations until they are married. This finding was reported by a participant in the study as:

In this community, there is high prevalence of sexual and reproductive practices especially among the adolescent in the community. For example, sex is common, over rated among adolescents and so most of them engage in the practice. Adolescents have sex and even in some cases more than married couples. The commonness of sex among adolescents is attributed to their attitude and behaviour towards sex. This practice among adolescents is consensual and willful although there are few cases of forceful practices (IDI/Male/15years/Lafia LGA, Nasarawa State, Nigeria)

Table 2: Response on Awareness of Contraceptive Knowledge and Practice among Adolescents in Nasarawa State, Nigeria

Responses	Frequency	Percentage (%)
Yes	285	74.8
No	96	25.2
Total	**381**	**100.0**

Source: Field Survey, 2025

Table 2 revealed that most of the respondents are aware of some of the practices used. An overwhelming population of the adolescents in the study area including those who have not had sex said they are aware of different practices to prevent pregnancy. This was established by 74.8 percent of the respondents in the study area and 25.2 percent of the respondents are of contrary view. With the early onset of sexual intercourse among adolescents, most of them try as much as possible to ensure they do not get pregnant and so ensure that they educate themselves on safe sex. Considering the level of education, the more educated you are, the better the knowledge on contraceptive and practice issues. Some of the participants of the in-depth interviews (IDIs) reported that most adolescents are aware of method of delaying pregnancy as some non-governmental agencies sometimes go round secondary schools to create awareness on the use of condoms to delay pregnancy and the transmission of sexually transmitted infections.

Table 3: Patterns of Contraceptive Practice among Adolescents in Nasarawa State, Nigeria

Responses	Frequency	Percentage (%)
Contraceptive pills	74	19.4
Withdrawal methods	85	22.3
Abortion	16	4.2
Condom	134	35.2

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Responses	Frequency	Percentage (%)
Implant	26	6.8
Injectables	11	2.9
Herbs	46	12.1
Total	**381**	**100.0**

Source: Field Survey, 2025

Table 3 revealed that contraceptive practice among adolescents in Nasarawa State, Nigeria that is mostly known by respondents were the condom (35.2 percent), withdrawal methods (22.3 percent), contraceptive pill (19.4 percent), herbs (12.1 percent), implant (6.8 percent), abortion (4.2 percent) and injectables (2.9 percent), with most respondents being able to name at least one method of contraception. The response showed that condoms and withdrawal methods are the commonly known means of delaying pregnancy among adolescents. Adolescents are conversant with the use of condoms in the study area. This is because most adolescents learn about the use of condoms in schools as some non-governmental organizations go about educating and also providing condoms to adolescents in order to reduce the spread of HIV/AIDs and other sexually transmitted diseases.

This was corroborated during an in-depth interview that larger percentage of the study respondents accepted that the common contraceptive practice is the use of condom. This is regularly used. The participants were in consensus with the respondents from the questionnaires as a lot of them approve of the use condoms in delaying pregnancy considering the high rate of sexual practice among adolescents and the need to reduce the incidence of unwanted or unplanned pregnancies which could lead to abortion. The participants express their views as thus:

The use of condom among adolescent is common especially in the evening. Most of the chemists in my area make serious money in selling condom. Young people no dey shy again to buy condom. Also, many NGOs dey dash condoms for their programmes. Like one day when I was sitting around a road side chemist charging my phone, over three ladies came to buy condoms. Nobody dey shy again ooooooooo. It's better to buy condoms than carry belle or catch sexually transmitted diseases. I dey buy oooooo anytime I want to have sex and I also encourage my friends to do that too. Safety first before any long story (IDI/Female/16years/Akwanga LGA, Nasarawa State, Nigeria).

Many young people in this community today are aware of at least the importance of using CDs (condoms) to prevent pregnancy and sexually transmitted diseases. They often have it in their possession, carrying it about in their wallets in case of emergency. Person wey no want score goal gatz know say to use water proof (condom) nay the way to save yourself from story wey you know want hear. I dey tell my friends ooooooo before knack wear rubber. Sometime sef I dey buy condoms for my friend. I can't go out without condoms

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because anything can happen. This is very important (IDI/Male/17 years/Keffi LGA, Nasarawa State, Nigeria).

Table 4: Extent of Adolescent Engagement in Risky Behaviour in Nasarawa State, Nigeria

Responses	Frequency	Percentage (%)
Never	10	2.6
Rarely	52	13.6
Sometimes	55	14.4
Often	179	46.9
Very often	85	22.3
Total	**381**	**100.0**

Source: Field Survey, 2025

Table 4 presented that a good number of respondents representing 46.9 percent out of the total number of respondents have often engaged in risky (sexual and reproductive) behaviours in Nasarawa State, Nigeria. This shows that the incidence of unwanted pregnancy among adolescents is widely spread. The study further established that 22.3 percent of the respondents are for very often, 14.4 percent of the respondents for sometimes, 13.6 percent of the respondents for rarely and 2.6 percent of the respondents for never respectively. This is a worrisome proportion of the adolescents who engaged in risky behaviours considering the possible outcome of abortion and or the health and social effect of teenage pregnancy to the female adolescent such as early marriage and or early child bearing, which could further lead to infant and maternal mortality, dropping out of school for the girl or even forced marriage.

