Alcohol and drug usage; and adolescents’ sexual behaviour in Nigeria

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Summary

This study determined students’ perception of the influence of alcohol and drug usage on adolescents’ sexual behaviours in Nigeria. The instrument for data collection was a researcher-made questionnaire. The population for the study comprised all students in government secondary schools in Enugu state, Nigeria. The sample was made up of 600 students randomly selected from the population. Means, t-test and ANOVA were used for data analysis. The result of the study revealed that there were significant differences at 0.05 level of significance in the mean perception of the students of the influence of alcohol and drug usage on adolescents’ sexual behaviours when they were classified by gender and class. All the students irrespective of age agreed that alcohol and drug usage negatively influence sexual behaviour. The students perceived that students who do not take alcohol usually control their sexual desires while rape is common with students who are drug users. It was recommended among others that preventive health programmes meant to address adolescents’ sexuality should be combined with appropriate drug education for maximum benefit.

Key words: alcohol, adolescent, drug abuse, sexual behaviour

INTRODUCTION

Alcohol and drug use have lifelong consequences in adolescents (Berk, 2001). They influence not only the physical health of adolescents, but also their taught patterns and subsequently their behaviours. Alcohol which is also a drug is a depressant that clouds judgement and decreases social inhibition (Gabhainn and Francois, 2000). Adolescents are naturally less in control of their emotions and alcohol use may worsen the situation by reducing their ability to make rational decisions. Hence alcohol and other drugs of abuse such as Indian hemp increase adolescents’ risk-taking behaviours especially with regard to their sexuality (Strunin and Hingson, 1992; Unachukwu and Nwankwo, 2003).

Sexuality has been conceived by Insel and Roth (Insel and Roth, 2004) as a dimension of personality that is shaped by biological, psychological and cultural forces which concerns all aspects of sexual behaviour. Samuel (Samuel, 2010) went on to elaborate that human sexuality involves behaviour and processes, including the physiological, social, cultural, political and spiritual or religious aspects of sex and human sexual behaviour. In this study, sexual behaviour is seen as synonymous with sexuality and adolescent sexual behaviours are seen as all those behaviours which adolescents engage in which are fallouts of their sexual development and desires. Today in Enugu state of Nigeria, most secondary school students are adolescents. Their age range generally falls between 11 and 19 years. Papalia et al. (Papalia et al., 2002) were of the view that adolescence last a decade, starting from about 11 or 12 years and lasting till late teens or early twenties hence justifying the classification of secondary school students as adolescents.
Adolescents are typically experimenters. They experiment with lots of human behaviours including drug use and sex. Several factors are capable of influencing alcohol and drug use among adolescents. Availability of alcohol is a factor that enhances its use and abuse (Amonini and Donovan, 2006) even among adolescents. Alcohol has been observed to be the most important problem drug for most secondary school students (Hahn and Payne, 1997). The use of alcoholic beverages is very common in most social occasions and gatherings. Kloep et al. (Kloep et al., 2001) observed that alcohol is readily available to adolescents by direct purchase and by pub—going which seems to peak in the late teens. Adolescents in Enugu state of Nigeria are also involved in pub-going and in direct purchase of alcoholic beverages especially since the law prohibiting the sale of alcoholic beverages to, and its use by adolescents in the state is not enforced. Also adolescents in Enugu attend lots of social gathering such as birthday parties, funeral ceremonies and marriage ceremonies. In many such social gatherings, alcoholic drinks are usually available in reasonable quantity such that interested adolescents have free access to them.

Alcohol, tobacco (including cigarettes and cigars) and Indian hemp have been shown to be the most commonly abused drugs in most societies (Berk, 2001; Makanjuola et al., 2007). Other substances such as glue, thinner, petroleum products among others have been abused by young people (Anochie and Nkanginieme, 2000). Drugs in this study therefore refer to such drugs of abuse as Indian hemp, tobacco, glue, thinner, petroleum products among others. Alcohol and these substances are capable of changing individuals’ perception influencing their behaviour.

