

## Nijerya'da Yüksek Okul Öğrencileri Arasında Kondom Kullanımı ve Cinsel Davranış Tutumlarının Cinsler Arası Farkları

### [Gender Differences in Attitude to Use of Condom and Sexual Practices among Higher School Students in Nigeria]

#### ÖZET

AMAC: Cinsel yolla bulaşan enfeksiyonlar (CYBE) yüksek okul öğrencileri arasında yaygındır. Kanıtlar kadınlar arasında trendin yükseleceğini desteklemektedir. Bu çalışma öğrenciler arasında kondom kullanımı ve enfeksiyon riski değerlendirme farklılıklarını incelemektedir.

YÖNTEM: Akwa Ibom Eyaleti, Nijerya, Eğitim Yüksek Okulu'ndan toplam 880 öğrenci kondom kullanım tutumu ve CYBE rölatif riski açısından "Cinsel Risk Soru Formu" kullanılarak değerlendirildi.

BULGULAR: Ortalama yaş erkeklerde  $22,4 \pm 4,7$  yıl, kadınlarda  $21,9 \pm 5,5$  yıl idi. Öğrenciler arasında kondom kullanma tutumu ile ilgili değişkenler, güvenli olmayan cinsel ilişkide kullanma erkeklerde %24,3, kadınlarda %21,9 (RR=1.105), HIV'den korunma %34,7'ye karşı %27,4 (RR=1.179), ilişkiden zevk almayı engellediği için karşı çıkma %44,7'ye karşı %37,9 (RR=1.132) bulundu. Partneri tarafında kondom kullanmama baskısı erkeklerde (%29,4) kadınlara göre %32,0) istatistiksel olarak anlamlı farklıydı ( $p=0.024$ ). SONUÇ: Kondom kullanımı cinsel davranıştan etkilenmektedir. Olumsuz tutumlar ihmale neden olmakta, HIV/AIDS dahil cinsel yolla bulaşan enfeksiyon riskini artırmaktadır. Çevremizde CYBE kontrolü için tutum değişikliğine ihtiyaç vardır.

#### SUMMARY

AIM: Sexually transmitted infections (STIs) are common among college students. Evidence suggests there may be increasing trend in females. This study assesses the differences in attitude to use of condom to determine the risk of infections among students.

METHOD: A total of 880 students from College of Education Akwa Ibom State, Nigeria were assessed for attitude to the use of condom and relative risk of STIs, using the Sexual Risk Questionnaire.

RESULTS: The mean age for males was  $22.4 \pm 4.7$  years and females  $21.9 \pm 5.5$  years. There were variable attitudes to the use of condom among students; 24.2% males and 21.9% females were used to unsafe sex with 1.105 relative rate (RR) of STIs at 95% CI; 34.7% against 27.4% who were of the same HIV status had 1.179 (RR) at 95% CI; while 44.7% against 37.9% who claimed to be enjoying sex without condom had 1.132 (RR). The difference in relative risk of STIs was statistically significant in 29.4% of males and 32.0% of females who were pressured by partners not to use condom ( $p=0.024$ ).

CONCLUSION: Condom use is influenced by sexual practices. Negative attitude leading to its neglect, encourages sexually transmitted infections including HIV/AIDS among students. There is need for attitudinal change in order to control STIs in our environment.

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#### Anahtar Kelimeler:

Tutum, Cinsiyet, Seksüel Uygulamalar, Öğrenciler, Risk, SGI'lar.

#### Key Words:

Attitude; Gender; Sexual Practices; Students; Risk; STIs.

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## INTRODUCTION

Sexually transmitted infections (STIs) have been increasingly recognized as a major public health hazard globally (1). Though usually under reported in many countries, this has assumed a hue that tends to complicate human existence. The World Health Organization (WHO) estimate that about 333 million new cases of STIs other than HIV occurred worldwide as at 1995 is frightening, in view of their associated high morbidities. Evidence suggests there may be a steady increase in prevalence rate in both

developed and developing countries, as the number went up to 340 million new cases in men and women aged 15-49 years in 1999 (2). One major concern has been the attitude of people to sexual practices (3). This has been widely reported as a major factor exposing youths and adolescents to high prevalence of sexually transmitted infections (STIs) including HIV/AIDS (4-6). With the increasing level of poverty in many developing countries, the high vulnerability has been attributable to changes in socioeconomic status and life styles (7,8). Therefore, the soaring number of people at risk of STIs may be alarming.

