AGE AT MENARCHE, MENSTRUAL PATTERNS, SEXUAL HEALTH KNOWLEDGE, ATTITUDES AND PREMARITAL SEXUAL PARTNERS OF FEMALE ATHLETES IN IBADAN, NIGERIA.

O. A. Moronkola and O. Oyebami

ABSTRACT

Objective: The study aimed to find out age at menarche, menstrual patterns, attitudes and premarital sexual partners of female athletes in Ibadan Nigeria.

Method: The study adopted descriptive cross sectional survey design involving 250 female athletes training or camping under Oyo State Sports Council, Ibadan, Nigeria. The data collection tool was a self-developed validated questionnaire. Data was analyzed using SPSS package.

Results: Majority (44.0%) had menarche between 12-13 years, (71.6%) had regular menstrual period, more than 50% of the study participants had correct knowledge of all sexual health knowledge items, more than 50% of the responses to items on attitude suggested they were not favourably disposed to premarital sex. However, 72.4% had premarital sex with the person they wanted to marry, 44.0% with male athletes, 28.0% with coaches and 23.1% with other staff of the sports council.

Conclusion: Majority of the study participants had sexual health knowledge but sizeable proportion of the study participants also had attitudes that favour premarital sex and had different types of sexual partners. There is therefore an urgent need for health education of the female athletes especially against sexually transmitted infections including HIV/AIDS and education of coaches and sports officials of the need to serve as role models in the area of sexuality to athletes.

Key Words: Menstruation, Menstrual Patterns, Female Athletes, Premarital Sex, Sexual Partners

Introduction

Female participation in vigorous activities and sports more than to keep fit is gradually becoming popular in Nigeria. The not recent past achievements of Nigeria female athletes in both national and international competitions with the exploits of national female soccer team and the likes of Olympic gold medallist Chioma Ajunwa are all memorable (1).

Reproductive health implies a state wherein people are able to have satisfying and safe sex lives as well as have capabilities to reproduce and freedom to decide if, when and how often to do so as well as have access to safe, effective, affordable and acceptable family planning method of their choices. Among several ways men and women differ is the way each produces reproductive cells: the sperm and the ova (2). The constant flow of the hormone testosterone in male, stimulates the sperm cells to mature in a steady flow. They mature daily while in female system though only one, sometimes two or three ova ripen are released each month and this cycle depends on hormonal changes that occur in a monthly rhythm known as the menstrual cycle (3). Once every month or so, the lining tissues of the inside of the womb come away and are passed out through the vagina with some blood which is known as menstruation or "having a period". On average, each period lasts 4-6 days and this period continues monthly throughout a woman’s reproductive life (4).

Modernization had eroded the African values of sexual constraints especially among adolescents as they are becoming more sexually active at younger age (5).

This may be the trend generally in Africa as it has been recorded that adolescents are sexually active. Failure to address the social studies in Africa revealed that 60% - 70% of the reproductive health needs of young people in Africa predisposes them to risk of HIV, other sexually transmitted diseases and unintended pregnancy (6). Premarital sexuality is a highly ambivalent domain affecting most young Nigerians (7). This is due to the fact that on one hand, parental, family, and religious messages asserts that sex before marriage is immoral and on the other hand it is associated with modern, educated, urban lifestyles. Several studies and experts opinions revealed unsafe sexual practices of young people in Nigeria (8-15).

Studies on reproductive/sexual health knowledge, attitude and behaviour of female adolescents are usually limited to school and out of school youth. Specific attentions are seldom focused on special groups like female athletes sexual lifestyle. Even in advanced countries of the world, emphasis is usually on the “female athlete triad” where it is generally accepted that the three most common health problems of young female athletes are amenorrhea, eating disorders and bone mineral loss (16). What have featured much in human sexuality and sport performance literature are menstruation, pregnancy and sports performance. Nevertheless, poor sexual lifestyle with implications for sexually transmitted infections may not make an athlete to be in his or her best form for competition (17).