Rayne (Rayne, 2009) noted that such behaviours as having drunken sex might be easier, but it is more likely to result in sexually transmitted infections and unwanted pregnancies. Rayne (Rayne, 2009) reasoned that this is so because when someone is drunk enough to override his or her personal issues, he or she will be far less likely to be able to use contraception correctly. This is even truer with adolescents. Hence Ilo (Ilo, 2004) found out that there is high unsafe sexual activities among a greater percentage of teenagers. This could be associated with the increase in the number of young people who abuse drugs (Bamaiyi, 1998; United Nations Office on Drug Abuse and Crime—UNDOC, 2007). Regrettably alcohol and drug use have lifelong consequences in adolescents; some of which arise from such anti-social behaviours often associated with alcohol and drug as sexual promiscuity and rape. Furthermore, Rayne (Rayne, 2009) observed that the incidence of date rape is highest when the victim is drinking or is on drug. There is, therefore, serious need to embark on intervention strategies to prevent alcohol and drug abuse among adolescents as this has several benefits including prevention of sexual promiscuity with its attendants’ problems. This is even more relevant regarding the persistent increase in HIV/AIDS among youths.

Empelem et al. (Empelem et al., 2001) noted that AIDS prevention campaigns have focused mainly on sexual behaviours and commitment to safer sex. Vlahor and Junge (Vlahor and Junge, 1998) however pointed out that although these interventions have proved to be effective in reducing needle sharing, they have failed to reduce risk-taking behaviours. Booth and Watter (Booth and Watter, 1994) corroborated the above statement by noting that drug users continue to practice unsafe sex to a great extent even when they know of the risks of such behaviours. Alcohol and drug use clouds the judgement of the user and hence the user goes on to take risk even when he or she is aware of the dangers of such risks. Therefore helping adolescent to take charge of their emotions and behaviour through skill-based drug education will not only help them avoid drug abuse, but will go a long way in helping them to master and control their sexuality and avoid unhealthful sexual behaviours. There is need to utilize drug education as an intervention strategy to help adolescents to control their sexuality in a healthful way that is socially acceptable. Identifying factors associated with adolescents’ drug use and sexuality is very important in order to ensure an effective intervention programme.

Factors such as age, peer influence and gender are capable of influencing adolescents’ drug use and sexuality. Ifelunni and Okorie (Ifelunni and Okorie, 2003) found out that females have higher mean age of first sex than males. Domingo and Marquez (Domingo and Marquez, 1999) equally revealed that males are more likely than females to use and abuse alcohol, drugs and tobacco. Again Corrarro et al. (Corrarro et al., 2000) stated that the tendency to use and/or abuse drug increases with age. Amonini and Donovan (Amonini and Donovan, 2006) also pointed out that peer influence has been shown to be a factor in the initiation of drug use among young people. Understanding these factors and how they influence drug use and sexuality among adolescents will help the teacher to use appropriate educational techniques to modify behaviours relating to drug use and sexuality among different categories of adolescents.

Abraham et al. (Abraham et al., 1998) reviewed theoretical concepts of multiple social cognitive models and identified key cognitive construct of individual motivation and behaviour to include attitude, self-representation, social influence and interventions. Intervention is seen as the construct that mediates the effects of the other variables on
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behaviour. Drug education interventions as a means of controlling adolescent sexuality therefore is a way of helping to modify the young persons’ attitude, self-representation and their social influence.

It is common to hear parents and other adults counsel their adolescent children on such issues as their choice of career, choice of friends and study habits but it is quite uncommon to hear parents talk to their adolescent children on matters bordering on their sexuality and drug use. Yet these are great sources of problem for adolescents’ reproductive health. It has also been shown that parents often have difficulty in discussing drug issues with their children, yet parents are often cited by young people as the most trusted and the preferred source of information about health (UNESCO, 2004). However, to help adolescents understand and control their sexuality, it is important to understand those factors responsible for increasing unhealthy and socially unacceptable sexual behaviours among adolescents. Adolescents themselves are in a better position to reveal what happens among them. Again statistical evidence from the adolescents themselves will help to convince parents and teachers of what happens among adolescents.

