

# Sexual Behaviors and Its Consequences among Adolescents in two Secondary Schools in Bonaberi-Ndobo, Cameroon

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**Basil Kum Meh\*, Blessing Chukwuma Chidera, Thelma Akah Eni, Ruth Achou Mbong, Mary Progress Sih Fung, Harry Mbacham Fon, Gratitude Lekunkeng Nchinju**

*Department of Health Sciences, STEM Higher Institute of Health and Business Douala, Cameroon*

**\*Corresponding Author:** Basil Kum Meh, Department of Health Sciences, STEM Higher Institute of Health and Business Douala, Cameroon.

## Abstract

Most adolescents are sexually active, but the age at which they start having sexual intercourse varies between regions, and within a country. This study aims to assess the sexual behaviours and its consequences among unmarried adolescents in two secondary schools in Bonaberi-Ndobo, Douala, Cameroon. A cross-sectional study was carried out from January to February 2023 among 134 unmarried adolescents. The study population included all unmarried adolescent at St. BC and N.M.C who gave their consent and where able to take part in this study. Data was collected with the used of structured questionnaires and inputted in Microsoft excel and analysed using SPSS version 23. With a 5% confidential interval. Among the 134 study participants who responded to the questionnaire, majority 110(82.1%) were female. 68(50.7%) were aged between 12 to 17 years. All the study participants (100%) had knowledge on sexual behaviours, and the main source of information was from school (57.4%). 56.7% (78) reported that they have had sexual intercourse before and majority of them declared that they preferred vaginal sex (42.5%). 66.4% (89) did not use condom during sexual intercourse and about 19.4% have more than one sexual partners. 16.4% have once contracted a sexually transmitted infection, 9% have had an unintended pregnancy and 4.2% have repeated a class. All the study participants had knowledge on sexual behaviours. More than half of the study population have had sexual intercourse at least once and without the use of condoms. A non-negligible proportion of the adolescents had multiple sexual partners. Sexually transmitted infections and unintended pregnancies and school dropout were the main consequences of sexual behaviours as reported in this study.

**Keywords:** Sexual behaviour; consequences; adolescents; secondary schools

## Background

Adolescence is the phase of life stretching between 10 and 19 years, and its definition has long posed a mystery [1]. Adolescence encompasses elements of biological growth and major social role transitions, both of which have changed in the last century [1].

This is the age group in which physical changes usually commence with the growth outburst followed by secondary sexual characteristics development, and this is the most challenging phase in the life of teenagers, as well as their parents, teachers, healthcare professionals [2].

Sawyer et al. [3] in a recent publication suggested “rather than age 10-19 years, a new definition of 10-24 years may corresponds more closely to adolescent growth and popular understandings of this life’s phase, and would facilitate extended investments across a broader range of settings”.

This new proposed definition of adolescents falls within the definition of adolescents according to the WHO i.e. individuals aged between the age of 10 and 19 years [1].

Generally, young men report beginning sexual activity earlier than young women because premarital sex is more accepted for males, whereas women are expected to postpone the initiation of intercourse until they marry [4].

Initiation of sexual activity especially among adolescent is unplanned, unguided as well as unprotected in most cases mainly caused by poverty, economic issues, cultural stigmas, or poor parental guidance [5]. Due to the increasing use of smartphones, internet and social media, adolescents are exposed to knowledge of sexual activity at an early age which instigates them to indulge into sexual malpractice and exposing them to unwanted pregnancies and sexually transmitted diseases (STDs) [5-7].

Socially, most adolescents often lack social power and skills to refuse sexual activity or to demand safer sex, rendering them particularly vulnerable to STDs [8, 9].

Sexual behaviour is defined as the totality of normal and abnormal, conscious and unconscious, overt and covert sensations, thought, feelings, and actions related to sexual organs and other erotic zones including masturbation, heterosexual, homosexual relations, goals and techniques [11].

Risky sexual behaviours are characterized by different hazard behaviours such as premarital sex, multiple sexual partners, and unprotected sex [10].

Such hazard behaviours are reported to end up with unpleasant health outcomes like HIV/AIDS, unwanted pregnancies, and unsafe abortion [10]. More so, most parents do not communicate sexuality or sexual matters with their children nor share any information about consequences of sexual behaviour and STI with adolescents [12, 28].