In a survey of status of research efforts on Nigerian athletes’ health issues, it was found out that 83% of the respondents (coaches, sports administrators, lecturers in physical and health education departments in tertiary institutions) agreed on the need for research efforts to focus more on sexual lifestyle pattern of Nigerian athletes (18). The focus of this study therefore, was to find out age at
menarche, menstrual patterns, sexual health knowledge, attitude and behaviour of female athletes in Ibadan, Nigeria.

Methodology

Study Design

Descriptive cross-sectional survey design was adopted for this study.

Study Participants

Female athletes in Ibadan, Oyo State, Nigeria training or camping in Ibadan at the time of the study were the population of interest. At the time of study, 250 female athletes were sampled as information at the time of study revealed that they were the ones “serious” with training and were about 75% of the total population. The researchers, decided to include all of them for the study.

Research Instrument

The questionnaire was composed of closed ended items on demographic characteristics of respondents and focusing on the variables of study: age, type of sports, years of experience as state athlete, menstrual period experience, sexual health knowledge, attitudes towards premarital sex and sexual partners. The research instrument was validated by experts in health sciences.

Data Collection

Training sessions were the sources of data collection with the help of the Oyo State Ministry of Sports Ibadan, Nigeria officials and team captains who appealed to the athletes to cooperate with the second researcher and research assistants and this enabled them to collect back 225 out of 250 copies of the questionnaire administered that were only good for data analysis.

Data Analysis

The completed questionnaire forms were collated, coded and analyzed using descriptive statistics of frequency and percentage. SPSS statistical software was used to analyse these variables: age, type of sports, years of experience as state athlete, menstrual period experience, sexual health knowledge, attitudes towards premarital sex and sexual partners.

Ethical Issue

Permission was sought from the Ministry of Sports Ibadan, Ibadan, Nigeria officials and athletes were told that participation in the study was voluntarily and they were free to ask any question about the study when in doubt.

Results

Demographic Data

The age range of study participants was 14-36 years with 21 years of age accounting for the mode (16.8%) in age distribution. Except 1 (0.4%) athlete that did not indicate her sport, the following were the distributions of athletes along their various sports: 20(8.9%) of the athletes participated in athletics, 24(10.7%) of the athletes participated in soccer, 20(8.9%) of the athletes engaged in volleyball, 28(12.4%) of the athletes participated in swimming, 30 (13.3%) of the athletes participated in handball, 31(13.8%) of the athletes participated in boxing, 14(6.2%) of the athletes participated in basketball, 21(9.3%) of the athletes engaged in judo 14(6.2%) of the athletes participated in table tennis, and, 7(3.1%) of the athletes participated in sports that were not specified in the research instrument. Majority of the athletes (89.8%) competed for the state within 0-6 years. Also 222(98.7%) had experienced menstrual period against 3(1.3%) that did not.

Table 1: Age at Menarche of Female Athletes in Ibadan, Nigeria  

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>13</td>
<td>5.8</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>10</td>
<td>19</td>
<td>8.4</td>
</tr>
<tr>
<td>11</td>
<td>25</td>
<td>11.1</td>
</tr>
<tr>
<td>12</td>
<td>51</td>
<td>22.7</td>
</tr>
<tr>
<td>13</td>
<td>48</td>
<td>21.3</td>
</tr>
<tr>
<td>14</td>
<td>31</td>
<td>13.3</td>
</tr>
<tr>
<td>15</td>
<td>21</td>
<td>9.3</td>
</tr>
<tr>
<td>16</td>
<td>8</td>
<td>3.6</td>
</tr>
<tr>
<td>17</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td>31</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>225</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 1 reveals that 13(5.8%) of the athletes did not respond to the item on age at menarche, 4(1.8%) athletes started menstruating at the age of 9, 19(8.4%) started menstruating at the age of 10, 25 (11.1%) started menstruating at the age of 11, 57 (22.7%) of the athletes started at the age of 12, 48(21.3%) of the athletes started menstruating at the age of 13, 31(13.8%) of the athletes started menstruating at the age of 14, 21 (9.3%) of the athletes started menstruating at the age of 15, 8(3.6%) of the athletes started menstruating at the age of 16, 3(1.3%) of the athletes started menstruating at the age of 31 years. It can be concluded that majority of the female athletes (44.0%) had their menarche between 12 –13 years.