The purpose of this study therefore was to determine adolescents’ perception of the influence of alcohol and drug usage on adolescents’ sexual behaviour. Three research questions and three null hypotheses guided the study.

Research questions
1. What is the adolescents’ perceived influence of alcohol and drug use on adolescents’ sexuality?
2. What is the adolescents’ perception of the impact of alcohol and drug use on adolescents’ sexual desire?
3. What is the adolescents’ perception of the impact of alcohol and drug use on adolescents’ involvement in negative sexual behaviours?

Hypotheses
The three null hypotheses were tested at 0.05 level of significance.

1. There is no significant difference between the mean perception of male and female adolescents of the influence of alcohol and drug use on adolescents’ sexuality.
2. There is no significant difference between the mean perception of Junior and Senior Secondary adolescents of the influence of alcohol and drug use on adolescents’ sexuality.
3. There is no significant difference in the mean perceptions of adolescents of varied age on the influence of alcohol and drug use on adolescents’ sexuality.

METHODS

Design
The descriptive survey research design was adopted for the study. The population for the study comprised all adolescents in public secondary school in Enugu state of Nigeria made up of 355 028 students (these data were from the Statistic Unit, Post Primary School Management Board—PPSMB, Enugu, 2013). Because students from Enugu state have similar socio-cultural background, one Local Government Area (Nsukka Local Government Area) was selected through balloting from the seventeen (17) Local Government Areas that make up the state.

To determine the sample size, Isreal (Isreal, 2013) table for determining sample size was used. The table indicates that when the size of the population is greater than 100 000 and the confidence level is 95%, the sample size should be 400. Because the study is a survey, the sample size of 400 was increased to 600 to compensate for possible non-responses (Isreal, 2013).

Purposive sampling technique was used to select one boys’, one girls’ and one co-educational secondary school from the 21 government secondary schools in Nsukka Local Government Area. Purposive sampling was used to help ensure that the perceptions of students from the three categories of secondary schools were included in the study. Ten classes were randomly selected in each school. From each of the classes, 20 students were again randomly selected by balloting. A total of 200 students were therefore selected from each school. The sample size was therefore 600 adolescent students made up of 278 boys and 322 girls.

Instrument for data collection
The instruments used for data collection was a researcher made questionnaire designed to collect information on the students’ perception of the influence of alcohol and drug usage on adolescents’ sexual behaviour. The questionnaire consisted of two sections. Section one was used to collect information about the students’ personal data; section two was used to collect information on the students’ perceived influence of alcohol and drug use on adolescents’ sexual behaviour. The initial draft of the instrument consisted of fourteen items (14), but after face validation, the number of the items was reduced to nine items based on what the experts considered to be the common sexual behaviours among adolescents in the area of study. The instrument was trial tested on 20 students in a public school in the area of the study not sampled for the study. Data derived from the trial test were used to establish the degree of internal consistency of the instrument using the Cronbach alpha approach. The computed Cronbach alpha coefficient of
0.78 was considered high enough for the study [cf. (George and Mallery, 2003)].

Method of data collection
Four research assistants who were undergraduates of Health and Physical Education Department in the University of Nigeria, Nsukka, were trained on the use of the instruments. They assisted the researcher in the collection of the data. The questionnaire was distributed and collected on the spot after the respondents responded to them to avoid omission. Out of the 600 questionnaire, only 579 copies of the questionnaire (96.5%) were properly completed. Only these were used for data analysis.