College students all over the world belong to the age group that is sexually active. Therefore the risk of contracting STIs and HIV/AIDS is high due largely to unprotected heterosexual intercourse. This has been recognized as the commonest route of infections (4,9,10). There is increasing evidence that this major route is often being promoted by diverse sociocultural, economic and behavioural factors (11,12). Although sexually transmitted infections usually carry less mortality, they are deplorable health problems, especially in countries with poor health infrastructural development facilities and services. The impact on women is severe and often aggravated by custom, which promotes male dominance, polygamy, early and forceful marriages (7,13). Regretably, the resultant socioeconomic difficulties from global economic crisis has brought frustrations and hardships to many families. A lot of people are now faced with daily problems of survival rather than decent living. This has given rise to poor parental control and indiscipline among youths, with exposure to high risk behaviours and attitude leading to various antisocial vices including prostitution. The implication is the increasing rate of spread and transmission of sexually transmitted infections, including HIV/AIDS. Previous studies have shown pattern of sexual behaviours characterized by early age of sexual initiation, involvement of multiple sexual partners and lack of concern for consequences (3,5).

The problems of early marriages and teenage pregnancies have been widely documented, with high incidence of sexually transmitted infections (8,14-16). In Nigeria, the focus for the control and prevention of sexually transmitted infections including HIV/AIDS among youths has been on sex abstinence. Although HIV infection is currently estimated at 5.4%, the National STIs/AIDS prevalence based on hospital data ranges from 9.3-26.3% for non-gonococcal urethritis to 8.3-9.7% for gonococcal and trichomona vaginitis respectively (17). The continued increase in the prevalence of STIs in our environment suggests that there is need to adopt a multi-dimensional approach to curb the menace. This study examined the attitude of college students on the use of condom and the risk of sexually transmitted infections among them. It is hoped that the findings will increase awareness to embrace attitudinal change, which is important tool in the fight against sexually transmitted infections

## **MATERIAL and METHOD**

### **Location of the study**

The study was carried out at a State college of Education Akwa Ibom State, South-South Nigeria. The State occupies the south-eastern corner of Nigeria and lies between latitudes 4' 33" North of Equator and longitudes 7' 25" and 8' 25" East. It is bounded on the north by Cross River and Imo (now Abia and Imo) States and on the south by Atlantic Ocean; on the south-west by Rivers State. This college which was established in 1973 is now situated at Afaha Nsit, a community in an outskirts of the State. It is made up of five schools namely: - Arts, Education, Sciences, Social Sciences and Vocational and Technical Education. The choice of the college was informed by its remote site with no adequate daily flow of information to the students.

### **Data Collection**

Using a two-stage random sampling method, a total of 880 students were drawn for the study. This was calculated using the formula ( $N=Z^2pq/d^2$ ) for sample size determination in cross-sectional studies. The prevalence rate of 25.7% of sexual activity among youths, derived from previous studies in Nigeria was used to determine the sample size (12,18). To recruit more participants into the study, the calculation was done for each department separately and thereafter added together. The total calculated sample size required for the three departments was 880.2. The first stage of the sampling by balloting selected 3 schools as locations of the study. Using the same balloting method, one department each from these schools was selected. Thereafter, the students were consecutively recruited by giving them questionnaire, consisting of two parts to complete while waiting for lectures. This was done after the purpose of study was explained to them. The first part of the questionnaire was used to obtain sociodemographic variables, such as age, gender, marital status, religion, year and course of study. The second part was the Sexual Risk Cognitions Questionnaire, SRCQ, which was used to assess the attitude and reactions of the students to the use of condom (19). This instrument was designed to assess the type and frequency of cognitions associated with unsafe sex. It consists of 22 core items (SRCQ-22) with six subsections. Each subsection consists of 8-12 items designed for specific subgroups defined by gender, sexual orientation and HIV serostatus. Participants were asked to give the following responses: - strongly disagree, disagree, undecided, agree and strongly agree; depending on how they feel