On how regular their periods were, 29(12.9%) respondents gave no response, 161(71.6%) picked regular and 35(15.6%) picked not regular, revealing that majority had regular periods.
Table 2: Sexual Health Knowledge of Female Athletes in Ibadan, Nigeria N = 225

<table>
<thead>
<tr>
<th>Items</th>
<th>Knowledgeable (True)</th>
<th>Not Knowledgeable (False)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a boy of 11 or above have sexual intercourse with a girl who has started menstruation, the girl may be pregnant</td>
<td>151 (67.1%)</td>
<td>74 (32.9%)</td>
</tr>
<tr>
<td>If the boy and girl in above have sexual intercourse once, it may lead to pregnancy.</td>
<td>135 (60.0%)</td>
<td>90 (40.0%)</td>
</tr>
<tr>
<td>Infertility or childlessness later in life may be due to sexually transmitted infections one had acquired earlier in life.</td>
<td>156 (69.3%)</td>
<td>69 (30.7%)</td>
</tr>
<tr>
<td>The average menstruation period is 4-6 days</td>
<td>157 (69.8%)</td>
<td>68 (30.2%)</td>
</tr>
<tr>
<td>Young girls do experience irregular menstruation at initial stage.</td>
<td>166 (73.8%)</td>
<td>59 (26.2%)</td>
</tr>
<tr>
<td>Conception can occur if a woman has sexual intercourse one, two, or three days before ovulation, the day or ovulation, or one day after.</td>
<td>118 (52.4%)</td>
<td>107 (47.6%)</td>
</tr>
<tr>
<td>Ovulation usually occurs 13-15 days before a woman’s next period.</td>
<td>170 (75.6%)</td>
<td>55 (24.4%)</td>
</tr>
<tr>
<td>Missing of period is not only an indication that a lady is pregnant.</td>
<td>165 (73.3%)</td>
<td>60 (26.7%)</td>
</tr>
<tr>
<td>A woman’s energy and nutritional needs increase during pregnancy or breast-feeding.</td>
<td>158 (70.2%)</td>
<td>67 (29.8%)</td>
</tr>
<tr>
<td>The psychological state of lady may delay her menstruation</td>
<td>151 (67.1%)</td>
<td>74 (32.9%)</td>
</tr>
</tbody>
</table>

Table 2 above shows that more than 50% of the study participants were knowledgeable in all the 10 sexual health knowledge items.

Table 3: Attitude of Female Athletes to Premarital Sex in Ibadan, Nigeria N = 225

<table>
<thead>
<tr>
<th>Items</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female athletes that are not married should be allowed to enjoy their sexual life.</td>
<td>99 (44.0%)</td>
<td>126 (56.0%)</td>
</tr>
<tr>
<td>If young people can use contraceptives there’s nothing wrong with pre-marital sex.</td>
<td>85 (37.8%)</td>
<td>140 (62.2%)</td>
</tr>
<tr>
<td>Premarital sex promotes sexual identity.</td>
<td>78 (34.7%)</td>
<td>147 (65.3%)</td>
</tr>
<tr>
<td>Engaging in premarital sex shows one is maturing.</td>
<td>83 (36.9%)</td>
<td>142 (63.1%)</td>
</tr>
<tr>
<td>One can have sex with anybody to get what one wants in life.</td>
<td>63 (28.0%)</td>
<td>162 (72.0%)</td>
</tr>
</tbody>
</table>

Table 3 reveals that more than 50% of the responses of the study participants in all the five items indicated that they were not favourably disposed to premarital sex. However, it is worrisome that as high as 44.0% wanted female athletes that are not married be allowed to enjoy sexual life and 28.0% were of the opinion that premarital sex enables one to get what one wants in life.