Method of data analysis
The students’ responses to items on the influence of alcohol and drug usage on adolescents’ sexual behaviours were weighted for the purpose of answering the research questions and testing the null hypotheses. The items were weighted as follows: strongly agreed was weighted 4 points, agreed 3 points, disagree 2 points and strongly disagree 1 point. The frequency, weights and mean weights of the students’ responses to the various item statements were calculated. The total weight for each item statement was calculated and the mean was worked out. The possible range of the mean was 1.00–4.00. The true limits of the scale points were used as criteria for deciding the students’ perception on each item statement. Hence the weights of 0.50–1.49 were considered as 1 and weights of 1.50–2.49 were considered as 2, weights of 2.5–3.49 were considered as 3 and weights of 3.50–4 were considered as 4. However a criterion mean of 2.5 which is the average mean score was used in deciding whether the students agreed or disagreed to an item. The t-test analysis and the analysis of variance (ANOVA) were used to test the null hypotheses at 0.05 level of significance.

RESULTS

Table 1 is the summary of t-test analysis of the mean perceptions of male and female students on the influence of alcohol and drug use on adolescents’ sexuality.

The result in Table 1 shows that all the students (both males and females) agreed to all the nine items on the influence of alcohol and drug use on adolescents’ sexuality. There were however significant differences in the mean perception of the male and female students in five out of the nine items on the influence of alcohol and drug use on adolescents’ sexuality. The male students agreed more than the female students that sex abuse is associated with alcohol and drug abuse. The female students agreed more than the males that those who do not take alcohol control their sexual desires better and that such negative sexual behaviours as raping and infidelity are associated with drug use.

The mean perceptions of junior and senior secondary adolescents of the influence of alcohol and drug use on adolescents’ sexuality are presented in Table 2. Table 2 reveals that there were significant differences in the mean perception of the junior and senior secondary students in six out of the nine items. The senior students agreed more than the junior students that sex abuse is associated with alcohol and drug abuse. The junior students agreed more than the senior ones that those who do not take alcohol control their sexual desires better; that such negative sexual behaviours as raping and infidelity are associated with drug use and that the use of condom is resisted by students who use drugs and alcohol.

Table 3 shows the summary of the ANOVA of the mean perceptions of adolescents of the influence of alcohol and drug use on adolescents’ sexuality by age. There were significant differences in their mean perception on all the nine items.

Students 11–14 years disagreed that sex abuse is usually associated with alcohol while the older students (15–17 and 18 and >) agreed that sex abuse is associated with alcohol. Students 15–17 years disagreed that drug users abuse drug while the older and the younger students agreed to this. Students 18 years and above disagreed that drug use is associated with infidelity while the younger students all agreed to this.

Discussion of findings
The findings of this study (shown in Tables 1–3) indicate that on average, all the students agreed that alcohol and drug use influence adolescents’ sexuality. Their mean responses on the indicators of influence range from 2.71 to 3.45 on a four-point scale. This is not surprising. A careful observation of Nigerian youths indicates possible close association between alcohol and drug use and their sexuality. Research studies (Unachukwu and Nwankwo, 2003; Rayne, 2009) have also shown the positive relationship between alcohol and drug use and sexual promiscuity among youths. Although adolescents are aware of what happens among them, eliciting their views on influence of alcohol and drug use on adolescents’ sexuality in a community where sexuality is not openly discussed can be problematic (Temin et al., 1999). This is because adults often disapprove of open discussion of such issues (UNESCO, 2009). Engaging the adolescents in this study, in revealing behaviour patterns that are not personal to them but concerns adolescents generally enabled them to be as honest as possible in their responses.
because they have nothing at stake individually. Premarital sexual relationships are condemned by most cultural and religious groups in Nigeria (Dienye, 2011) and so the students would not naturally associate themselves with such behaviours that will attract disapproval. In this study however, the students’ personal moral integrity was not been questioned since they were not giving information on their personal behaviours but on adolescents’ general behaviours and so they were not likely to start faking their responses or to hold back information. The finding therefore is an eye opener to parents and teachers who should take up the challenge of helping the adolescents to acquire relevant skills to enable them avoid drug abuse and such indirect consequences as sexual promiscuity. Nwoke et al. (Nwoke et al., 2012) opined that the family plays the larger role during socialization process of a child. They argued that children learn social behaviours, including drinking behaviours and drug use by mere interacting with significant others including parents. Parents should therefore be consciously involved in shaping their children’s drug use behaviour in positive ways.