on each item. SRCQ-22 has a high validity and with Cronbach alpha of 0.91, it is reported to be a reliable measure for assessing cognitions related to HIV risk sexual behaviour (19). Permission to carry out the study was obtained from the Ethics and Research Committee of the school. For purpose of convenience, the researchers divided the attitudes into two groups: (1) Attitudes influencing the decision to use condom and (2) Attitudes and knowledge of safer sex and risk of sexually transmitted infections. Prior to the collection of the data, the instrument was pretested in a pilot study by interviewing 50 students from a co-educational secondary school. This was done to acquire experience and determine its applicability in our environment. The results showed variable attitudes among students to the use of condom. Three trained-assistants helped in administering and collection of the questionnaires. The study was anonymous and conducted during the second semester of 2008/2009 academic session.

#### Data analysis

The results of the study were analyzed using the Statistical Package for social sciences (SPSS 17.0). Sample means and percentages were calculated from which simple frequency tables were created. Standard deviation from the mean was calculated, and comparisons of categorical variables were done using Chi-square test. The p-value of 0.05 was used to determine the level of statistical significant.

**Table 1:** Showing sociodemographic characteristics of the students.

Variables	Males		Females	
		n (%)		n (%)
Age in years:	Range	18-45	16- 41	
	Mean	22.4	21.9	
	SD	4.7	4.2	
Years of study (Levels)	100Level	131 (36.4)	265 (51.0)	
	200Level	101 (28.0)	123 (23.6)	
	300Level	87 (24.2)	103 (19.8)	
	>300Level	41 (11.4)	29 (5.6)	
Marital status	Single	336 (93.3)	455 (87.5)	
	Married	23 (6.4)	60 (11.5)	
	Separated/Divorced/Widowed	1 (0.3)	4 (0.8)	
Tribe	Indigenes	263 (73.1)	351 (67.5)	
	Non-indigenes	97 (26.9)	169 (32.5)	

## RESULTS

### 1 Sociodemographic characteristics

Table 1 demonstrates the sociodemographic variables of the students. A total of 880 (95.2%) students, consisting of 360 males and 520 females were analyzed. Table 1 shows the sociodemographic variables of the students. The age range for male and female students was 18-45 and 16-41 years respectively. The mean age for males was  $22.4 \pm 4.7$  years and females  $21.9 \pm 4.2$  years. The difference in the mean was not statistically significant ( $t=0.041$ ,  $p>0.723$ ). A total of 336 males were single, 23 married; whereas 455 females were single, 60 married while 5 were either separated, divorced or widowed. Two hundred and sixty three (73.1%) males and 351 (67.5%) females were indigenes of the state, while 97 (26.9%) and 169 (32.5%) females were non-indigenes.

### 2. Attitude influencing decisions to use condom among students

There were variable attitudes to the use of condom and various reasons were adduced to these attitudes/sexual practices. Table 2 shows the perceived general attitude to condom use among students.

## TAF Preventive Medicine Bulletin, 2011: 10(5)

One hundred and forty two (39.5%) males and 277 (53.3%) females refused using condom to show partners they are special; while 108 (30.0%) against 161 (31.0%) claimed they would be accorded respect for not using it. A total of 135 (37.5%) males and 220 (40.4%) females would raise doubt on safety using condom; this was statistically significant in 177 (59.1%) males and 250 (48.1%) females ( $p=0.002$ ) who disagreed. One hundred and sixty one (44.7%) males against 197 (37.9%) females claimed to enjoy sex without condom. This was statistically significant ( $p=0.050$ ); 124 (34.5%) against 149 (28.7%) claimed they would be rejected by partners on using condom. Acceptance of being promiscuous was statistically significant in 111 (30.9%) males and 114 (21.9%)

females who used condom ( $p=0.003$ ); and also in 110 (30.5%) against 291 (57.0%) who claimed partners would be upset if use is suggested ( $p=0.001$ ).