This was substantiated in an in-depth interview with earlier findings that most adolescents who get married at a teenage age was basically because they got pregnant and are forced to marry who ever impregnated them. Participants by and large acknowledged that larger percentage of the adolescents engaged in risky sexual and reproductive activities. This has triggered the incidence of unplanned pregnancy, early and forced marriage, school dropout and maternal mortality. The participants further affirmed that the extent of adolescents' involvement in risky behaviour is high and rampant. A participant netted the views as thus:

This community is cosmopolitan in nature. We have people from different part of the country. Here, adolescents are involved in so many risky sexual and reproductive behaviours. This is very common and alarming. Poor parenting and influence of social media have played critical roles in this regard. The incidence of risky behaviour is high, rampant and unchecked among adolescents as they engage in indiscriminate sexual and reproductive practices. Almost all my friends have engaged in one or the other risky sexual and reproductive behaviour. Sometime, adolescents engaged in risky behaviour so

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has to belong. If you no do they will laugh at you ooooooo. They will tell you they drive joy in those risky behaviours (IDI/Male/15years/Karu LGA, Nasarawa State, Nigeria).

Table 5: Socio-economic Factors that Influence Adolescents Sexual and Reproductive Behaviour in Nasarawa State, Nigeria

Responses	Frequency	Percentage (%)
Poverty	62	16.3
Parental educational level	22	5.8
Occupation of parents	51	13.4
Place of residence	39	10.2
School status of the adolescent	13	3.4
Peer group and social network	111	29.1
Media and technology access	83	21.8
Total	**381**	**100.0**

Source: Field Survey, 2025

Table 5 is the presentation of the socio-economic factors that influence adolescents' sexual and reproductive behaviours in Nasarawa State, Nigeria. The data gathered revealed that peer group and social network are the major socio-economic factors influencing adolescents' sexual and reproductive beahviour. This was reported by 29.1 percent of the respondents. More so, the data indicates further that there are other socio-economic factors to include media and technology access (21.8 percent of the respondents), poverty (16.3 percent of the respondents), occupation for parents (13.4 percent of the respondents), place of residence (10.2 percent of the respondents), parental educational level (5.8 percent of the respondents), and school status of the adolescent (3.4 percent of the respondents) accordingly. Thus, this shows that there is a significant relationship between peer pressure and adolescents' sexual and reproductive behaviours. Increasing peer pressure is the most influential socio-economic factor that affects the engagement of adolescents in sexual and reproductive behaviour in Nasarawa State, Nigeria.

The result in the table above is similar to comments from an in-depth interview (IDI) conducted with the participants that peer group and social network is a significant socio-economic factor that has influence adolescents' sexual and reproductive behaviour in the study population. Other factors mentioned by some of the participants include media and technology access, poverty, occupation for parents, place of residence, parental educational level and school status of the adolescent. The words of the participants were expressed as:

Many adolescents sexual and reproductive behaviour are influence by their peer group and social network. Peers have strong influence on the adolescents. Some adolescents want to try and feel how it will be to have sex so you can

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match up with your peers. Most adolescents want to have a feel of what it feels like to have sex and so they engage in sexual intercourse. This is the situation around here. Yes of course most adolescents have a trailer load of sexual partners ranging from crush and crushes, besties and friend's friend and the list continues. Most adolescent have more than one sexual partner, especially among the male folks. This is as a result of peer group and social network. In this area, adolescents undergo a lot of unsafe and risky sexual and reproductive behaviour because of their peers influence (IDI/Male/16years/Nasarawa Eggon LGA, Nasarawa State, Nigeria).

Discussion of Findings

The findings of the study revealed that larger percentage of the respondent acknowledged that the prevalence of adolescent sexual and reproductive practices is frequent and high. This was reported by 40.9 percent of the respondents in the sampled population of the study. This corroborates with the argument of Edet and Salami that the rate of premarital sexual activity is high among adolescents.[48] Adolescents have sex with opposite sex partners hence; the common form of sexual intercourse that is practiced by them is the virginal sex. The rate of sexual intercourse is high as most of the adolescents have had sex for more than once in the last three months and it is a consensual act.