In table 4, 72.4% had premarital sex with the person they wanted to marry, 44.0% with fellow athletes, 34.2% with casual friends, 28.0% with their coaches and 24.9% with sugar daddies among others. In fact, they had premarital sex with all kinds of sexual partners, which may also favour sexual networking with attendant health consequences.

**Discussion**

Menstruation or period continue throughout a woman’s reproductive life. Periods usually start between the ages of 12 and 15 years which is known as menarche (4).

Previous studies revealed that female adolescents had less than 70 percent knowledge level of various items relating to sexually transmitted infections (19), low level of reproductive biology among female adolescents in South Africa (20), low level of knowledge relating to reproduction/sexuality issues (21). Also among selected adolescents in Nigeria, 75% were knowledgeable about HIV/AIDS (22), and in another study low reproductive health knowledge was recorded among study participants as they averaged 11 points on a 33-point scale of reproductive knowledge (23).

Although, the issue of sexuality is first of all a personal matter, in African countries, despite modernization and liberalization on general issues of life, pre-marital sex is seen as taboo that should be frowned at and those in favour or practicing it, are seen as deviants. Nevertheless, of concern is high attendant consequences of teenage pregnancy, clandestine abortion, vesico-vagina fistula, ruptured uterus etc associated with unsafe engagement in pre-marital sex of young people in Nigeria.

Findings about adolescent attitudes towards sexually transmitted infections (STIs) in a study revealed that more than 20 percent of the respondents had risky attitudes that may make them be at risk of sexually transmitted infections (19).

Premarital sex is now in vogue among many young people and a sizeable percentages of adolescent students in...
mixed schools, all girls schools and all boys schools in Ibadan, Nigeria engaged in unsafe sexual practices. About 40% young people in a study were sexually active and that almost 75% of the sexually active ones had more than two sexual partners. The current study was situated in southwestern Nigeria and as at 1995, it was recorded that young people in this region continue to engage in risky sexual behaviour.

The issue of premarital sex with several partners is a serious issue in the spread of HIV/AIDS. Sexual network favours increase in incidence of HIV/AIDS. In this study, participants having several sexual partners may be due to the fact that sports make people to meet other people that may elicit infatuation and subsequently lead to pre-marital sex among young people either as a result of athletic prowess that attract them to others or they themselves see sex as a way out of poverty state many are in. Experts had noted that in Nigeria, as in many other societies, poverty, inequality and unequal gender dynamics create additional pressures for young people who rely on sexual relationships to meet their needs. It is a known fact that many of the Nigerian athletes either at international, national or local scenes are usually from low socio-economic background. Today, in most low socio-economic families in Nigeria, participation in sports is seen as a means children can use to attract wealth to their families.

Conclusion and Recommendations

Based on the findings in this study, it is therefore, concluded that female athletes in Ibadan, Nigeria had significant sexual health knowledge, attitude to premarital sex and significantly engaged in premarital sex with different types of sex partners. Though, a significant proportion had knowledge about sexuality, still sizable proportion in their attitude favour premarital sex and engaged in premarital sex with different types of sexual partners with implications for sexually transmitted infections including HIV/AIDS. Based on the conclusion reached above, it is therefore important that Oyo State Sport Council Ibadan, Nigeria should organize regular health education programmes through seminars, workshops etc, so that, the female athletes could have more positive health knowledge, attitude and practices that favour healthy sexual life especially in this era of HIV/AIDS that is more common among young people. For obvious reasons, especially with our findings that some sexual relationships exist between athletes and sports officials, efforts should be made to have health education and counselling programmes for officials on the need to serve as role models against unsafe sexual behaviour that may facilitate sexually transmitted infections including HIV/AIDS. HIV/AIDS is an illness affecting individual which makes it important to be included in human resource management. It is also essential that despite the applicable legislation on HIV/AIDS, the cost of HIV/AIDS on human resource management must be calculated.

Conscious effort should therefore, be made to empower female athletes economically e.g. increasing camping allowances or linking them with appropriate organizations that provide jobs to earn money, so that there will be less attraction to sexual relationship as a result of poverty.

References


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