There was a significant difference in attitude with regards to loss of erection or enjoyment on using condom among 194 (53.9%) males and 126 (24.3%) females ( $p=0.001$ ). The differences were also significant among 123 (34.2%) males and 222 (42.7%) females, who regarded safe sex as one of many life's risk ( $p=0.014$ ); and among 114 (34.5%) males and 273 (52.5%) females who claimed partners dislike condom ( $p=0.001$ ). A total of 195 (52.2%) and 271 (52.2%) females claimed using condom would create doubt; 109 (31.1%) against 187 (33.4%) expected more love from partners for not using it.

**Table 2:** Demonstrating attitudes influencing decisions to use condom among students.

Attitude		Males	Females	$\chi^2$	p
		n (%)	n (%)		
Being special by not using condom	Agree	142 (39.5)	184 (35.4)	1.17	0.243
	Disagree	180 (50.0)	277 (53.3)	0.89	0.371
Having respect for not using condom	Agree	108 (30.0)	161 (31.0)	0.24	0.809
	Disagree	225 (63.5)	308 (59.3)	1.19	0.236
Raising doubt on safety by using condom	Agree	135 (37.5)	220 (40.4)	0.80	0.426
	Disagree	177 (59.1)	250 (48.1)	3.14	0.002
Enjoying sex without condom	Agree	161 (44.7)	197 (37.9)	1.95	0.051
	Disagree	178 (52.2)	291 (56.0)	1.04	0.296
Feel rejected by using condom	Agree	124 (34.5)	149 (28.7)	1.75	0.079
	Disagree	191 (50.3)	298 (57.3)	1.95	0.048
Promiscuity by using condom	Agree	111 (30.9)	114 (21.9)	2.93	0.003
	Disagree	167 (56.4)	274 (52.2)	1.16	0.246
Partner upset if suggestion of condom is made	Agree	110 (30.5)	291 (57.0)	7.68	0.001
	Disagree	194 (53.9)	145 (27.9)	7.72	0.001
Lost erection/enjoyment if condom is used	Agree	194 (53.9)	126 (24.3)	8.90	0.001
	Disagree	88 (24.4)	312 (60.0)	10.36	0.001
Unsafe sex as one of many life's risk	Agree	169 (47.0)	225 (43.3)	1.02	0.310
	Disagree	123 (34.2)	222 (42.7)	2.97	0.014
Expects more love by not using condom	Agree	109 (31.1)	187 (33.4)	0.64	0.526
	Disagree	203 (56.4)	318 (56.8)	0.05	0.961
Partner dislike condom	Agree	114 (34.5)	273 (52.5)	5.21	0.001
	Disagree	165 (45.8)	163 (31.4)	4.27	0.001
Creating doubt by using condom	Agree	195 (52.2)	271 (52.2)	0.01	1.000
	Disagree	104 (28.9)	154 (29.6)	0.15	0.882

**Table 3:** Showing attitudes and knowledge of safer sex and risk of Sexually Transmitted Infections among students.

Attitude	Males	Females	R/R	CI	p
	n (%)	n (%)			
Being used to unsafe sex	87 (24.2)	114 (21.9)	1.105	0.908-1.330	0.353
Being of same HIV status	115 (34.7)	142 (27.4)	1.179	0.984-1.404	0.088
Being pressured not to use	106 (29.4)	166 (32.0)	0.813	0.679-0.968	0.024
Enjoying sex w/out condom	161 (44.7)	197 (37.9)	1.132	0.957-1.337	0.170
Being safe by withdrawal	114 (37.1)	170 (32.7)	0.981	0.818-1.171	0.894
No need for safe sex	101 (28.1)	125 (24.1)	1.165	0.968-1.388	0.124
Being careful & no need for use	94 (26.2)	108 (20.7)	1.205	0.999-1.438	0.062