One third of adolescents are sexually experienced, and have knowledge on sexual activities like kissing, caressing, hugging, sexual intercourse begin in adolescent for the majority of people [13]. Tarkang et al. [14] reported that unmarried girls involved in sexual activities before the age 15 years. This has given public health officials and educators a long standing interest in adolescent sexual behaviours and risks prevention as interest, intensify by the spread of HIV and STIs [23].

Also, adolescents who have never had vaginal intercourse may still be sexually active and may behave in ways that put them at the risks of sexually transmitted infections (STIs) [24].

The adolescents constitute about 29% of Cameroon population [25]. Due to the coming of the smartphone in Africa, and Cameroon in particular, adolescents turn to copy dangerous sexual behaviours from the internet and social media platforms which has huge consequences such as, sexually transmitted infections, unwanted pregnancies, unsafe abortion and school dropout [29].

Most recently, there have been an increase in poor sexual behaviours among some college students around Douala, Cameroon. Thus, the main aim of this study was to assess the sexual behaviours and its consequences among unmarried adolescents in some colleges in Bonaberi-Ndobo, Douala, Cameroon.

## **Materials and Methods**

### ***Study design, research setting and participants***

A cross sectional study was conducted in Nelson Mandela College and Saint Bernard College located in Bonaberi-Ndobo, Cameroon during the month of February to March 2023 among 134 adolescents to evaluate their sexual behaviors, and its consequences.

All those who were present during data collection, agreed to participate in the study and signed the consent form were included. Were excluded in the study adolescent who were not willing to take part in this study and refused to sign the concern forms.

We opted for a non-probability sampling of convenient type, provided participants were recruited according to their availability.

After a thorough review of literature, the questionnaire was drafted and adopted by the researchers, and the questionnaire was then pretested.

### ***Data Collection***

Administrative authorizations were obtained from the Douala regional delegation of public health and from the different school principals. Informed consent from participants were also ascertained before data collection. Consents of the adolescent girls were recommended, and only those who signed the consent form were administered the questionnaires.

Data on the demographics, knowledge, attitude with respect to the use of contraceptives and contraceptive practices.

### ***Ethical Considerations***

Authorization number 0156/AAR/MINSANTE/DRSPL/BCASS to conduct the study was obtained from the Regional Delegation of Public Health, Littoral region and also from the principles in the various schools. Consent was obtained from the participants, and they were made to understand that their participation was voluntary. All information collected was kept confidential through physical and electronic barriers.

### ***Data management and analysis***

After collecting the data, they were checked for accuracy, then coded and entered into a MS Excel 2016 spread sheet. The data were analyzed using the Statistical Package of Social Sciences version 23 (SPSS Inc., Chicago, IL, USA). Descriptive analysis was used to assess sexual behavior and its consequences. Results were presented on tables and figures, while data analysis was done at  $p < 0.05$ , and at a 95% confidence.

## **Result**

### ***Socio-demographic features***

A total of 136 students from two secondary schools (St Bernard College and Nelson Mandela High school) in Bonaberi-Douala. The study included students from the age range of 12-22 years (50.7%). Majority of the participants were females (82.1%), Christians (92.5%) and were in the upper sixth class. Furthermore, a host of the participants were from the Northwest Region of Cameroon while the least were from Central and Adamawa Region of Cameroon respectively (0.7%). More so, most of the participants were also from Nelson Mandela High School (table 1).

<b>Factor</b>	<b>Variable</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Age group (years)	12-17	68	50.7
	18-22	48	35.8
	None	18	13.4
Sex	Male	24	17.9
	Female	110	82.1
Religion	Christian	124	92.5
	Muslim	5	3.7
	Others	5	3.7
School	Nelson Mandela High school	83	61.9
	Saint Bernard College	51	38.1

**Table 1:** Socio-demographic characteristics of the study population.

### **Sexual behaviour of unmarried adolescent**

A descriptive statistic was done to evaluate secondary school student's behaviours and it was revealed that, all of the students (100%) had heard about sexual behaviours and the main source of information was from school (57.4%).

Just a few of them admitted that they heard about sexual behaviour from the internet (2.2%). Seventy-six 56.7% admitted that they have had sexual intercourse before and majority of them admitted that they preferred vaginal sex (42.5%).

Statistical analysis further revealed that most of them (56.7%) did not have sexual partners while a few had multiple sexual partners (19.3%).

66.4% (89) of the participants revealed that, they preferred sexual intercourse without condoms while 35% of the participants revealed that they have sexual intercourse at least once in a week.