The findings as shown in Table 1 revealed that although the grand mean response of the students on all the items shows that they all agree to all the items, the t-test values on five out of the nine items showed that there were significant differences in the mean perception of the students on these items when the students were classified according to gender. For item 2 which states that sex abuse among students is usually associated with alcohol, the mean response from the male students was 2.86 while the mean response from the female students was 2.57. This result shows that the male students agreed more than the female students that sex abuse among students are usually associated with alcohol. This is not surprising because it has been shown that males generally are more likely to use and abuse alcohol and drugs than their female counterparts (Domingo and Marquez, 1999). Their experiences with alcohol therefore vary with that of their female counterparts and so their perception also varied. The above statement also explains why the male students had a higher mean score than their female counterparts on item 3 which states that drug users abuse sex. There were significant differences (p < 0.05) in the mean perceptions of the male and female students on items 5 (students who do not take alcohol usually control their sexual desires) and 7 (drug use is associated with infidelity) as shown in Table 1.

### Table 1: Perceptions of male and female students on the influence of alcohol and drug use on adolescents’ sexuality (n = 579; df = 577)

<table>
<thead>
<tr>
<th>Item no.</th>
<th>Statement</th>
<th>Male (n = 266) Mean</th>
<th>Female (n = 313) Mean</th>
<th>Grand mean</th>
<th>Standard deviation for males</th>
<th>Standard deviation for females</th>
<th>Value of T-test</th>
<th>p</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Alcohol spurs students to make sexual advancement</td>
<td>3.05</td>
<td>3.15</td>
<td>3.10</td>
<td>1.03</td>
<td>0.91</td>
<td>1.210</td>
<td>0.272</td>
<td>Agreed</td>
</tr>
<tr>
<td>2.</td>
<td>Sex abuse among students is usually associated with alcohol</td>
<td>2.86</td>
<td>2.57</td>
<td>2.71</td>
<td>0.93</td>
<td>0.89</td>
<td>3.096</td>
<td>0.002*</td>
<td>Agreed</td>
</tr>
<tr>
<td>3.</td>
<td>Drug users abuse sex</td>
<td>2.86</td>
<td>2.61</td>
<td>2.73</td>
<td>0.99</td>
<td>0.97</td>
<td>2.489</td>
<td>0.013*</td>
<td>Agreed</td>
</tr>
<tr>
<td>4.</td>
<td>Alcohol induces uncontrollable sexual urge</td>
<td>3.00</td>
<td>2.94</td>
<td>2.97</td>
<td>0.90</td>
<td>0.72</td>
<td>0.756</td>
<td>0.450</td>
<td>Agreed</td>
</tr>
<tr>
<td>5.</td>
<td>Students who do not take alcohol usually control their sexual desires</td>
<td>3.09</td>
<td>3.53</td>
<td>3.33</td>
<td>0.98</td>
<td>0.57</td>
<td>−5.420</td>
<td>0.000*</td>
<td>Agreed</td>
</tr>
<tr>
<td>6.</td>
<td>Rape is common with students who are drug users</td>
<td>3.16</td>
<td>3.44</td>
<td>3.31</td>
<td>1.07</td>
<td>0.61</td>
<td>−3.131</td>
<td>0.002*</td>
<td>Agreed</td>
</tr>
<tr>
<td>7.</td>
<td>Drug use is associated with infidelity</td>
<td>2.74</td>
<td>3.39</td>
<td>3.09</td>
<td>1.07</td>
<td>0.63</td>
<td>−7.330</td>
<td>0.000*</td>
<td>Agreed</td>
</tr>
<tr>
<td>8.</td>
<td>Abstinence from sex among youths is easier without alcohol and drugs</td>
<td>3.46</td>
<td>3.45</td>
<td>3.45</td>
<td>0.97</td>
<td>0.64</td>
<td>0.132</td>
<td>0.895</td>
<td>Agreed</td>
</tr>
<tr>
<td>9.</td>
<td>Use of condom is resisted by students who use drugs and alcohol</td>
<td>2.78</td>
<td>2.90</td>
<td>2.84</td>
<td>0.99</td>
<td>1.09</td>
<td>−1.122</td>
<td>0.262</td>
<td>Agreed</td>
</tr>
</tbody>
</table>