### 3. Attitude and knowledge of safer sex and risk of sexually transmitted infections

Table 3 shows the specific attitudes and sexual practice of students with relative risk of sexually transmitted infections (STIs). A total of 87 (24.2%) male and 114 (21.9%) female students were used to unsafe sex. The relative risk of STIs in males and females was 1.105 at 95% CI. A total of 115 (34.7%) males and 142 (27.4 %) females who were of the same HIV status had a relative risk of 1.179 at 95% CI of STIs. There was a significant difference in 106 (29.4%) males and 166 (32.0%) females who were being pressured by their partners not to use condom. This was statistically significant ( $p=0.024$ ).

The relative risk for STIs was 1.132 at 95% CI in 161 (44.7%) males and 197 (37.9%) females who claimed to be enjoying sex without condom and 0.981 at 95% CI in 114 (37.1%) males 170 (32.7%) females who practiced withdrawal method. For 101 (28.1%) males and 125 (24.1%) females who had no need for safe sex, the relative risk for STIs was 1.165 at 95% CI and 1.205 at 95% CI in 94 (26.2%) males and 108 (20.7%) females who claimed to be careful and had no need for condom had.

## DISCUSSION

The results of this study show widespread and differential attitudes to the use of condom among higher school students. The responses of the students portray their attitudes and this may be responsible for various sexual behaviours and practices among them. The implication is the increasing prevalence of sexually transmitted infections in our environment.

However, the variable attitudes in this study may be due to a number of factors, including the weakening of traditional structures and instruments of social control (6,11,12). In an environment such as ours, where the standard of living is gradually becoming a nightmare, the level of poverty may account for the lust and avarice among youths. Therefore, the instinct to survive tends to encourage high risk behaviours with attendant social vices, which could lead to unhealthy sexual practices. Furthermore, the influence of outside cultures could impact negatively on our environment, as issues related to sexuality and advertisements freely find their ways into our communities. Although, this may seem to discredit the imports of information and communication technologies (ICT). However, judging from the unprecedented quest and urge for foreign lifestyles, this could have a significant influence on the attitude and sexual behaviours of our youths (6,18). This may probably explain why increasing urbanization and globalization is now being examined to identify possible areas of adverse socioeconomic and health hazards (10).

Our study, by exposing the attitudes of the students on the use of condom seems to give an insight into the sexual practices in our environment. The enormity of the problem could be seen by looking at the various reasons for and against the use of condom. In this study, more than half of the female participants refused using condom because of what could be termed 'personal ego', that is 'wanting to be special'. This, when compared to 40% of male counterparts with similar reason is high and very significant. Although some of these attitudes are purely personal and may seem unnecessary to subject them to public scrutiny. However, the fact that 30%

of both males and females were not using condom is not surprising, because doing so would not accord them more respect. This kind of perception could be dangerous and there is the possibility of transmitting and spreading STIs including HIV/AIDS. This may have adverse impact on the general population, in view of the additional findings supporting the erroneous perception that using condom reduces or causes loss of erection/enjoyment and that sex without condom is more enjoyable. It is possible the indifference to the consequences of the risk involved in indulging in sex without condom may be due to ignorance, as there is no relationship between either use of condom and respect or erection. This may have explained the impact and the high prevalence of HIV/AIDS on youths aged between 15-25 years in our environment (5). Studies have shown that this age group constitutes about 60% of the people living with HIV/AIDS (PLWHA) globally (20,21). Therefore, it may be reasonable to emphasize that some of these attitudes need to be examined critically, because of the possible implications and the difficulties they could pose in instituting appropriate control strategies. The scenario if not checked, would make the control and prevention of STIs an impossible task in our environment.