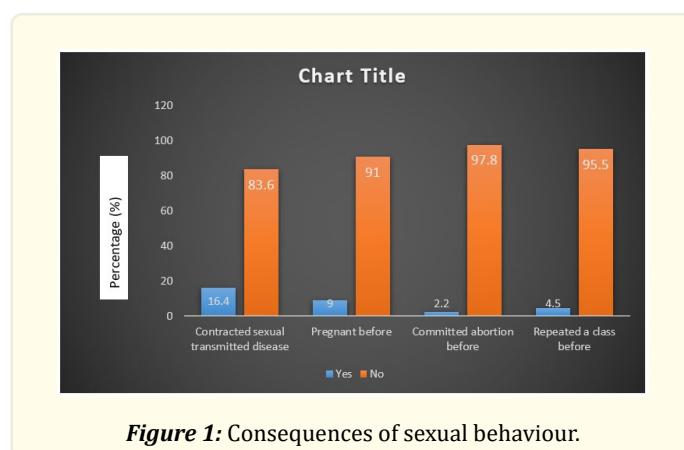
A few of the participants (26.1%) revealed that they masturbate for sexual pleasure while doggy, spooning and missionary where their best sexual position during sexual intercourse (15.6 %) (Table 2).

<b>Factor</b>	<b>Variable</b>	<b>Frequency (N)</b>	<b>Percentage (%)</b>
Heard about the word sexual behaviours	Yes	134	100.0
	No	0	0.0
Source Of Information	Friend	20	14.9
	Internet	3	2.2
	Parent	21	15.7
	School	77	57.4
	TV	13	9.7
Had sexual Intercourse Before	Yes	58	43.3
	No	76	56.7
Preferred Method	Anal	2	1.5
	Vaginal	57	42.5
	Oral	21	15.6
	None	54	40.4

Number Of Sexual Partners	0	76	56.7
	1	32	23.9
	2	18	13.4
	3	5	3.7
	More than 3	3	2.2
Use Condom	Yes	45	33.6
	No	89	66.4
Number Of Times You Have Sex Per Week	1	30	22.4
	2	9	6.7
	3	3	2.2
	More Than 3	5	3.7
	0	87	64.9
Masturbate For Sexual Pleasure	Yes	35	26.1
	No	99	73.9
Best Sexual Position	Doggy	10	7.4
	Spooning	6	4.5
	Missionary	15	11.2
	All of the above	21	15.6
	None	82	61.2

**Table 2:** Sexual behaviours of unmarried adolescents.

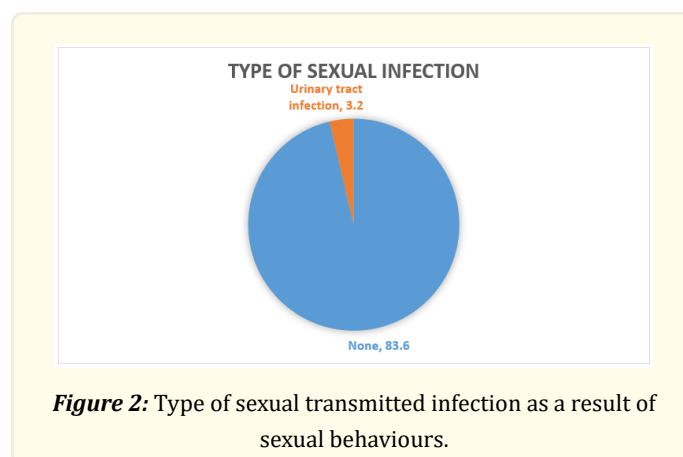
### Consequences of sexual behaviours



**Figure 1:** Consequences of sexual behaviour.

Although the consequences of sexual consequences did not differ significantly within the study population, majority of the participants admitted that they have once contracted a sexual transmitted disease (16.4%) as a result of their sexual behaviours while a few (2.2%) admitted they had committed abortion as a result of their sexual behaviours (figure 1).

The only none sexual transmitted infection that was contracted by the participants was urinary tract infection while none of them admitted that they had contracted HIV/AIDS (figure 2).



## Discussion

This study was aimed at assessing the sexual behaviours and its consequences among unmarried adolescents in some colleges in Bonaberi-Ndobo, Douala, Cameroon.