*Significant at p ≤ 0.05.
Table 2: Perceptions of junior and senior secondary adolescents of the influence of alcohol and drug use on adolescents’ sexuality (n = 579; df = 577).

<table>
<thead>
<tr>
<th>Item no.</th>
<th>Statement</th>
<th>Junior students (n = 266)</th>
<th>Senior students (n = 313)</th>
<th>Grand mean</th>
<th>Standard deviation for junior students</th>
<th>Standard deviation for senior students</th>
<th>Value of T-test</th>
<th>p</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Alcohol spurs students to make sexual advancement</td>
<td>3.17</td>
<td>3.00</td>
<td>3.10</td>
<td>0.97</td>
<td>0.97</td>
<td>1.634</td>
<td>0.103</td>
<td>A</td>
</tr>
<tr>
<td>2.</td>
<td>Sex abuse among students is usually associated with alcohol</td>
<td>2.53</td>
<td>3.00</td>
<td>2.73</td>
<td>1.02</td>
<td>0.86</td>
<td>−4.948</td>
<td>0.000*</td>
<td>A</td>
</tr>
<tr>
<td>3.</td>
<td>Drug users abuse sex</td>
<td>2.57</td>
<td>3.00</td>
<td>2.73</td>
<td>1.02</td>
<td>0.86</td>
<td>−4.250</td>
<td>0.000*</td>
<td>A</td>
</tr>
<tr>
<td>4.</td>
<td>Alcohol induces uncontrollable sexual urge</td>
<td>3.00</td>
<td>2.91</td>
<td>2.97</td>
<td>0.82</td>
<td>0.80</td>
<td>1.063</td>
<td>0.289</td>
<td>A</td>
</tr>
<tr>
<td>5.</td>
<td>Students who do not take alcohol usually control their sexual desires</td>
<td>3.47</td>
<td>3.10</td>
<td>3.33</td>
<td>0.72</td>
<td>0.90</td>
<td>4.486</td>
<td>0.000*</td>
<td>A</td>
</tr>
<tr>
<td>6.</td>
<td>Rape is common with students who are drug users</td>
<td>3.50</td>
<td>3.00</td>
<td>3.31</td>
<td>0.67</td>
<td>1.05</td>
<td>5.686</td>
<td>0.000*</td>
<td>A</td>
</tr>
<tr>
<td>7.</td>
<td>Drug use is associated with infidelity</td>
<td>3.47</td>
<td>2.45</td>
<td>3.07</td>
<td>0.62</td>
<td>0.99</td>
<td>12.299</td>
<td>0.000*</td>
<td>A</td>
</tr>
<tr>
<td>8.</td>
<td>Abstinence from sex among youths is possible without alcohol and drugs</td>
<td>3.40</td>
<td>3.55</td>
<td>3.45</td>
<td>0.88</td>
<td>0.66</td>
<td>−1.710</td>
<td>0.088</td>
<td>A</td>
</tr>
<tr>
<td>9.</td>
<td>Use of condom is resisted by students who use drugs and alcohol</td>
<td>2.97</td>
<td>2.64</td>
<td>2.84</td>
<td>1.11</td>
<td>0.88</td>
<td>3.026</td>
<td>0.003*</td>
<td>A</td>
</tr>
</tbody>
</table>

*Significant at p ≤ 0.05.