In many African countries including Nigeria, women are at more risk of sexually transmitted infections (1,3,22). The increasing trend may be due to the domineering custom that allows men dominance and prevents women from taking decisions on sexually-related matters (7,18). This has been identified as one of the factors enhancing the spread and transmission of STIs, including HIV/AIDS in many sub-Saharan countries (3). Several studies have attributed high prevalence to unsafe sexual behaviours, poor healthcare services and inability to identify persons at risk and also provide adequate treatment (2,11,16). There is also increasing evidence that stigma attached to people with STIs including HIV/AIDS is one of the major hindrances militating against specific policies and strategies aimed at control and prevention (7,14). This is worrisome, because it could make it impossible for those with the problem to seek medical attention and support. Therefore, judging from the concealing attitude of our women on sexually-related issues, the health implication could be unimaginable.

This study also demonstrates significantly poor attitude and knowledge of safe sex among students. The findings suggest that about 38% of males and 40% of females would raise doubt on safety if their partners used condom. Although this may seem to be coercion and show lack of trust among partners,

however, the high expectation of more love by those not using condom in this study, is unreasonable and unconvincing. This seems to portray poor knowledge and lack of understanding of safe sexual practice. Although these attitudes may be pleasurable, in view of the fact that sexual practices are closely related to the attitude of individuals, the risks involved may be enormous. One major concern would be the possibility of exposing the whole society ignorantly to STIs and their consequences (11,21). Therefore, there is need to monitor seriously this group of individuals, for purposes of counseling and enlightenment. Evidence has shown that unprotected heterosexual intercourse remains the commonest route for HIV/AIDS transmission and spread (2,10). The implications and consequences of STIs including HIV/AIDS in developing countries could be serious with adverse impact on social, health and economy (1,8). Evidence suggests that adequate knowledge of the STIs vulnerability can increase awareness needed to modify sexual behaviours and reduce the risk of infections.

The findings in this study also reveal that a significant percentage of students, 47% of males and 43% of females regarded unsafe sex as one of the many life's risks; while 28% of males and 24% of females had no need for safe sex. The findings seem to suggest that there is still much to be done in terms of enlightenment campaigns, in view of the associated health hazard from possible implication of HIV/AIDS vulnerability. Although the relative risk of STIs in this study is less than 1.2 at 95% CI, there is need to institute measures that would control STIs among students, because there could be wider implications, especially as some of them have been found in this study to be coerced or pressured by partners not to use condom. Considering the domineering influence of male partners in our environment, the decision making on sexually-related issues among female genders is often regarded as taboo. This cultural tradition seems to promote and encourage promiscuity and infidelity among male youths. Since the adoption and sustaining of sexual practices depend on various factors including social consensus, peer support and external validation of sex behaviour, this implies that sexual attitude and practices are critical and should be given adequate attention, if efforts aimed at curtailing STIs are to yield positive results (2,12). Therefore, in spite of the fear expressed by almost 60% of males and 30% females in this study that partners would be upset if condom is suggested, healthy sexual attitude still remains the only tool that could be used as a normative behaviour and strategies for the promotion

of preventive measures against STDs including HIV/AIDS (1,2,22). The hidden fear could lead to lack of assertiveness and indecision, which is capable of endangering lives.

In conclusion, sexually transmitted diseases are distressing conditions, affecting youths and adolescents in our environment. Given the increasing prevalence among women and lack of community-based data for adequate control, the emergence of HIV/AIDS with its high morbidity and mortality has stressed the need to examine sexual attitude and practices in view of its susceptibility. There is need for community education on protective measures against sexually transmitted disease including HIV/AIDS. This is important in view of the difficulties involved in the treatments and the associated health hazards. Conscious efforts must be made by mounting massive enlightenment campaigns to encourage attitudinal change, since this is one of the indispensable strategies for prevention and control of STIs including HIV/AIDS. There is also need to focus more attention on women who are often faced with cultural taboos, depriving them of making or taking part in decisions on sexually-related issues affecting them. More importantly, effort must also be made to correct certain primitive and widely held negative opinions concerning the use of condom in order to reduce widespread of transmission of STDs in our environment.

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## **TAF Preventive Medicine Bulletin, 2011: 10(5)**

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