Base on the socio-demographic data, this study revealed that among the 134 study participants, majority 110 (82.1%) were female. This is slightly in line with the study of Kassahun et al. [17] in Ethiopia where the female population was made up of about 50.7%, and male 49.3%. This slight difference could mainly be attributed to the difference in sample size of the study population in both studies. Based on age, majority 68 (50.7%) of the study participants were aged between 12 to 17 years, in line with the study of Kassahun et al. [17] where majority were those of age range 15 to 19 years. As concerning the sexual behaviour of the study population, 134 (100.0%) accepted to have heard of the word sexual behaviour. This is different from the study by Houghton et al. [18] were only 40% of the study population accepted to have heard about sexual behaviour. This difference could be due to the difference in the social and cultural aspect of the study populations. This study also affirmed that majority (57.4%) of the study participants heard about sexual behaviour from their school. 76 (56.7%) admitted that they have had sexual intercourse before and majority (42.5%) of them admitted that they preferred vaginal sex, agreeing with the study carried out by Essiben et al. [19] were 66.0% of their study participants confirmed that they preferred having vaginal intercourse. About 19.3% of the study population had multiple sexual partners. The results from this study is not in line with the study of Valencia et al., [20] were more than half (55%) accepted having multiple sexual partners. This difference could be coming from the social, educational, and parental education from the two different study populations, and also the level of poverty and social environment. An alarming percentage of the study population 89 (66.4%) revealed that they preferred sexual intercourse without condoms, agreeing with the study of Tarkang, [26] where more than half (56.2%) of the participants did not used condoms during sexual intercourse. This result disagrees with that of Noubiap et al., [21] were about 27.1% of the study participants did not use condoms during sexual intercourse. The sample size and study area could be the reason behind this difference. In addition, 16.4% of the study participants admitted that they have once contracted a sexual transmitted infection as a result of their sexual behaviours.

This results was similar to that of Sekirime et al. [30] were about 13% of the participants had once contracted a sexually transmitted infection. Furthermore, this study revealed that 9% of the participants have been pregnant once, with 2.2% pregnancy terminated. These percentages are lower than those of Foumane et al; [22] with 10.1% pregnancies, but a pregnancy termination rate similar to ours. The only known sexual transmitted infection that was contracted by the participants was urinary tract infection while none of them admitted that they had contracted HIV/AIDS. This is different the results of Bonar et al. [27], possibly because most of the adolescents in this study were afraid to give out such informations, fear of stigma and misinformation about STIs particularly HIV/AIDS.

## Conclusion

- A good proportion of adolescent student's aged 10-19 years have heard about sexual behaviors, and the main source of information was from their schools.
- A non-negligible proportion of the adolescent student's had multiple sexual partners, and were not using condoms during sexual intercourse.
- Sexually transmitted diseases, unwanted pregnancies and abortion were the main consequences of sexual behaviors identified in this study.

## Recommendation

These studies recommend that the control of sexual behavior among adolescents aged 10-19 years must be enhanced and awareness creation must be made regarding its unpleasant consequences, especially on these special populations.

New subjects should be introduced on sexual behavior and its consequences into the secondary school curriculum in Cameroon.

This study will help in educating or adding more knowledge to adolescent in secondary schools in Bonaberi, Douala and Cameroon as a whole about the consequences of sexual behaviors so as to install in them the right attitude.

## Acknowledgments

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## Declarations

### *Ethical consideration*

Authorization to conduct the study was obtained from the Regional Delegation of Public Health, Littoral region 0157/AAR/MIN-SANTE/DRSPL/BCASS and also from the principles in the various schools. Consent was obtained from the participants, and they were made to understand that their participation was voluntary. All information collected was kept confidential through physical and electronic barriers.

### *Consent for publication*

All authors consented and accepted for this article to be submitted for publication.

### *Availability of data and materials*

Most data generated or analysed during this study are included in this article. Also, all findings that support the result of this study are included.

### *Conflict of Interest*

The authors certify there is no conflict of interest.

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This research did not receive any grant from funding agencies.

### *Author's contributions*

M.K.B: Study conception, design, analysis, results interpretation and writing. B.C.C: Study conception, design, data collection, writing

and editing. F.T.A: Study conception, design, data collection, and writing. Q.N.M: Study conception, design, writing and editing. G.L: Results interpretation, writing and editing. R.A.M: results interpretation, writing, and editing. M.S.F: data collection, writing and editing. H.M.F: study design, data analysis and editing. All Authors fully reviewed the manuscript.

### Abbreviations

- WHO: World Health Organization.
- HIV: Human Immunodeficiency Virus.
- AIDS: Acquired Immunodeficiency Syndrome.
- STI: Sexually Transmitted Infections.

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