Table 3: Perceptions of adolescents of the influence of alcohol and drug use on adolescents’ sexuality by age (n = 579; df between = 2, df within = 576)

<table>
<thead>
<tr>
<th>Item no.</th>
<th>Item statements</th>
<th>Age of students in years</th>
<th>Grand mean</th>
<th>F value</th>
<th>p</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Alcohol spurs students to make sexual advancement</td>
<td>3.25</td>
<td>3.12</td>
<td>2.83</td>
<td>3.10</td>
<td>4.612</td>
</tr>
<tr>
<td>2.</td>
<td>Sex abuse among students is usually associated with alcohol</td>
<td>2.44</td>
<td>2.92</td>
<td>2.67</td>
<td>2.71</td>
<td>10.889</td>
</tr>
<tr>
<td>3.</td>
<td>Drug users abuse sex</td>
<td>3.00</td>
<td>2.34</td>
<td>3.17</td>
<td>2.73</td>
<td>30.398</td>
</tr>
<tr>
<td>4.</td>
<td>Alcohol induces uncontrollable sexual urge</td>
<td>3.13</td>
<td>2.84</td>
<td>3.00</td>
<td>2.97</td>
<td>4.909</td>
</tr>
<tr>
<td>5.</td>
<td>Students who do not take alcohol usually control their sexual desires</td>
<td>3.44</td>
<td>3.46</td>
<td>2.83</td>
<td>3.33</td>
<td>19.853</td>
</tr>
<tr>
<td>6.</td>
<td>Rape is common with students who are drug users</td>
<td>3.50</td>
<td>3.39</td>
<td>2.83</td>
<td>3.31</td>
<td>16.958</td>
</tr>
<tr>
<td>7.</td>
<td>Drug use is associated with infidelity</td>
<td>3.38</td>
<td>3.44</td>
<td>1.83</td>
<td>3.09</td>
<td>174.548</td>
</tr>
<tr>
<td>8.</td>
<td>Abstinence from sex among youths is possible without alcohol and drugs</td>
<td>3.25</td>
<td>3.51</td>
<td>3.67</td>
<td>3.45</td>
<td>7.439</td>
</tr>
<tr>
<td>9.</td>
<td>Use of condom is resisted by students who use drugs and alcohol</td>
<td>2.50</td>
<td>3.89</td>
<td>2.17</td>
<td>2.84</td>
<td>62.941</td>
</tr>
</tbody>
</table>

*Significant at p ≤ 0.05.
sexual desires), 6 (rape is common with students who are drug users) and 7 (drug use is associated with infidelity) with the female students agreeing more than their male counterparts on these items. The findings of Ifelunni and Okorie (Ifelunni and Okorie, 2003) which showed that females have higher mean age of first sex than males tend to disagree with this finding. It is reasonable to expect that the group who has had experiences should agree on the items more than the inexperienced gender. This is because gender, social norms and gender inequality affect the experience of sexuality and sexual behaviour (UNESCO, 2009). Again gender discrimination which is common among young women often make them have less power or control in their relationships, making them more vulnerable, to abuse and exploitation by boys and men, particularly older men (UNESCO, 2009). It is not surprising therefore that they agreed more than the male students to items with regard to rape and infidelity.

The findings as shown in Table 2 also showed that there were statistically significant differences ($p < 0.05$) in the mean perception of junior and senior secondary school students on six out of the nine items. The senior students have higher mean scores on items 2 and 3 while the junior students have higher mean scores on items 5, 6 and 7. These differences are most likely associated with the difference in the experiences of the junior and the senior students. The senior students were probably more experienced than the junior students with regard to alcohol and drug use. They have also stayed longer in secondary school and so were more likely to have been influenced by their peers than the junior students. Hence they agreed more than the junior students on the influence of alcohol and drug on adolescents’ sexuality. This finding is corroborated by Beyers et al. (Beyers et al., 2004) who noted that peer pressure can influence the initiation and continued use of alcohol and other drugs. The junior students agreed more than the senior students that use of condom is resisted by students who use drugs and alcohol. This was surprising and the reverse was expected because the senior students probably had more experience with sexual activities. The higher standard deviation score of the junior students on this item however suggests the effect of extreme scores which are capable of increasing the mean (Anaekwe, 2007).