Finding on the pattern of contraceptive knowledge and practice established that adolescents are aware of different methods of delaying or preventing pregnancy among which include condom, withdrawal methods, contraceptive pill, herbs, implant, abortion and injectables. This agrees with the findings of Bob-Manuel and Azuonwu that contraceptive knowledge among adolescents is high.[49] It was also discovered that about 80% of the adolescents who have had sex have used one of the methods to prevent or delay pregnancy and the commonly used contraceptive method among adolescents. Theoretically, the health belief model further explains the use of the contraceptives among adolescents. This is because of the predisposing and enabling factors that makes contraceptives available to the adolescents. Furthermore, findings revealed that most adolescents approve the use of contraceptive as to them that is the most effective method of delaying pregnancy as well as well as ensure proper birth spacing as explained by the assumption of susceptibility which can be used to explain the possibility of becoming pregnant. Also, it was discovered that adolescents who disapprove the use of contraceptives are of the opinion that the use of contraceptive is harmful to the womb.

The study findings discovered that a good number of respondents representing 46.9 percent of the total number of respondents have often engaged in risky

[48] R. Edet and K. K. Salami, "Examining Adolescent Sexual Patterns in Creek Town, Nigeria: Insights from a Cross Sectional Survey and Implications for Tailored Interventions," *Journal of Social, Behavioral, and Health Sciences* 18, no. 1 (2024): 251–272, https://doi.org/10.5590/JSBHS.2024.18.1.17.
[49] B. J. Bob-Manuel and Azuonwu, "Adolescence Sexuality and Fertility in Nigeria," *South Asian Research Journal of Nursing and Healthcare* 4, no. 3 (2022): 30–40.

behaviours. This shows that the incidence of unwanted pregnancy among adolescents is widely spread. The study further affirmed that the extent of adolescents' involvement in risky behaviours is high and rampant. This findings was supported by Omeonu and Enebieni that adolescents engage in unhealthy sexual behaviours, characterized by early age at sexual initiation, unsafe sex and multiple sex partners.[50] Larger percent of the adolescents that have had sex have ever gotten pregnant or gotten a girl pregnant.

Findings further revealed that peer group and social network are socio-economic factors that influence the sexual and reproductive behaviours of adolescents. This was reported by 29.1 percent of the respondents. Increasing peer pressure and social network is the most powerful socio-economic factors that affect the engagement of adolescents in sexual and reproductive behaviour. This was established by the work of Olorunsola et al. that most adolescents engage in sex because they either want to have a sense of belonging among their peers and/or because they want to have a feel of what it is like to have sex or because they live in an environment that gives them freedom from the control of their significant order or parents.[51]

Conclusion and Recommendations

The incidence of sexual intercourse is prevalent among adolescents in Nasarawa State. Adolescents engage in a number of risky sexual and reproductive behaviours like early sexual debut, having multiple sexual partners, unwanted pregnancy and unsafe abortion. This is despite the fact that the society frowns at this incidence as adolescents are expected to abstain from sex. Adolescents also have a high knowledge of modern contraception as most of them were able to mention some of the methods and also said they are presently using some of these methods. Despite the knowledge of contraceptive method among adolescents, the use of condom is common and so is the use of non-conventional methods to prevent pregnancy after an unprotected sexual intercourse. Moreover, the society disapproves the use of contraceptives among adolescent especially those who are not married as it is also against the religious beliefs of the people. Based on the findings, the study recommends the following:

i. There is a need for an adequate and early sex education among adolescents so as to ensure that sexual and reproductive practice is safe. Sexual education programmes will go a long way in ensuring that adolescents who engage in sexual intercourse protect themselves from risky sexual practices such as abortion, multiple partnering, early sexual debut and unplanned pregnancy.

[50] P. E. Omeonu and E. I. Enebieni, "Sexual Behaviour and Contraceptive Usage among In-School Adolescents in Nigeria," *African Journal of Health, Nursing and Midwifery* 5, no. 3 (2022): 1–13.
[51] A. M. Olorunsola, S. A. Muyibi, A. E. Irabor, A. A. Adetunji, and W. O. Ismail, "Pattern and Predictors of Sexual Behaviour among Adolescents in Ibadan, South West, Nigeria," *Archives of Community Medicine and Public Health* 7, no. 2 (2021): 175–181, https://doi.org/10.17352/2455-5479.000158.

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ii. Government, non-governmental organizations, religious organizations, community leaders and schools should organize programmes that will sensitize and create awareness on risky sexual and reproductive behaviours among adolescent in Nasarawa state and Nigeria at large.

iii. There is a great need to promote youth-friendly reproductive services to encourage sexually active adolescents to increase their contraceptive use and the use of some form of protection during sex. This can be achieved through integration of the adolescents into family planning programmes in the various local governments as that will make them feel comfortable accessing such services from government owned health centres.

iv. Parents and guidance to provide counseling to their children and wards on risky sexual and reproductive behaviour so they do not have to give into peer pressure or become curious about sexual intercourse.

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