Table 3 reveals that there were statistically significant differences in the mean perception of students on all the nine items when the students were categorized according to age. The mean perception of the adolescents aged 11–14 years on item 2 ‘sex abuse among students is usually associated with alcohol’ shows that they disagreed with the statement while the older adolescents agreed with the statement. Also for item 3 (Drug users abuse sex) while the adolescents aged 15–17 years disagreed with the statement, the younger and the older adolescents agreed with the statement. The adolescents responses to item 7 (drug use is associated with infidelity) shows that adolescents aged 18 years and above disagreed to the statement while the younger ones agreed to the statement. The findings therefore appeared to suggest that the age of the students is not as important as their sex and educational level in influencing their perception of the influence of alcohol and drug use on adolescents’ sexuality. This is evidenced by the fact that when the students were classified according to age, there were significant differences in their mean perception on all the nine items whereas when they were categorized according to gender and level of education, there were no statistically significant differences in the mean perception of the students on many of the items. It was expected that the older adolescents will agree more to the items but the findings revealed otherwise. This tends to disagree with previous studies which showed that adolescents’ involvement in alcohol and drug and in sexual activities increases with age (Corraro et al., 2000). This finding could be explained by the fact that girls reach adolescence two years earlier than boys (Papalia et al., 2002). Since chronological age varies between girls and boys, it makes sense that their perceptions also vary not along their chronological age but probably is associated more with their physical maturity and experience.

**Implications for adolescents’ reproductive health**

The findings of this study have several implications for adolescents’ reproductive health. It has shown that drug and alcohol use influences adolescents’ sexuality negatively. The subjects agreed that students who do not take drug and alcohol are better able to control their sexual drive in positive way.

It therefore implies that to achieve adequate reproductive health among the adolescents, their use of alcohol and drugs should be controlled. This can best be achieved through a well-designed skill-based drug education programme delivered at an appropriate time before adolescents start to experiment with drugs. Maggs and Shulenberg (Maggs and Shulenberg, 1998) observed that for an effective drug education programme, consideration has to be given to the timing of programme. This type of programme when appropriately delivered will help to curb the incidence of unhealthy sexual relationships among in-school adolescents.

**CONCLUSIONS AND RECOMMENDATIONS**

This study has revealed the association between drug use and adolescents’ sexual behaviours. Adolescents themselves have shown that abuse of alcohol and other drugs influence their sexual behaviour in a negative way. Based
on the findings of this study, the following recommendations are made:

1. Preventive health programme meant to address adolescents’ reproductive health should be combined with appropriate drug education to achieve maximum benefit. Such programmes will help adolescents to master skills in resisting pressure to abuse drug and so will go a long way to help them to master and control their sexuality in a healthy way.

2. Teachers should reinforce students’ knowledge of the influence of alcohol and drug use on adolescents’ sexuality. In addition, they should help the adolescent students acquire life skills to enable them resist alcohol and drug abuse with its associated unhealthy sexual practices.

3. Life skill programme for avoiding drug use during dating should be mounted regularly for adolescents to empower especially the females to resist drugs that could lead to date rape.

Limitations

Drug use and sexual behaviour are two health-related behaviours that are not openly discussed in the socio-cultural environment of the study area. The use of questionnaire as the instrument of data collection could have allowed the respondents to hide their true understanding and present what could be socially acceptable. The result therefore could differ slightly if observation and focus group discussion were used for data collection. Hartley (Hartley, 2011) noted that observation and focus group discussion provide more in-depth and sensitizing descriptions of reality.

REFERENCES


